Update on the Implementation of the Outpatient Substance Abuse Treatment and Harm Reduction Services Model

Anthony Santella, DrPH, MPH
HIV Care, Treatment and Housing Program
Overarching Philosophy

• For substance using populations, a spectrum of services is needed
  – There is no one size fits all approach
  – More successful approaches blend harm reduction services with substance use treatment
Substance Use Treatment and Harm Reduction Services Program Goals

- Provide easily accessible harm reduction and substance use services to PLWHA who are actively using or have used drugs or alcohol
- Promote access to and maintenance in HIV primary care
- Reduce the impact of alcohol and other drug abuse by reducing substance use as measured by a standard assessment tool
- Enhance anti-retroviral medication adherence

Approved by Planning Council in July 2010
Service Model Elements

- Services for individuals who are HIV-positive and actively using drugs, relapsing, or in recovery

- Harm reduction consists of public health principles that aim at reducing the negative consequences of drug use and sexual behavior and support strategies that range from a reduction of the harmful behavior to abstinence

Approved by Planning Council in July 2010
Service Model Elements (cont’d)

• **Provides easily accessible:**
  – Targeted case finding
  – Health promotion
  – Substance use care and treatment
  – Harm reduction services
  – Recovery readiness and relapse prevention services
  – Linkage to care/care coordination services

Approved by Planning Council in July 2010
Service Model

Evidence Based Interventions

*flexible enough to be tailored to be culturally relevant for specific populations*

Community Reinforcement Approach

Outreach, acupuncture, individual and group counseling

*based on best practices informed by the harm reduction approach*

Harm Reduction

Therapeutic Education System
What Did We Look For In The Chosen EBIs?

- Fit with needs of people living with HIV/AIDS
- Comprehensive model
  - Full spectrum of substance use treatment and harm reduction services
- Evidence-based model
- Easily implemented at agency level
- Flexible to the needs of clients and providers
## Selection Process

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Number of Interventions</th>
<th>Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance Use Treatment, Substance Use Prevention</td>
<td>50</td>
<td>A Woman’s Path to Recovery, Adolescent CRA, Brief Strategic Family Therapy, Cocaine-Specific Coping Skills Training, Computer-Assisted System for Patient Assessment and Referral (CASPAR), Interim Methadone Maintenance (MI), Matrix Model, Motivational Interviewing, Network Therapy, Seeking Safety, Service Outreach and Recovery (SOAR)</td>
</tr>
<tr>
<td>Race/ethnicity + Latino/Hispanic + African American + Asian/Pacific Islander</td>
<td>47</td>
<td>See previous list</td>
</tr>
<tr>
<td>+ Community settings (urban/rural) + 13 – 55+</td>
<td>17</td>
<td>Adolescent CRA, Brief Strengths-Based Case Management for SU, CASPAR, MI, Pathways’ Housing First, Project Success, SOAR</td>
</tr>
<tr>
<td>+ Outcomes: Trauma + Mental Health</td>
<td>5</td>
<td>Adolescent CRA, CASPAR, MI, Pathways’ Housing First, Project Success</td>
</tr>
</tbody>
</table>
Selected Interventions

• CRA
  – Met all criteria
  – Behavioral intervention that seeks to replace environmental factors that have supported SU with activities that support recovery
  – Not as scripted as other EBIs
  – Appropriate for both the harm reduction and abstinence focused client
  – Includes important components such as behavioral skills training, job skills, social and recreational counseling, and relapse prevention
Evidence Based Interventions

• Seeking Safety
  – Selected due to ability to implement in various settings
  – Focuses on coping skills: safety, integrated treatment, client goal setting, and counseling
  – Addresses the needs of those diagnosed with PTSD (a common co-occurring diagnosis)
  – Teaches clients a number of different coping skills, including learning how to ask others for help, recognizing warning signs or high-risk situations, and self-care
Community Reinforcement Approach- What Is It?

- CRA employs familial, social, recreational and vocational behavioral reinforcement contingencies (reward system) to support the individual in the recovery process.

- The goal of CRA is to assist the individual in developing a lifestyle and finding an environment where the reduction of or abstinence from use of alcohol or drugs is rewarded, and substance abuse or dependence is discouraged.
Seeking Safety

• Supplemental behavioral intervention for organizations who have clients experiencing Post Traumatic Stress Disorder (PTSD)

• *Seeking Safety* offers 25 treatment topics, each with a clinician guide and client handouts.

