EFFECTIVELY ADDRESSING THE FULL RANGE OF CLIENTS

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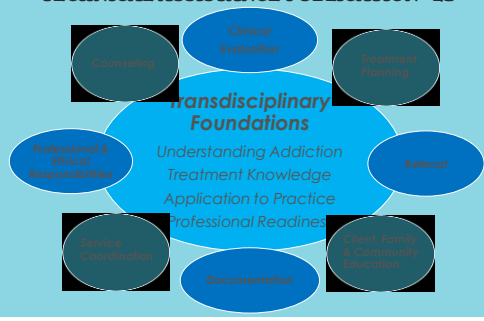
TECHNICAL ASSISTANCE PUBLICATION - 21



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INTRODUCTION, TAP 21, 2017

- **Each professional must be knowledgeable about the continuum of care and the social contexts affecting the treatment and recovery process.**
- **Each addiction specialist must be able to identify a variety of helping strategies that can be tailored to meet the needs of individual clients.**
- **The development of effective practice in addiction counseling depends on the presence of attitudes reflecting openness to alternative approaches, appreciation of diversity, and willingness to change.**

3

UNDERSTANDING ADDICTION

- Competency 2
- Recognize the social, political, economic, and cultural context within which addiction and substance abuse exist, including risk and resiliency factors that characterize individuals and groups and their living environments.

- Competency 4
- Recognize the potential for substance use disorders to mimic a variety of medical and mental health conditions and the potential for medical and mental health conditions to coexist with addiction and substance abuse.

4

TREATMENT KNOWLEDGE

- Competency 6
- Recognize the importance of family, social networks, and community systems in the treatment and recovery process.

- Competency 8
- Understand the value of an interdisciplinary approach to addiction treatment.

5

APPLICATION TO PRACTICE

- Competency 10
- Describe a variety of helping strategies for reducing the negative effects of substance use, abuse, and dependence.

- Competency 11
- Tailor helping strategies and treatment modalities to the client's stage of dependence, change, or recovery.

6

APPLICATION TO PRACTICE

- Competency 12
- Provide treatment services appropriate to the personal and cultural identity and language of the client.

- Competency 14
- Be familiar with medical and pharmacological resources in the treatment of substance use disorders.

7

PROFESSIONAL READINESS

- Competency 18
- Understand diverse cultures, and incorporate the relevant needs of culturally diverse groups, as well as people with disabilities, into clinical practice.

- Competency 21
- Understand the importance of ongoing supervision and continuing education in the delivery of client services.

8

CULTURAL COMPETENCE

Substance Abuse and Mental Health Services Administration. Improving Cultural Competence. Treatment Improvement Protocol (TIP) Series No. 59. HHS Publication No. (SMA) 14-4849. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

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Cultural Competence

- "A set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enable the system, agency, or professionals to work effectively in cross-cultural situations. "

-1989 Cross et al. p. 13

- Provides clients with more opportunities to access services that reflect a cultural perspective on alternative, culturally congruent approaches to their presenting problems.
- Culturally responsive services will likely provide a greater sense of safety from the client's perspective, supporting the belief that culture is essential to healing.

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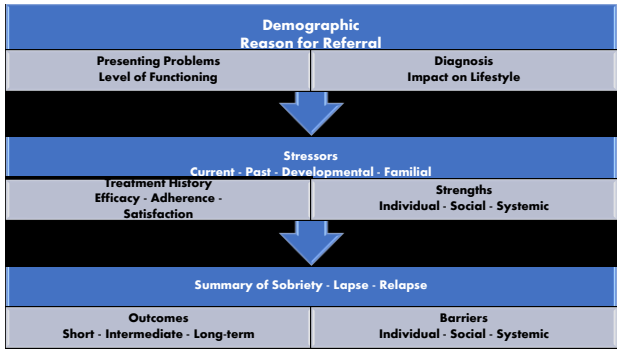

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MEN

Substance Abuse and Mental Health Services Administration. *Addressing the Specific Behavioral Health Needs of Men*. Treatment Improvement Protocol (TIP) Series 56. HHS Publication No.(SMA) 13-4736. Rockville, MD: Substance Abuse and Mental Health Services Administration,2013.

