

DEFINITION OF HARM REDUCTION

- Harm reduction refers to policies, programs and practices that aim to reduce the adverse consequences associated with a variety of health behaviors.
- Harm Reduction does not judge licit and illicit behaviors are good or bad, but rather as a normal part of human behavior.

GOALS OF HARM REDUCTION

- Prevent or reduce the harms associated with the behavior
- Meet them where they are
 - View change as a continuum and collaboration
 - Interventions should match where they are on the continuum
- Autonomy and independence
 - People determine their own path and helpers are facilitators
- Reduce stigma and prejudice
 - Educate others
 - Explicitly acknowledge and address the discrimination people face

HARM REDUCTION IS NOT

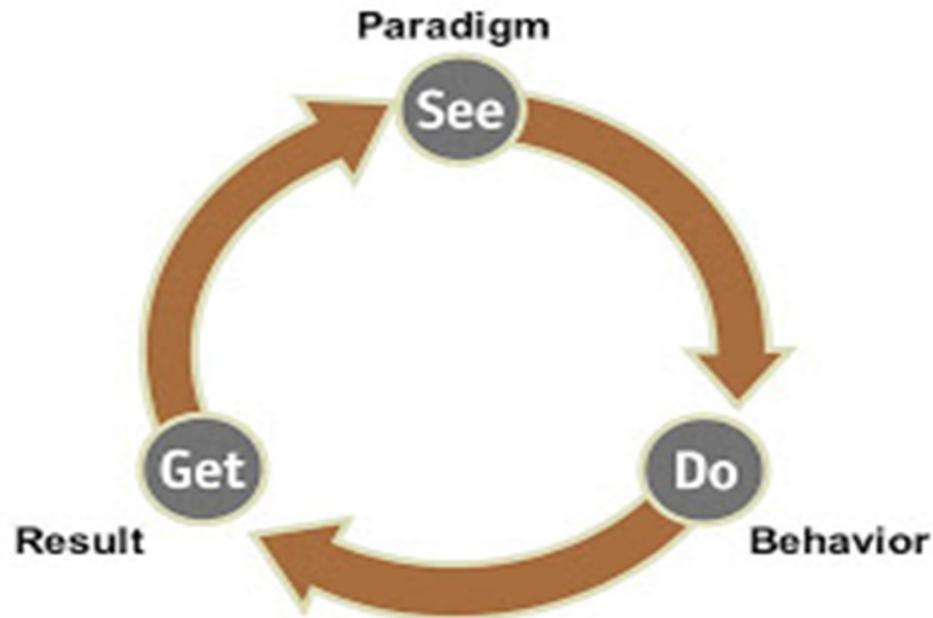
Incompatible with other treatment models

Tacit consent to use drugs

Anti-abstinence

“Anything goes” attitude

IMPORTANCE OF LANGUAGE



“Words are important. If you want to care for something, you call it a flower. If you want to kill something you call it a weed.”

Don Coyhus

ALTERNATE LANGUAGE ACTIVITY

“THE MAP IS NOT THE TERRITORY.”

For each statement below, develop 2-3 alternate statements that reflect the spirit of harm reduction.

- “Congratulations! You have 30 days clean!”
- “You’re sober, but not really in recovery.”
- “What’s more important, your kids or drugs?”
- “I want you to go to 90 meetings in 90 days.”
- “This is drug seeking behavior.”
- “He is a substance abuser and is schizophrenic.”
- “He has been noncompliant with his treatment plan.”

