Northwest (HHS Region 10)

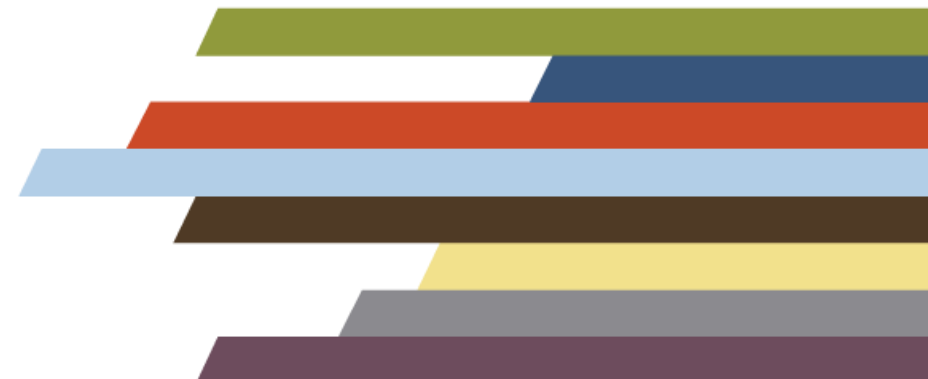ATTC Addiction Technology Transfer Center Network
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Staying In Touch:

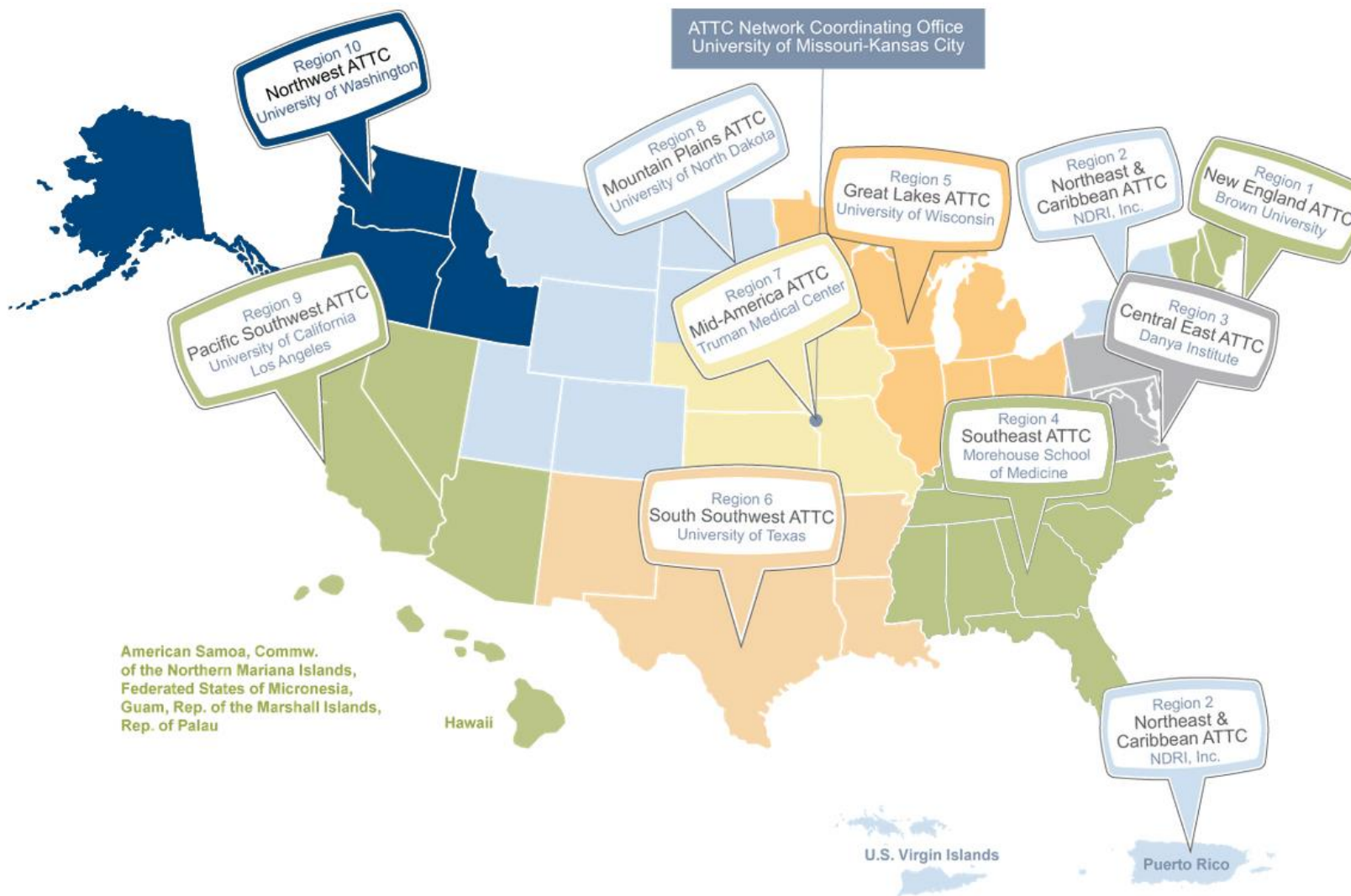## Using *Caring Contacts* to sustain connection with your clients

SAMHSA
Substance Abuse and Mental Health Services Administration

ATTC Network

ATTC Network Coordinating Office
University of Missouri-Kansas City

Region 10
Northwest ATTC
University of Washington

Region 8
Mountain Plains ATTC
University of North Dakota

Region 5
Great Lakes ATTC
University of Wisconsin

Region 2
Northeast &
Caribbean ATTC
NDRI, Inc.

Region 1
New England ATTC
Brown University

Region 9
Pacific Southwest ATTC
University of California
Los Angeles

Region 7
Mid-America ATTC
Truman Medical Center

Region 3
Central East ATTC
Danya Institute

Region 4
Southeast ATTC
Morehouse School
of Medicine

Region 6
South Southwest ATTC
University of Texas

American Samoa, Commw.
of the Northern Mariana Islands,
Federated States of Micronesia,
Guam, Rep. of the Marshall Islands,
Rep. of Palau

Hawaii

Region 2
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The use of affirming language inspires hope and advances recovery.

LANGUAGE MATTERS.

Words have power.

PEOPLE FIRST.

The ATTC Network uses affirming language to promote the promises of recovery by advancing evidence-based and culturally informed practices.