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Men in America

- men die at a younger age on average than women
- men are also more likely than women to have a substance use disorder
- to be incarcerated
- to be homeless as adults
- to die of suicide
- to be victims of violent crime
- conversely, men are ***less*** likely than women to seek medical help or behavioral health counseling for any of the problems they face

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Establishing Authentic Relationship

- Establish rapport and trust with the client from the start
- Male clients may feel threatened by or uncomfortable with the help-seeking process
- Understand, as much as possible, what set of circumstances prompted the help-seeking behavior.
- Creatively engage a male client in discussions of his life and situation
- Consider acknowledging common fears related to relationships, health, abandonment, career, and financial issues.

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- Conceptualize the engagement process as a series of steps in which the client moves from screening to assessment to treatment planning to active treatment to continuing care/discharge
- Men are typically socialized to be goal-directed and action-oriented: Try ending each screening or assessment session with a clear plan for what will happen next
- Something concrete (e.g., a letter documenting attendance, a telephone call to arrange a session with a significant other) may facilitate compliance with the next step
- It can be helpful to give men something to do to prepare for the next step, which can support their sense of confidence, control, and usefulness

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Treatment Engagement Considerations

- Emphasizing options and the importance of free choice, even when choices are limited, generally supports men's need for a sense of independence and autonomy
- Confrontation about behavior and right/wrong issues almost always increases resistance. Avoid arguments and use a more subtle, less confrontational manner.
- Reframe coming to treatment as a success and a sign of strength and courage.
- Some men are uncomfortable expressing some or all emotions or have difficulty recognizing and labeling their emotions early in treatment.
- Some men find it easier to explore and discuss their problems using visual references, such as timelines, life maps, and Decisional Balance exercise.

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WOMEN

Substance Abuse and Mental Health Services Administration. *Substance Abuse Treatment: Addressing the Specific Needs of Women.* Treatment Improvement Protocol (TIP) Series, No. 51. HHS Publication No. (SMA) 13-4426. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2009.

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Numerous Factors Influence the Reasons for Initiation of Substance Use Among Women

- Women often report that stress, negative affect, and relationships precipitate initial use
- Women are often introduced to substance use by a significant relationship such as boyfriend, family member, or close friend
- Genetics also may be a significant risk factor for women, more research supports familial influence—a combination of genetic and environment effects
- Less is known about familial influence of illicit drugs, but parental alcohol use increases the prevalence of alcohol use disorders among women by at least 50 percent.

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- Family of origin characteristics play a role
- Exposure to chaotic, argumentative, and violent households, or being expected to take on adult responsibilities as a child
- Women are significantly influenced by relationships, relationship status, and the effects of a partner's substance abuse
- Women dependent on substances are more likely to have partners who have substance use disorders
- Women perceive shared drug use with their partner as a means of connection or of maintaining the relationship
- Rituals surrounding drug use are initiated by a male partner, and women bear more risk in contracting HIV/AIDS and hepatitis by sharing needles or having sexual relationships with men who inject drugs

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- Relationship status influences use and potential development of substance use disorders. Marriage appears protective, whereas separated, never married, or divorced women are at greater risk for use and the development of substance use disorders

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Treatment Engagement Strategies

- **Outreach Services**
  - identifying a woman's most urgent concerns and addressing those first
  - empathizing with the woman's fears and resistances, while assisting her in following through on commitments
  - assisting the woman in negotiating the human service system, particularly when the decision to seek drug or alcohol treatment is stymied by the lack of adequate, appropriate, or accessible programs
- **Pretreatment Intervention Groups**
  - designed to initially provide personalized or structured feedback to clients about their alcohol and drug use
  - to provide information regarding available treatment services and treatment processes
  - to utilize strategies to enhance motivation and to decrease alcohol and drug use
- **Case Management**
  - *based on the premise that services need to match the client's needs rather than force the client to fit into the specific services offered by the agency*
  - *with the wide range of services often warranted for most women (especially for women who are pregnant or who have children), comprehensive case management that involves medical and social case management is an essential ingredient*

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ADOLESCENTS

Center for Substance Abuse Treatment. *Screening and Assessing Adolescents for Substance Use Disorders.* Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 1999. (Treatment Improvement Protocol (TIP) Series, No. 31.)

