Changing Minds: Implementing Harm Reduction Using a Learning Collaborative Model

Presented by Suzy Langevin, LICSW, LADC I

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Webinar Presenter
Webinar Learning Objectives

1. Become familiar with the structure of a learning collaborative as a method for staff development.
2. Understand how using this model for a topic that requires perspective shift, like harm reduction, is suited to this model.
3. Highlight ways to measure changes in staff attitude and their impact on practice.

Harm Reduction: A Brief Definition

- A set of compassionate and pragmatic approaches for reducing harm associated with substance misuse and improving quality of life
  - Includes abstinence, but doesn't rely solely on abstinence as the only strategy
- Is a philosophy of inclusion, respect, collaboration, and choice
  - Respects the basic human dignity and rights of people who use substances
Polling Question #1: What’s the current comfort level with harm reduction intervention at your agency?

- A. Very comfortable
- B. Comfortable
- C. Somewhat comfortable
- D. Not at all comfortable; abstinence only

Polling Question #2: How often are harm reduction interventions used at your organization?

- A. Frequently
- B. Often
- C. Sometimes
- D. Never
Background: Our Need

- Community mental health agency serving adults with serious mental illness
  - Roughly half diagnosed with a co-occurring substance use disorder
    - Inclusive of nicotine use disorder, over 90%
  - No specific strategies for discovering staff attitudes related to substance use other than in individual supervisions
  - Due to nature of referral source and process, unable to discharge from services due to ongoing substance use

We have a problem that’s affecting more than half our population of individuals we serve, but have no unified vision or process for how we’re going to work with those individuals, other than knowing that “Just Say No” ISN’T an option.

So…. What’s an agency to do?
The Process: Learning Collaborative

- A year long project to implement a specific goal: Improve our teams’ abilities to practice stage-wise intervention for individuals with co-occurring disorders
- Programs drawn from across the adult mental health service division to participate, based on readiness and ability to implement changes
- Using the Plan-Do-Study-Act model
Why a Learning Collaborative?

- Time limited: One year
- Action Oriented
- Practice Impact Driven
- Drawing on in program expertise and experience

The Process: Workplan

**Plan (Nov-Jan)**
- 3 monthly meetings
- 2 hours each
- Review training materials to develop within meetings and complete follow up tasks as assigned
- Participate in outcomes collection

**Act (Feb-April)**
- 3 monthly meetings
- 2 hours each
- Participate in staff training activities
- Review supervision materials in preparation for meetings and complete follow up tasks as assigned
- Participate in outcomes collection

**Study (May-Jul)**
- 3 monthly meetings
- 2 hours each
- Employ developed supervision materials
- Participate in outcomes collection
- Participate in chart audits for other programs when appropriate/possible (will determine case by case in consultation with supervisors)

**Do (Aug-Nov)**
- 3 monthly meetings plus wrap up session
- 2 hours each
- Participate in outcomes collection
- Participate in final presentation of results/celebration
- Consider participation in rolling out learning initiatives to other programs (will determine case by case in consultation with supervisors)
Outcomes

- Dual Diagnosis Capability Index for Mental Health Treatment Programs (DDC-MHT)
  - Completed prior to launch of Learning Collaborative process
  - Completed again during the “Study” phase
- Harm Reduction Acceptability Scale

Outcomes collection was anonymous for staff team members

Fidelity assessed by a team of people

Harm Reduction Acceptability Scale (HRAS)

- Standardized valid and reliable tool to measure staff attitudes towards harm reduction concepts and interventions
  - 5 point Likert Scale
  - Standard and reverse coded items
- Administered to staff one month prior to training, and again 1-3 months after the training
Drug users should be given honest information about how illicit drugs may be used more safely (for example, how overdose or related health hazards may be avoided).

Measures designed to reduce the harm associated with drug or alcohol use are acceptable only if they eventually lead clients to pursue abstinence.

People with alcohol or drug problems should be praised for making changes such as cutting down on their alcohol consumption or switching from injectable drugs to oral drugs.

