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Addressing Evidence-based Practices and Interventions in Practice

Social Workers on the Front Line of the Opioid Epidemic
Learning Collaborative

Today's Presenters

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NSI Strategies

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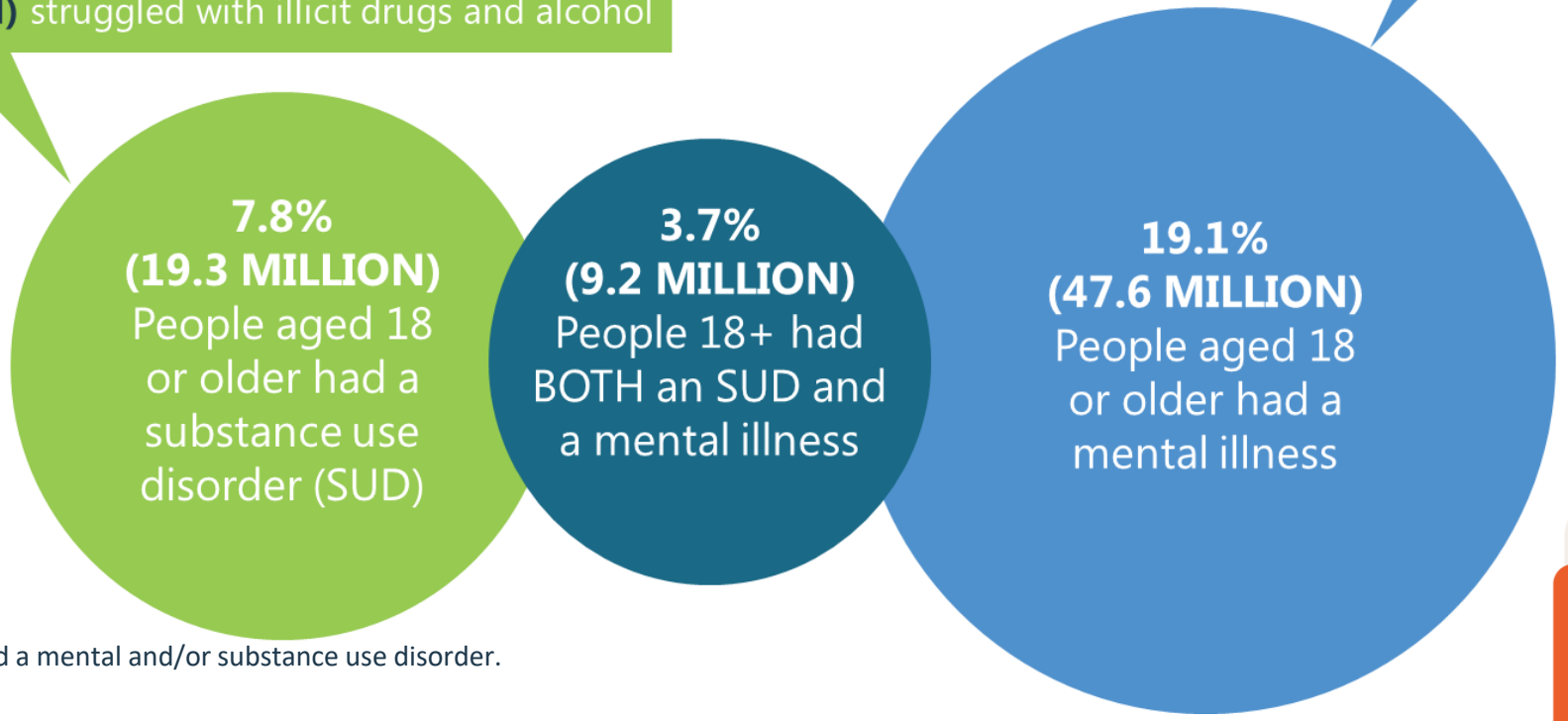
Mental Illness and Substance Use Disorders in America

PAST YEAR, 2018 NSDUH, 18+

Among those with a substance use disorder:
3 IN 8 (38.3% or 7.4M) struggled with illicit drugs
3 IN 4 (74.5% or 14.4M) struggled with alcohol use
1 IN 8 (12.9% or 2.5M) struggled with illicit drugs and alcohol

Among those with a mental illness:
1 IN 4 (23.9% or 11.4M) had a serious mental illness



In 2018, **57.8M** Americans had a mental and/or substance use disorder.

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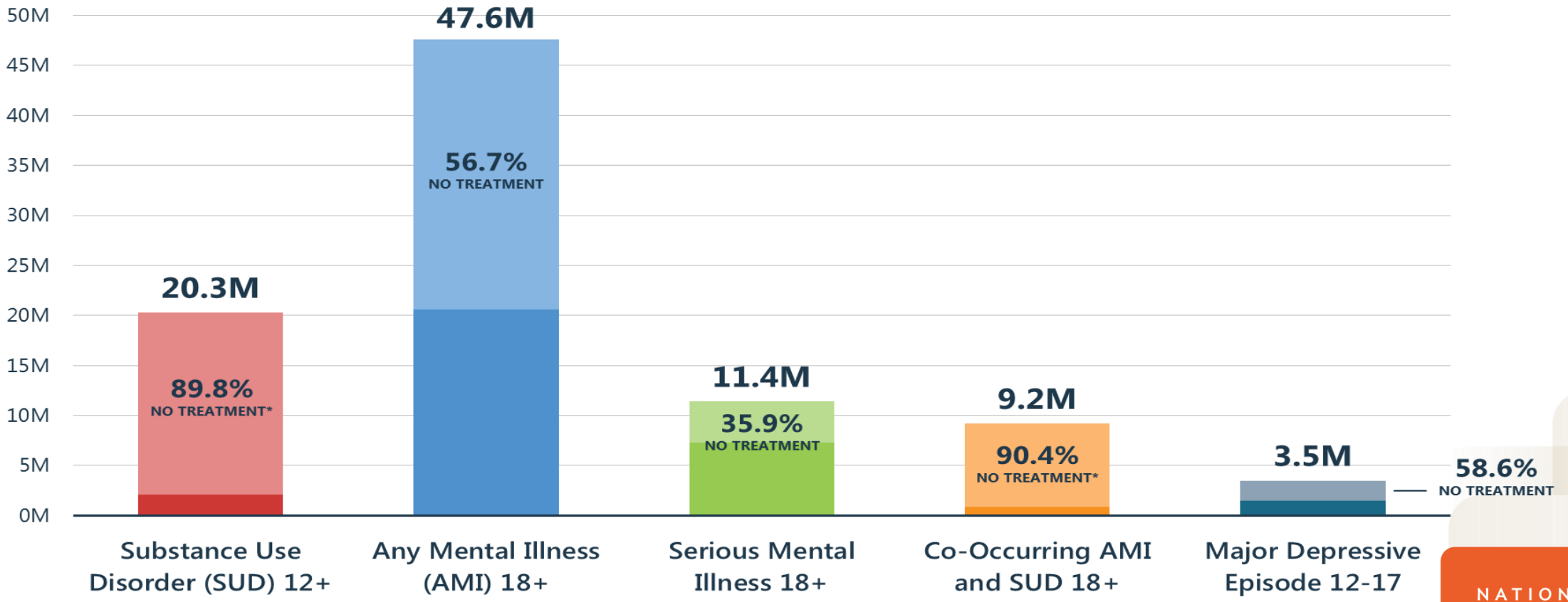
Despite Consequences and Disease Burden, Treatment Gaps Remain Vast

