Harm Reduction and approaches for People with Mental Health and Substance Use Disorders for Housing Programs

Patrick Boyle, mssa, lisw-s, licdc-cs
director, implementation services
Center for Evidence-Based Practices @ Case Western Reserve University

www.centerforebp.case.edu

CENTER FOR EVIDENCE-BASED PRACTICES

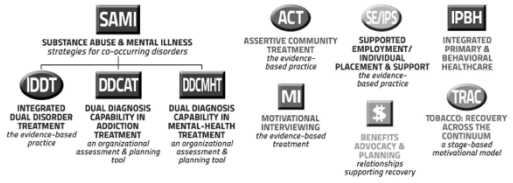
at Case Western Reserve University

A partnership between the Jack, Joseph and Morton Mandel School of Applied Social Sciences & Department of Psychiatry at the Case Western Reserve School of Medicine

A Technical-Assistance Center

Providing consultation, training, and evaluation for the implementation of integrated behavioral healthcare services

Service innovations for people with mental illness, substance use disorders



Change Targets in Residential Settings

- What changes are residents you serve considering?
- What changes are staff expecting of residents?
- What obstacles do you face in working with people that are homeless or at chronic risk of losing their housing?

Learning Objectives

1. Discuss the core aspects of Harm Reduction
2. Explore what leads people to consider behavior change
3. Describe staff behaviors that help support a person's motivation to consider a change

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First…Some Basics

- Treatment Works. Harm Reduction in the process of recovery works.
- Getting and Keeping People in Treatment is helpful.
- Rapport, Respect and Relationship are cornerstones!
- Stage-Wise and Motivational Implications should be natural considerations.

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Harm Reduction

- A set of practical strategies and ideas aimed at reducing negative consequences associated with drug use (or other harmful behaviors that interfere with personal goals).
- A realistic, pragmatic, humane and successful approach to addressing issues of substance use.
- Recognizes that abstinence may be neither a realistic or a desirable goal for some users (especially in the short term), the use of substances is accepted as a fact and the main focus is placed on reducing harm while use continues.

Substance Abuse Is Common In People With Mental Illness

- Over 50% of people with schizophrenia, bipolar disorder and other severe mood disorders have a substance use disorder at some time in their life
- About one third of people with anxiety and depressive disorders have a substance use disorder at some time in their life

Course of Co-occurring disorders

(COD)

- Both substance use disorders and severe mental illness are chronic, waxing and waning
- Recovery from mental illness or substance abuse occurs in stages over time

American Society of Addiction Medicine (ASAM) Definition

- Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry.
- Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations.
- This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.

Adopted by the ASAM Board of Directors April 12, 2011.

American Society of Addiction Medicine (ASAM) Definition

- Like other chronic diseases, addiction often involves cycles of relapse and remission.
- Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death.

Adopted by the ASAM Board of Directors April 12, 2011.

Relationships between Substances of Abuse and Mental Disorders (Lehman et al.,1989)

- Acute and chronic substance use can produce psychiatric symptoms
- Substance withdrawal can cause psychiatric symptoms
- Substance use can mask psychiatric symptoms

Relationships between Substances of Abuse and Mental Disorders (Lehman et al.,1989)

- Psychiatric disorders can mimic symptoms associated with substance use
- Acute and chronic substance use can exacerbate psychiatric disorders
- Acute and chronic psychiatric disorders can exacerbate the recovery process from addictive disorders

Addiction is characterized by:

- The power of external cues
- Persistent risk and/or recurrence of relapse
- Significant impairment in executive functioning
- Addiction is more than a behavioral disorder.

Addiction is characterized by:

- Behavioral Manifestions
  - A narrowing of the behavioral repertoire focusing on rewards that are part of addiction
- Cognitive Changes
  - Preoccupation
  - Altered evaluations of the relative benefits and detriments associated with drugs or rewarding behaviors
- Emotional Changes
  - Seeking "positive reinforcement"
  - Relief from negative emotional states ("dysphoria"), which constitutes "negative reinforcement."
  - Alexithymia

DUAL DIAGNOSIS

SYMPTOMS RELATED TO
INTOXICATION AND WITHDRAWAL

MASK
MIMIC
INITIATE
EXACERBATE

PSYCHIATRIC SYMPTOMS!!

Why do people Change?

