

The Perfect and the Good: Engaging People Around Harm Reduction and Non-Abstinence Based Goals

Scott Walters, PhD



Mountain Plains ATTC (HHS Region 8)

ATTC

Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

SAMHSA
Substance Abuse and Mental Health
Services Administration



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Thank you for joining us today!

Please Note:

- All attendees are muted
- Today's session will be recorded

Housekeeping Items

- **All attendees are asked to remain muted** during this session.
- **Slides for today's session will be sent out after today's session.**
- This webinar is **being recorded** and will be available for future viewing on our website.
- Remember to **ask questions during the session using the chat box.**
- **Certificates of attendance are available** for today's session. Instructions will be sent in a follow-up email from Kim M. Miller kim.m.miller@und.edu

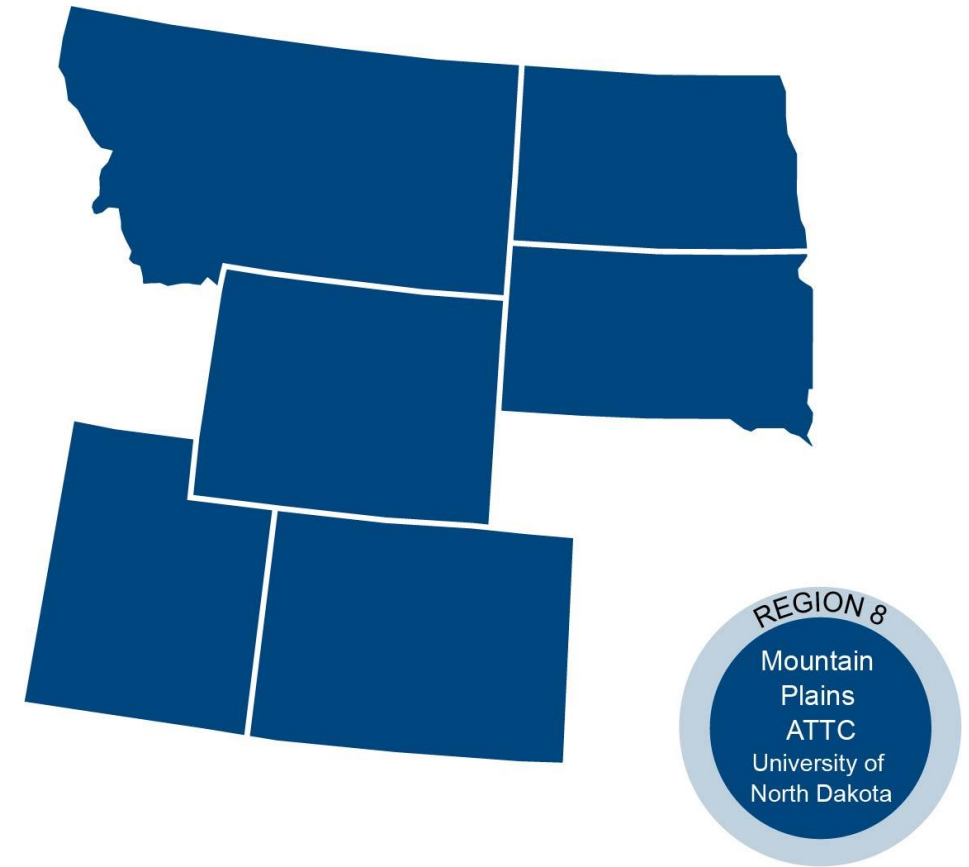
The Mountain Plains Addiction Technology Transfer Center

The Mountain Plains Addiction Technology Transfer Center (Mountain Plains ATTC) supports and enhances substance use disorder treatment and recovery services for individuals and family members throughout Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah and Wyoming).

We belong to the Technology Transfer Center (TTC) Network, a national network of training and technical assistance centers serving the needs of mental health, substance use and prevention providers. The work of the TTC Network is under a cooperative agreement by the Substance Abuse and Mental Health Service Administration (SAMHSA).

Twitter: [@MT_Plains_ATTC](https://twitter.com/MT_Plains_ATTC)

Website: <https://attcnetwork.org/centers/mountain-plains-attc/home>



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The work of the Mountain Plains ATTC is supported by grant TI080200_01 from the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

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.



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Evaluation Information

The AHTTC is funded through SAMHSA to provide this training. As part of receiving this funding we are required to submit data related to the quality of this event.

At the end of today's training please take a moment to complete a **brief** survey about today's training.

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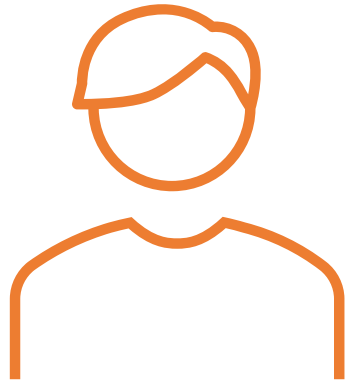
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I have no conflicts of interest to disclose.

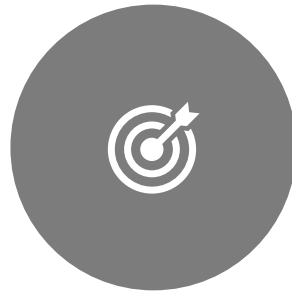
The ideas expressed are my own.

Thank you to the Mountain Plains ATTC for
sponsoring this presentation!



Frank has been living on the streets for the past six years. Since being discharged from the military ten years ago, he's consistently used a mix of drugs. During the last year, it's been a mix of IV heroin and fentanyl, but the local supply of heroin has started to dry up. He has been arrested several times, and attempted multiple treatment programs but relapsed each time. Frank also has a significant medical history, including COPD and hepatitis C, both of which have been exacerbated by his drug use, lack of healthcare. Frank tends to stay in the same part of town, far from the shelters and most people. He tends to use drugs with the same friend, who says Frank has "gone down" and had to be revived with Narcan several times recently.

The Landscape of Harm Reduction

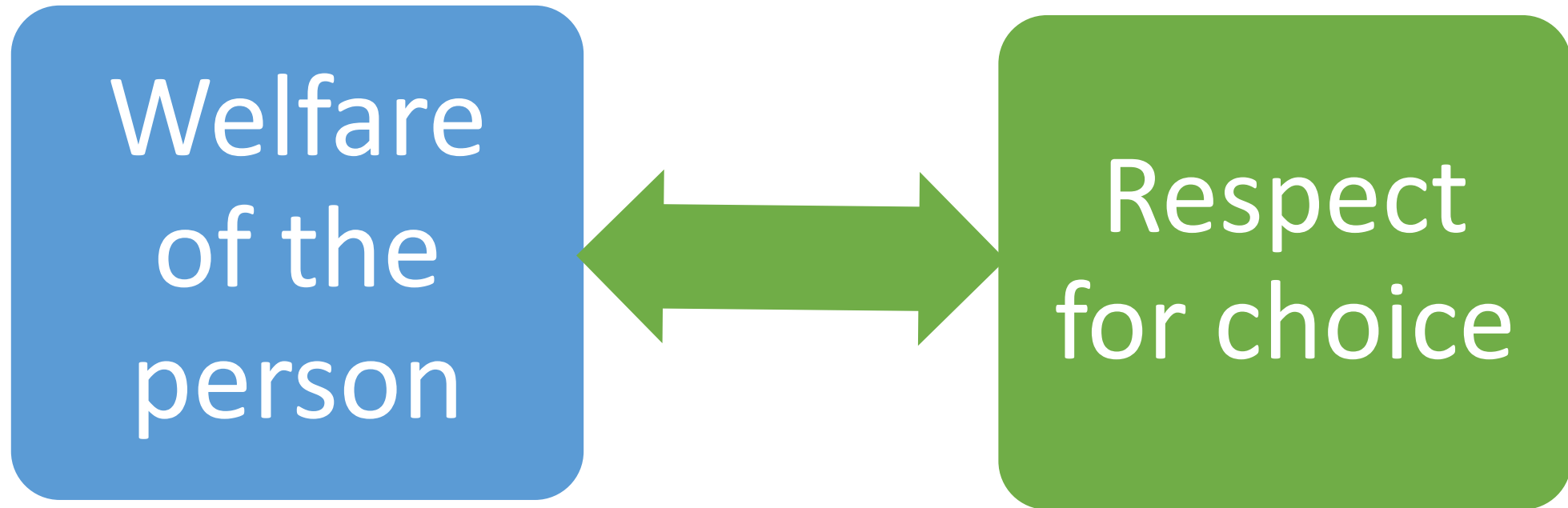


What is harm reduction?