PAST YEAR, 2018 NSDUH, 12+



* No Treatment for SUD is defined as not receiving treatment at any location, such as a hospital (inpatient), rehabilitation facility (inpatient or outpatient), mental health center, emergency room, private doctor's office, self-help group, or prison/jail.

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What is an Evidence-Based Practice (EBP)?

Best **evidence** includes empirical **evidence** from randomized controlled trials; **evidence** from other scientific methods such as descriptive and qualitative research; as well as use of information from case reports, scientific principles, and expert opinion.

- **Promising Practice**
- **Practice-Based Evidence**

Barriers to EBP implementation

It takes an average of 17 years for research evidence to reach clinical practice.

- Stigma
- Resources
- Education and Training
- Client Engagement

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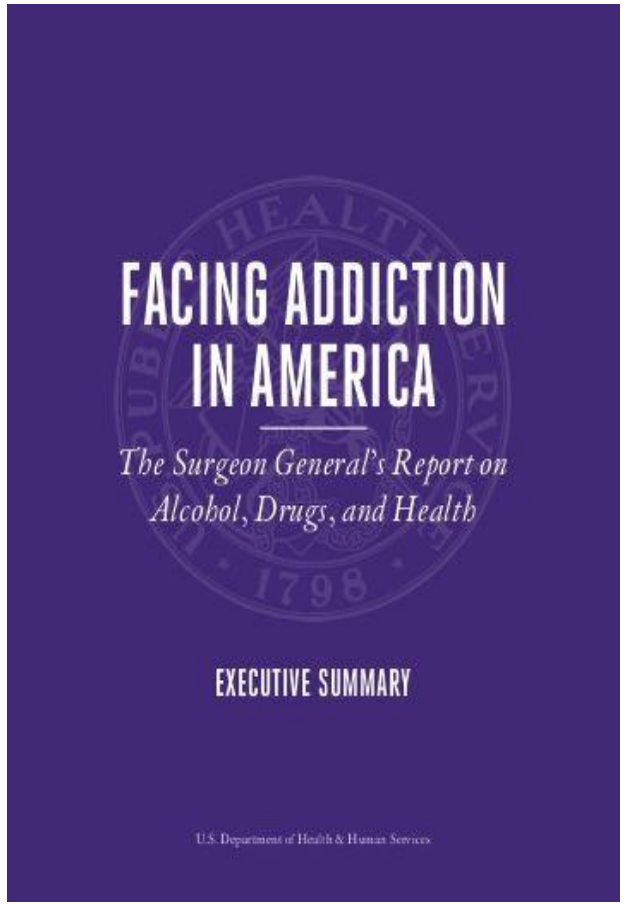
Changing the Addiction Paradigm



- Moving from addiction as a moral failing to a chronic brain disorder
- Moving from criminal justice approaches to public health strategies
- Dropping old, stigmatizing language and developing new terminology
- Developing a science base that informs policy and practice
- Addressing substance use, misuse, and disorders across a full continuum and the lifespan: *prevention, treatment, recovery management*

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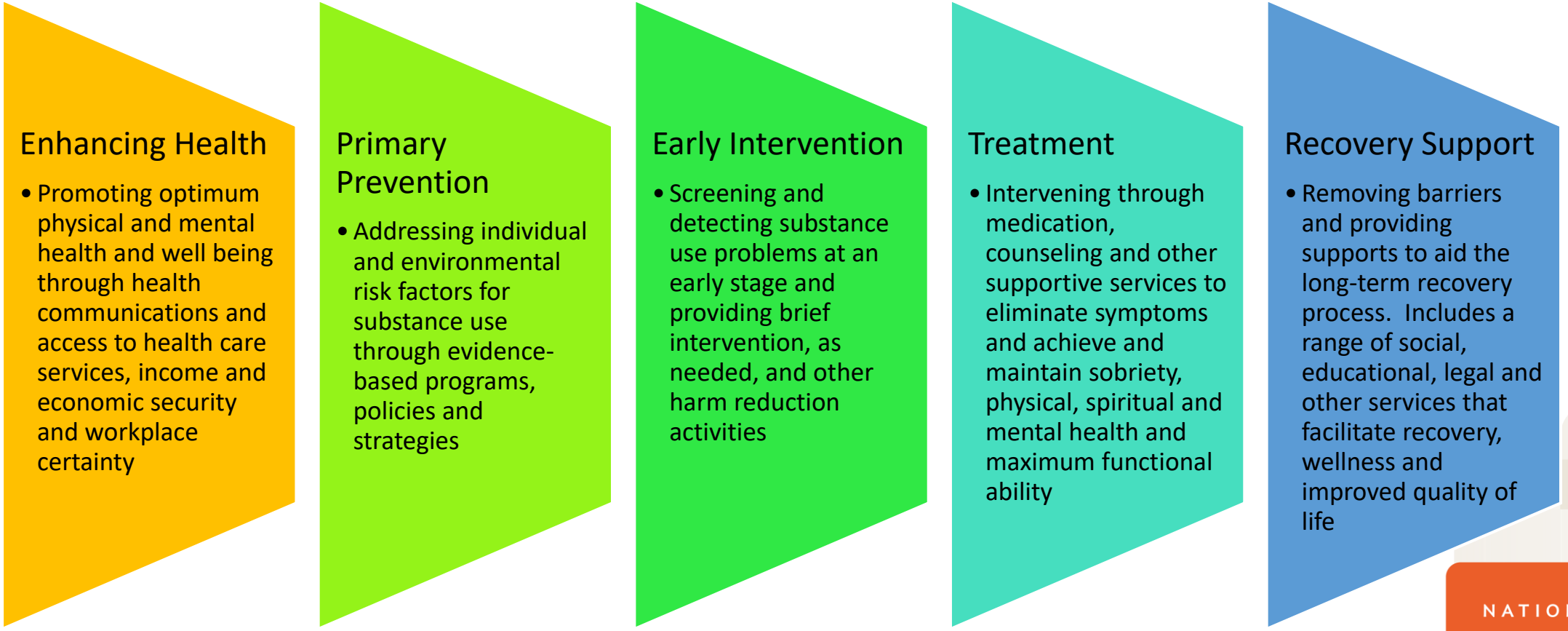
Substance Use Disorder Treatment Continuum of Care



U.S. Department of Health and Human Services (HHS), Office of the Surgeon General. (2016, November). Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health.