When Do People change Voluntarily

Only when they become…

- ***Interested and concerned*** about the need for change
- ***Convinced*** change is in best interest or will benefit them more than cost them and **decide** to make change
- Create ***plan of action*** that they are ***committed*** to implementing
- ***Take the actions*** necessary to make and sustain the change

Components of **Change**

Resistance | Ambivalence | Motivation



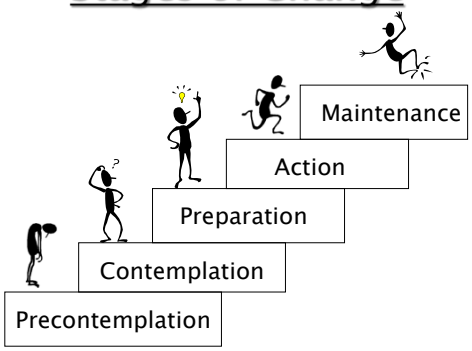
Stages of Change

Stages of Change

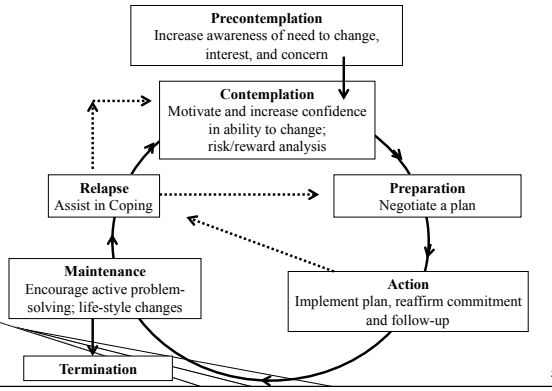
- A way of thinking about where people are in regard to a particular change
- Motivation for change is not constant
- People may return to an earlier stage of change
- Returning to old behaviors is normal

Prochaska, Norcross & DiClemente (1994)

Stages of Change



Stages of Change Model



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Pre-contemplation

"Ignorance is Bliss"

- No intention to change behavior – may "wish" – "want to want to change"
- Unaware/lack awareness of problems
- Others are aware of problem
- Present for help under pressure
- May demonstrate change under pressure – though then return to behavior

Hallmark = resistant to change

Stages of Change Exercise: How Will I Know It When I See It?

Stage of Change	What they Say	What They Do	Possible Tasks
Pre-contemplation			
Contemplation			
Preparation			
Action			
Maintenance			

Pre-contemplation

I don't have a problem

- "What's wrong with living on the street? I can be my own person."
- "It's my own place. Who are you to tell me to clean it up?"
- "My case manager says I need a place to stay."

Hallmark = resistance to change

Pre-contemplation

Possible Staff Tasks

- Build a relationship with resident
- Identify and understand what matters to resident
- Provide information. Educate on resources.
- Frequent contact.
- Crisis management when needed.
- Monitor environment.
- Practical assistance.
- Collaborate with other providers

Contemplation

"On the Fence"

- Aware of problem & thinking about making a change
- May remain "stuck" here for many years
- No commitment to take action
- Knowing where one wants to go yet "not quite ready"
- Weighing pro's and con's of problem/ solution

Hallmark = ambivalence

Stages of Change Exercise: How Will I Know It When I See It?

Stage of Change	What they Say	What They Do	Possible Tasks
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Contemplation

I may have a problem

- "I know I should be following rules, but my neighbor ticks me off."
- "It is important to keep my own place. I just don't know if I can."
- "I know there would be good reasons for me to stay here. I just don't like all the rules."

Hallmark = ambivalence

Contemplation

Possible Staff Tasks

- Provide options/choices wherever possible
- Goal setting
- Be aware of resident's own pros/cons for housing stability, employment, independent housing, etc.
- Engage resident's support system where present
- Continue frequent contact
- Continue to monitor environment
- Continue to collaborate with other providers

Preparation

"Testing the Waters"

- Intend to take action soon (perhaps again), may have done so in the past
- Decision-making phase
- Making plans
- May have some reduction in problem behavior

Hallmark = small steps toward action

Stages of Change Exercise: How Will I Know It When I See It?

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Preparation

Getting ready to change

- "I'm filling out applications to get my own apartment."
- "I'm ready to get started on this."
- "I've been turning my music down at night."
- "I plan to get my kitchen cleaned up this weekend."

Hallmark = small steps toward action

Preparation

Possible Staff Tasks

- Focus on developing small incremental steps towards goal
- Support & recognize small change efforts
- Identify & problem solve barriers
- Continued collaboration with other providers

Action

"Started to get Moving"

- Individual modifies behavior, experiences, or environment to overcome problems
- Requires considerable commitment of time and energy
- Change is visible and recognized
- Action does not = change (6 months)

Hallmark = visible modification of behavior

Stages of Change Exercise: How Will I Know It When I See It?

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Action

Making changes / Taking Steps

- "I've been following the housing regulations and getting along with my neighbors."
- "It's not easy, but every day I set aside time to pick up my apartment.
- "I passed my housing inspection this week."

Hallmark = visible modification of behavi

Action

Possible Staff Tasks

- Monitor progress.
- Teach/reinforce skills needed to support goals.
- Acknowledge progress towards goals.
- Promote building of support system.
- Begin to identify additional goals.
- Monitor progress – maintain contact.
- Continued collaboration with other providers.

Maintenance

"Holding Steady"

- Work to consolidate gains attained
- A continuation (not absence) of change
- From 6 months – indeterminate (lifetime ?)
- Remains free of problem behavior

Hallmark = stabilizing behavior change & avoiding relapse

Stages of Change Exercise: How Will I Know It When I See It?

