


*Harm reduction:
The impact on
clinical supervision*

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Disclosures

Besides being employed by Rogers Behavioral Health, the presenters have declared that they do not, nor do their family have, any financial relationship in any amount occurring in the last 12 months with a commercial interest whose products or services are discussed in the presentation. The presenters have declared that they do not have any relevant non-financial relationships.

Learning objectives

Upon completion of the instructional program, you should be able to:

1. Examine the impact of harm reduction on professional responsibility
2. Identify the influence of countertransference and differing philosophies contribute to compassion fatigue of both the counselor and the supervisor
3. Critically evaluate how motivational interviewing may help balance competing needs

Menti poll

- How many of you do the following?
 - Use a seatbelt?
 - Wore a mask?
 - Wear a helmet?
 - Wear sunscreen?

Overview of harm reduction

Wisconsin Chapter DHS 75.03 (48)

"Knowledgeable in addiction treatment" means a clinical staff who possesses post secondary coursework, continuing education coursework, or supervised professional experience to establish their training and competence in all of the following domains:

- a) Understanding addiction
- b) Knowledge of addiction treatment and interventions
- c) Considerations for special populations in substance use treatment
- d) Assessment of substance use disorders
- e) Pharmacology for addiction treatment
- f) Assessing and responding to safety risks related to substance use and employing harm-reduction strategies in addiction treatment**

2022 National Drug Control Strategy

The strategy has two critical drivers:

1. Drug trafficking
2. Addressing untreated addiction

This is the first-time harm reduction has been part of the national strategy

It directs federal agencies to:

- Expand high-impact harm reduction interventions
- Ensure those at highest risk of an overdose can access evidence-based treatment
- Improve data systems and research that guide drug policy development

(<https://www.whitehouse.gov/fbi/finding-a-mistake-in-the-case-of/2022/04/21/factsheet-when-to-use-release-2022-national-drug-control-strategy-at-outbreak-prevention-path-forward-to-address-addiction-and-overdose-epidemic/>)

According to SAMHSA:



Harm reduction is an approach that emphasizes engaging directly with people who use drugs to prevent overdose and infectious disease transmission, improve the physical, mental, and social wellbeing of those served, and offer low-threshold options for accessing substance use disorder treatment and other health care services.



<https://www.samhsa.gov/findhelp/harm-reduction>

Principles of harm reduction

- Practical strategies aimed at reducing the negative impact of substance use
- A social justice movement built on the premise of belief in and respect for the rights of people who use substances
- Understands drug use as a complex multifaceted situation
- Acknowledges that there are certain ways to use substances that are safer than others
 - Drinking and driving
 - Injection vs sniffing

Harm reduction is NOT.....

- Teaching people how to use drugs
- Ignoring addiction and standards of care
- Supporting the idea of continued self-harm

Harm reduction is not unethical – in fact, it may be the direct opposite!

Why use harm reduction?

- Improves quality of individual as well as the community life by reducing HIV, Hepatitis C, Overdose
- Ensures that individuals must play a role in the creation of programs designed to serve them.
 - Users were the originators of syringe exchange, naloxone distribution, and the first methadone program
- Affirms that substance users are the primary agents of reducing the harms of their use (Enos, G. Alcoholism & Drug Abuse Weekly, 4/17/2023).
- Recognizes the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination, and other social inequalities effect people's vulnerability and capacity for effectively dealing with the harms of drug use
- Supportive (rather than punitive) policies improve engagement and retention in OUD treatment (Grant S; Smart R; Gordon AJ; Pacula RL; Stein BD, 2023, Journal of addiction medicine).

Impact on professional responsibility and clinical supervision

A thought....Some empathy



What would be some thoughts, feelings and behavior you may have if when you walked into the conference this morning – there was no coffee allowed. And anyone who had coffee would not be allowed to enter?

Most patients are worse, miserable and unhappy during the initial stages of treatment.

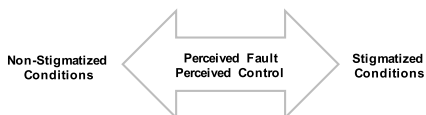
Why discuss harm reduction in supervision?

Let's go back to the numbers...

- Close to 200 people are dying from overdoses each day (NIDA, 2022)
- According to the ONDCP(2022), for every fatal overdose there are 38.1 non-fatal overdoses
- Recent study shows that individuals who survive an overdose are 18 times more likely to commit suicide within one year and 100 times more likely to succumb to overdose (NIDA, 2020).