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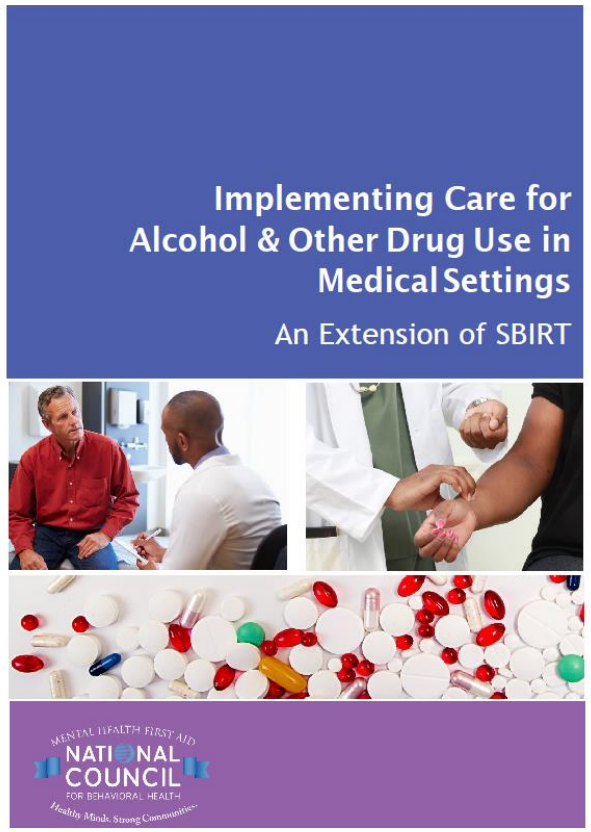
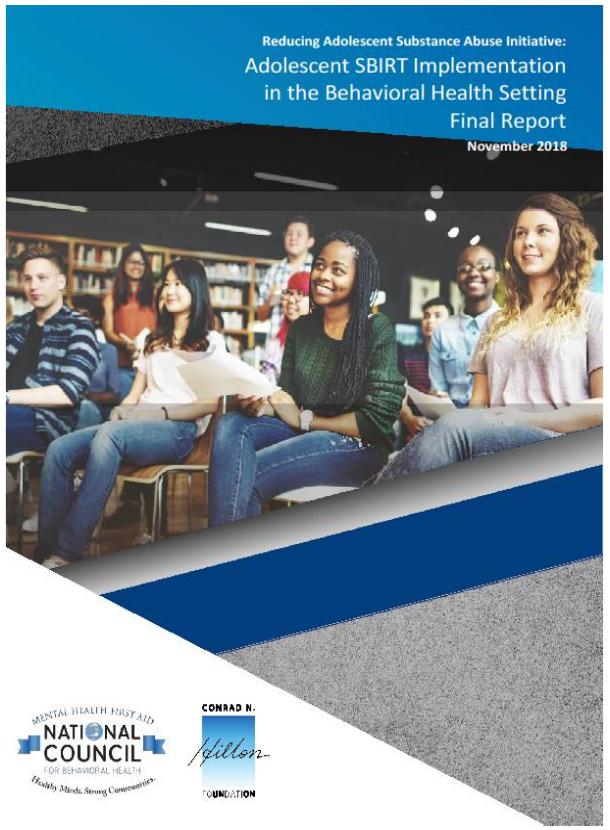
Early Intervention and Engagement is KEY





- Screening, Brief Intervention and Referral to Treatment (SBIRT)
- Harm Reduction

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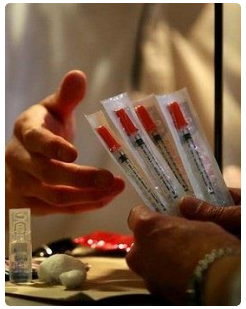
Harm Reduction/Innovation

Naloxone Distribution



Syringe Exchange

Peer Support & Community Mobilization

Harm reduction refers to a range of services and policies that lessen the adverse consequences of drug use and protect public health. Unlike approaches that insist that people stop using drugs, harm reduction acknowledges that many people are not able or willing to abstain from illicit drug use, and that abstinence should not be a precondition for help.

Low Barrier Drop-In Spaces

Safe Consumption Sites

Legal Support & Policy Reform

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- Screening and Assessment
- Withdrawal Management
- Behavioral Therapies
- Medication-Assisted Treatment

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Medications/Pharmacotherapy for Opioid Use Disorder

Medication	Frequency of Administration	Route of Administration	Who May Prescribe or Dispense
Methadone	Daily	Orally as liquid concentrate, tablet or oral solution of diskette or powder.	SAMHSA-certified outpatient treatment programs (OTPs) dispense methadone for daily administration either on site or, for stable patients, at home.
Buprenorphine	Daily for table or film (also alternative dosing regimens)	Oral tablet or film is dissolved under the tongue	Physicians, NPs and PAs with a federal waiver. Prescribers must complete special training to qualify for the federal waiver to prescribe buprenorphine, but any pharmacy can fill the prescription. There are no special requirements for staff members who dispense buprenorphine under the supervision of a waivered physician.
Probuphine (buprenorphine implant)	Every 6 months	Subdermal	
Sublocade (buprenorphine injection)	Monthly	Injection (for moderate to severe OUD)	
Naltrexone	Monthly	Intramuscular (IM) injection into the gluteal muscle by a physician or other health care professional.	Any individual who is licensed to prescribe medicines (e.g., physician, physician assistant, nurse practitioner) may prescribe and/or order administration by qualified staff.