Learning Objectives

- After completing this course, you will be able to:

  - Understand the relations between isolation, social and economic stress, and behavioral health symptoms

  - Recognize how health disparities can augment the negative health consequences experienced during times of stress and uncertainty

  - Customize a Caring Contacts approach for your clients to reduce their sense of isolation
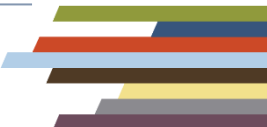
Acronym Guide: Unscrambling Alphabet Soup

Language should bring us closer to understanding, not push us farther away. Toward that end, here is a key to the acronyms and colloquialisms used in this course:

- AI/AN
  - American Indian/Alaska Native

- AMSR
  - Assessing and Managing Suicide Risk

- ATTC
  - Addiction Technology Transfer Center

- CBT / mCBT
  - Cognitive Behavioral Therapy
  - Mindfulness-Based Cognitive Behavioral Therapy

Acronym Guide (cont.)

- EMR
  - Electronic Medical Record

- IPV
  - Intimate Partner Violence

- LatinX
  - a person of Latin American origin or descent (used as a gender-neutral or nonbinary alternative to Latino or Latina)

- LGBTQIA
  - Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual

- SAMHSA
  - Substance Abuse and Mental Health Services Administration

- SARS
  - Severe Acute Respiratory Syndrome

- SDOH
  - Social Determinants of Health

Consequences of Hard Times

- Isolation as well as social and economic uncertainty increase suicidality, self-harm, anxiety, depression and substance use.

- Negative health consequences disproportionately affect marginalized communities, highlighting a continuing challenge of health disparities.

- Adverse effects of isolation and uncertainty are not limited to clients, they extend to providers of health and human services, too.

Sources: Hodge et.al, 2010; Ventevogel et.al, 2015; Viseu et.al, 2018

Simple Interventions in Times of Unrest

Simple interventions that can be implemented at-a-distance during times of stress and isolation have capacity to:

- Reduce client harms

- Increase feelings of self-efficacy among providers

- Fill a gap that may otherwise exist with inaccessible treatments

Sources: Motto & Bostrom, 2001; Ventevogal et.al, 2015

How Practitioners Can Help Their Clients

A low-threshold, empirically-supported approach is to incorporate *Caring Contacts* in your clinical practice. This approach is thought to be particularly useful to clients during stressful times to:

- Reduce isolation and self-harm
- Increase hope and connectedness
- Reduce substance use
- Improve health outcomes
- Increase practitioner sense of efficacy

Source: Newell & MacNeil, 2011
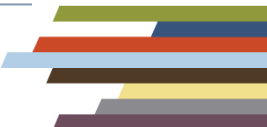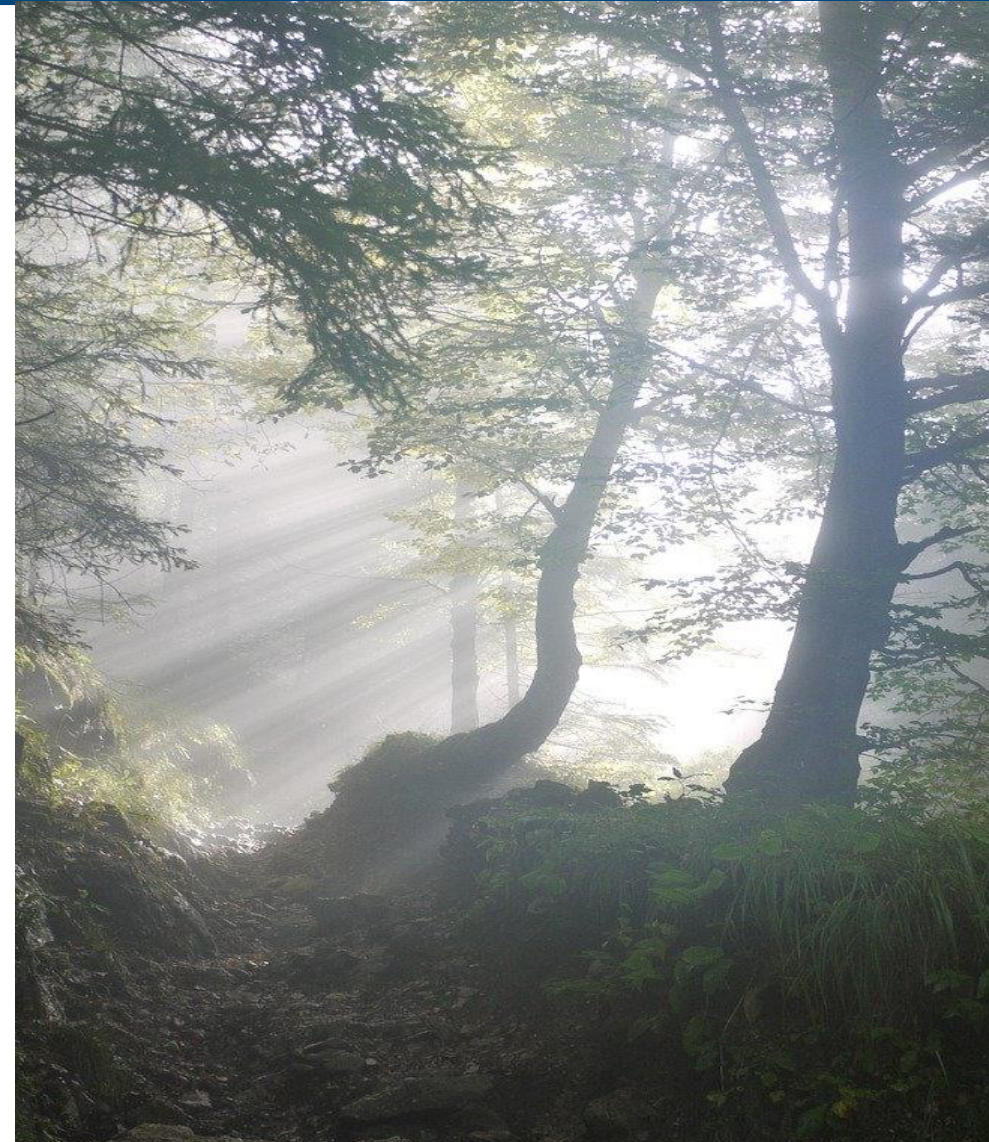
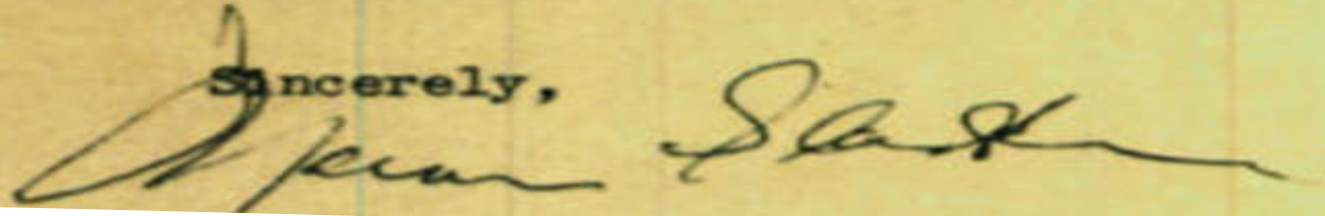This is just a note to let you know that we are interested in how you are coming along.

