

A Better Them Begins With Us

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Learning Objectives

- Opening Remarks
- Underlying Factors of Substance Abuse
- Individualized Care/Unique Needs
- Integrative Practice
 - Trauma-Informed Care
 - Motivational Interviewing
 - Harm Reduction
- Recommendations

Commonly Encountered Characteristics

- Doing the same thing over and over again
- Resistant to change
- Black and white thinking
- Denial of harm caused
- Struggles to accept responsibility
- Discards contrary evidence

Underlying Factors of Substance Abuse – Social Determinants of Health

Social Determinants of Health

Social determinants of health are the conditions in which people are born, grow, live, work and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks (Sanner & Greene, 2020).

SDoH Domains

Economic Stability

Education Access and Quality

Health Care Access and Quality

Neighborhood and Built Environment

Social and Community Context

Underlying Factors of Substance Abuse – Social Determinants of Health

- *Model which explains the complex web of factors that influence health and behavior. Organizes the aspects of people's lives into four levels – individual, relational, community, and society (Carnevale, 2021).*
- *The SDoH perspective is about examining how people are affected by the multiple levels of physical/social environments they are forced to interact with. Think about access/exposure/deficits/quality of care/etc.*
- *This perspective aligns with emerging knowledge related to the person-in-environment lens of examining how people are affected by the environmental contexts of their life.*
- *It is being meaningfully identified that society's existing systems play a significant role in creating the various health related problems people experience. Think about who truly bears the consequences of systemic flaws (whether family, school, healthcare, etc.)*

Underlying Factors of Substance Abuse – Social Determinants of Health

Research says....

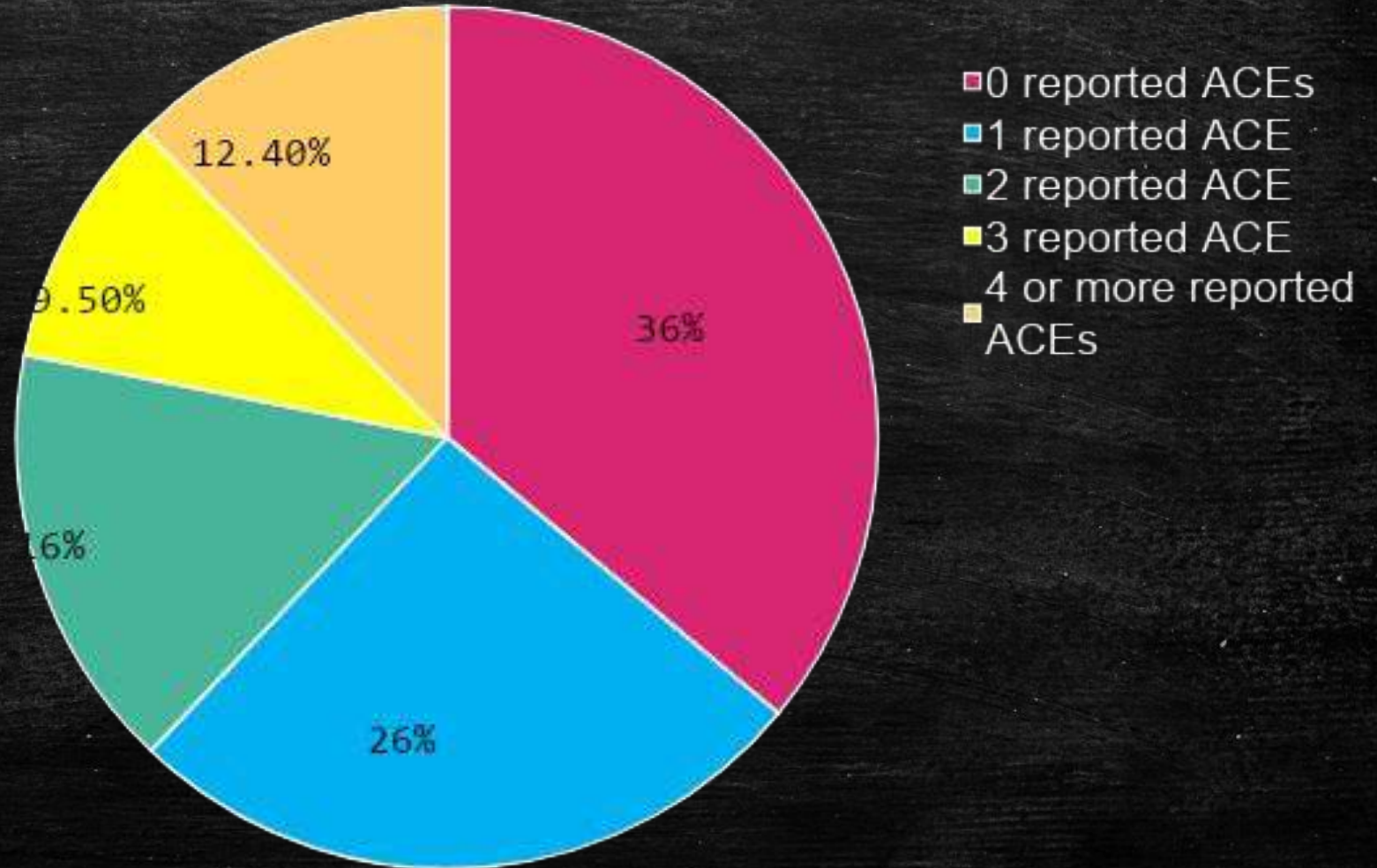
- *Financial strain, instability, job loss/unemployment, & food insecurity are all strongly correlated with increased likelihood of substance abuse and/or mental health problems.*
- *Education is associated higher emotional resilience and affects many life outcomes such as employment, income, and community participation. Low education attainment is strongly linked to mental health concerns/substance use.*
- *Healthcare disparities such as quality service, access to care, and promptness of service delivery play a significant role in treatment outcomes.*
- *Natural and built environments directly and indirectly affect mental health*
- *Social isolation, lack of support networks, and family disruption are all associated with poorer mental health and increased risk for substance abuse problems*