Evidence-Based Practices for Substance Use Disorder (SUD) Treatment

Pharmacological

- Acamprosate
- Buprenorphine
- Disulfiram
- Methadone
- Naltrexone (oral and Injectable)

Behavioral

- Behavioral couples therapy
- Brief interventions
- Brief strategic family
- Cognitive–behavioral
- Contingency management
- Community Reinforcement Approach**
- Drug counseling individual and group
- The Matrix Model**
- Motivational enhancement therapy
- Multi-dimensional family therapy
- Psychodynamic Supportive–expressive
- Relapse prevention
- 12-step facilitation
- Solution-Focused Brief Therapy*

McGovern, M. P., & Carroll, K. M. (2003). Evidence-based practices for substance use disorders. *The Psychiatric clinics of North America*, *26*(4), 991–1010. https://doi.org/10.1016/s0193-953x(03)00073-x

https://journals.sagepub.com/doi/abs/10.1177/1049731516650517 *

https://www.drugabuse.gov/publications/principles-drug-addiction-treatment/evidence-based-approaches-to-drug-addiction-treatment/behavioral-therapies **

Screening versus Assessment

Screening

- Identifies immediate and current health needs
- Determines the need for further evaluation and treatment/support
- Is typically short in length and quick to administer and score
- Does not typically result in the ability to diagnose health conditions

Assessment

- Is comprehensive and usually considers multiple domains of functioning
- Gathers key information and enables clinicians to identify health concerns or diagnoses, and identify strengths and barriers that may impact engagement in treatment services

Common SUD Assessment Tools

- **Addiction Severity Index (ASI)**

The ASI is a semi-structured interview designed to address seven potential problem areas in substance-abusing patients: medical status, employment and support, drug use, alcohol use, legal status, family/social status, and psychiatric status.

- **Global Appraisal of Individual Needs (GAIN)**

Originated in 1993 as a collaborative effort between clinicians, researchers, and policymakers to create a comprehensive and standardized biopsychosocial assessment tool.

Common SUD Screening Tools

- ❑ AUDIT
- ❑ DAST
- ❑ ASSIST
- ❑ CRAFFT
- ❑ S2BI
- ❑ TWEAK/T-ACE
- ❑ Opioid Risk Tool

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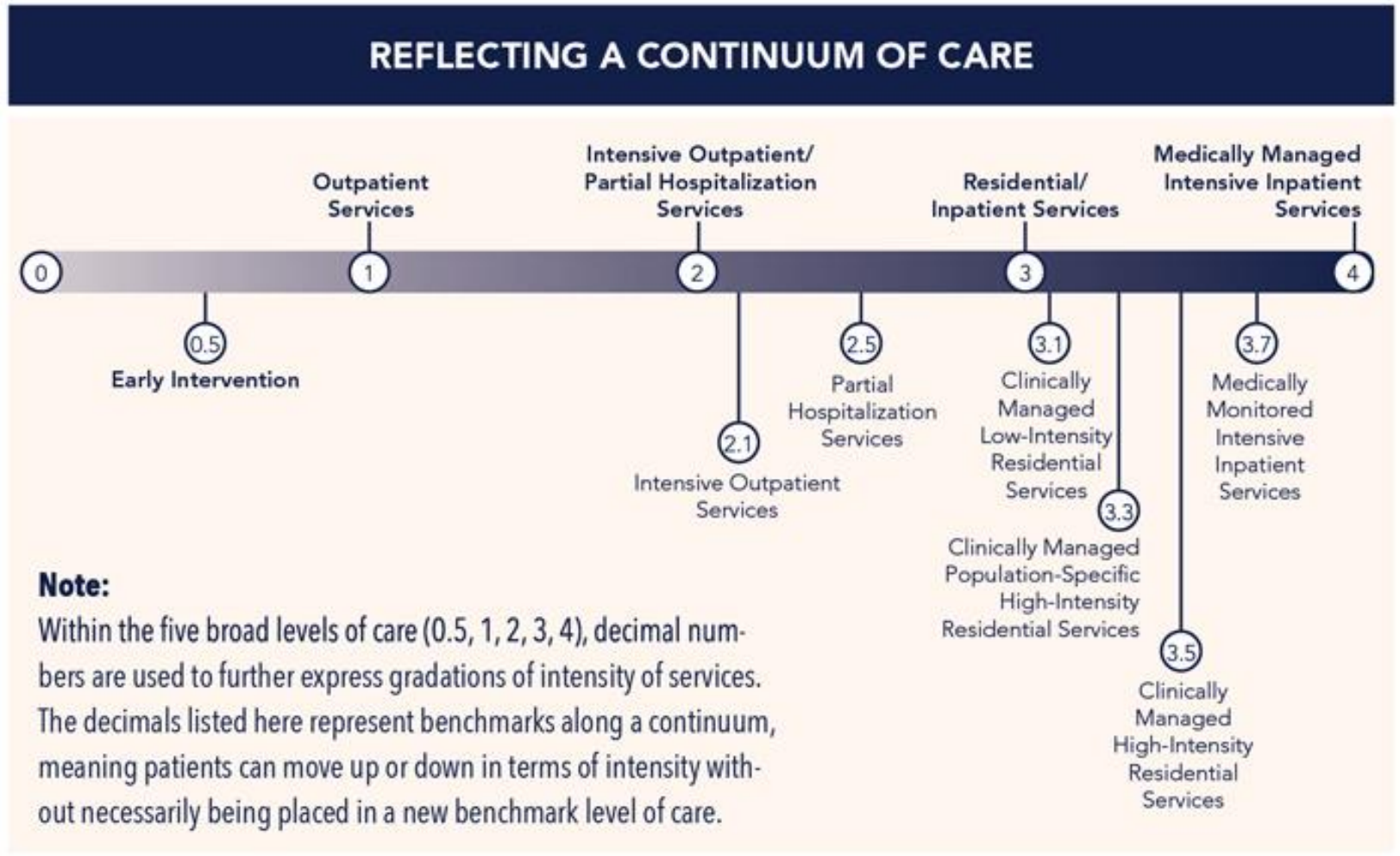
Levels of Care:
American Society of Addiction Medicine (ASAM)



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Resources on EBPs for Substance Use Disorders

- SAMHSA- Evidence-Based Practices Resource Center
- NIDA- Principles of Drug Addiction Treatment: A Research-Based Guide
- ASAM- https://www.asam.org/Quality-Science
- ORN- https://opioidresponsenetwork.org/
- ATTCs- https://attcnetwork.org/
- PCSS- https://pcssnow.org/

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Break:
Questions? Reactions?