If you have the inclination, feel free to drop us a note and let us know.

Sincerely,

A *Caring Contact* is:

- A personalized written form of practitioner outreach to individual clients

- Based on communication that expresses caring concern for the client

- Brief, appropriate, and easy to understand

- Inviting, yet not requiring, a response from the client

Sources: Carter et.al, 2005; Motto & Bostrom, 2001

The Impact of Uncertainty

Before we dive into how to create your own *Caring Contacts*, let's consider situations that precipitate isolation and negative health consequences. These include:

- Times of social unrest and uncertainty
- Economic downturns
- Public health crises

Sources: Frasquilho et.al, 2016; Reger et.al., 2020; Schneider et.al, 2016; Ventevogel et.al, 2015

Multiple studies correlate social and economic stressors with increases in:

- Stress and anxiety
- Intimate partner violence
- Depression and substance use
- Suicidality

Sources: Frasquilho et.al, 2016; Oyesanya et.al, 2015; Schneider et al, 2016; Ventevogel et.al, 2015; Viseu et.al, 2018

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Risk During Public Health Crises

Like economic and social uncertainty, public health crises are linked to increases in:

- depression and anxiety
- incidents of self-harm and suicidality
- substance misuse

Sources: Ventevogel et.al, 2015; Viseu et.al, 2018

Public Health Crises (cont.)

Examples include:

- Increased incidence of depression and anxiety in the year following Ebola outbreaks

- Increased incidence of depression, anxiety, and substance use among healthcare providers during the SARS pandemic

- Anticipated increase in behavioral health challenges as a function of COVID-19 circumstances

Sources: Jalloh et.al, 2018; Reger et.al, 2020; Wu et.al, 2008

Isolation

- Challenging times may also result in increased personal isolation, which carries its own host of negative health outcomes.

- Isolation is a significant stressor that can carry devasting consequences for the health and wellbeing of a population.

Isolation (cont.)

The old adage of "safety in numbers" is consistent with how humans have evolved to connect with each other and thrive in community. When we are isolated, we respond accordingly. Because humans are designed to live in society, we are "hard-wired" to experience isolation as a threat and when isolated, respond by feeling stress, anxiety, depression and distrust.

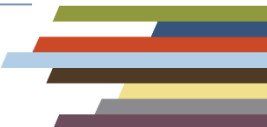Sources: Grippo et.al, 2007; Hawkley & Cacioppo, 2010; Siegel, 1999

The Biology of Connection

Even Charles Darwin, famous for his theories of evolution, noted altruism and cooperation as key to natural selection and propagation of the species.

Source: Okasha et.al, 2020

Biology of Connection (cont'd)

- Neuroscientists Daniel Seigel and Stephen Porges note the human nervous system is "hard-wired to connect" and designed to calm itself in relationship to other humans.

- Porges calls social connectedness a "biological imperative," such that humans must connect socially to function physically and mentally.

Sources: Fishbane, 2007; Grippo et.al, 2007; Porges, 2003; Siegel, 1999

- Cultural practices that require socialization and connection are protective against many illnesses.

- When we are unable to connect socially, we have less opportunity to regulate emotions through our evolutionary coping mechanisms.

Sources: Bassett et.al, 2012; Cacioppo et.al, 2014; Grippo et.al, 2007; Park et.al, 2010; Walters et.al, 2020

What helps?

In examining commonly used behavioral health services like talk therapy, it is believed one of the 'common factors' responsible for positive, healing impacts is the relationship between client and practitioner. This is often referred to as the *therapeutic alliance*.

Sources: Ardito & Rabellino, 2011; Hawkley & Cacioppo, 2010

In Absence of Therapeutic Alliance

If therapeutic alliance is poor, many clients may be set on a path toward clinical disengagement and decompensation. In these circumstances, risk factors may enhance an individual's vulnerability to experience negative health consequences as a result of social and economic turmoil, public health crises, and the like.

Personal Risk Factors

Personal risk factors for clients experiencing negative health consequences include:

- Loneliness
- Poverty
- Lack of access to resources
- Limited coping skills
- Overwhelm, burnout, and fatigue
- Advanced age

Disparities: An Introduction

Because communities of color evidence many of the noted risk factors, people of color are:

- Overrepresented in terms of the adverse consequences of social and economic unrest.

- Underrepresented in terms of access to resources to protect and rebound from these stressors.

Source: McGuire & Miranda, 2008

Disparities: AI/AN Communities

The National Violent Death Reporting System, which compiles data from 18 states, indicates that:

- Rates of suicide in AI/AN communities have been rising since 2003

- The rate in AI/AN communities in 2015 was 21.5 per 100,000, which is **more than 3.5 times that among other racial/ethnic groups.**

Sources: Leavitt et.al, 2018; Olsen & Wahab, 2016

Disparities: Racial Minority Communities

People of color experience Intimate Partner Violence (IPV) at high rates. According to a 2010 National Intimate Partner and Sexual Violence Survey…

- AI/AN, non-Hispanic Black, and Hispanic women all reported higher prevalence rates of lifetime IPV (46.0%, 43.7%, & 37.1%, respectively) compared to non-Hispanic White women (34.6%).

- These patterns of disproportionate IPV prevalence rate replicate prior comparative studies based in the U.S.

Source: Stockman et.al, 2015

# Disparities: LGBTQIA, Rural Communities

- LGBTQIA community members experience higher rates of mental health disorders than heterosexuals, which is theorized to be due in part to "minority stress" in which stigma, discrimination, and prejudice create a hostile, stressful social environment.

- Rural communities have more limited access to behavioral health services due to fewer Medicare providers, which in turn contributes to high rates of depression, substance use disorders, and self-harm.

