

How to Improve Engagement: "Meeting Clients Where They Are At"

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• <u>Learning Objectives:</u>

- Identify the skills necessary to provide effective treatment.
- In the setting of positive substance use and mental health screening results, offer counseling appropriate to the client's readiness to change.
- Provide information on behavioral interventions including support groups and mutual aid groups that assist in the recovery process.

Learning Objectives

ASAM Definition of Addiction

Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences. People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences.

ELEMENTS OF GOOD TREATMENT

• Establishing rapport

- Increasing motivation to change
- Analyzing consumption patterns
- Increasing positive reinforcement for abstinence
- Rehearsing new coping behaviors
- Recognize the prevalence of trauma

Impact of Trauma

- Over two-thirds of people seeking treatment for substance use disorder report one or more traumatic life events (Back et al., 2000)
- Individuals with trauma often do not recognize the impact of the trauma on their lives or draw connections to their presenting problems. (Bessel van der Kolk)
- Can be written off as "treatment resistant" or "difficult." (SAMHSA's GAINS Center)
- Individuals who have experienced trauma have higher risk for substance use and mental health issues. (SAMHSA, 2014)

Trauma-Informed Care: Key Terms

Trauma

Re-traumatization

Recovery

Resilience

Trauma Informed Courtrooms



1



Giving the client a voice in the system (meaningfully heard) Providing opportunity for client to be a part of the decisionmaking process (even small choices)

2

4

Treating the client with respect.



Compliance vs. Adherence

- Understand they are not the same
- Successful recovery and genuine adherence depends on individual's motivation from external factors (the judge is forcing me to do this) to internal motivation (I want recovery).

Compliance

Compliance focuses on following rules in a treatment program

Compliance is often "doing time" in a treatment setting rather than "doing treatment and change"

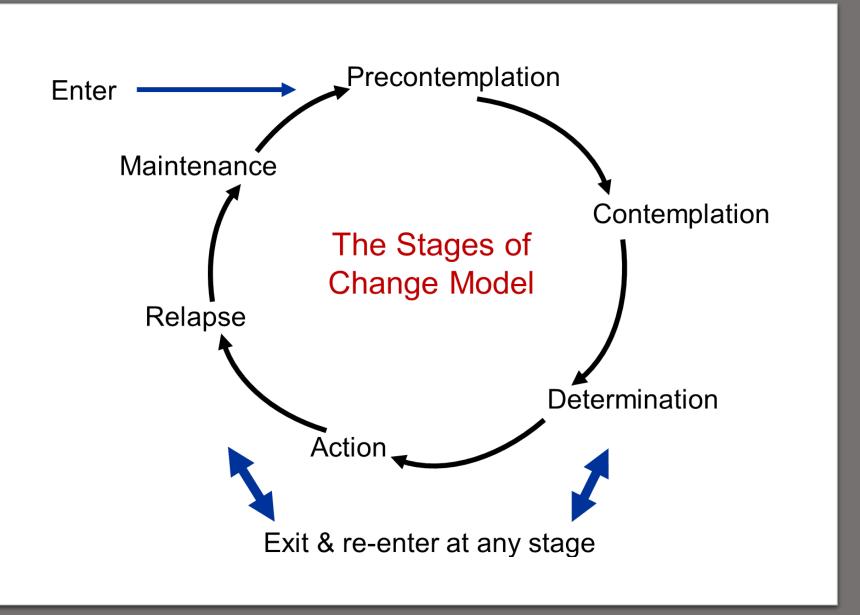
Treatment providers and other team members should focus on moving clients beyond compliance as essential to progress.

Adherence

• Actual commitment driven by factors important to the individual.

• Treatment adherence allows for matching to participant's stage of change to facilitate accountable, lasting change.

• Meaningful adherence improves when participant has some choice, even when choices are limited



Prochaska and DeClemente Stages of Change

Stages of Change



Precontemplation: Not Ready



Contemplation: Getting Ready



Preparation: Ready

Action: Doing (Observable)



Maintenance: Working to Prevent Relapse (6 mo – 5 years)

Timing of Clinical Intervention



Opportunity to set the stage



Designed to enhance client engagement in change process



Stages of change represent tasks required for effective change.

STAGE-BASED TREATMENT

- Initial Stage
 - Stabilization and Engagement
- Treatment Stage
 - Early Recovery
- Maintenance Stage
 - Continuing Care

INITIAL STAGE(S) - STABILIZE & ENGAGE



Detox



Develop a relationship with counselor



Develop a relationship with team



Learn about the addiction, treatment, & recovery



Regular attendance and participation is essential

Increased change readiness

10-90 days

Treatment Stage(s) — Intensive Treatment Gain new insight and perspectives

Learn and practice new behaviors

Relapse prevention and relapse recovery

Family counseling

Practice behavioral compliance

Psychological improvement

90 days – 1 year

STRATEGIES	SKILLS
MET	Person-centered language,
Agree on Direction	Ask permissions, be curious
Education	Provide information about the effects of misuse
Information Gathering	Elicit client's perceptions of the problem

Pre-Contemplation

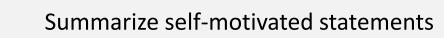
- Steps to take:
 - Exploring the meaning of the events that brought the person to treatment
 - Explore the pros and cons of the targeted behaviors
 - Explore results of previous efforts

Contemplation

Explore the person's sense of self-efficacy



Explore expectations regarding what the change will entail





Continue exploration of pros and cons



Use of motivational enhancement techniques

Enhancing Motivation



Use the 0 – 10 readiness scale

"Why not a lower number?"