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Therapy Modalities and Levels of Care

INDIVIDUAL, GROUP, AND FAMILY THERAPY

DETOX, INPATIENT RESIDENTIAL (REHAB)
INPATIENT CRISIS STABILIZATION,
RESIDENTIAL, INTENSIVE OUTPATIENT
IOP, OUTPATIENT

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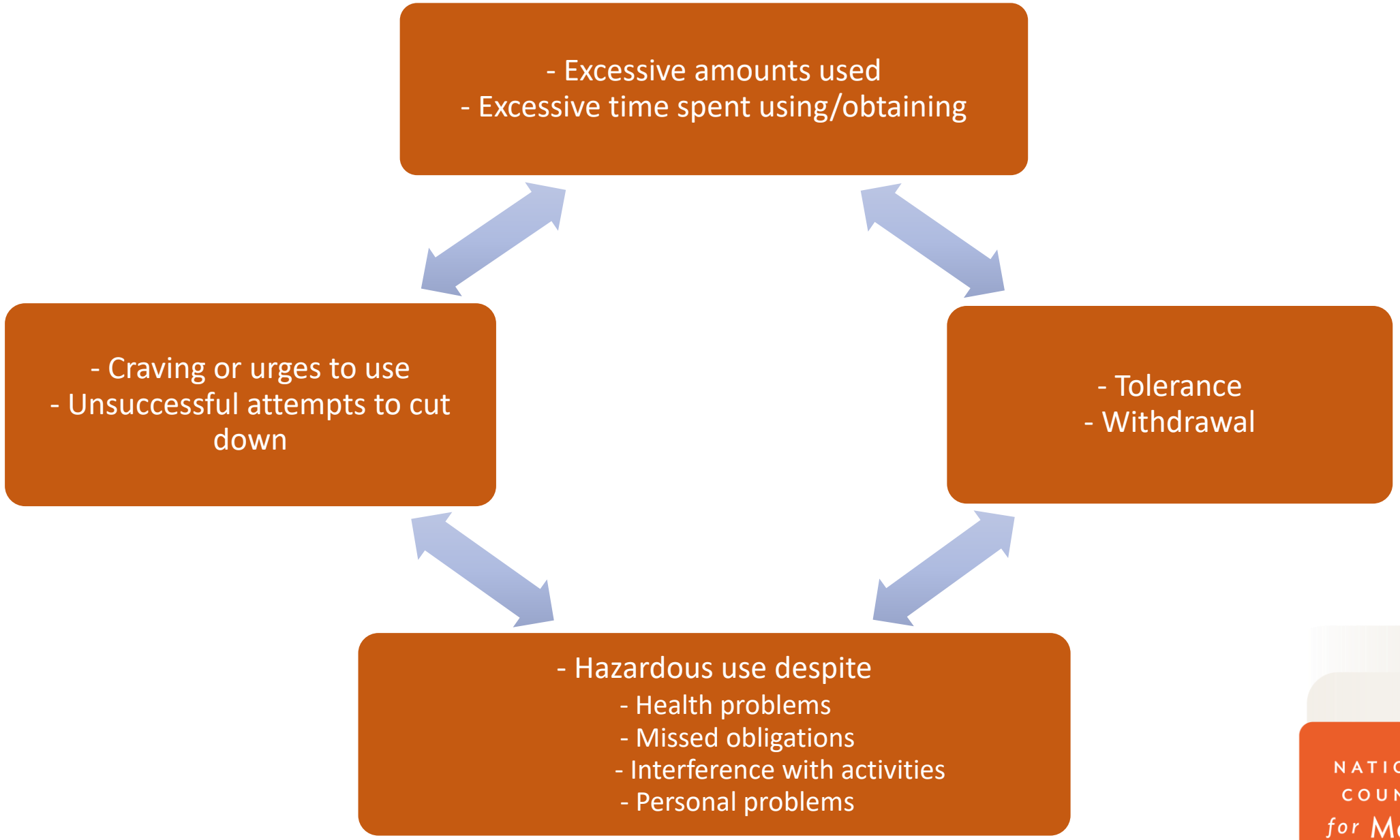

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Screening for Substance Use Disorders

And it is not just about addiction.

It is treating across the spectrum.

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What is Your View?

Deficit	Competence
❑ Insight & knowledge is lacking ❑ Telling	✓ Capacity to change is within ✓ Asking and listening

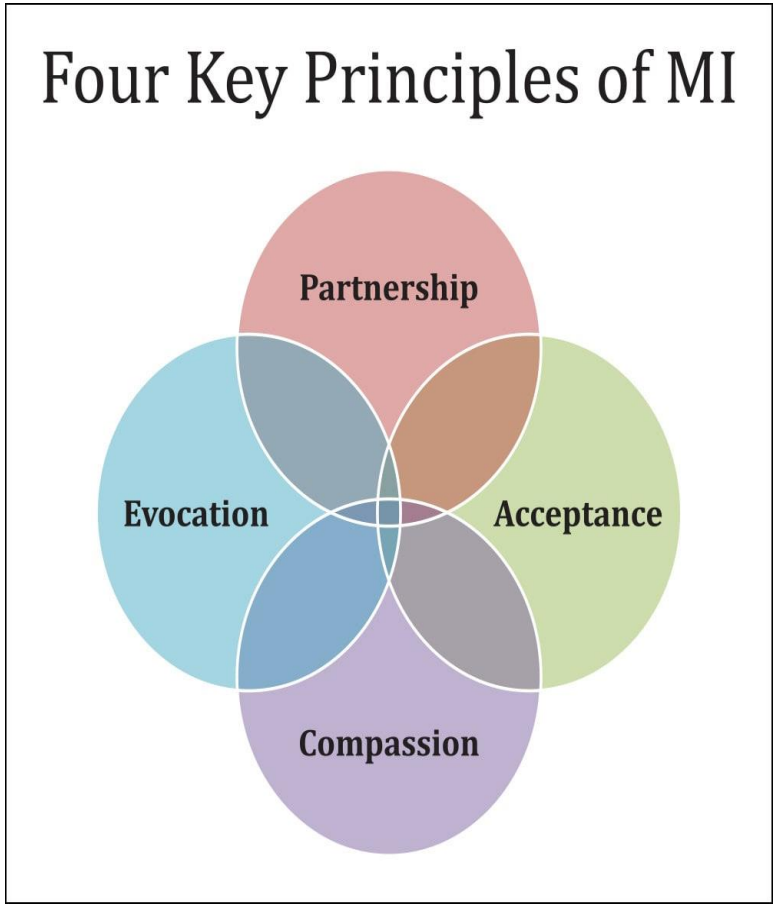
From feeling responsible for changing another person's behavior…

to

supporting them in thinking and talking about their own reasons

and means for behavior change.

Homeostasis: Remove a coping mechanism; what will we replace it?