Underlying Factors of Substance Abuse – ACEs Study

- *Study conducted by Vincent Felitti & Robert Anda between 1995-1997. What began as suspicion attempting to account for problematic/regressive behaviors and high drop out rates at an obesity clinic in Sand Diego produced unintentional findings related to a large percentage of the client population having experienced childhood sexual abuse. Eventually led to a large study of over 17,000 people (Bartholow & Huffman, 2021).*
- *Participants were asked about various types of adverse childhood experiences – physical/sexual/emotional abuse, physical/emotional neglect, exposure to domestic violence, household substance abuse/mental illness, parental separation/divorce, and incarcerated household member.*
- *Startling discoveries were made related to the impact of toxic stress and traumatic experience(s). Significant correlations between number of ACEs and increased risk for negative behavioral and health outcomes across one's lifespan. As ACEs increase so does the risk for heart disease, obesity, cancer, smoking, mental health and substance abuse problems (Nathoo et al., 2018).*

Underlying Factors of Substance Abuse – ACEs Study

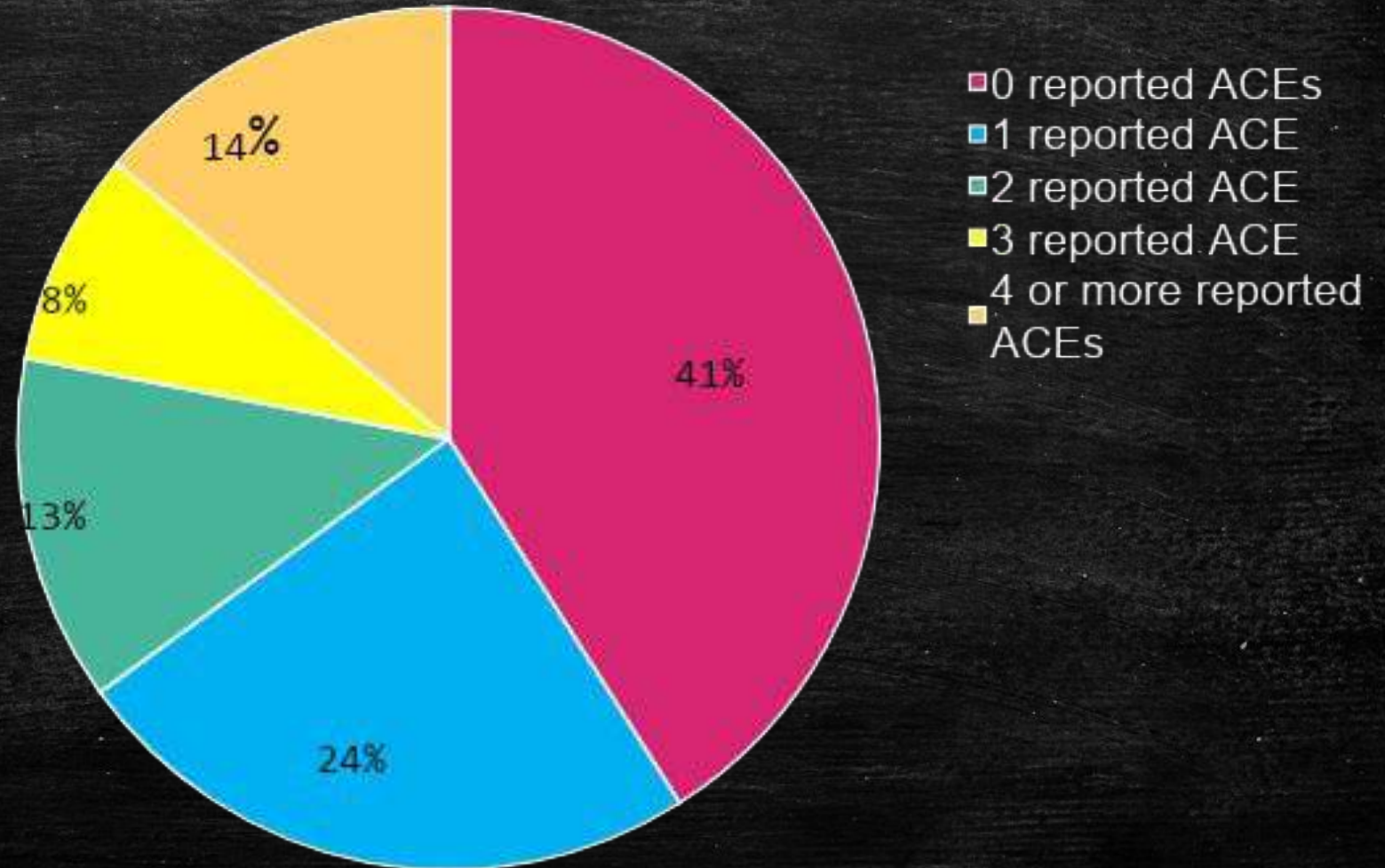
ACEs w/ Adults



Estimated over 65 % of adults have experienced some type of Adverse Childhood Experience in their life