• The model was designed so that you can do as many or as few as you have time for. Each of the 25 topics is independent of the others and you can decide which ones you want to conduct, in any order and in any number.
Who Can Do It?

• Seeking Safety has been successfully conducted by a very wide range of clinicians (substance abuse or mental health counselors, social workers, psychologists, psychiatrists, bachelor’s level counselors, case managers, nurses, clinical trainees, domestic violence advocates, school counselors, etc.).
Therapeutic Education System (TES) for Substance Abuse Treatment

- Composed of 65 interactive modules grounded in CRA
- Program is self-directed & includes a Training Module
- Therapists/Patients can use “customization plan” to establish individualized treatment plan for patients based on treatment needs
- Patients complete evidence-based program modules on skills training, interactive exercises and homework in accordance with their plan
- All module content includes accompanying audio
- Electronic reports of patients’ activity available to therapists
- Can track earnings of incentives dependent on urine results or other target behavior
- New content can be readily added to the content delivery system
TES features a comprehensive contingency management system, with the following aspects:

- Flexible schedules of reinforcement
- Flexible number and type of target behaviors and/or assessments
- Flexible reward system including cash vouchers or fishbowl draws
- Features an animated, virtual fishbowl for cashing in fishbowl draws
- Participants can be assigned to multiple concurrent voucher programs with different schedules and/or reward systems
- Accounting system for tracking debits/credits in a participant’s account
- Real-time graphing of assessments and target behavior results
- Vouchers can be printed from the website
Next Steps

• Committee discussion on EBIs
• New EBI proposals?
• DOHMH and Planning Council commitment to move forward with service model development
Questions? Comments?

Thank You!
Strategies (1)

• *Increasing Client Motivation*
  – CRA typically begins by exploring a client’s motivations for change with the identification of positive reinforcers.
  – Time is also spent with the client reviewing current and future negative consequences for their substance misuse.
  – This assessment is done in an empathetic motivational interviewing style that encourages the client, not the therapist, to voice the advantages of change and the disadvantages of continued misuse.
Strategies (2)

**Functional Analysis**

- The CRA Functional Analysis for alcohol or other substances is a structured interview that helps the client identify the triggers to, and the consequences of, the behavior they are wishing to change.

- The functional analysis also helps to identify the rewards that have been maintaining the alcohol or other substance misuse as well as high-risk situations that might contribute to relapse.
Strategies (3)

Trial Period of Abstinence

• CRA uses the concept of “sampling sobriety” for a limited period of time. This allows clients the freedom to negotiate a timeframe instead of feeling overwhelmed by the message that they can never drink or use again. Whether the client is one who would benefit from life-long abstinence or someone who wants to moderate their use, an initial period of sobriety is usually beneficial.

• Typically, the therapist starts by suggesting a 90-day period of abstinence and the client negotiates this request to one they believe will be both challenging and achievable. Whether the negotiated time period is 90 days or one day, the therapist assists the client in planning a strategy to maintain abstinence during that time.
Strategies (4)

*Increasing Positive Reinforcement*

- As an individual becomes dependent on alcohol or other substances for positive reinforcement, or even for feeling “normal”, their range of non-drinking and/or non-using activities narrows and they become increasingly isolated.

- Therefore, CRA offers several treatment modules to assist the client in finding enjoyable activities that do not involve drugs or alcohol. These all share the common goal of making the client’s alcohol/drug-free life more rewarding than their “using life” and to re-engage the individual into the community.
Is the goal of Seeking safety abstinence from substances?

• The method chosen will depend on the philosophy of you and your program, the client’s needs, and other factors.

• It provides various options for reducing use, in keeping with current research and understanding about addiction.

• Can include:
  – abstinence model
  – harm reduction (decreasing use, perhaps with a goal of ultimately reaching abstinence)
  – controlled use (decreasing use to a manageable level with a goal of remaining there).
Is it relevant for complex trauma/personality disorders?

Yes. It was developed and tested on clients who typically had multiple traumas, often based in childhood, and often chronic. Moreover, in one study that evaluated co-occurring personality disorders, 65% of the sample met criteria for one or more personality disorders. Thus, complexity is often the norm.