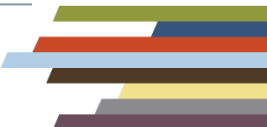Sources: Hartley, 2004; Meyer, 2003; Primm et.al, 2010; Weisgrau, 1995

Disparities: African-American Communities

A majority of African Americans do not receive mental health or SUD services...
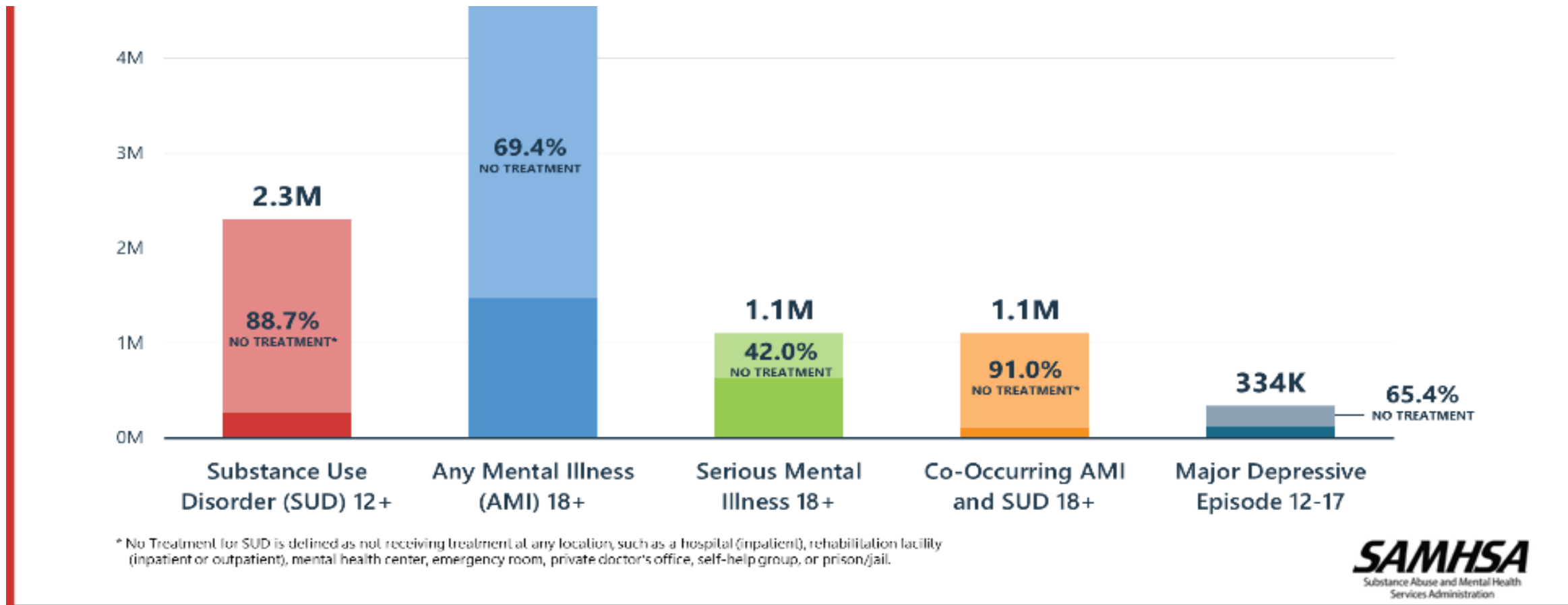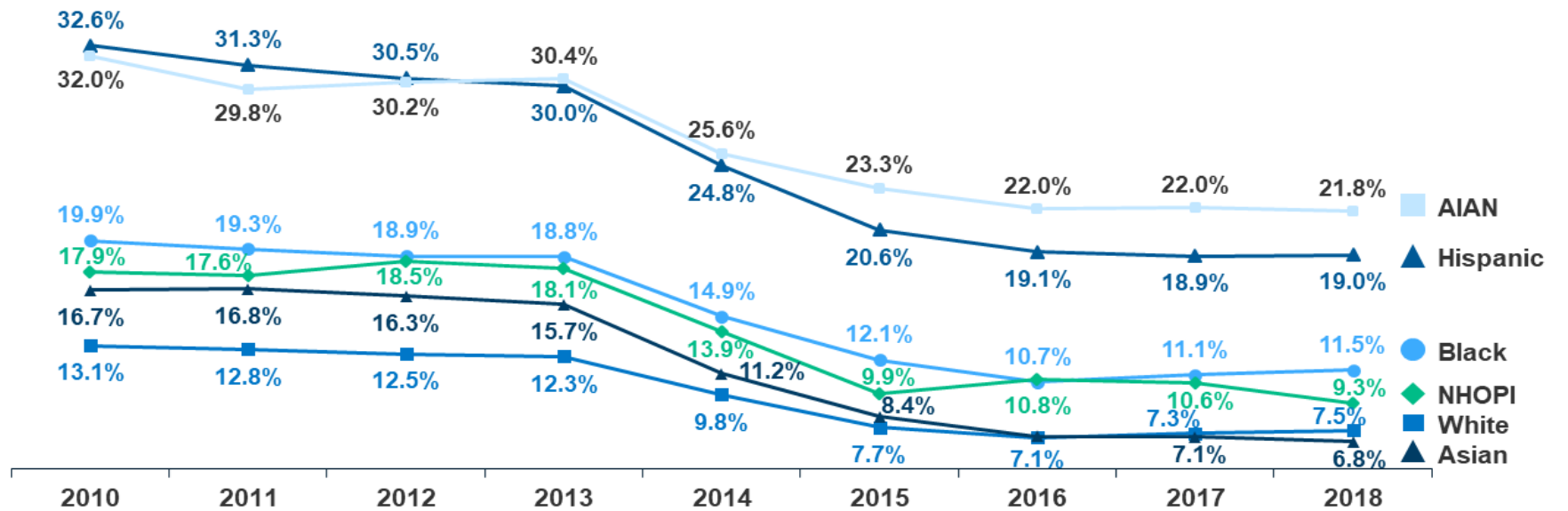

Source: 2018 National Survey on Drug Use and Health

According to a report from the Kaiser Family Foundation, communities of color show disproportionately low rates of health coverage.

Source: Artiga et al, 2020

Figure 1

Uninsured Rates for the Nonelderly Population by Race and Ethnicity, 2010-2018

NOTE: Includes individuals ages 0 to 64. AIAN refers to American Indians and Alaska Natives, NHOPI refers to Native Hawaiians and Other Pacific Islanders.
SOURCE: KFF analysis of the 2010-2018 American Community Survey.