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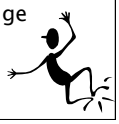
Maintenance			

Maintenance

Trying to keep my changes in place.

- "I've been living here a year and haven't had any problems."
- "Now that I have my apartment, it's time for me to start looking for a job."
- "I've been doing really well, I don't ever want to be homeless again.

Hallmark = stabilizing behavior change and avoiding "relapse"

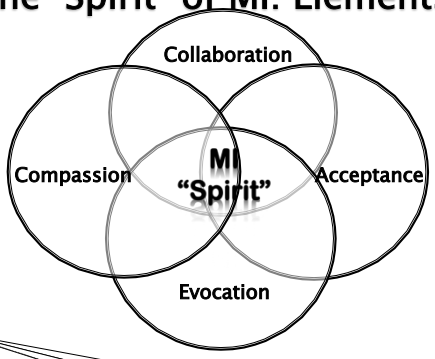


Maintenance

Possible Staff Tasks

- Help resident to identify additional goals
- Support small change efforts towards those goals
- Monitor for return to a prior stage of change

The "Spirit" of MI: Elements



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What is Motivational Interviewing?

- Collaborative, Empathic, Goal-oriented style of communication
- Pays specific attention to "language of change"
- Elicits and strengthens a person's own reasons and motivation for change.
- Nurtures hope and optimism.
- Occurs within the context of staff acceptance and compassion

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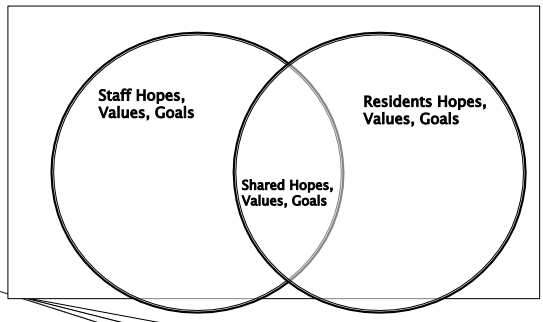
Compassion

- Actively promote the person's welfare
- Conversation is in service of person's needs not the clinician's needs
- It is not sympathy or identifying with the person
- Non-maleficence always.

FINDING A COMMON FOCUS



MI Guiding Principles

1. Express Empathy
2. Develop Discrepancy
3. Roll with Resistance
4. Support Self-Efficacy (confidence in one's ability to change)

Person-Centered Skills: The Basics

Utilize **O.A.R.S.**

- Ask **O**pen-ended questions (not short-answer, yes/no, or rhetorical)
- **A**ffirm the person/commitment positively on specific strengths, effort, intention
- **R**eflect feelings and change talk
- **S**ummarize topic areas related to changing

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Open vs. Closed Questions

Who referred you here?	**Closed**
What brings you here today?	**Open**
What would be easier for you, stopping drinking, stopping smoking, or changing your diet?	**Closed**
Tell me about your health concerns.	**Open**
If you were to make this change, how would you go about it?	**Open**
Don't you think you ought to consider taking your meds?	**Closed**

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Affirmations

- Attend to strength not problem areas
  - Gives the person credit for: an action, a value, a trait
- Focus on descriptions not evaluations
- Think of an affirmation as attributing an interesting quality to a person
- Avoid using the word "I"

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Affirmations

"You're the kind of person that puts a lot of thought into something."

"You're contributing some really important ideas here."

"You're very dedicated to your health."

"You don't agree with being sent here, and yet you took the time and energy to come in today."

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In Summary…

- Listen to the person
- Communicate understanding
- Guide more than direct
- Respect autonomy
- Have an ongoing conversation
- Listen for, encourage and reinforce language about change toward harm reduction

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Exercise: Stage-wise Interventions

- How would your organization's services be different if they accommodated stage-wise interventions?
- What do you currently do that considers stage?
- What might complicate using this approach at your setting?
- What could you do differently?

Resources

- Homeless Resource Center/SAMHSA
  - http://homeless.samhsa.gov/channel/harm-reduction-273.aspx
- PATH-Projects for Assistance in Transition from Homelessness
  - http://pathprogram.samhsa.gov/Search.aspx?search=harm+reduction&tagString=harm+reduction

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Our Mission

The Center for Evidence-Based Practices at Case Western Reserve University is a technical-assistance organization that promotes knowledge development and the implementation of evidence-based practices (EBPs) for the treatment and recovery of people diagnosed with mental illness or co-occurring mental illness and substance use disorders.

Our technical-assistance services include the following:

- Service-systems consultation
- Program consultation
- Clinical consultation
- Training and education
- Program evaluation (fidelity & outcomes)
- Professional peer-networks
- Research

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Contact Us

Patrick Boyle LISW-S, LICDC-CS
Director of Implementation Services

Center for Evidence-Based Practices
Case Western Reserve University
10900 Euclid Avenue
Cleveland, Ohio 44106-7169
216-368-0808
patrick.boyle@case.edu

www.centerforebp.case.edu