So, with all of these astounding numbers, why do only 10% of individuals seek treatment?

Stigma... It still exists!



As perceived fault and perceived control decrease, the patient feels less stigma
As perceived fault and perceived control increase, the patient feels more stigma

©SAMHSA, 2017)

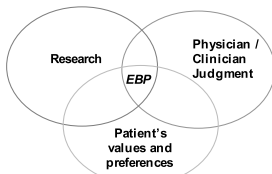
What is missing from the following?

- SAMHSA (2011) – process of change where individuals improve health and wellness, live self-directed lives and strive to reach full potential
- US Surgeon General Report (2020) – Provide personalized care with many pathways to recovery
- ASAM definition (2019) – Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences.

Evidence-based practice

Recovery

*"The process of sustained action that addresses the biological, psychological, social and spiritual disturbances inherent in addiction."
"The process of improved physical, psychological, and social well-being and health after having suffered from a substance use disorder."*



Evidenced-Based Practices (EBP)
Evidence-based practices and medicine are comprised of scientific research, physician's clinical judgement, and the patient's values and preferences.

(ASAM, 2013; Recovery Research Institute, 2018)

Ethical Principles and Harm Reduction

Consider your own code of ethics and how it relates:

- Beneficence: To help others
- Nonmaleficence: "do no harm"
- Autonomy: To allow each person the freedom to choose their own destiny - Consistent with the value of self-determination and meeting the client where they are at
- Remain informed regarding best practice for working with diverse populations
- Learn and utilize new procedures relevant to the clients served
- Engage in continuing education and professional development opportunities to maintain and enhance knowledge of research based scientific developments

Motivational interviewing – how can it help?

Motivational interviewing: Spirit

- A "way of being" with clients, not a set of techniques
- Guides every therapist action and communication, verbal and nonverbal
- Frames the client as the expert
 - Therapist does not simply supply answers
 - Client already possesses all they need to resolve ambivalence and accomplish change
 - Therapist's role is to collaborate with client in this process

(Miller & Rollnick, 1991)

Motivational interviewing: Principles

• Express empathy	• Open-ended questions
• Develop discrepancy	• Affirming statements
• Roll with resistance/avoid argumentation	• Reflections
• Support self-efficacy	• Summarizing

Therapeutic session principles

Directing the session

- Teaching
- Educating

Following the session

- Listening
- Going along

Guiding the session

- Encouraging
- Motivating

- Which session do you want as a patient?

- Which session do you want as a clinician?

- Which session do we tend to fall into?

Moving from “Why” to “What”

Have you ever asked:

“Why don’t they want to change?”

“Can’t they see they are hurting themselves, their family...?”

“Don’t they know they will overdose from fentanyl?”

What if we asked instead:

“What do you want to change?”

Then ask yourself:

“Am I okay with whatever the answer is?”

Harm reduction as compassion vs enabling

- Enables honest conversations
- Enables linkage to ongoing care
- Enables them to be disease free
- Enables them to live

Hartman, 2019

Harm reduction educational strategies to consider in clinical supervision

Think of other chronic medical illnesses – would you ever expect a person with:

- Diabetes to never have elevated blood sugar?
- Hypertension to never have an elevated blood pressure?

Tips to consider:

- Engagement and attraction to recovery vs “not ready”
- Abstinence-oriented vs abstinence-mandated
- Decrease stigma, discrimination and moral judgement
- Examine our own bias and attitudes

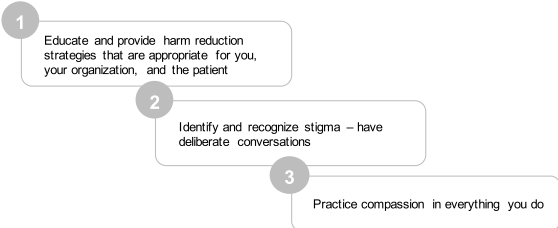
(David Mee Lee, 2020)

Some practical applications....

Role modeling

- What are the norms of your supervision?
- Seek permission to challenge the stigma, bias, etc.
- Feeling of liberation when we are not fully responsible for the session
- Hold deliberate discussions

Three key take-aways...



What would you do if a colleague or maybe even yourself said this?

- I was trained in the medical model of treatment...
- Aren't we just allowing people to continue using...
- Patients are triggering other patients in group...



Last thoughts...

Harm reduction saves lives.

You save lives!



Thank you



We'll use any remaining time for questions and answers...

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