Disparities and Economic Downturns

- During times of economic turmoil, communities of color experience greater negative consequences to their health – both physically and mentally.

- During the economic recession of 2007-2009, African American and Hispanic people experienced higher rates of psychiatric distress than whites, decreased fertility and increased rates of suicide.

Source: Margerison-Zilko et.al, 2016

- Healthcare and Human Services practitioners are not immune to social and economic turmoil and public health crises. In fact, they are uniquely positioned to experience secondary stress and effects of social or economic stressors.

- During times of stress and crisis, healthcare practitioners can experience negative behavioral health outcomes such as depression, anxiety, paranoia and obsessive thinking.

Sources: Ji et.al, 2017; Newell & MacNeil, 2011

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Resources for Healthcare Practitioners

- Suicide prevention models like AMSR and mindfulness-based CBT highlight relations between work stressors and practitioner resilience by encouraging one to be mindful of reactions to feelings related to working in stressful conditions with people who are acutely ill.

- SAMHSA recommends that, to mediate stress, practitioners know their jobs well and have effective methods to treat the population they are serving.
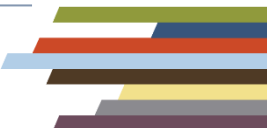
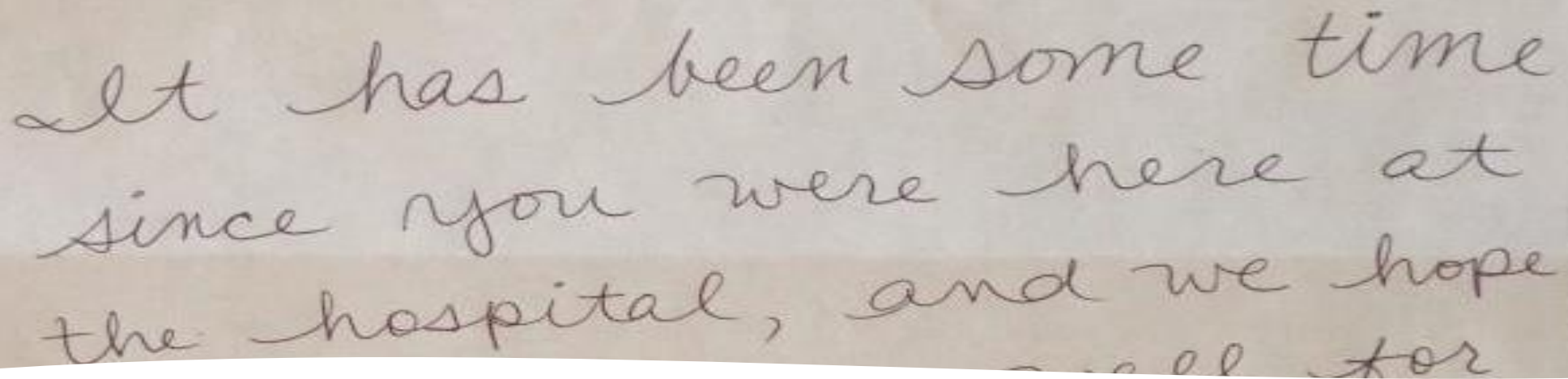Sources: Newell & MacNeil, 2011; SAMHSA, 2014

Caring Contacts can reduce sources of stress in your clinical practice by:

- Reducing client isolation and potential for self-harm, thereby minimizing your need to provide urgent care or referral

- Engaging, or re-engaging, your clients in care, thereby reducing your need to deal with service discontinuation

- Sustaining client retention, thereby minimizing hours you would otherwise lose to client inattendance or no-shows
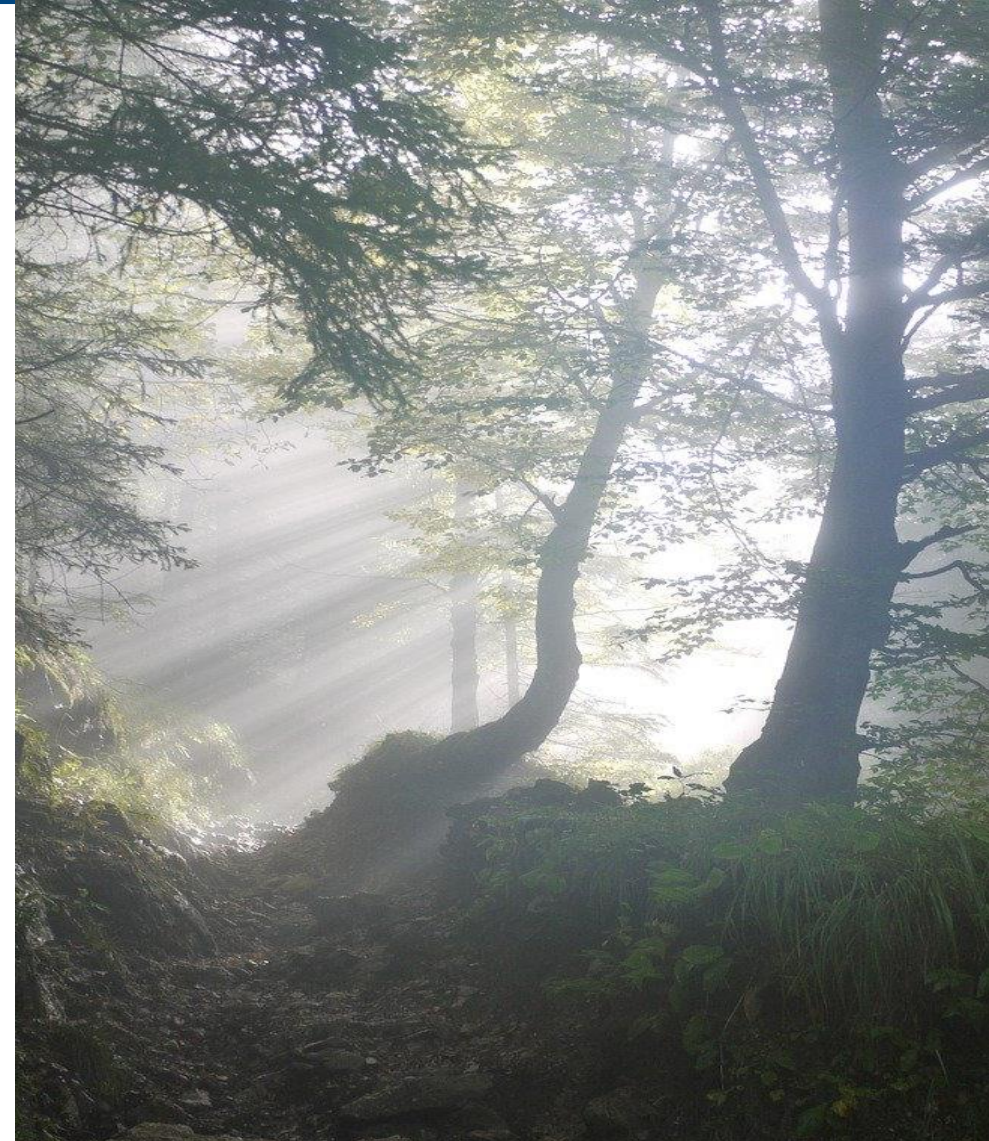
- Between 1969 and 1974, psychiatric facilities in San Francisco admitted 3,000+ individuals due to depression and suicidality