Explore pros and cons

Importance Ruler

On a scale of 1-10, how important is it for you to change?



What makes you say 6 rather than, say, a 3?



Prescription for change

- "Those are great ideas! Is it okay for me to write down your plan, your own prescription for change?"
- "Please help me summarize the steps you will take to change your [X] use."
- "I've written down your plan, a prescription for change, for you to keep with you as a reminder."

Determination



Offer a menu of options for change



Help identify pros and cons of various options



Identify and lower barriers to change



Help person enlist social support



Encourage person to publicly announce plans to change

Action



Support a realistic view of change though small steps Help identify highrisk situations and develop coping strategies

Assist in finding new reinforcements of positive change

2

4

Help access family and social support

Maintenance



Help identify and try alternative behaviors (substance free sources of pleasure)



Maintain supportive contact



Help develop an escape plan



Work to set new short- and long-term goals

Recurrence



FRAME RECURRENCE AS A LEARNING OPPORTUNITY

EXPLORE POSSIBLE BEHAVIORAL, PSYCHOLOGICAL AND SOCIAL ANTECEDENTS HELP DEVELOP ALTERNATIVE COPING STRATEGIES



EXPLAIN STAGES OF CHANGE AND ENCOURAGE THE PERSON TO STAY IN THE PROCESS MAINTAIN SUPPORTIVE CONTACT Psychosocial Counseling and Medications Behavioral therapies enhance the effectiveness of medications

Medications can and should be offered at any stage of change or point in treatment

Provides a "whole-patient" approach to the treatment of SUD



ACCEPT

- A ssess what is and is not working in the treatment plan
- C hange the treatment plan to address those identified problems or priorities
- C heck the treatment contract if the participant is reluctant to modify treatment plan
- E xpect effort in a positive direction "do treatment" not "do time"
- P olicies that permit mistakes and honesty; not zero tolerance
- T rack outcomes in real time functional change (attitudes, thoughts, behaviors) not compliance with a program.
 - Dr. David Mee-Lee



Evidence-Based Practices

National Registry of Evidence-Based Programs and Practices:

www.samhsa.gov/ebp-resource-center

OUTCOMES IMPROVE WHEN...

- Participants receive behavioral or cognitivebehavioral interventions.
- ✓ Interventions are carefully documented in treatment manuals.
- Providers are trained to deliver the intervention consistent with the manual.
- ✓ Fidelity to the treatment model is maintained through continual clinical oversight.



Cognitive Behavior Therapy (CBT)

- CBT is an evidence-based psychological approach to treating a range of behavioral problems including mental health and substance use disorders
- CBT involves various structured cognitive and behavioral strategies that help people change how they think and behave in ways that improve their health and well being

RELAPSE PREVENTION

An unfolding *process* in which the resumption of substance use is the last event in a long series of maladaptive responses to internal or external stressors or stimuli



WHAT ARE RELAPSE PREVENTIONS?

Therapy designed to teach people to recognize, anticipate, and manage the relapse warning signs so that they can interrupt the relapse process early and return to the process of recovery

RELAPSE PREVENTION PLANNING



- Written, specific, and rehearsed plans
- Reiterates commitment to and rational for recovery
- Outlines and schedules recovery supportive activities
- Identifies warning signs, cues, and high-risk situations (triggers)
- Details preventive and progressive responses to all triggers

Recovery Management

- Relapse prevention "vulnerability management"
- Recovery management "potential management"
- Focusing on client assets and resiliency as opposed to deficits and defects
- Focus on what "makes us come alive" as opposed to "what we most fear"
- A shift from acute intervention to recovery management



Brief period of professional intervention followed by cessation of services.

Acute Care

Model

Screen, assess, place, treat and discharge

Works well in acute trauma settings



Less effective in SUD treatment with clients who have complex and high severity needs

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Services are delivered programmatically and uniform



Professional expert often directs and determines plan

Considerations of an acute care model

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Services are provided over a short period of time (time limited, usually payer driven)



Impression that discharge or "graduation" is completion. Putting the onerous of long-term recovery on the individual without professional assistance.



Post-treatment relapse and re-admissions are viewed as failure or non-compliance of the individual- rather than flawed treatment plan/aftercare planning.

Chronic Condition Model



Long-term involvement with health care system



Continued care following treatment



Education regarding self-care



Regular check-ups



Linkage to community resources

Recovery Capital

• The quality and quantity of internal and external resources one brings to initiate and maintain recovery.

USING RECOVERY SUPPORT GROUPS IN THERAPY

- Offer choice (types, spiritual and secular)
- Try to match demographics, lifestyles, and level of substance involvement







SAMHSA Recovery

A process of change through which individuals improve their health and wellness, live a selfdirected life, and strive to reach their full potential.

- SAMHSA, Working Definition of Recovery

Until lions have their historians, tales of hunting will always glorify the hunter.

African Proverb