The format and content of Seeking Safety appear helpful for such clients, and the case management part of the treatment also helps to engage them in additional resources that may be beneficial for them.
How about simple or recent trauma?

It has been used across the full spectrum of people with PTSD, including recent PTSD, "simple PTSD" (a single incident in adulthood), to complex and chronic PTSD. It has also been used for subthreshold PTSD (people who meet some of the criteria for the disorder, but not all).

When used for recent or simple PTSD, the work typically moves more quickly; there may be a need for fewer sessions; and clinicians may choose to emphasize some topics over others. However, the basic elements of the work do not change in major ways.
Is Seeking Safety encouraging people to avoid the past?

- Seeking Safety focuses on the present but this does not mean it encourages avoidance of the past. Clients are encouraged to name their traumas as part of Seeking Safety and to discuss how it impacts them.
- The key principle is “headlines not details”—they are simply asked not to go into detailed exploration of it, as that would be a different type of therapy that is not part of Seeking Safety.
- Seeking Safety can be used with any other therapy or treatment the client needs or wants, including past-focused models (e.g., exposure therapy or EMDR for PTSD). Many clinicians have found that Seeking Safety helps client tolerate past-focused models as it strengthens their general ability to cope.
Strategies (5)

Enhancing Basic Social Skills

- Identifying and teaching new skills in areas of deficits is essential to the success of CRA. Communication skills, problem solving and drink/drug refusal are commonly worked on with the client.

- The CRA therapist models the use of these skills and encourages the individual to practice these skills through role plays in the counseling setting and then to use these newly-acquired skills in life situations.
How Does it Work?

• The seven interpersonal topics are:
  – Asking for Help
  – Honesty
  – Setting Boundaries in Relationships
  – Healthy Relationships
  – Community Resources
  – Healing from Anger
  – Getting Others to Support Your Recovery.
How Does it Work?

• The seven behavioral topics are:
  – Detaching from Emotional Pain: Grounding, Taking Good Care of Yourself
  – Red and Green Flags
  – Commitment
  – Coping with Triggers
  – Respecting Your Time
  – Self-Nurturing
How Does It Work?

- The seven cognitive topics are
  - PTSD: Taking Back Your Power
  - Compassion
  - When Substances Control You
  - Recovery Thinking
  - Integrating the Split Self
  - Creating Meaning
  - Discovery

- In addition, four combination topics are
  - Introduction to Treatment / Case Management
  - Safety
  - The Life Choices Game (Review)
  - Termination
Is the goal of Seeking safety abstinence from substances?

• The method chosen will depend on the philosophy of you and your program, the client’s needs, and other factors.

• It provides various options for reducing use, in keeping with current research and understanding about addiction.

• Can include:
  – *abstinence* model
  – *harm reduction* (decreasing use, perhaps with a goal of ultimately reaching abstinence)
  – *controlled use* (decreasing use to a manageable level with a goal of remaining there).
Is it relevant for complex trauma/personality disorders?

Yes. It was developed and tested on clients who typically had multiple traumas, often based in childhood, and often chronic. Moreover, in one study that evaluated co-occurring personality disorders, 65% of the sample met criteria for one or more personality disorders. Thus, complexity is often the norm.

The format and content of Seeking Safety appear helpful for such clients, and the case management part of the treatment also helps to engage them in additional resources that may be beneficial for them.
How about simple or recent trauma?

It has been used across the full spectrum of people with PTSD, including recent PTSD, "simple PTSD" (a single incident in adulthood), to complex and chronic PTSD. It has also been used for subthreshold PTSD (people who meet some of the criteria for the disorder, but not all).

When used for recent or simple PTSD, the work typically moves more quickly; there may be a need for fewer sessions; and clinicians may choose to emphasize some topics over others. However, the basic elements of the work do not change in major ways.
Is Seeking Safety encouraging people to avoid the past?

• Seeking Safety focuses on the present but this does not mean it encourages avoidance of the past. Clients are encouraged to name their traumas as part of Seeking Safety and to discuss how it impacts them.

• The key principle is “headlines not details”—they are simply asked not to go into detailed exploration of it, as that would be a different type of therapy that is not part of Seeking Safety.

• Seeking Safety can be used with any other therapy or treatment the client needs or wants, including past-focused models (e.g., exposure therapy or EMDR for PTSD). Many clinicians have found that Seeking Safety helps client tolerate past-focused models as it strengthens their general ability to cope.