What is this doing for you?
Why are you using?
(non judgmentally - inquisitively)

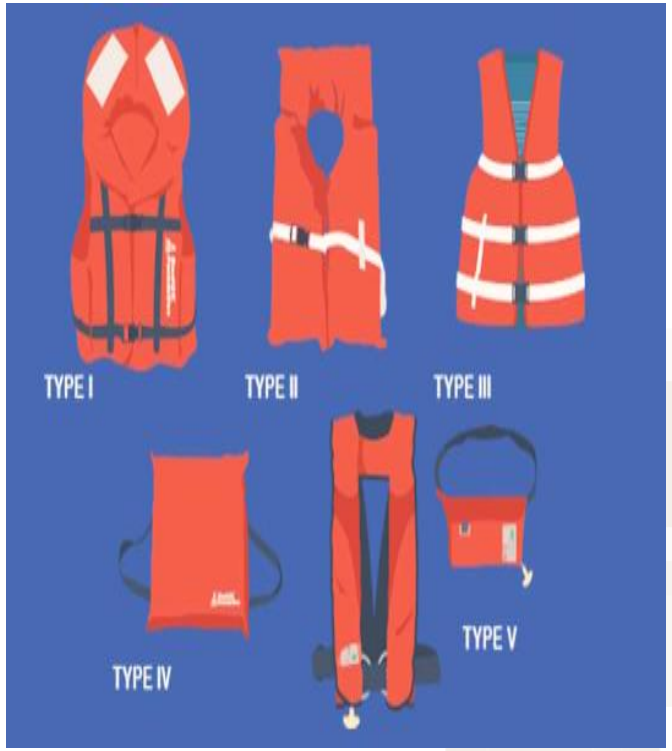
Trauma

Co-morbidity

Social

Relationship

Environment



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Cognitive Effects of SUDs – What is going on here?

- Episodic Memory - times, places, associated emotions, and other contextual who, what, when, where, why knowledge

  *Addiction is a chronic disease that involves compulsive or uncontrolled use of one or more substances…

- Emotional Processing

- Executive functioning (planning and decision making) in the face of negative consequences.

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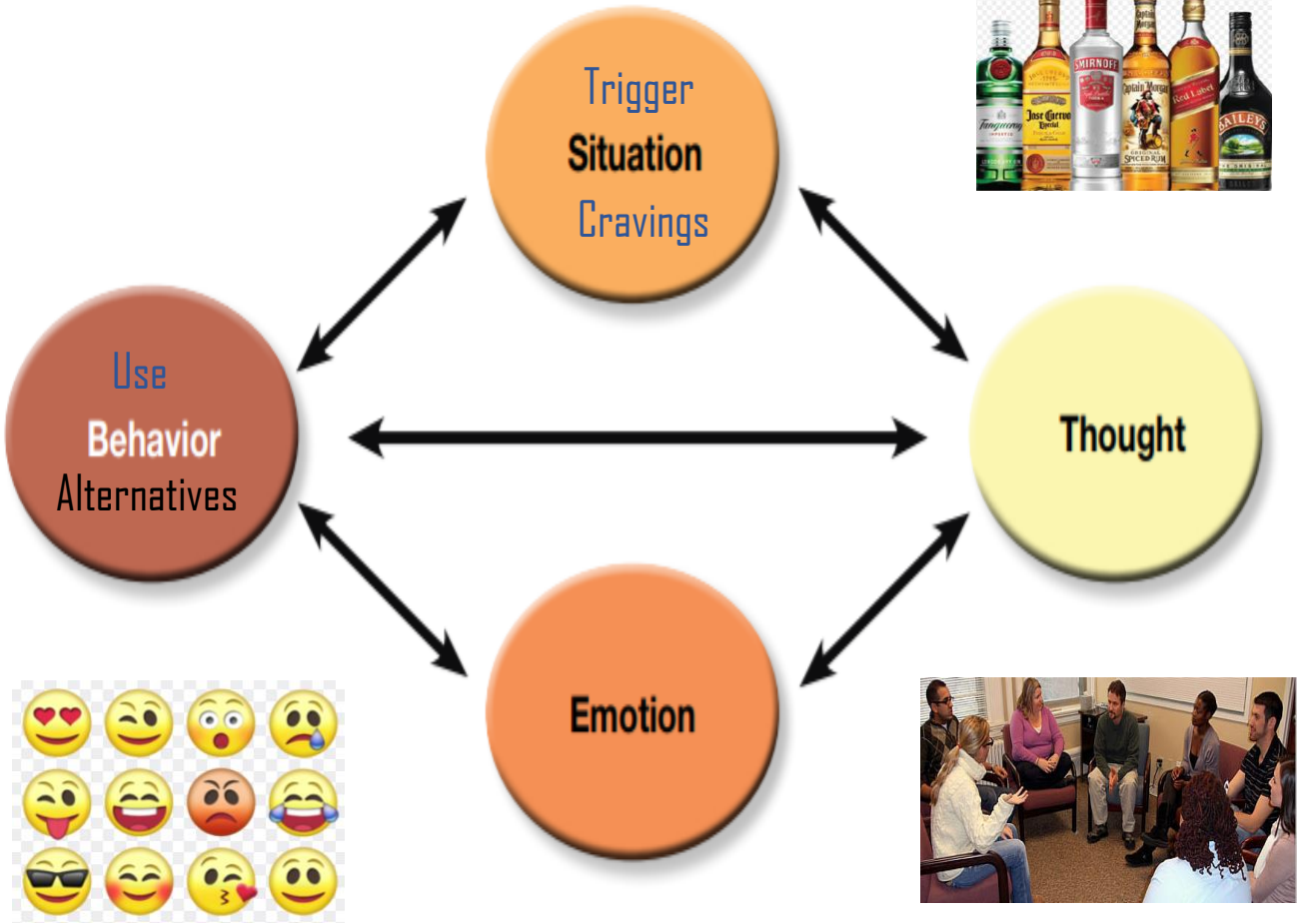
The Traditional Cognitive Behavioral Model



A – Activating Event
B – Behavior
C – Cognition
D - Dispute

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Cognitive Behavioral Therapy (CBT) and Relapse Prevention (RP)

CBT

- Teach, encourage, and support people about how to reduce/stop use
- Skills to help gain initial abstinence/recovery
- Skills to sustain recovery

RP

- A CBT treatment that focuses on the maintenance stage
- Helps prevent the occurrence of return to use
- Prevent the severity and intensity if a return to use occurs

Mindful reminder – relapse vs return to use

Mindful reminder for Mindfulness

Helps rewire those disrupted neuropathways

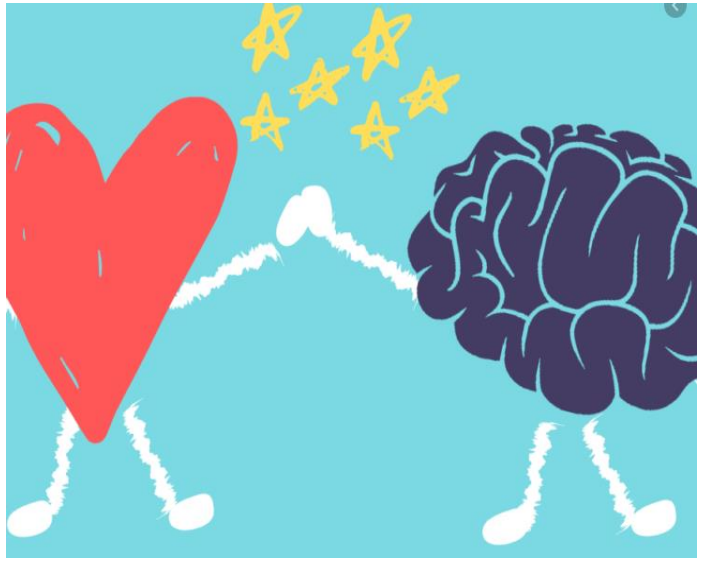
- Can do this in vivo – right with the client hear and now
- A pathway to mindfulness is the breath
  - Diaphragmatic breathing
- Room Awareness
- Color Awareness
- Body Scan