A set of practical strategies to reduce negative consequences associated with drug use.

A movement for social justice built on a belief in, and respect for, the rights of people who use drugs.

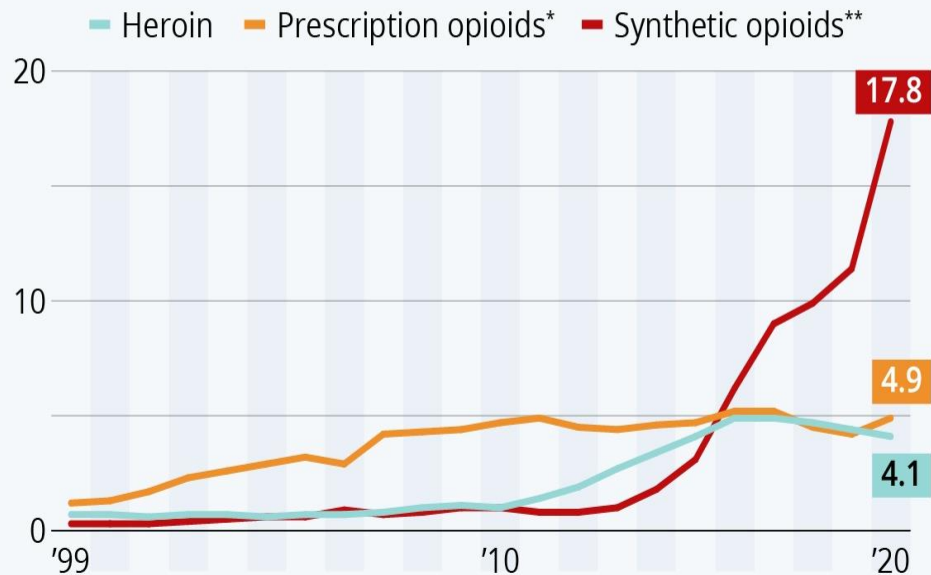
Why is harm reduction hard?



And the drug landscape has also changed...

Synthetic Opioids Like Fentanyl Cause Spike in Overdose Deaths

Age-adjusted drug overdose death rate per 100,000 people in the U.S., by opioid category



* e.g. oxycodone, hydrocodone

** e.g. fentanyl, buprenorphine, excluding methadone

Sources: CDC, NCHS

Treating opioid crisis as poison control issue

Some measures can help them from a friend or relative, either by getting them for free, buying them, or taking them without asking. If they don't take these measures, the FDA

There are proven strategies that can help us treat this as a poison-control problem

By SCOTT WALTERS

The Dallas Morning News

dallasnews.com

Sunday, April 17, 2022 3P

We need better overdose data more quickly

To engage this national epidemic, communities need information much faster than they're getting it

By SCOTT WALTERS, JEFFREY SAMET and CHARLES KNOTT

Overdose deaths among adolescents have increased strongly during the COVID-19 pandemic, more than doubling since 2019, according to new report in the *Journal of American Medical Association*. This is largely due to the increase of fentanyl in the nation's drug supply, which now accounts for the vast majority of overdose deaths.

The most recent data from the Centers for Disease Control and Prevention suggests that overdose deaths in the general U.S. population likely reached the deadliest tally yet, with at least 107,000 overdose deaths in 2021. It was the third year of record-breaking increases in fatal overdoses, and an increase of nearly 30% since 2019.

A reader who visits the CDC's site might wonder why its most recent data is for November 2021. The data is, in effect, six months old. That



start to overdose on a different kind of drug, the community might want to make people aware of the new drug supply. At present, the best we can offer communities is information that is delayed by six to eight months. Communities are unable to change course as local conditions demand, and additional lives are lost.

As Texas legislators decide how to spend an unprecedented settlement from opioid manufacturers, we urge them to prioritize solutions for collecting and reporting drug overdose deaths in real time.

One silver lining of the COVID-19 pandemic is the increased collaboration among public health, health care and technology systems that has made this kind of data sharing possible. For COVID-19, systems were developed to enable rapid reporting of epidemiological data, broken down by geography, age, sex, and race and ethnicity. We need the same for drug overdose data.

Timely data about the number of people affected by drug use; the demographic characteristics of those who suffer an overdose event, are hospitalized or die; and the substances causing these overdoses would greatly strengthen our ability to quell this long-running epidemic in

and imprecise to answer these questions.

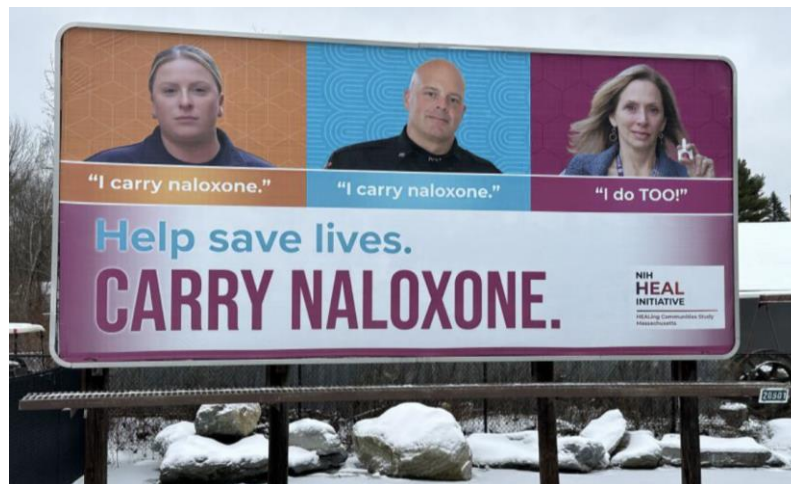
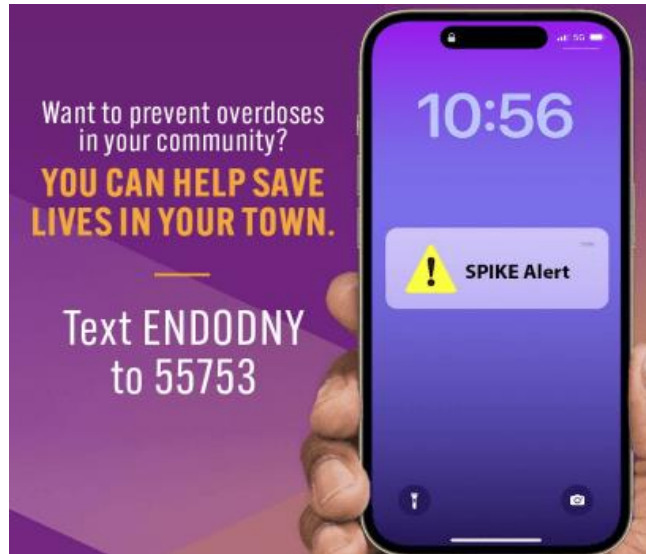
Why does it take so long to get overdose data? At a national level, the

that the lag time between when a death occurs and when that information is available is much longer for drug-related deaths, compared with other kinds of deaths, like