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- People are most likely to begin abusing drugs—including tobacco, alcohol, illegal and prescription drugs— during adolescence and young adulthood
- School problems/academic failure
- Problems with family and other relationships
- Loss of interest in normal healthy activities
- Impaired memory
- Increased risk of contracting an infectious disease via risky sexual behavior or sharing contaminated injection equipment
- Mental health/SUD problems with varying severity
- Risk of overdose death

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- Many adolescents who abuse drugs have a history of physical, emotional, and/or sexual abuse or other trauma

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Treatment Engagement Considerations

- The adolescent brain is often likened to a car with a fully functioning gas pedal (the reward system) but weak brakes (the prefrontal cortex)
- Adolescents' drug use and treatment needs differ from those of adults
- Many treatment approaches are available to address the unique needs of adolescents
  - BEHAVIORAL APPROACHES
    - Adolescent Community Reinforcement Approach (A-CRA)
    - Cognitive-Behavioral Therapy (CBT)
    - Contingency Management (CM)
    - Motivational Enhancement Therapy (MET)
    - Twelve-Step Facilitation Therapy
  - FAMILY-BASED APPROACHES
    - Brief Strategic Family Therapy (BSFT)
    - Functional Family Therapy (FFT)
    - Multidimensional Family Therapy (MDFT)
    - Multisystemic Therapy (MST)

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EMERGING ADULTS

Emerging adults ages 18 to 25 often have a perception of feeling "in-between," knowing they are free from adolescent struggles and looking for independence. In many cases, though, they are still closely connected to their parents or other caregivers. Addictions, psychological trauma and certain mood disorders may surface during this time period in a person's life and may be connected to the presence of a dysregulated brain.

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Issues Related to Emerging Adults

- drug and tobacco use
- binge drinking and recent illicit drug use are most common in this age group and are more common for men in this age group than for women
- In this age group, men are three times more likely than women to die
- high rates of death by automobile crashes, homicide, and suicide account for much of the difference
- increased risk for being the victims of violence
- young men are often less secure about their masculinity than older men and therefore may feel a greater need to engage in behaviors that supposedly prove their masculinity to others
- young men who inject drugs are more likely to engage in practices that put them at high risk for contracting HIV

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- young men often enter treatment under coercion (by family, the criminal justice system, schools, and/or employers), and thus more effort may be needed to help them move from an early stage of readiness for change (precontemplation) toward embracing and accepting abstinence
- the largest single source of treatment referrals for individuals (both male and female) in this age group is the criminal justice system, which accounted for 52 percent of first-time admissions and 46 percent of return admissions

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VETERANS

Service Members, Veterans, and Their Families Technical Assistance (SMVF TA) Center

The SMVF TA Center works with states and territories to strengthen their behavioral health systems for service members, veterans, and their families.

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- In the United States, about 10% of homeless people are veterans
- Among this group, three out of four experience mental and/or substance use disorders
- About one fifth of veterans in substance use treatment were homeless
- Military service members, veterans, and their families are a growing community exposed to traumatic events
- Involvement in combat that causes losses and fears; injuries associated with combat
- Repeated deployments and/or relocations
- Military sexual violence—all may exert an emotional toll on military personnel, their families, and their communities

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- Veterans comprise 20% of national suicides
- Approximately 22 veterans dying by suicide every day
- Three out of five veterans who died by suicide were diagnosed as having a mental health condition

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TRAUMA-INFORMED CARE

Substance Abuse and Mental Health Services Administration. *Trauma-Informed Care in Behavioral Health Services.* Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4801. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

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- "Trauma-informed care recognizes symptoms as originating from adaptations to the traumatic event(s) or context. Validating resilience is important even when past coping behaviors are now causing problems. Understanding a symptom as an adaptation reduces a survivor's guilt and shame, increases their self -esteem and provides a guideline for developing new skills and resources to allow new and better adaptation to the current situation."