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Dual Diagnosis Capability in Mental Health Treatment Index (DDC MHT)

- Fidelity Measurement for programs providing services for co-occurring disorders
- Rates programs on a scale ranging from Mental Health Only to Dual Diagnosis Capable to Dual Diagnosis Enhanced
- Scores are arrived at using a standardized rubric
- Information gathered: Interviews and chart audits
The Training

- Conducted in team meetings to increase comfort level among practitioners to share their honest feedback about substance use
- Highlighted adult learning principles:
  - Providing rationale for using the harm reduction model
  - Opportunity for case consultation within the training itself in order to show immediate applicability of content
  - Uses discussion questions throughout to support self-directed learning

Harm Reduction Guiding Principles

- Accept that many people do not initially want to stop using drugs and alcohol
- Respect a person’s autonomy
- Place individual’s perspective and wishes above our sense of what is best
  - Set aside our own fears, values, and choices in order to assist an individual in making his or her own choice
  - Treatment begins where individual is at in terms of their needs and goals
  - Treatment is matched to the unique needs of the individual to maximize success
Harm Reduction Strategies

- Work with individual to understand priorities of many life issues facing the individual
  - Often have pressing needs and other goals that have little to do with substance use
  - Develop discrepancy between what the individual wants and current choices to help build motivation for change
  - Pay attention to individual’s values
  - Help individuals draw their own conclusions about the role his/her use may play

Harm Reduction in “Real Life”

- Bike helmets
- Sports protective gear
  - Mouth guards
  - Guide ropes/clips for mountain climbing
- Sunblock
- Diet soda
- Designated drivers
Harm Reduction – Specific Techniques

- Switching to less harmful substances
- Reducing amount and/or frequency of use
- Stabilize housing – link to housing (Housing First)
- Prescribe psychiatric medications even while person is still using
- Connect with medical care (primary care)
- Needle exchange

Consider...

- Is there such a thing as a harmful behavior that would be inappropriate to address with a harm reduction approach?
Ongoing Support & Consultation

- “One and done” trainings are notoriously ineffective at actually impacting practice
- Ongoing support in supervision and consultation in staff meeting necessary to generalize gains and solidify behavior change motivated by perspective shift
- Streamline the case presentation process for staff meetings and supervisions
  - Targeted: What are you looking for?
  - Efficient
  - Action oriented
- Accountability Oriented
  - Follow up is expected

Case Consultation Form
Outcomes: What did we discover?
Outcomes:

Harm Reduction Acceptability Scale

Average Individual Score Decrease

9.3pts

9%

Outcomes: DDC MHT

DDC MHT Composite Scores

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Outcomes: DDC MHT

I feel more educated and less nervous to talk about substance use with people.
When working on harm reduction, together we can look at a situation in its whole, and focus on the victories, as small as they may seem.... These small changes and choices add up to achieving goals.
Lessons Learned & Recommendations

Recommendations for Implementation

- When selecting programs for an implementation project, consider the following:
  - Invested program leadership staff
  - Level of staff turnover
  - Immediate applicability of content to improve staff investment
- Ongoing support activities are necessary to support staff learning and change staff behavior
  - Supervision occurring at multiple levels
    - Individual
    - Team level meetings
Recommendations for Implementation

- Real perspective shift happens when whole programs/sites are invested in making that change happen
  - Integrated into HR processes
  - Highlighted in orientation and onboarding
- Novel concepts require creative solutions… think outside the box!
  - When, where, how to deliver training and support
  - Make training structures sufficiently flexible to meet the needs or a variety of learning styles and audiences

References

Integrated Dual Disorders Treatment Kit, SAMHSA. Accessed at: https://store.samhsa.gov/product/Integrated-Treatment-for-Co-Occurring-Disorders-Evidence-Based-Practices-EBP-KIT/SMA08-4367


Harm Reduction Coalition. Accessed at: https://harmreduction.org/

Thank You!

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