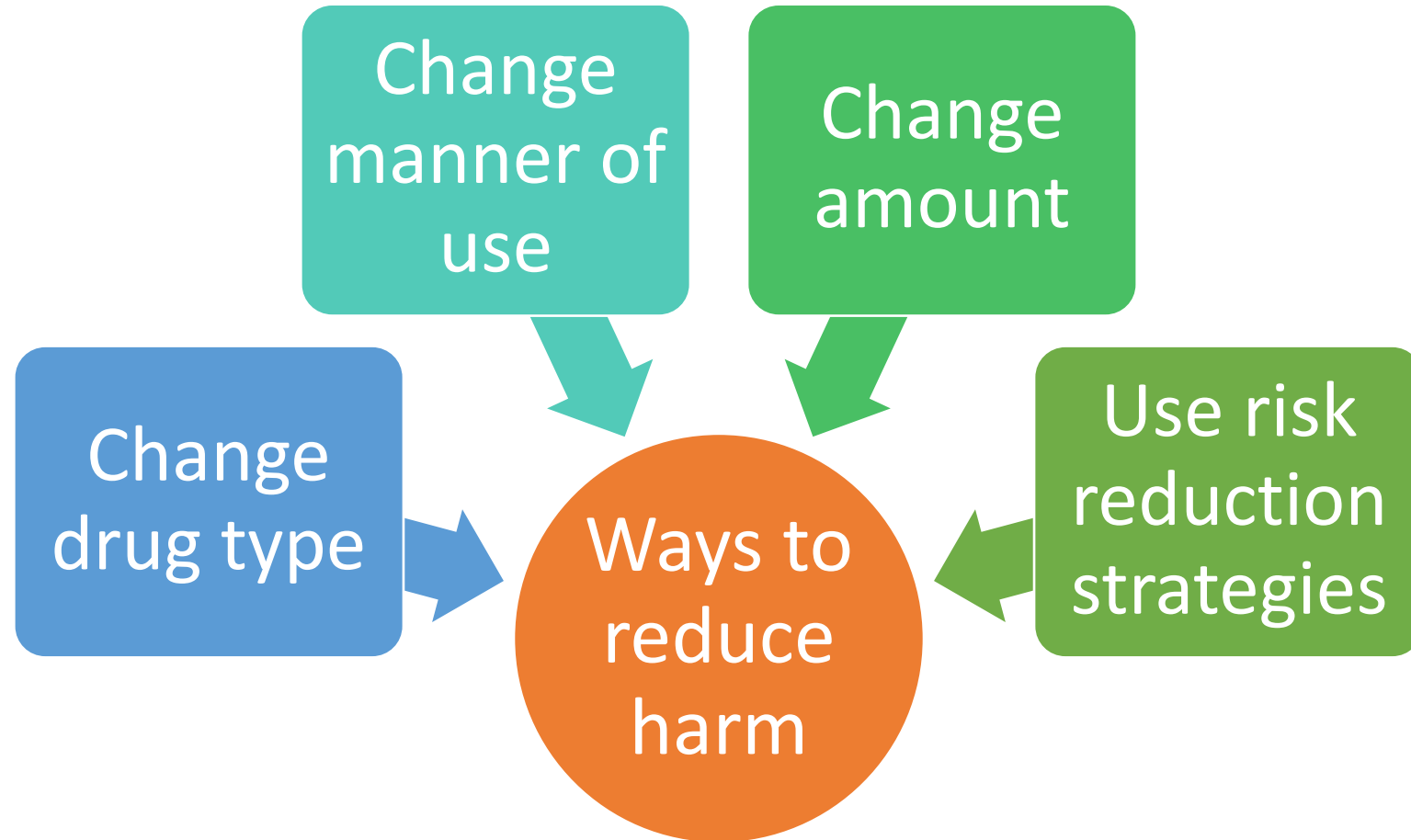
Services Administration to create a national model for addressing the opioid crisis.