- Psychiatrist Jerome Motto and statistician Alan Bostrom hypothesized that receiving a caring contact after discharge might reduce rates of future suicide and self-harm in the years following a client's post-hospital release.

Source: Motto & Bostrom, 2001
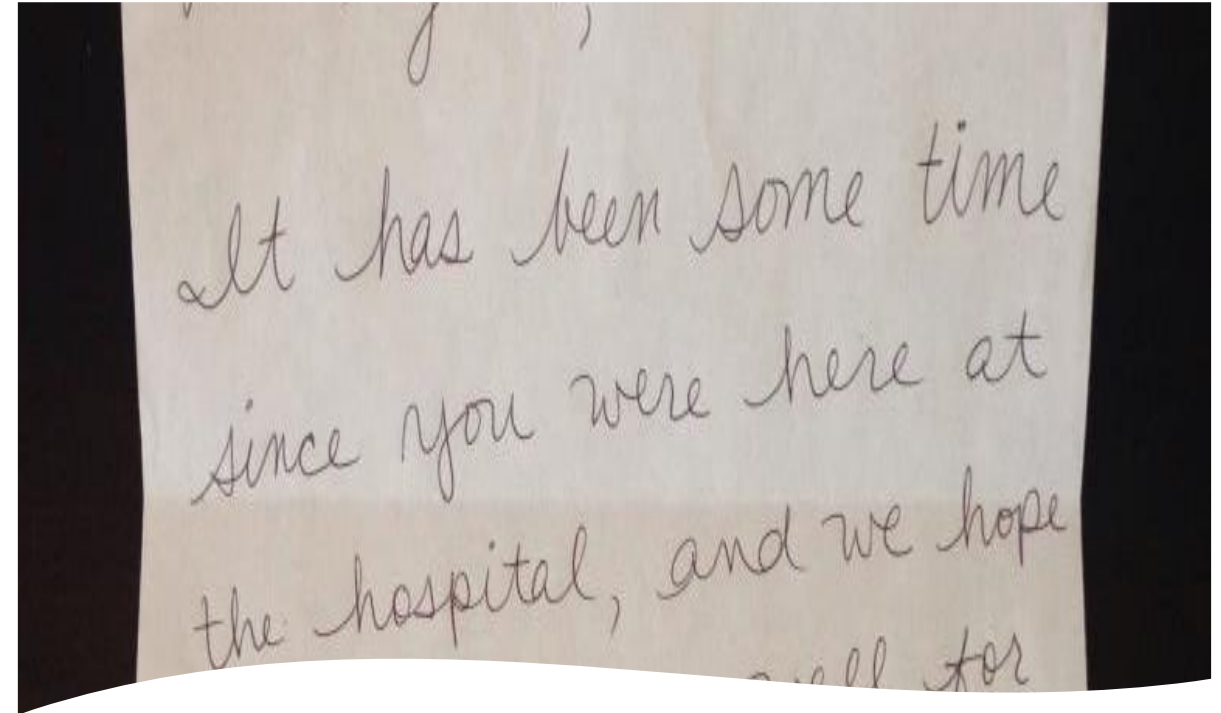
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Caring Contacts: Study Procedures

- The 843 clients who refused ongoing care at discharge were randomly assigned to a post-discharge 'contact' group or to a non-contact control group.

- Over the next five years, the contact group received 20 handwritten letters from a health professional they met while in the hospital. The letters were simple, expressing caring concern and a desire to stay in touch.

Source: Motto & Bostrom, 2001

Caring Contacts: Study Outcomes

Relative to those in the non-contact control group, those clients who received *Caring Contacts* evidenced:

- A lower suicide incidence in each of the five years of the study.

- A significantly lower suicide incidence rate—roughly half—during the two-year post-discharge period generally recognized as a time of elevated risk for suicide attempts.

Source: Motto & Bostrom, 2001
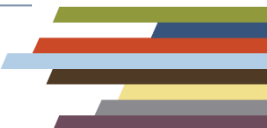
Caring Contacts: Client Reactions

In Motto & Bostrom's (2001) seminal publication, they included a sampling of the written reactions received from the involved clients.

These client reactions provide a sense of the value of the effort, from the clients' perspective.

"It is a good feeling to know you are still interested."

"After I threw the last letter out I wished I hadn't, so I was glad to get this one."

"I really appreciate your persistence and concern."

"It gives me great pleasure to know that someone is concerned."

"Farewell until your next note."

"Your note gave me a warm, pleasant feeling. Just knowing someone cares means a lot."

Caring Contacts: More Client Reactions

Some of Motto & Bostrom's (2001) clients were a bit more colorful in expressing appreciation for receiving *Caring Contacts*:

"*You will never know what your little notes mean to me. I always think someone cares about what happens to me, even if my family did kick me out. I am really grateful.*"

"*You are the most persistent son of a bitch I've ever encountered, so you must really be sincere in your interest in me.*"

Source: Carter et al, 2005

Caring Contacts: Further validation

Since Motto & Bostrom's (2001) seminal study, the approach has been expanded to other client groups and with other health professionals as 'senders' of the *Caring Contacts*. Additional effects are:

- Increased mood

- Decreased feelings of isolation

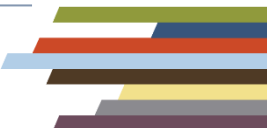- Reduced incidents of self-harm

- Reduced substance use

- Other client groups:

  - Military veterans
  - Inpatient psychiatric residents
  - Those attempting to self-poison

- Other health professional 'senders':

  - Doctors
  - Psychiatrists
  - Psychologists
  - Health Workers

  - Source: Carter et al, 2005

The Relevance of Now

- A *Caring Contact* may be sent via:

