Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover
Person-Centered and Engaged:

Shared Decision Making in Substance Use Treatment Services

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Learning Objectives

• Distinguish characteristics and competencies of a recovery-oriented workforce.

• Illustrate how a recovery-oriented practice (shared decision making) can be implemented in treatment and service systems.

• Identify workforce development resources available at no cost from SAMHSA, RTP, and NAADAC.
Characteristics of a Recovery-oriented Workforce

- Conviction that recovery is possible for all
- Empathic, genuine, trusting relationship
- People involved in decisions about their health care
- Culturally relevant and gender-specific services
- Trauma-informed approaches
- Identification of skills and resources or successful living
Guiding Principles and Clinical Concepts

• Recovery
  Person-Centeredness
  Shared Decision Making
  Cultural Competency
SAMHSA's 10 Principles and 4 Dimensions of Recovery in Behavioral Health
What is “therapeutic presence”?

A quality therapeutic relationship with both informational and emotional components can significantly improve health outcomes, especially with historically marginalized people.

(Kelley et al., 2014; Durand et al., 2014)
Principles of Collaborative Care

- Person-centered
- Evidence-based
- Population based
- Accountable
- Measurable

(Unützer et al., 2013)
What Is Shared Decision Making?

- Person
- Practitioner

Collaboration

- SHARED DECISION MAKING

The best kind of informed consent process

Moving from an initial preference to informed preferences through a process of supported deliberation

It acknowledges the 2 experts in the room: The person receiving services and the person providing services

It can help to clarify an individual’s values and preferences for decision-making
Why “plan” interactions using a structure for shared decision-making?

All people are vulnerable to the power differential between practitioner and person, but some people are at greater risk of feeling disempowered and having poor health outcomes:

• Low literacy level (80 million Americans)
• Lower self-efficacy
• Higher burden of disease
• Substance use disorders

SDM is a tool to help address the imbalance.

(van Boekel, et al., Frosch et al., 2012)
Person-Centered

Self-Directed Goals

• Communicate clearly and honestly
• Identify strengths
• Enhance relationships
• Offer choices
• Promote quality of life and ability to perform chosen activities
Develop a Plan of Care based on the person’s goals.

Health care team, including the person [and supportive family/others], builds a safe, reasonable plan with mutual accountability.

Achieved through a shared decision making process.
Evidence-based

Understand and incorporate into your belief system what we now know substance use disorder diagnosis and treatment options that work.

Provide education and engage in discussion.

Access to information is important to SDM
Accountable and Measureable

- Ongoing assessment with screening tools evaluates people receiving services, providers, and treatment interventions.

- Results are an excellent tool for opening and continuing a discussion about complicating symptoms.

- If individuals are not improving as the person desires, the treatment plan changes.
Uncover current or recent symptoms with brief tools:

- **PHQ 9**: Depression (past 2 weeks)
- **GAD 7**: Anxiety (past 2 weeks)
- **AUDIT**: Alcohol use (past year)
- **DAST 10**: Substance use (past year)
- **PC-PTSD**: Posttraumatic stress (past month)

(Raney, 2015)
The importance of language

Some health professionals harbor negative attitudes toward people with substance use disorders, which contributes to poor health outcomes.

The language we use impacts professional attitudes.

(Kelly et al, 2009; van Boekel, 2013)
“Opioids relieve pain by working on opioid receptors in your brain. This same process also triggers the pleasure center in a way that makes it hard to stop taking opioids once you start.”

(Kosten et al., 2002)
People who have been through something extremely frightening or life-threatening can have changes in that part of their brain that make it harder for them to stop taking prescribed opioids.”

(Asmundson et al., 2002; Liberzon et al., 2007)
You’ve been prescribing this to me all this time, and only now you want me to stop?

What’s changed?
You are an expert on you. You bring all your experience, values and goals to the table.

I bring clinical expertise, and I care about your recovery.

Let’s work together to achieve shared goals of (functional improvement, improved relationships, etc.).

We will learn from each other as we go.
What can we do about my pain if I can’t have opioids?

- Lifestyle changes
- Medication options that target multiple symptoms and conditions
- Medication assisted treatment (MAT)
- Referral for treatment and therapy (physical, occupational, CBT, complementary)
Structured cognitive behavioral therapy (CBT) challenges negative patterns of thought about the self and the world to change unwanted or destructive thought and behavior patterns.

This is a time-limited, goal-oriented type of therapy.
“Provided information about treatment options for [substance use disorder], including risks and benefits of lifestyle changes, therapy, and medication treatment options.”