We work with communities to

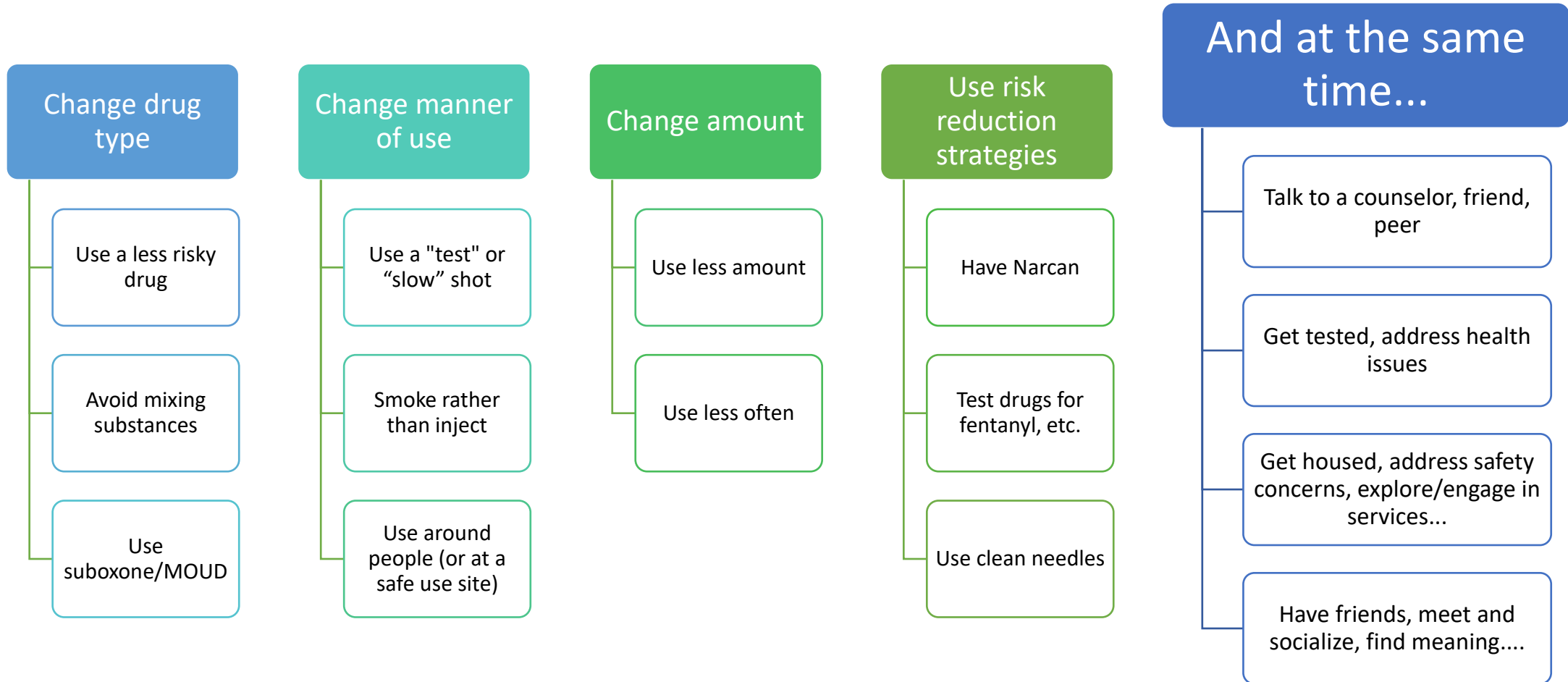
Community "poison control" responses



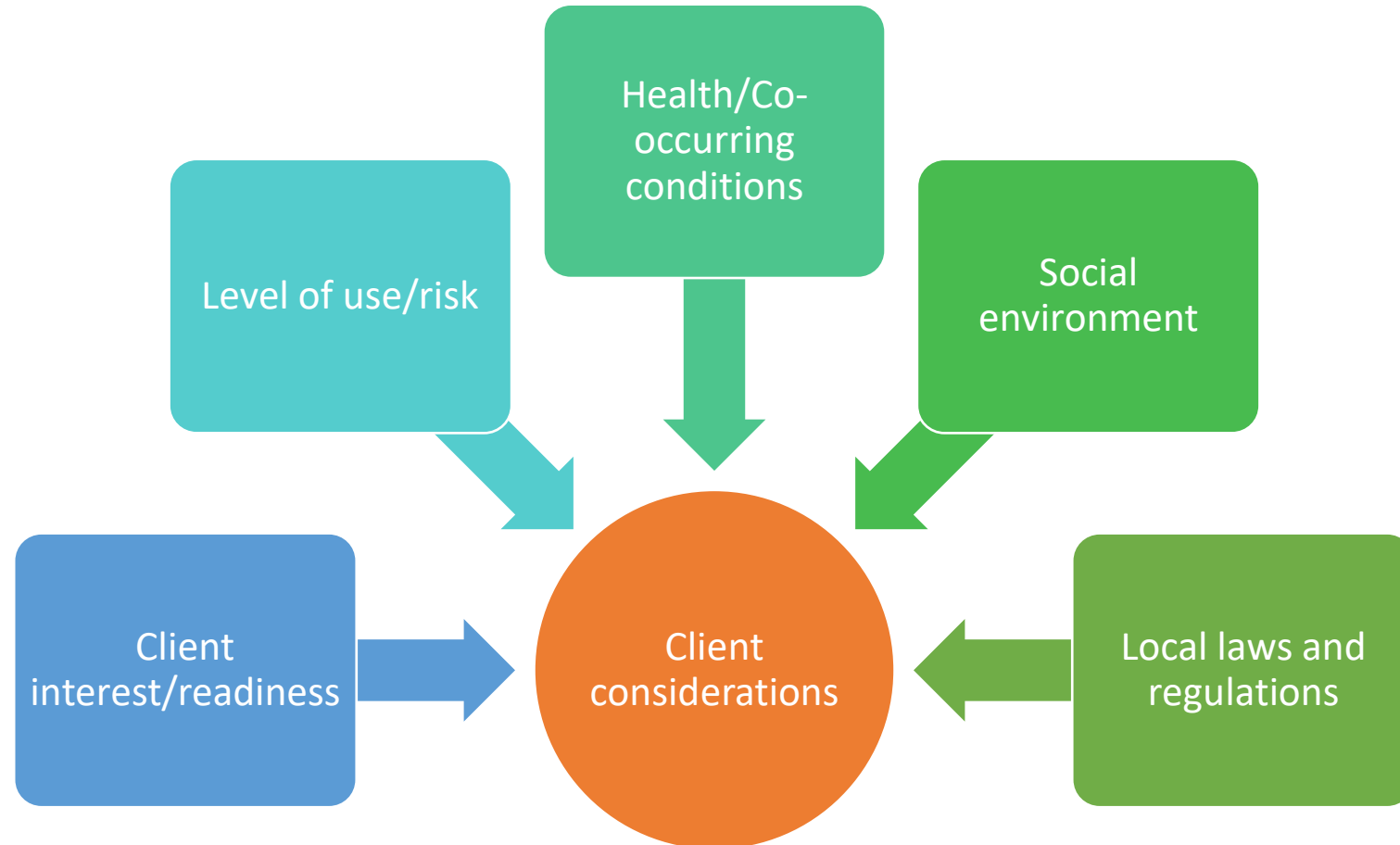
People reduce risk in different ways



Strategies that people can use



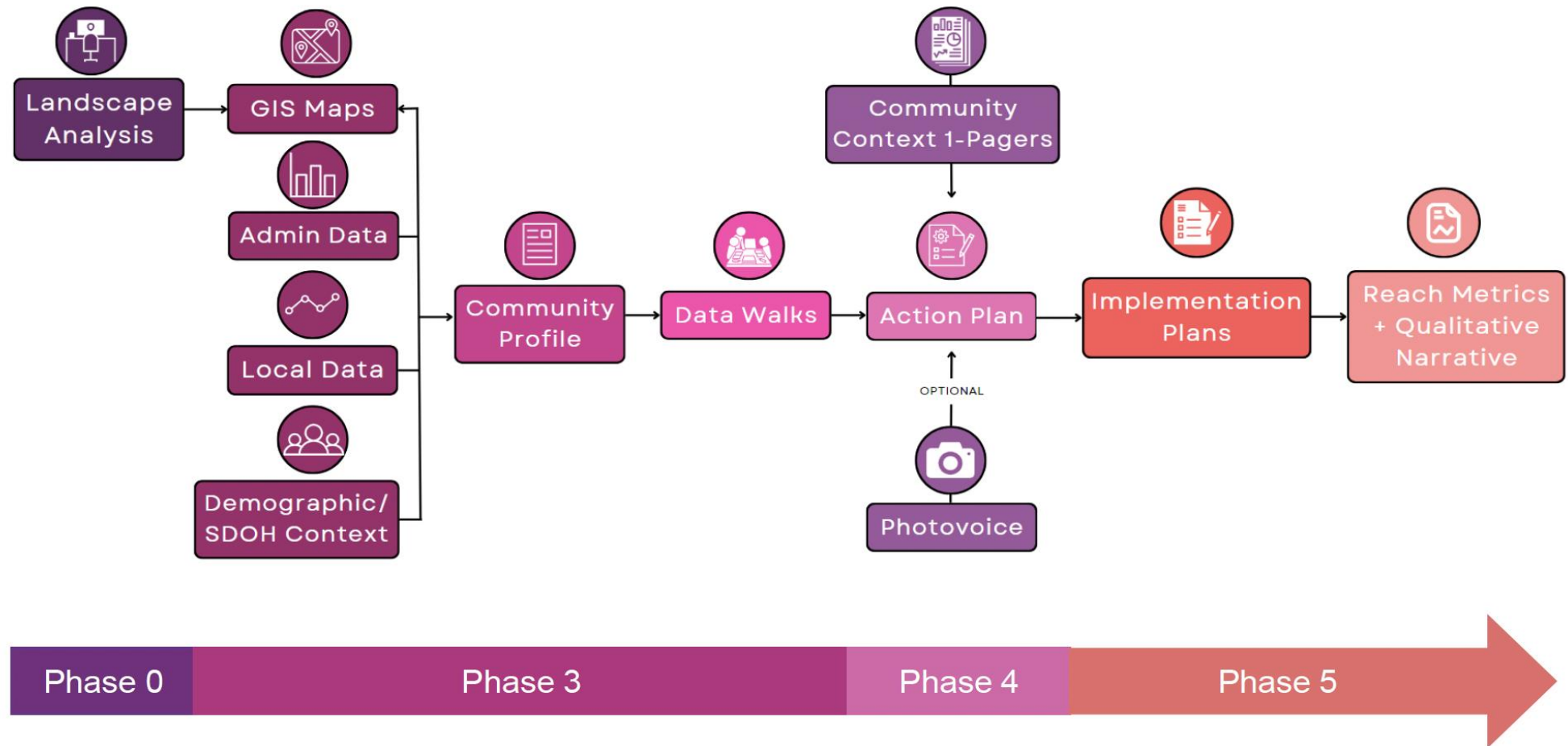
Some things might make strategies a better fit