  - Email
  - Mail
  - Text
  - Chat
  - Postcard

- Well-suited to complement telehealth practice
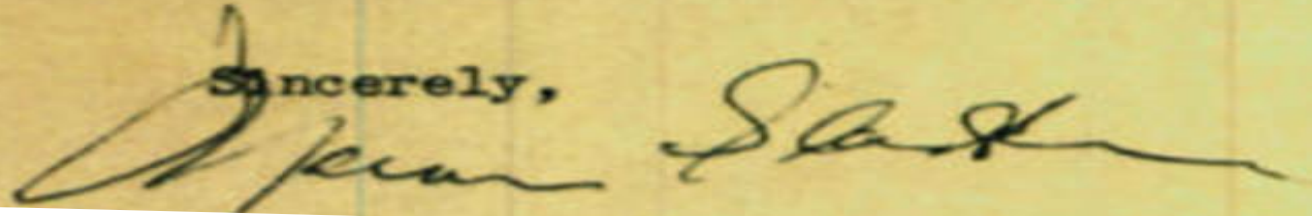- Customizable to various senders and client recipients

Useful Components of a *Caring Contact*

This is just a note to let you know that we are interested in how you are coming along.

If you have the inclination, feel free to drop us a note and let us know.

Sincerely,

- Clear indication of the source of the contact, optimally via logo or letterhead

- Naming of client as specific addressee, and date on which contact created

- Brief, personalized expression of caring concern for the client

- Invitation, though not requirement, for client to (re-)engage in care

- Concluding regards, with practitioner signature and contact information
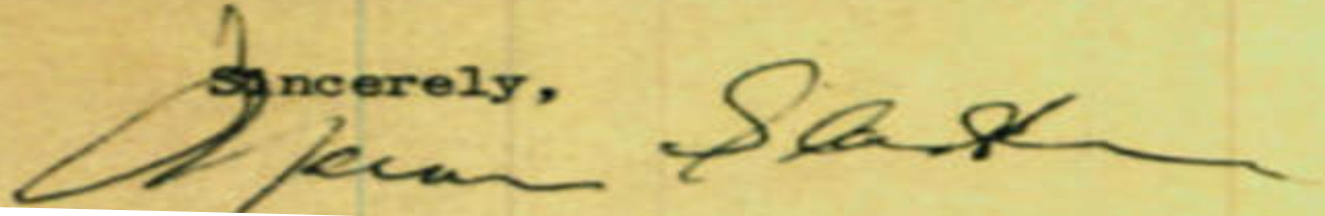
This is just a note to let you know that we are interested in how you are coming along.

If you have the inclination, feel free to drop us a note and let us know.

Sincerely,

When customizing images or messaging for a *Caring Contact,* you may consider:

- What images best reflect you as a healthcare professional and the nature of the therapeutic services you provide

- What sentiments are personalized, yet not overly disclosing for you or clients

- Whether it is helpful to include a metaphor, analogy, or axiom

This is just a note to let you know that we are interested in how you are coming along.

If you have the inclination, feel free to drop us a note and let us know.

Sincerely,

When customizing to whom a *Caring Contact* is sent, you may consider:

- Whether it is useful to send to your entire client census/caseload

- If a client subgroup is to be targeted, how are they defined or selected

- How the desired increase in care (re-)engagement will be evident

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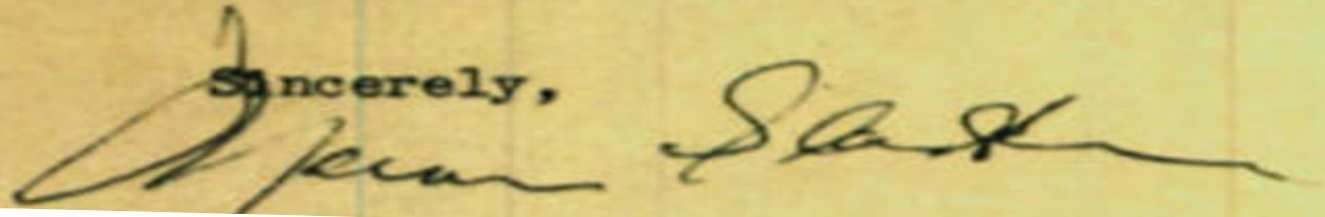
This is just a note to let you know that we are interested in how you are coming along.

If you have the inclination, feel free to drop us a note and let us know.

Sincerely,

When customizing how frequently a *Caring Contact* is sent, you may consider:

- How often distribution will be feasible, in terms of involved materials and time

- What frequency of distribution is likely to be most useful clinically

- Whether distribution is universal across clients, or on a case-by-case basis
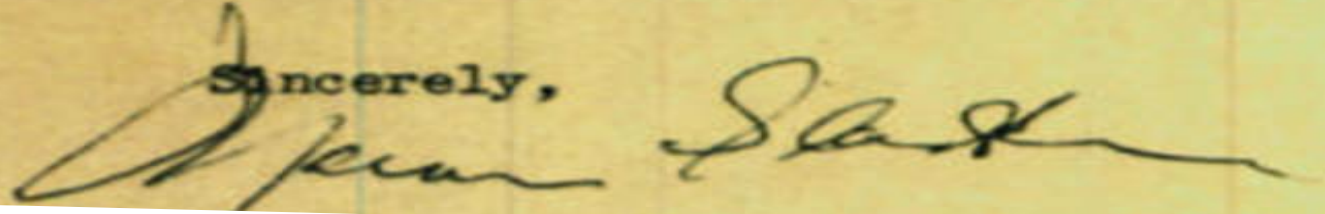
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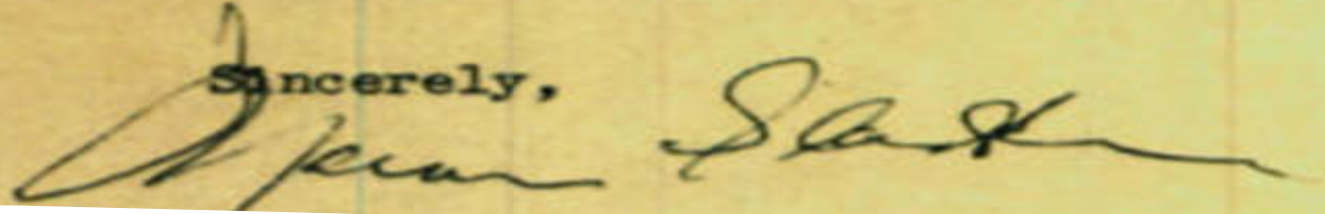
This is just a note to let you know that we are interested in how you are coming along.