SDM must include exploring the person’s preferences and values. It may be a process, not just an encounter.
Documenting SDM for co-occurring opioid use disorder and PTSD

“Provided information that research finds a combination of cognitive behavioral therapy and medication assisted treatment is the most effective approach to improve outcomes for people with PTSD and opioid use disorder.”

Example of using information to navigate to a decision point with a person grappling with a choice.

(Hawkins et al., 2015)
What To Print

• Informed consent

Clear, concise treatment plan with shared, achievable goals

Brief summary of discussion, including treatment options

Items for follow-up at next appointment

Note: Informed consent is NOT the same as SDM
How can enlightened providers help increase the use of shared decision making on a systems level?

Integrate SDM approaches into your own practice.

Promote policies and programs that educate and support providers.

Implement a workflow that creates a supportive structure that integrates SDM.
What SDM intervention should I use??

“Any intervention that actively targets patients, healthcare professionals or both, is better than none.”

Legare et al., 2014
Cochrane Database of Systematic Reviews
Want to continue your learning?

NAADAC RECOVERY TO PRACTICE FOR ADDICTION PROFESSIONALS TRAINING CURRICULUM

https://www.naadac.org/recovery-to-practice-initiative

NAADAC has issued **5,371** CE certificates for this training curriculum so far.
**NAADAC RTP Webinar Series**

- NAADAC produced 15.5 hours of original education
- Delivered live through 9 webinars
- All offered for free to all professionals
- Free CEs for NAADAC members
- All recorded and archived on NAADAC’s website for 24/7 free viewing
NAADAC 40-hour Recovery-oriented Practice Certificate Program

Addiction professionals can obtain NAADAC’s RTP Certificate to demonstrate their advanced education in recovery-oriented concepts, skills, and practices to employers, third-party payers, and clients. *Note: This certificate alone does not qualify holder to counsel those with addictions.*

To get the RTP Certificate, an applicant must:
1. Document 15.5 CEs from watching the nine RTP on-demand webinars
2. Document 14.5 CEs from a choice of 18 on-demand webinars
3. Complete application & pay fee ($50 NAADAC members’ $100 non-members)

For more information, please visit [www.naadac.org/rtp-certificate](http://www.naadac.org/rtp-certificate).
Recovery to Practice

Through education, training, and resources SAMHSA’s Recovery to Practice (RTP) program supports the expansion and integration of recovery-oriented behavioral health care delivered in multiple service settings between multiple disciplines.
RTP recorded webinar series with free NAADAC continuing education hours

- **Transition-age Youth (TAY) Series**
- **Recovery in Criminal Justice Settings**
- **Psychiatric Advance Directives (PAD)**
- **Shared Decision-making (SDM) (three webinars, one 20-minute podcast)**
- **Person-Centered Practice: Using the Cultural Formulation Interview (CFI)**
- **Role of Communities in Recovery Series**
- **Assessing Practice Implementation**
- **Recovery in Hospital Settings**
- **Crisis and Recovery**
- **Recovery-oriented Care: Foundation of Cross Discipline Practice**

RTP Quarterly Newsletter

To get your free subscription, go to http://www.samhsa.gov/recovery-to-practice

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Jail Diversion Programs Prevent Incarceration of Individuals with Mental Health Conditions

About two million people with mental health conditions go to jail each year in the United States. They are more likely than their counterparts, and once released, they are the victims of a criminal record, poor access to care, and repeated interaction with the justice system. Jail diversion programs—a collaborative approach between the criminal justice system, providers, communities, and individuals with mental health conditions and their families—can facilitate treatment, prevent access to care, and sending them into services without putting public safety at increased risk.

There are many national and regional initiatives aimed at reducing the involvement of people with serious mental illnesses in the criminal justice system. The following are additional sources for information on diversion programs and other initiatives related to the intersection between criminal justice and behavioral health.

- SAMHSA’s GAINS Center assists states to develop and implement integrated, evidence-based care programs and interventions for people with serious mental health and substance use disorders.
- The National Drug Court Resource Center has compiled a list of national drug court programs, including training and technical assistance through the National Drug Court Institute.
- The U.S. Department of Justice Bureau of Justice Assistance supports programs and activities to expand the clinical and public systems responsive to people with serious mental health conditions.
- The National Alliance on Mental Illness (NAMI) provides information on mental health conditions and the role they play in the justice system, as well as information on national resources for justice-involved programs for individuals with mental health conditions and substance use disorders.
References


More References!


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