Underlying Factors of Substance Abuse – ACEs Study

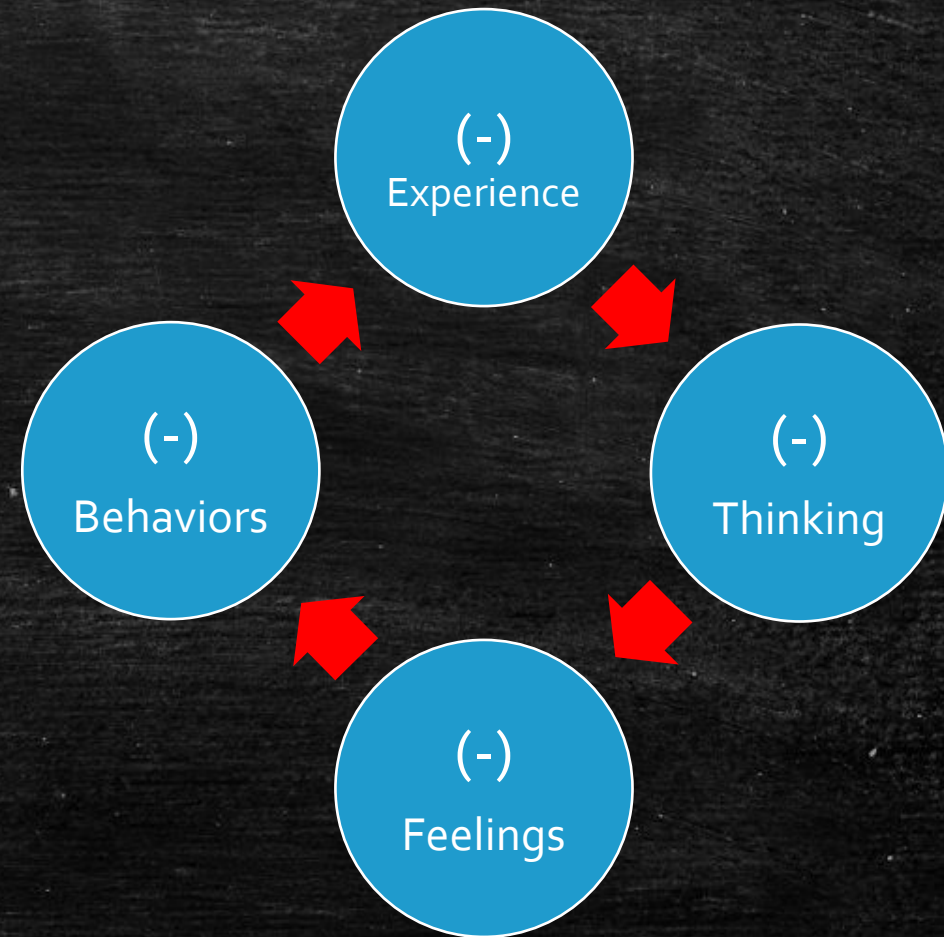
ACEs in Children



At least 59 % of children have experienced Adverse Childhood Experiences in their life

What it really looks like

- Experience(s) – *abuse, neglect, abandonment, separation/divorce, rejection, shame/humiliation, poverty, discrimination, death/loss, etc.*
- Cognition – *interpretations, beliefs, attitudes, outlooks, and personal understandings*
- Emotion/Feeling states – *sadness, loneliness, worry, fear, jealousy, stress, anger, & emptiness. Also fight/flight/freeze/fawn reactions.*
- Behavior – *withdrawn, risk-taking, attention-seeking, defensiveness, procrastination, arguing, lying, rebelling, outbursts, aggression, substance use/abuse, etc.*



Implications...

- Environment and lived experience have a direct impact on neurobiological development. Hardship, adversity, and trauma disrupt brain development leading to functional differences in learning, behavior, and overall health (Bartholow & Huffman, 2021).
- Longstanding debate between nature versus nurture – we now know how significantly people are impacted by what they experience throughout the course of their lives.
- We are dealing with ingrained personality traits, developmental issues, deeply embedded belief systems, habitual thinking/feeling/behavioral patterns, etc.
- Neuroscience – the more often we think/feel/behavior in a certain way the more such becomes physically wired into our brain. Neural pathways are like heavily traveled paths. Responses (physical, mental, emotional, and behavioral) become automatic and involve little to no conscious effort.
- We have been mistaken in some of our most cherished ideas about what addiction is and its underlying causes. Various studies establish the environmental contexts of people's lives are directly responsible for gene expression, neural development, etc. Example.... I was born this way or time heals all wounds.

Individualized Care/Unique Needs

- Standardized approaches should be avoided – no such thing as one size fits all
- People are not always as they appear. See beyond behavior – what am I not seeing that is playing a role in what is transpiring with this individual?
- Retention rates and overall treatment outcomes are improved significantly when individuals are allowed to determine their goals. Factoring in a person's preferences and ensuring their voice is informing us as helpers is critical to fostering a therapeutic alliance. Avoid assuming what you think is best aligns with what the individual wants in their life (Tatarsky, 2003).
- Collaboration, collaboration, collaboration!!!
- Personal background, history, and narratives matter – how can you truly help if you fail to learn about who someone is? And how much of who they are is really revealed in the first or second interaction?