The “best” choice maximizes safety and the participant’s willingness to use the strategies



Data can guide community implementation: An Example from the HEALing Communities Study



Community Impact: Geo-Targeting Naloxone Box Placement (NY)

- **629 Naloxone Boxes** placed in communities using data to geo-target high need areas
 - Each box contains 6-8 doses of naloxone
 - 24/7 access through wall-mounted box
 - Contains instructions and treatment referral cards
 - No waiver training or ID required to use
- Locations include: commuter train station **parking lots, motels, restaurants, retail stores**
- Improves capacity of bystanders to save lives

HCS Community	# Naloxone Boxes
Cayuga	192
Erie/Buffalo	94
Greene/Columbia	9
Lewis	4
Putnam	112
Suffolk/Brookhaven	142
Ulster	76



Community Impact: Faith-Based Delivery (OH)

OEND	Ashtabula - The City Church	<ul style="list-style-type: none"> • Jan 2021-Dec 2021 • 44 kits distributed to end-users
	Darke - Radiant Lighthouse Church	<ul style="list-style-type: none"> • Jun 2021 – May 2022 • 37 kits distributed to end-users
	Scioto - Evangelical United Church	<ul style="list-style-type: none"> • Jan 2021-Mar 2022 • 276 kits made available for distribution
	Scioto - All Saint's Church	<ul style="list-style-type: none"> • Jan 2021-Mar 2022 • 144 kits made available for distribution
	Greene - A House of Prayer	<ul style="list-style-type: none"> • Jun 2021 – Feb 2022 • 44 kits made available for distribution
MOUD	Greene – Her Story	<ul style="list-style-type: none"> • April 2021-Jun 2022 • ~3 MOUD-receiving individuals per month (range: 1-10)
Comms	Hamilton – AAEW	<ul style="list-style-type: none"> • May 2022 • Anti-stigma videos created for 10 participating churches



All Saint's Episcopal Church, Portsmouth, OH



The Greater New Hope Missionary Baptist Church, Cincinnati, OH

Agency Checklist (Adapted from Taylor et al, 2021)

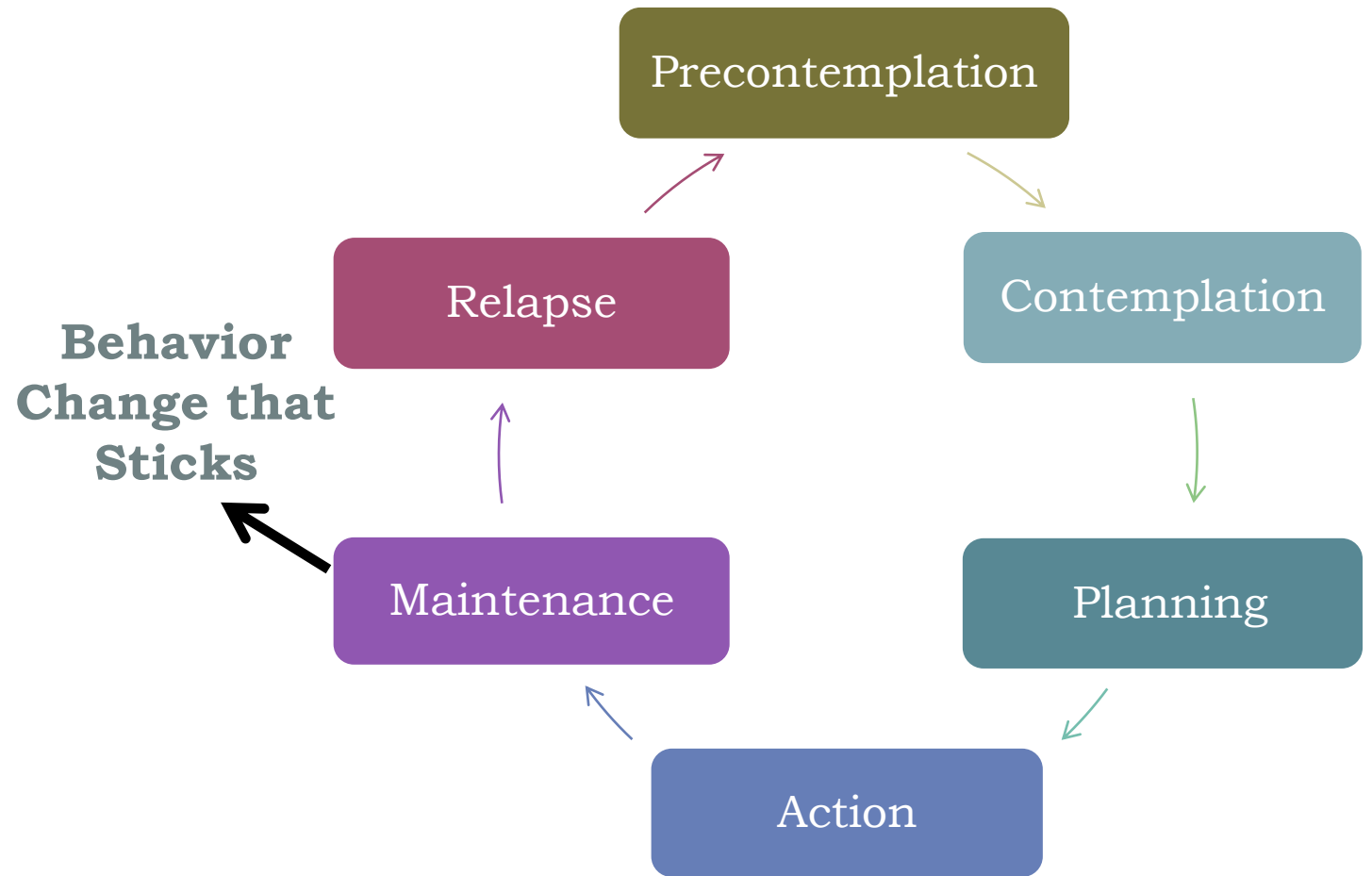
	Goal	Tasks
<input checked="" type="checkbox"/>	1. Prevent overdoses	Provide naloxone Counsel on harm reduction techniques Develop a clinic overdose response plan Install reverse motion detector in risk areas
<input checked="" type="checkbox"/>	2. Provide treatment on demand	Same day intakes Multidisciplinary teams Telemedicine
<input checked="" type="checkbox"/>	3. Take a patient-oriented approach	Consider MOUD microdosing with patients at risk Incorporate patient preferences for MOUD Reduce stigma; normalize responses to sensitive questions
<input checked="" type="checkbox"/>	4. Prevent and treat infection	Offer HIV, hep, STI testing Co-locate care
<input checked="" type="checkbox"/>	5. Reduce harm	Distribute condoms Distribute sterile syringes, test strips