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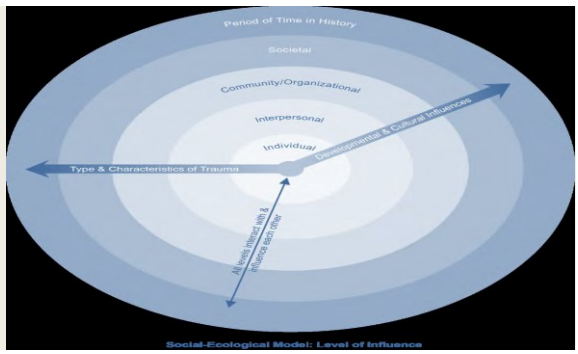

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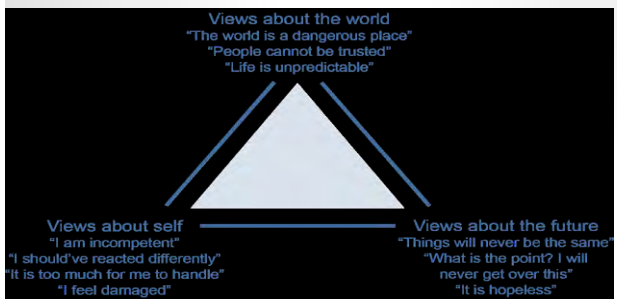
COGNITIVE TRIAD OF TRAUMATIC STRESS



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Trauma-Informed Approach Begins with Taking Practical Steps

- Work with the client to learn the cues he or she associates with past trauma
- Obtain a good history
- Maintain a supportive, empathetic, and collaborative relationship
- Encourage ongoing dialog
- Provide a clear message of availability and accessibility throughout treatment

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Resilient Responses to Trauma

- Many people find healthy ways to cope with, respond to, and heal from trauma. Often, people automatically reevaluate their values and redefine what is important after a trauma. Such resilient responses include:
  - *Increased bonding with family and community*
  - *Redefined or increased sense of purpose and meaning*
  - *Increased commitment to a personal mission*
  - *Revised priorities*
  - *Increased charitable giving and volunteerism*

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CO-OCCURRING

Substance Abuse and Mental Health Services Administration. Substance Abuse *Treatment for Persons With Co-Occurring Disorders.* Treatment Improvement Protocol (TIP) Series, No. 42. HHS Publication No. (SMA) 133992. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2005.

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- A diagnosis of co-occurring disorders (COD) occurs when at least one disorder of each type can be established independent of the other and is not simply a cluster of symptoms resulting from the one disorder
- The association between depression and substance abuse was particularly striking and became the subject of several early studies (e.g., Woody and Blaine 1979)
- Rates of mental disorders increase as the number of substance use disorders increases, further complicating treatment
- Recent studies have demonstrated strong connections between trauma and addictions, including the possibility that childhood abuse plays a part in the development of substance use disorders (Anderson et al. 2002; Brady et al. 2000; Chilcoat and Breslau 1998b; Jacobsen et al. 2001)

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Six Guiding Principles

- Employ a recovery perspective.
- Adopt a multi-problem viewpoint.
- Develop a phased approach to treatment.
- Address specific real-life problems early in treatment.
- Plan for the client's cognitive and functional impairments.
- Use support systems to maintain and extend treatment effectiveness.

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Strategies for Effective Treatment

- Integrated treatment coordinates substance abuse and mental health interventions to treat the whole person more effectively; the term refers broadly to any mechanism by which treatment interventions for COD are combined within a primary treatment relationship or service setting
- Motivational Interviewing (MI) is a client-centered, directive method for enhancing intrinsic motivation to change (by exploring and resolving ambivalence) that has proven effective in helping clients clarify goals and commit to change
- Contingency Management (CM) maintains that the form or frequency of behavior can be altered through the introduction of a planned and organized system of positive and negative consequences

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- Cognitive–Behavioral Therapy (CBT) is a general therapeutic approach that seeks to modify negative or self-defeating thoughts and behaviors, and is aimed at achieving change in both
- Relapse Prevention (RP) has proven to be a particularly useful substance abuse treatment strategy and it appears adaptable to clients with COD. The goal of RP is to develop the client's ability to recognize cues and to intervene in the relapse process, so lapses occur less frequently and with less severity
- The goals of Intensive Case Management (ICM) are to engage individuals in a trusting relationship, assist in meeting their basic needs (e.g., housing), and help them access and use brokered services in the community

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LGBTQ

The Center for Substance Abuse Treatment (CSAT) of the Substance Abuse and Mental Health Services Administration (SAMHSA) A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, and Transgender Individuals, 2012.