Integrative Practice

- Substance use/abuse is driven by a complex set of factors and circumstances (societal, social, psychological, & biological)
- Substance use/abuse should be understood from a broad perspective and not solely as an individual act, nor through reductionist lens that unintentionally ignore important needs of substance users.
- Research establishes need for individualized and integrated approaches that draw wisdom from various humanistic paradigms. There is no one theory or clinical approach that fully addresses this (Tatarsky, 2003) .
- Integrative approaches must combine skill building and self management strategies that produce heightened self-awareness/introspection, self-efficacy, and enhanced behavioral responses (Bartholow & Huffman, 2021) .

Trauma-Informed Care

- Trauma informed care demands that we stop ignoring the obvious and consciously avoid blaming individuals for suffering from things they did not choose to experience.
- Trauma informed care is a framework for understanding the profound neurological, biological, psychological, and social effects trauma has on an individual (Nathoo et al., 2018) .
- Strength-based approach that prioritizes physical, psychological, and emotional safety. Strives to help individuals rebuild a sense of control and empowerment. Paradigm shift from “what is wrong with you” to “what happened to you”.
- Key principles of trauma informed care (on both individual and organizational level) are trauma awareness, safety/trustworthiness, choice/collaboration/connection, and strength-based skill building (Bartholow & Huffman, 2021) .
- Trauma informed care views behavioral expressions as manifestations of triggered responses likely triggered by a person’s perceptions and bodily reactions experienced as reality.



Unresolved trauma



Harm Reduction

- Harm reduction first emerged as a public health response to rises in HIV and Hepatitis C rates related to injection drug use in the 80's. However, is also evident throughout various movements dating back to 1920.
- Harm Reduction is a paradigm shift constructed upon pragmatic approaches which are aimed at reducing risk and negative consequences associated with drug use.
- Considered by some as the "third wave" of addiction treatment. Emphasizes increased safety, self-efficacy, and autonomy (Vakharia & Little, 2016) .
- Rooted in the idea that treatment must meet substance users where they are in terms of their needs and personal goals. Harm reduction embraces the full range of harm reducing goals and works with reasonable starting places for treatment opening doors for people that traditional abstinence-based approaches cannot (Tatarsky, 2003) .