HARM REDUCTION AT CCMP

- Where are we at?
 - What interest, strengths, and prejudice do we bring?
- Where do we want to be?
 - Where in our work is Harm Reduction already?
 - Where could we improve our use of Harm Reduction?
 - Language in assessments, provider education, stage-based interventions
- How do we get there as a team?
 - Being open and honest with each other
 - Intentionality
 - Honoring the discomfort and continuum of our own change

CHECK-IN

- Mountains and Valleys
- Language refresher
 - Problematic words
 - “clean,” “substance abuser,” “Schizophrenic,” “noncompliant,” “drug seeker”
 - Alternatives to reduce stigma
 - “substance free,” “person with a substance use disorder,” “has a diagnosis/symptoms of schizophrenia,” “has difficulty engaging in treatment plan because...,” “concern-raising behaviors related to their under-treated pain”
 - Do---See---Get paradigm
 - The “Problem” = Attempted Solution

STAGES OF CHANGE

- People who change a maladaptive pattern of behavior progress through a series of distinct, internal stages:
 - Pre-contemplation
 - Contemplation
 - Preparation
 - Action
 - Maintenance

INITIAL STAGES

- Pre-Contemplation
 - The person does not recognize that there is a problem, so does not see a reason to change
 - Despite influence or recognition from supports
- Contemplation
 - The person begins to see a problem associated with the behavior and is considering change
 - Ambivalence is common and normal in change making



I should make a change



I am going to take steps to make a change

EXAMPLES

- Pre-Contemplation
 - “I need Norco because it lifts my spirits.”
 - “I don’t need to take my Lasix, I feel fine and they’ve already taken too much weight off of me.”
- Contemplation
 - “I know I need to stop drinking.”
 - “Why do the staff know me in the ER? Maybe I’m coming in too much.”
- Case examples?

INTERVENTIONS

- Engagement is key in these two stages
 - The ultimate goal is to develop a working alliance and capacity for open discussion
 - Relationship becomes basis for later changing behavior
 - Frequency of contact (L3 Initials)
- Acknowledge and validate past experiences and current concerns.
 - Avoid pushing hot-button issues directly
- Explore previous experiences with the identified problem: what is good, what is not so good, previous attempts to change.
 - How might change benefit me?

COMMON BARRIERS

- Lack of information
 - What is their explanatory model?
 - Settle other issues
 - Check-back to assess understanding and acceptance
- Low self-efficacy
 - Re-frame negative past experiences
 - Explore past efforts at change
 - Keep it strengths-based
- Contentment
 - Avoid judgement
 - Positives and negatives
 - Connect to current and future goals

NEXT STEPS

- Past efforts/examples
- Current case examples
- Pre-contemplation and Contemplation in documentation?
 - “Patient refused SAR/SNF placement”
 - “Patient is noncompliant with medication regimen”
 - “Patient is not interested in treatment/recovery”
 - “Patient is a high-utilizer”

PREPARATION

- Context
 - The “problem” was once a solution
 - What’s their “explanatory model”
 - Role of trauma
 - Corey Waller, MD
 - PTSD in children
- Cha cha cha changes
 - Initial decision, commitment, and planning
- Explore what change might look like
 - How will you know? What are the options?
- Regular contact and follow through

MOTIVATIONAL ENHANCEMENT

- Develop awareness of the problem, increase motivation to change
 - Intrinsic motivation
- Resist drive to control, empower instead
 - Building capacity for hope, insight, strength
- Strategies
 - Empathy for the dilemma, open-ended exploration
 - Point out discrepancies
- Examples
 - Education, skill bldg., groups, peer supports, MI, structure

MORE MOTIVATIONAL ENHANCEMENT!

- DON'Ts
 - Argue/Label
 - Be Judgey
 - Resist resistance
- MI vs. ME
 - Different-ish stages
 - Ambivalence as main barrier (MI)
 - More directive with change planning (ME)



SODAS

- Effective tool for engaging with someone in preparation
 - Experimentation and imagination
- S....situation
- O....options
- D....disadvantages
- A....advantages
- S....solution/steps

BE PREPARED!

- Potential barriers
 - Lack of information
 - Personal choice-ok with risks
 - Denial (unconscious)
 - Defiance (conscious)
 - Fears (success and failure)
- Interventions
 - What has/has not worked?
 - Identify triggers for the behavior and plan for them
 - Ok to provide menu
 - Set concrete steps, dates, contingency plans
 - Review and follow through!

KEY THINGS TO REMEMBER

- Honor the patient's decision
- Reinforce potential benefits of change
- Consider possible weaknesses/barriers for the plan
- Facilitate as a partner
- Value and develop self efficacy