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Treatment Engagement Considerations

- Creating a safe and welcoming environment
- Explicitly welcome LGBTQ clients to your place of service
- Use appropriate terms (gay, lesbian, bi)
- Ask transgender people what term and pronoun they prefer, and use these in all situations
- Refrain from speculating about a person's sexual orientation or gender identity

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- Components of a inclusive infrastructure:
  - *Assume that in any group, LGBTQ clients are present*
  - *If your sexual orientation is heterosexual, understand your privilege and the ways it is rewarded in this culture*
  - *Learn about the LGBTQ cultures that exist around you*
  - *Find ways to make LGBTQ culture visible in your organization*
  - *Be able to make appropriate referrals for services, resources, products, and organizations*

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CRIMINAL JUSTICE

Center for Substance Abuse Treatment. *Substance Abuse Treatment for Adults in the Criminal Justice System*. Treatment Improvement Protocol (TIP) Series 44. HHS Publication No. (SMA) 13-4056. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2005.

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Issues Related to Criminal Justice Population

- Clients under criminal justice supervision share many of the same clinical issues faced by others receiving substance abuse treatment
- Many offenders have problems with the very issues that brought them to the attention of law enforcement, particularly, criminal thinking and values
- Clients often have problems dealing with anger and hostility and have the stigma of being criminals, along with the guilt and shame that accompany this stigma
- Their identity as criminals may need to be offset by exposure to more prosocial values and identities such as those of family member and wage earner

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Clinical Strategies

- Addressing Basic Needs
- *Homelessness*
- *Life skills*
- Addressing Criminality
- *Criminal thinking*
- *Client manipulativeness*
- *Criminal code*
- Addressing Anger and Hostility
- Addressing Identity Issues

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- Cultural identity
- Role as a family member and/or parent
- Role as a person of status
- Addressing Denial
- Addressing Resistance
- Addressing Guilt, Shame, and Stigma
- Establishing Boundaries
- Creating a Therapeutic Alliance
- Striving for counselor credibility
- Designing Treatment to Reflect the Stages of Change

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ILLINOIS DUI CLIENTS

"Driving Under the Influence" is defined as operating a motor vehicle while impaired by alcohol, other drugs, including cannabis (marijuana) prescribed for medical purposes, or intoxicating compounds and methamphetamine. In Illinois, drivers are legally considered to be under the influence if they have a blood-alcohol content (BAC) of .08 or more, a tetrahydrocannabinol (cannabis) concentration (THC) of either 5 nanograms or more per milliliter of whole blood or 10 nanograms or more per milliliter of other bodily substance, have used any other controlled substance or are impaired by medication.

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Office of the Illinois Secretary of State

- The average DUI offender is:
  - male (75 percent arrested are men)
  - age 34 (57 percent are under age 35)
  - arrested between 11 p.m. and 4 a.m. on a weekend
  - caught driving with a BAC of .16 —twice the illegal limit
- *National Highway Traffic Safety Administration*
  - *The highest percentage of drivers with BACs of .08 or higher is for drivers 21-24 years old (28%)*

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2016 Illinois DUI Facts

- 272 people were killed in alcohol-related crashes, which was approximately 25 percent of the 1,078 total crash fatalities
- 29,528 DUI arrests were recorded by the Secretary of State's office
- 92 percent of all drivers arrested for DUI, who were eligible, lost their driving privileges
- 466 drivers under age 21 lost their driving privileges due to Zero Tolerance law violations
- 25 percent of those arrested for DUI were women, who represented 50 percent of all licensed drivers
- Males ages 21-24 had the highest DUI arrest rate (about 12 per 1,000 licensed drivers)
- 86 percent of all drivers arrested for DUI are first offenders

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American Society of Addiction Medicine, 2013