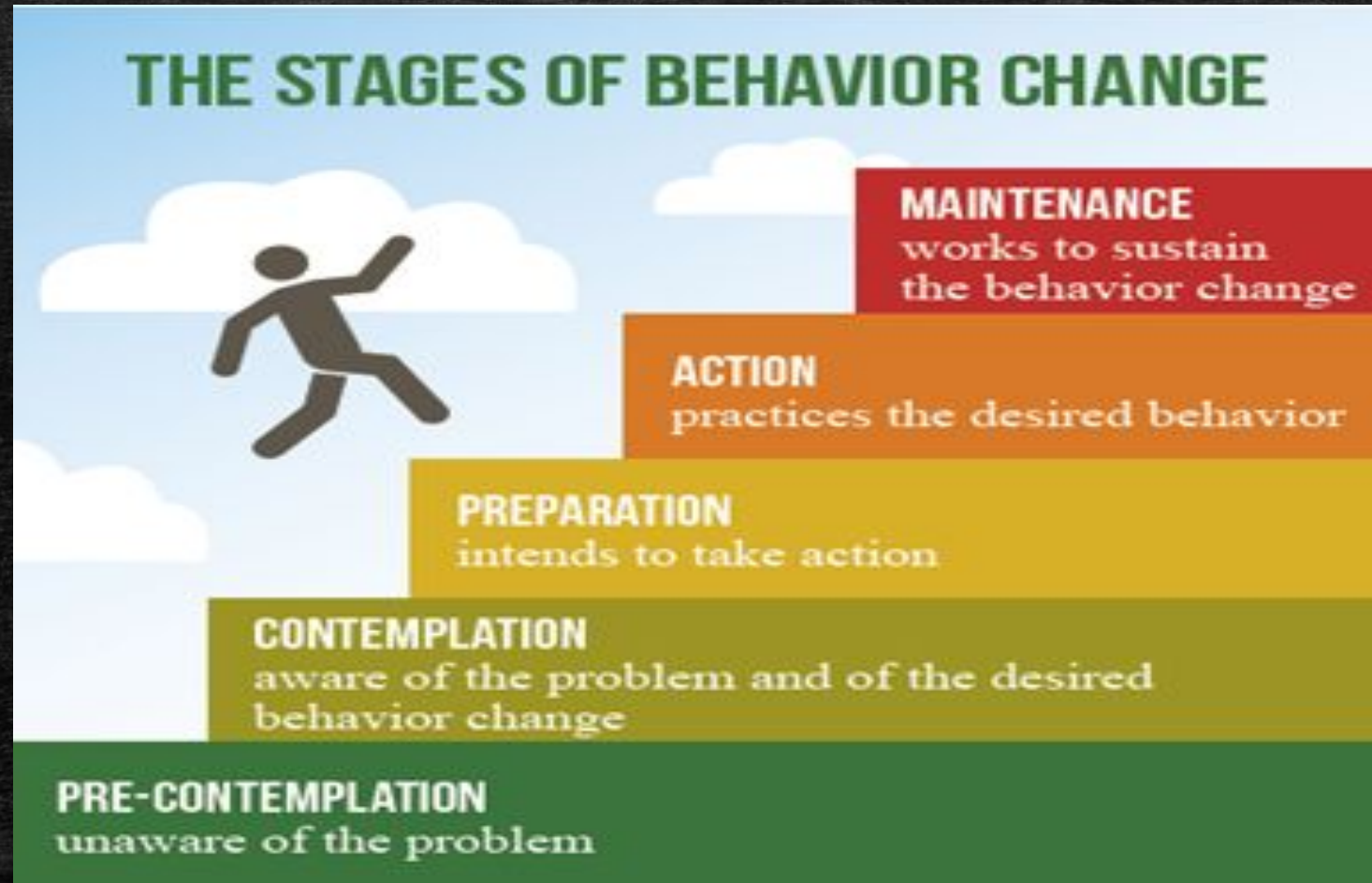
Harm Reduction

- Harm reduction is about more than syringe exchanges, condom distribution, and medication-assisted treatment. These are a set of radical philosophies for intervening in the lives of substance abusers who may not fit the traditional mold of what a client looks like (Vakharia & Little, 2016).
- In Harm Reduction, everyone is welcome, regardless of their personal stage of change, their relationship with drugs, or their goals for future use (Tatarsky, 2003).
- Harm Reduction avoids the traditional “one-size-fits-all” approaches to treatment and encourages innovative evolutions in how we see, understand, and interact with active substance users (Vakharia & Little, 2016) .
- Harm reduction proposes that small, incremental steps in the direction of reduced harm does lead to increased confidence in people’s ability to change. In a way, it can be understood as developing momentum and enhancing hope that a better reality may exist (Tatarsky, 2003) .

Motivational Interviewing

- Motivational interviewing is a person-centered; empathetic style of interaction that seeks to address a person's ambivalence to change by meaningfully exploring their motivations and values (SAMHSA, 2019) .
- Principles of MI – express empathy, develop discrepancies, rolling with resistance, and supporting self-efficacy.
- MI acknowledges people are unique, capable, and are the inevitable experts of their lives. Emphasizes the belief that everyone is motivated for something, and momentum is best developed by prioritizing the goals and preferences of the individual (SAMHSA, 2019) .
- Help individuals find their voice and reasons for change – Open-ended questions, Affirmations, Reflective listening, Summarizing (OARS concept).

Motivational Interviewing



Recommendations moving forward....

- Continuous training, education, and implementation of the latest evidence-based treatment modalities.
- Individualized treatment that meets the specific needs of each client – what works for one may not work for another.
- Empower clients to make their own decisions about their treatment. Provide information they need to make informed choices and support them in their efforts to recover.
- The goal of substance abuse treatment should be recovery, not just abstinence. Recovery is a process that involves more than just not using.
- Embrace the inevitable need of evolving and utilizing new paradigms.

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