If you have the inclination, feel free to drop us a note and let us know.

Sincerely,

When customizing the specific timing of a *Caring Contact*, you may consider:

- Holidays or other calendar events likely to be salient for your clients

- Specific clinical situations, like after a period of inattendance, to prompt this contact

- What, if any, additional clinical management is needed for future client replies

Caring Contacts, An Example

04/28/17

We ARE going to change the world, I have total confidence, just stay.

Visit **nowmattersnow.org** for strategies that have helped us survive and build more manageable and meaningful lives.
@nowmattersnow ♥ Ursula
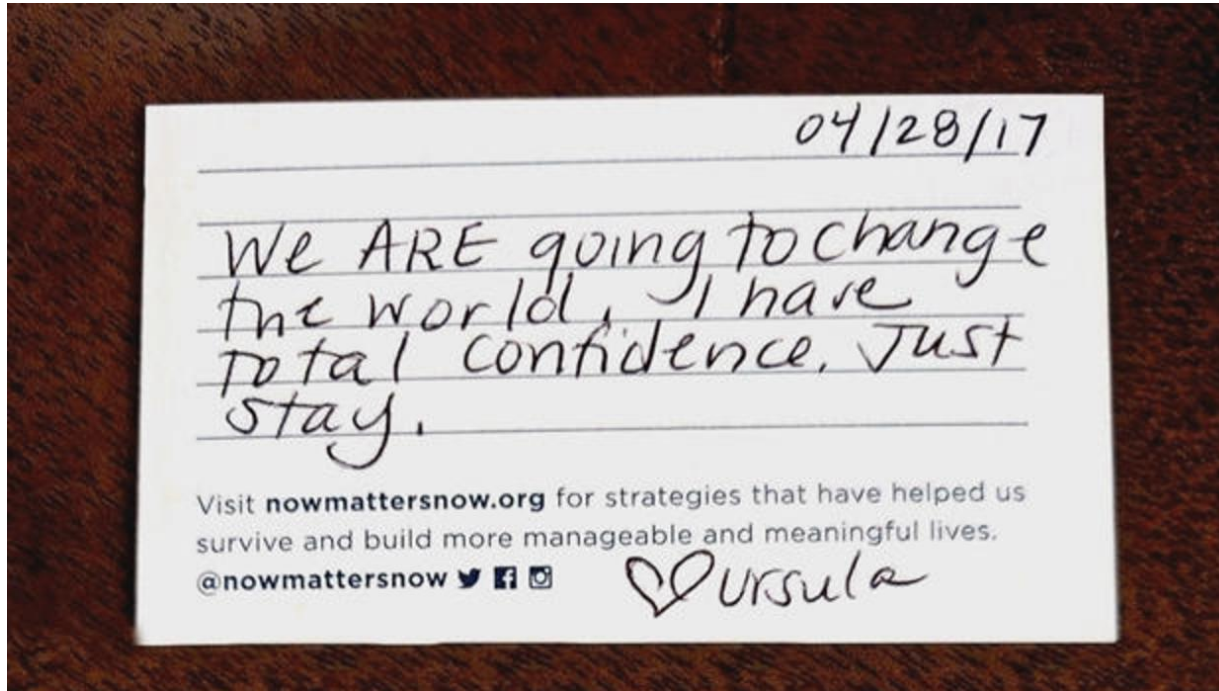
This example of a *Caring Contact* is by Ursula Whiteside, a clinical psychologist in Washington state. It exemplifies how a practitioner's style as well as the tone of the therapeutic work with the client may be incorporated.

Image source: CBS News

Here is an example of a *Caring Contact* from the Puyallup Tribal Health Authority that includes a message in the Puyallup language with English translation. The card is sent in an envelope to protect client confidentiality.

Source: ZeroSuicide

SENDING CARING THOUGHTS

Puyallup Tribal Health Authority
2209 E 32nd Street
Tacoma, WA 98404

253-593-0232

To our truly honorable friend and relation, our dear one.

ʔupətidgʷəsbicid čəł, čəłə ʔusˇəbicid.
You are in our thoughts and we care about you.

həwadł čəł cay čəxʷ ʔəsƛ̓ubil.
We hope that you are doing very well.

kʷaxʷačiʔ ti ʔukʷaxʷatəb ʔə tiił čaləsˇ (dəxʷuʔugʷiid ti xˇaxˇaʔ gʷəkʷaxʷadəs).
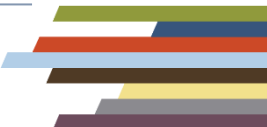kʷaxʷačiʔ means 'helping hands' (that is used to call the spirit for help).

čəłxˇəčəb čəł txʷəl kʷi gʷəsukʷaxʷad kʷi xˇəč ʔəsxˇəłəłxˇəč gʷədəxʷhəliʔiləs gʷəl łuƛ̓ubil kʷi
sukʷaxʷadčəł ʔə tiił gʷəł ʔaciłtalbixʷ gʷəl łuƛ̓ubil txʷəl dəgʷi.
It is our mission to help the minds that are ill to heal, and that our help is in agreement with the traditions of the people and with you.

ʔəsqičˇ čəxʷ txʷəl dibəł čəł, txʷəl tiił ʔiisˇədčəł syayayəʔ.
You are important to us, to our people, family and relations.

ck'aqid čəł ʔuʔasˇicid. ƛ̓ub čəxʷ gʷəqʷiʔadtubuł bək'ʷ pə(d)tab (253) 593-0247.
We are always here for you. It is fine for you to call us at any time, (253) 593-0247.

tixˇixˇdubut čəxʷ, siʔab ʔiisˇədčəł.

Customization Ideas of your own?

For those ready to begin creating a *Caring Contact* for your clinical practice, two downloadable files are provided here. Both are modifiable, offer letter- and postcard-versions of a *Caring Contact*, and are ready for your customization efforts!

Download letter template (pdf | word)

Download postcard template (pdf | word)

Wrapping It Up

Health professionals may find the *Caring Contacts* approach useful in reducing isolation and potential self-harm among their clients. This may be particularly helpful during times of social unrest, isolation, economic turmoil and public health crises.

gracias cảm ơn bạn ধন্যবাদ 고맙습니다

شكرا جزيلا salamat благодарю вас 谢谢

Dziękuję Ci Thank you! ευχαριστώ

quyana tack   እናመሰግናለሁ

ধন্যবাদ danke asante grazie

híkʼwu? merci תודה obrigado ขอบคุณ

ありがとうございました спасибі mahalo

ATTCnetwork.org/northwest

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