Builds the muscle of awareness

- Aware of my body and the energy held it in specific places
- Aware of my thoughts/breaks into overidentification with the mind
- I have control, I have power, I can manifest change
- with new tools I am letting go of trying to control and shift into embracing empowerment – Serenity Prayer

https://jamanetwork.com/journals/jamapsychiatry/fullarticle/1839290

Relapse Prevention planning is CBT



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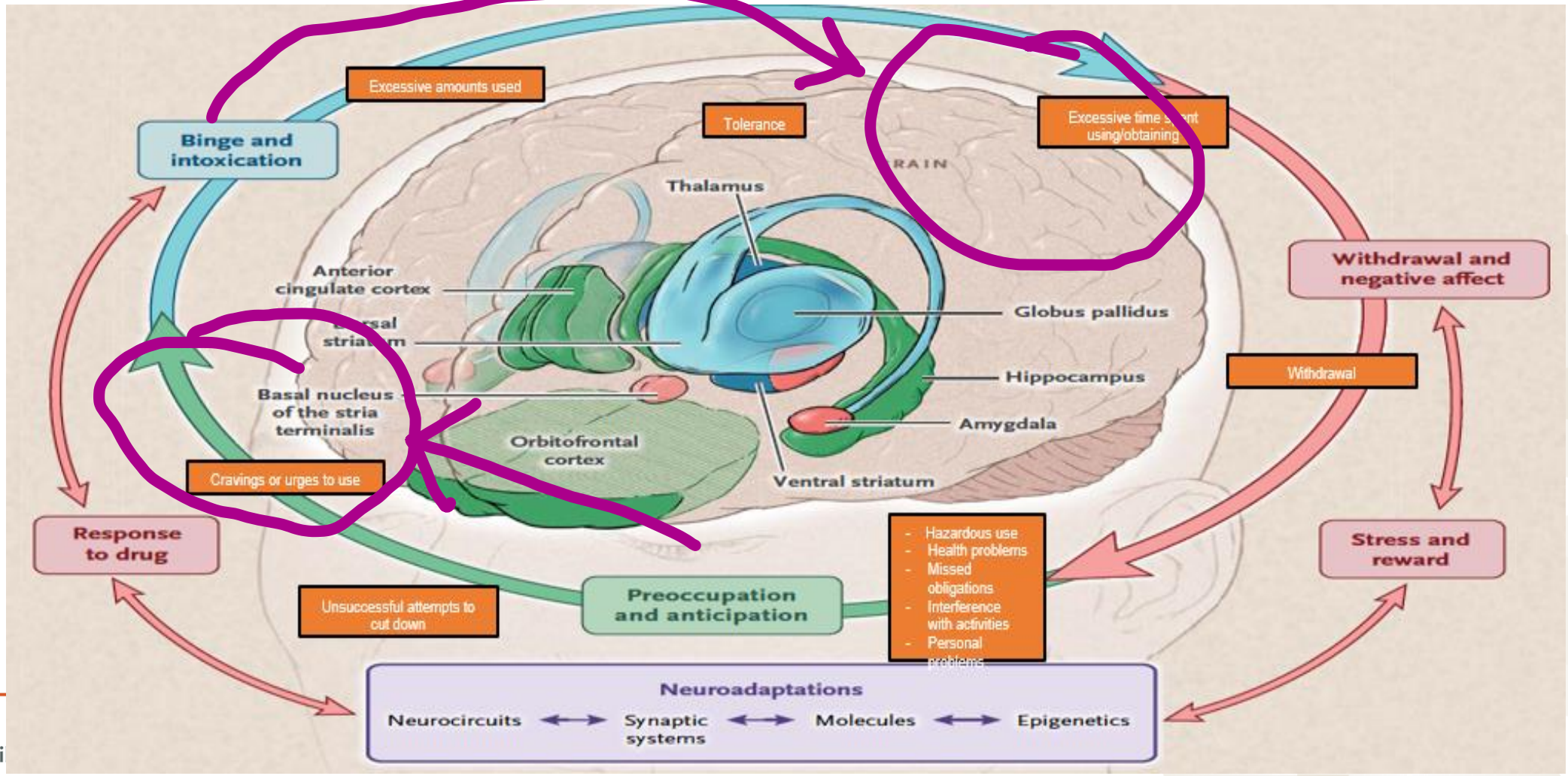
Triggers and Activators – Our Target Areas

Bringing into awareness and consciousness
"I just ended up there!"

- Shared
- Personal
- Internal
- External



The 5 W's Help Us Understand Activating Events/Triggers

- **Who** People
- **What** Does this do for me?
- **When** Time…when there is a pattern
- **Where** Places
- **Why** Am I experiencing, feeling?

Return to use is happening before a return to use

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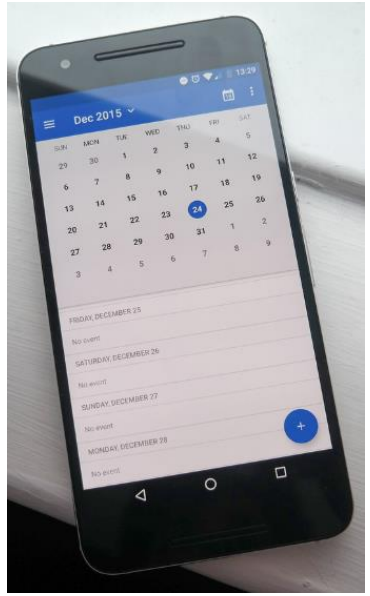
Quality Questions

- What was going on before you used?
- Where were you when you began to think about?
- How were you feeling before you used?
- How / where did you obtain and use drugs?
- With whom did you use drugs?
- What happened after you used?