Engaging and Motivating People

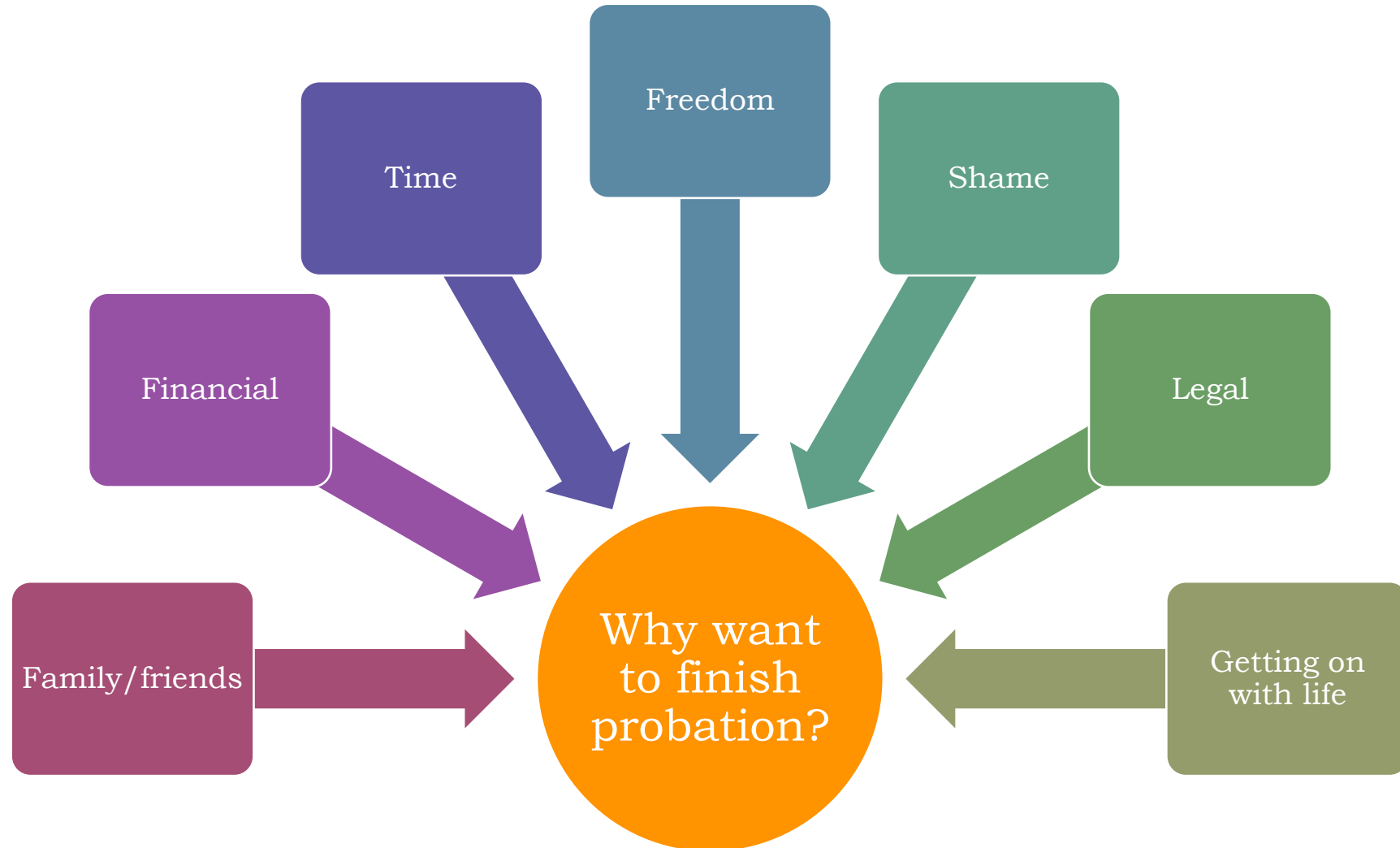


Readiness is On a Continuum

- Some people are very ready; others not so much
- The “stages of change” describe how people change
- Most times, people progress through a series of stages when thinking about change



An Example from Probation



Reasons to Complete Probation

Factor 1 – “Tangible Loss” (Did not Predict Tx)	Factor 2 – “Better Life” (Predicted Tx)
So I don't have to spend money on probation fees. [FINANCIAL]	To make my life better. [GETTING ON]
To have more money. [FINANCIAL]	To leave my legal troubles behind me and get on with my life. [GETTING ON]
To quit having to check in with others when I want to do something. [FREEDOM]	To avoid going to jail or prison. [LEGAL]
So I don't have to tell people I'm on probation. [SHAME]	To avoid making things worse for me legally. [LEGAL]
So I don't have to spend time meeting with people about probation. [TIME]	To set an example for my family or friends. [RELATIONSHIP]
So I can spend more time relaxing or doing what I want to do. [TIME]	To make my family proud. [RELATIONSHIP]
	So people will quit judging me. [SHAME]

Narrator reads: “Here are a few reasons people sometimes say it’s important to finish probation. Some of these may be very true for you, while others are not part of your motivation. Please tell me whether each reason is “Not at All,” “Somewhat,” or “Very Much” true for you.”

Source: Spohr et al., 2017



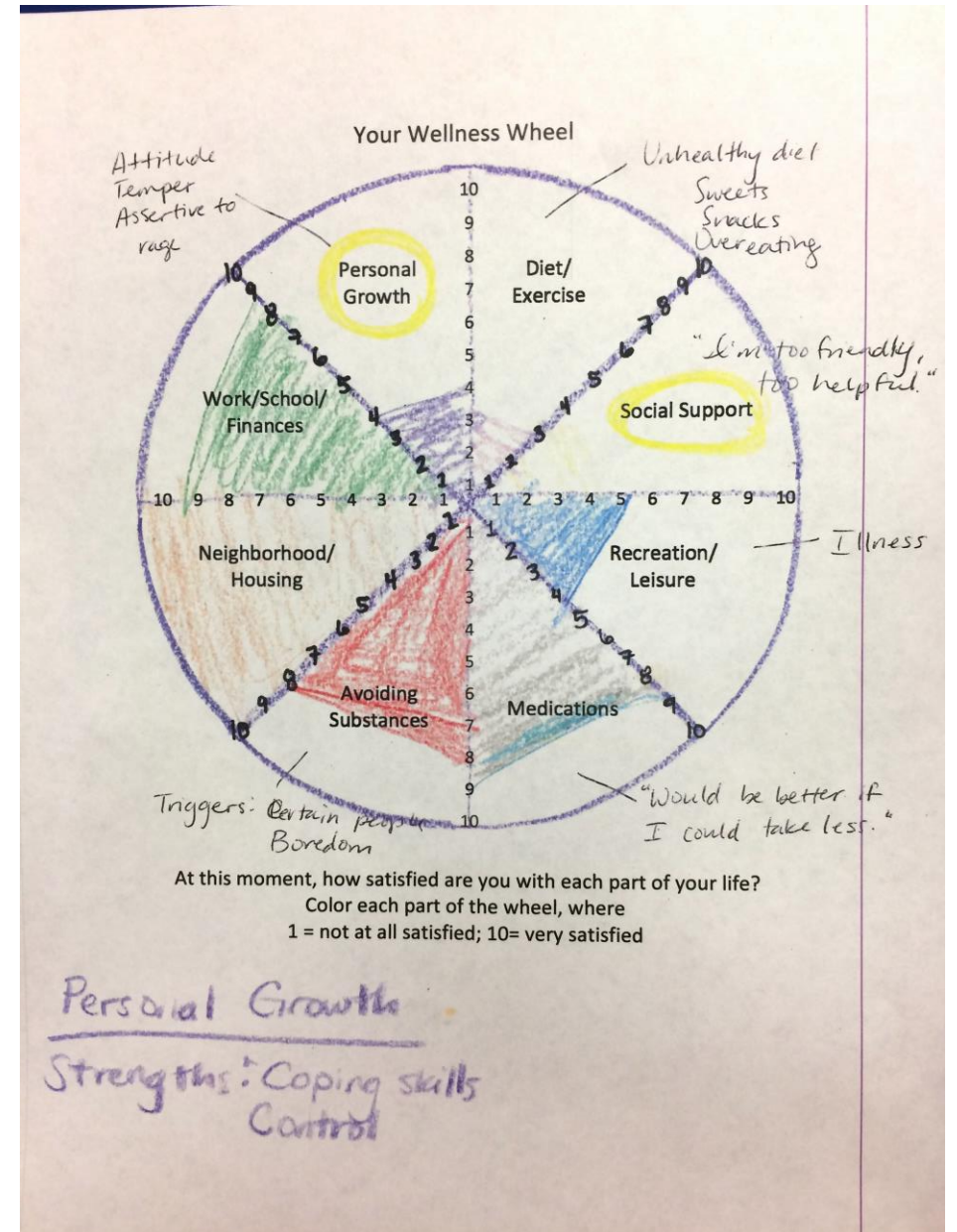
Pros



Cons



The *Good Lives Model* assumes that all people have similar goals in life. The goal is to help people see and achieve those goals without harming themselves or others.