- *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.*

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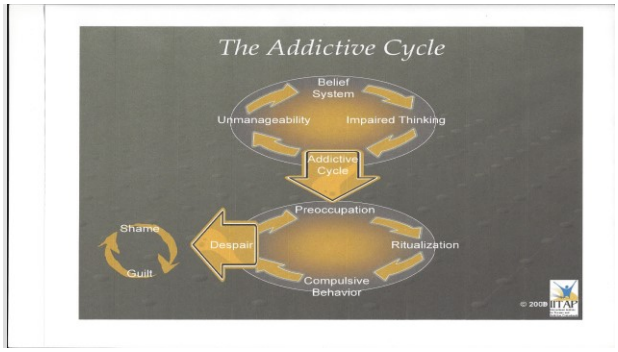

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BEHAVIORAL ADDICTIONS

Gambling
Sex
Gaming
Work
Shopping
Food

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BIOPSYCHOSOCIAL MODEL

biological (i.e., genetic predispositions, the resulting effects of addiction in the brain)
psychological (i.e., emotional, behavioral, and cognitive factors)
sociocultural (influences of one's family, friends, and culture)

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Addiction and Change: How addictions develop and addicted people recover, DiClemente, 2003

1. They represent habitual patterns of intentional, appetitive behaviors.
2. They can become excessive and produce serious consequences.
3. There is stability of these problematic behavior patterns over time.
4. There are interrelated psychological and physiological components to their behavior.
5. Finally, in every case individuals who become addicted to these behaviors have difficulty stopping or modifying them.

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RECOVERY, ASAM

- **A process of sustained action that addresses the biological, psychological, social, and spiritual disturbances inherent in addiction. This effort is in the direction of a consistent pursuit of abstinence, addressing impairment in behavioral control, dealing with cravings, recognizing problems in one's behaviors and interpersonal relationships, and dealing more effectively with emotional responses. Recovery actions lead to reversal of negative, self-defeating internal processes and behaviors, allowing healing of relationships with self and others. The concepts of humility, acceptance, and surrender are useful in this process.**

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RECOVERY FROM MENTAL HEALTH AND SUBSTANCE USE DISORDERS WORKING DEFINITION, SAMHSA

- **A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.**
- **Health**
- **Home**
- **Purpose**
- **Community**

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RECOVERY-ORIENTED SYSTEMS OF CARE

- Recovery-oriented systems of care (ROSC) are networks of formal and informal services developed and mobilized to sustain long-term recovery for individuals and families impacted by severe substance use disorders. The *system* in ROSC is not a treatment agency but a macro level organization of a community, a state or a nation.

William White

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- IDHS/SUPR is organizing around a recovery-oriented system of care (ROSC) to ensure that an appropriate mix of substance use disorder services and recovery supports for youth, adults and families is available and accessible throughout the state. Moving from the current acute care model to a chronic care approach requires the entire system to embrace a recovery management approach to support those affected by substance use disorders (SUDs) and to expand the current continuum of care.
- *White, W. 2008. Recovery Management And Recovery-Oriented Systems Of Care, accessed at http://www.attcnetwork.org/resources/resource.aspx?prodID=496&rcID=3&regionalcenter=3&producttype=*&keywords=**

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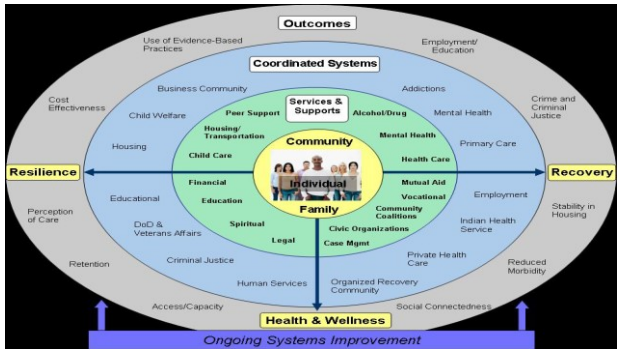

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- Creating recovery-oriented systems of care requires a transformation of the entire service system as it shifts to becoming responsive to meet the needs of individuals and families seeking services. To be effective, recovery-oriented systems must infuse the language, culture, and spirit of recovery throughout their systems of care. They have to develop values and principles that are shaped by individuals and families in recovery. These values and principles provide the foundation for systems that provide:

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- Accessible services that engage and retain people seeking recovery;
- A continuum of services rather than crisis-oriented care;
- Care that is age- and gender-appropriate and culturally competent; and
- Where possible, care in the person's community and home using natural supports

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