- Alerts
- Reminders
- Calendars

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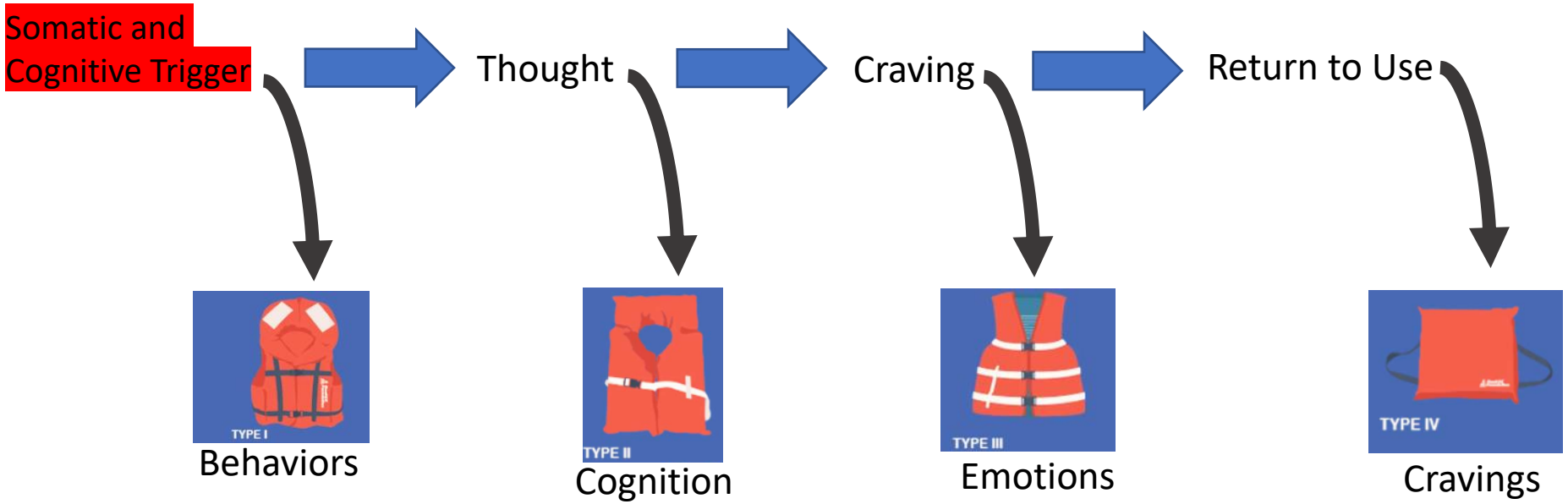
4 Components of Triggers and Activators

What might seemingly be automatic and "happening" to us is an opportunity for personal empowerment through emotional acceptance and cognitive control – and internal locus of evaluation.

1. Behaviors
2. Cognition
3. Emotions
4. Cravings



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1. Behaviors Associated with Use (Behavioral Activation Planning) What are my triggers?

Planning to engage in non-use behaviors

High Risk – Low Risk Situations: Avoiding, people, places, things, nutrition, sleep, structure, missed appointments

Homework/Skill Building

Drug refusal skills
Follow a planned schedule

Recognize and awareness activities – people, places, things

Skills for stress management, anger management, behavioral activation planning

List High Risk Situations

List Low Risk Situations

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Red Flag Behaviors

- Cracks in Structure
- Missed appointments
- Missed obligations
- Nutrition
- Exercise
- Sleep and rest
- Work
- Risky Behaviors?

Red Flag Interventions

- Accept and Aware
- Reflect back
- Use discrepancies
- Dispute like a coach

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2. Cognitive Components

- Recognizing thoughts associated with use

- Disputing thoughts/Thought Stopping
  - Reduction of options (that won't help, this won't help)
  - I totally have this and I never will use ever again
  - I am not even thinking about using
  - Can't imagine doing (behavior) without (substance)
  - I used, I blew it, so I might as well….
  - Once an addict…
  - I am hopeless, weak, lazy, selfish
  - I am responsible for all bad things vs accountability
  - I have NO will power and no control

"I'm disappointed; if anyone should have seen the red flags, it's you."

- Replacing thoughts with pro-social, positive options

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Psycho Education

- Understanding addiction is not a moral failing
- It is a chronic health condition
- Relapses are not failures but opportunities to grow your recovery capital

Letting go of concrete and inflexible thoughts or ideas about oneself and moving to understanding oneself within the context of situations.

Red Flag Thinking

- Absolutistic
- Black and white
- Discounting the positive
- Jumping to conclusions
- Mindreading
- Fortune telling
- Self blame

Red Flag Interventions

- Ask permission
- Reflect back
- Use discrepancies
- Dispute like a coach

Abstinence Violation Syndrome!

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3. Recognizing Emotions Associated with Use

- Negative emotions (Not bad!)
- Positive emotions (Not good!)
- Feelings are not always proof of the truth, that you are right, or validation – and they are real and present.

ACT Acceptance: Allowing thoughts and feelings to arise without trying to change their form or frequency.

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Red Flag Emotions

- Experiencing strong emotions
- Do my emotions match the situation?
  - Intensity?
- Does this emotional experience match a trigger to use?

Red Flag Interventions

- Create a safe space to experience
- Support congruency
- Ask permission
- Reflect back
- Use discrepancies
- Dispute like a coach

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Tools for Managing Emotions

- Go to the breath
- Externalize
  - support people?
  - Get physical
  - Cold showers really work
- Imagine a healthy support person
- Don’t just do something…stand there!
- Ride the wave, tread the water
- Teach patients to use their body
  - The body knows better
  - “Trust your gut”
- Mindfulness – eye of awareness
  - Body scan, room scan
- What are my body signs?
  - Sped up
  - Stomachache
  - Increased energy
  - Twinkle in my eye
  - You look high!
  - ?????

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4. Managing Cravings

- Resist ? Fight ? Manage ?
  - Preparation – have a plan, a structure, plan it out – help the brain, reduce the options
  - Behavioral Activation – non-drug related activity
  - Refusal Skills – Assertiveness (practice)
  - Externalize the internal experience
  - Surf the craving – this too shall pass
  - Time out by thought stopping
  - Measure the craving – 1-5? This creates a language for communication

ACT Committed action: Efforts to empower behavioral change and moving to understanding oneself within the context

Partner with Cravings

Think about a time when you were craving:

- Body Sensation List
- Emotions List
- Thought List

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A Relapse Prevention Awareness Tool

It’s not just about the return to use - helps address the people, places and things that activated/cravings

Activating Event: People, Places, Things, 5 W’s	Belief/Thoughts/Emotions/ Behaviors	Consequences: Feelings, Behaviors
• Point 1 • Point 2 • Point 3	*(What did you tell yourself/ thinking/feeling/ experiencing?)* • Point 1 • Point 2 • Point 3	• Point 1 • Point 2 • Point 3

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Questions?

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