Good Lives Model

People have dignity and worth



People share a set of primary goods



Set meaningful goals aligned with primary goods



Identify and build on existing strengths



Nurture positive relationships to provide support and accountability

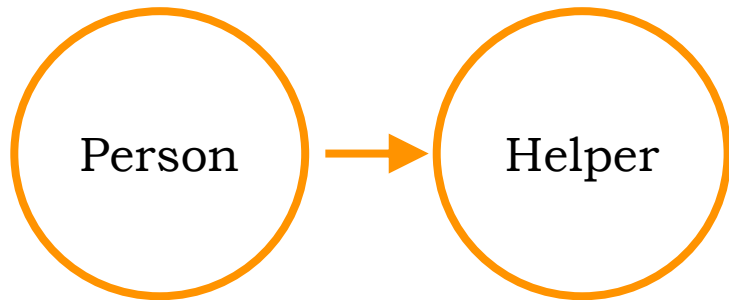


Integrate people into the community as much as possible

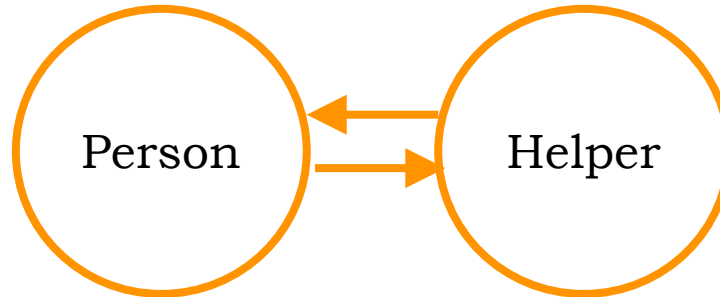
Motivational interviewing is a collaborative conversation style for strengthening a person's own motivation and commitment to change.

MI Uses a Balanced/Guided Style

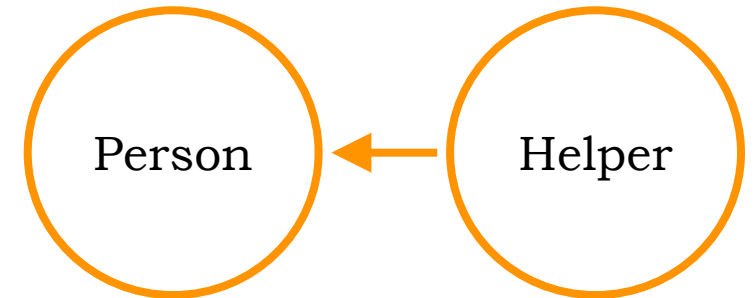
Following



Guiding



Directing



What Does a “Guided” Style Look Like?

Less Guided

Only one person speaks

Information goes one way

The provider speaks mainly to get his/her point across

Client is in a passive role

More Guided

Both people are speaking; people take turns

Information goes two ways

The provider is interested in the person’s perspective

Client is in an active role

Some “Roadblocks” to Communication

Warning,
threatening

Rush to
provide advice
or solutions

Persuading
with logic,
lecturing

Moralizing,
preaching

Shaming,
name-calling

Withdrawing,
changing the
subject

Adapted from Gordon (1970)

Four Phases of Motivational Interviewing



ENGAGING



FOCUSING



EVOKING



PLANNING



ENGAGING

- Engagement is a prerequisite to working with clients
- Many factors (even those unrelated to you) can affect engagement, e.g., trauma, experiences with law enforcement
- Engagement is an interpersonal process that relies on respect, curiosity and careful listening
- Engagement is an ongoing process; it can take time to build trust

Some Great Phrases (From an MI Standpoint)

Seeking Collaboration (emphasize client's control over direction of the conversation)

Would it be okay if we...?

Would you like to...?

With your permission, I'd like to...

If you don't mind, let's...

Whenever you're ready.

How does that sound?

Where would you like to go from here?

What would you add?

How can I help you with...?

Would you like to proceed?

Could I give an observation here?

Affirmations (accentuate something positive about the client)

You're really well informed about...

You know a lot about...

That's really smart idea to...

You've made a great effort to...

You have a lot of great ideas for...

You've obviously put a lot of thought into this.

You know yourself.

You took control.

You're doing things right.

That's admirable how you...

That says a lot about you that....

That's wonderful. It really shows a lot of...

You're really strong/brave/thoughtful/proactive/wise

You seem really committed to...

You're working hard to...

You're way ahead of...

That's a perfect example of...

I appreciate your honesty.

Emphasize Autonomy (emphasize client's control over future actions)

You can make the choice that's right for you.

It's your choice/decision.

I'll leave that up to you.

Do what's right for you.

The decision is yours.

You're the expert.

You know what's best.

What do you want to do about this?|



FOCUSING

- “Visioning” questions can help people imagine different scenarios
 - *What things worked for you in the past when you were...?*
 - *If you look ahead...where would you like to be with your...?*
 - *If you decided to...how would you go about it? What would be the steps?*
- Menus and Elicit-Provide-Elicit can inform without telling people what to do

A Simple Values & Strengths Cardsort

STRENGTHS

Picture Card Sort

Honest Strength

True False



Creative Strength



Hopeful Strength



Focused Strength



Active Strength



Spiritual Strength



Organized Strength



Strong Strength



Determined Strength



Happy Strength



Forgiving Strength



Skillful Strength



Clever/Intelligent Strength



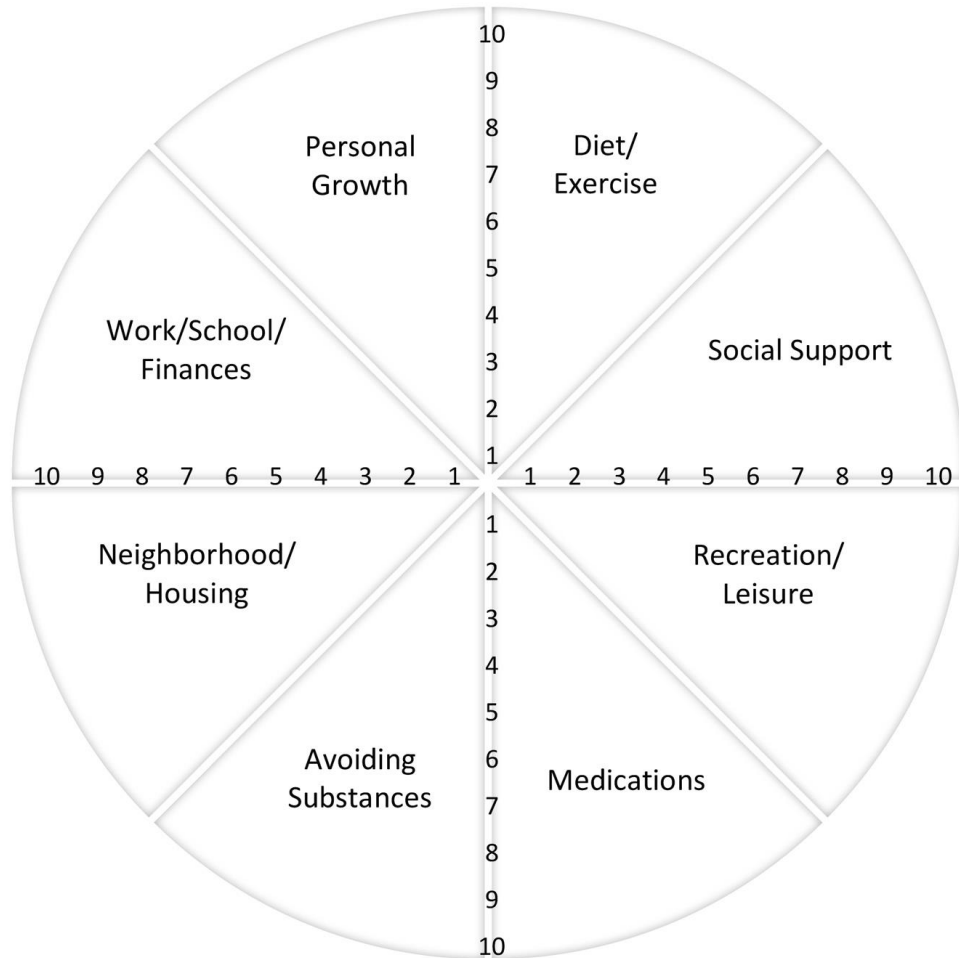
Responsible/Reliable Strength



Accepting Strength

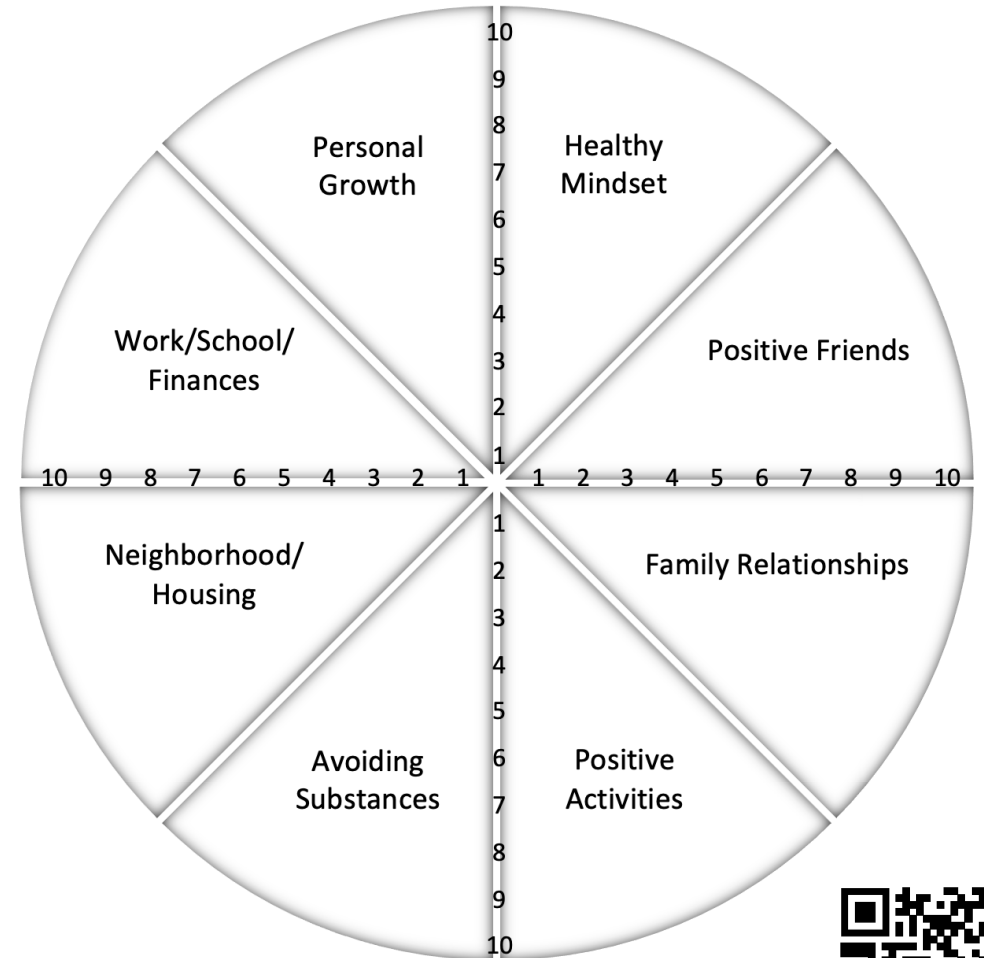


Your Wellness Wheel



At this moment, how satisfied are you with each part of your life?
Color each part of the wheel, where
1 = not at all satisfied; 10= very satisfied

Your Wellness Wheel



At this moment, how satisfied are you with each part of yo
Color each part of the wheel, where
1 = not at all satisfied; 10= very satisfied





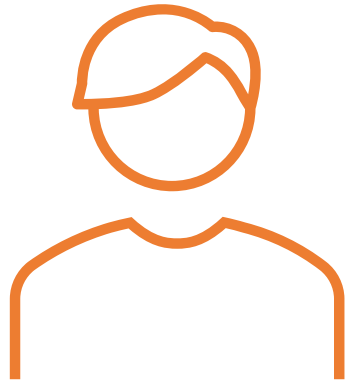
EVOKING

- Scaling questions can evoke motivation and help people imagine next steps
 - *On a scale of 1-10, how important (confident, ready, committed) are you to...?*
 - *Why would you say that number and not a lower number?*
 - *If you wanted to become a little more confident (ready, committed) what would you have to do?*



PLANNING

- The more specifically people talk about the plan, the more likely it is to happen
- Visual aids, technology, support, follow-up are important tools
 - *Tell me your understanding of what we talked about today.*
 - *Walk me through the steps? What will happen first? Who else will be involved?*
 - *How can I help?*
 - *Thanks for speaking with me.*



Frank has been living on the streets for the past six years. Since being discharged from the military ten years ago, he's consistently used a mix of drugs. During the last year, it's been a mix of IV heroin and fentanyl, but the local supply of heroin has started to dry up. He has been arrested several times, and attempted multiple treatment programs but relapsed each time. Frank also has a significant medical history, including COPD and hepatitis C, both of which have been exacerbated by his drug use, lack of healthcare. Frank tends to stay in the same part of town, far from the shelters and most people. He tends to use drugs with the same friend, who says Frank has "gone down" and had to be revived with Narcan several times recently.



Sarah had a stable job and family until her life took a turn due to substance use. After a car accident, Sarah struggled with prescription painkillers, which later progressed to heroin use, and now fentanyl most days. Her substance use resulted in the loss of her job and her family's eventual withdrawal of support. Despite her drug use, Sarah managed to maintain a relatively high level of functioning with a series of part-time jobs. A recent HIV test came back negative. After a period of unstable housing, Sarah was recently admitted to a rapid rehousing program. A boyfriend also lives with her, and this living situation (in addition to her continued drug use) places her at risk of being evicted from the housing program.

Stuff in this presentation

Wellness Wheel



Picture Cardsort



Some Great MI
Phrases



More great (short! free!) resources

Safer practices for
people who use
drugs



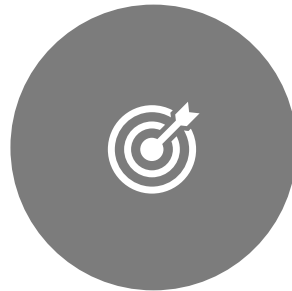
MI and harm
reduction



MI prompts and
reminder posters



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Scott Walters, PhD
University of North Texas Health Science Center