HIV/AIDS Mental Health
Training Resource Center

Harm Reduction Psychotherapy: Working to Reduce HIV Risk among Persons Who Actively Use Substances

Patt Denning, PhD, Director of Clinical Services and Training
The Center for Harm Reduction Therapy, Oakland, CA.

Substance Abuse and Mental Health Services Administration
SAMHSA

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

HIV/AIDS & Mental Health Training Resource Center

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www.edc.org

American Psychological Association www.apa.org
American Psychiatric Association www.psychiatry.org
National Association for Social Workers www.socialworkers.org

Goal

Expand the knowledge and capacity of mental health care providers, particularly social work, psychology, psychiatry, and other direct care providers, to address the mental health and psychosocial needs of consumers impacted and affected by HIV.

Patt Denning, PhD

Director of Clinical Services
and Training

The Center for Harm Reduction
Therapy, Oakland, CA.

Who's Here?

- Which term best describes your professional role?
- How would you rate your familiarity with harm reduction?

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Webinar Goal

Goal

Increase participants' skills and willingness to use harm reduction therapy to reduce HIV transmission when working with persons who use substances.

Learning Objectives

At the end of this webinar, participants will be able to:

1. Understand the goals of harm reduction therapy as they relate to HIV prevention
2. Describe how substance use and poor mental health can play a role in a client's risk for HIV diagnosis
3. Apply the basic principles and tools of harm reduction therapy based skills to a substance abuse case study.
4. Identify federal and community resources to support the implementation of harm reduction

Brainstorm

- What are some examples of harm reduction?

What is Harm Reduction?

- A philosophy of care
  - Accept that there is no one solution for every client
  - Utilize client-centered therapy to identify opportunities to minimize the damage caused by the behavior

- A set of public health interventions
  - Needle exchange
  - Methadone maintenance
  - Safe injection sites and syringe exchange programs
  - Moderation management for alcohol
  - Nicotine alternatives to tobacco
  - Condom distribution programs
  - “Wet shelters” where chronic problem drinkers are allowed to drink

What is Harm Reduction?

Harm Reduction is a set of practical strategies aimed at reducing negative consequences associated with alcohol and other drug use, without the requirement of abstinence from, or reduction in substance use.

Allows individuals to become more conscious of the risks of their behavior *and* provide them with the tools and resources with which they can reduce harm to themselves and others.

Harm Reduction Care Principals

- Therapist (provider) …
  - Takes a holistic, client centered approach
  - Accepts the client's decision to engage in risky behaviors
  - Views incremental change as normal
  - Sees *any positive change* as significant
  - Avoids punitive sanctions for what the client chooses to do/not do with his/her body or put/not put in his/her body
  - Views the client's behavior from the client's perspective
- Client …
  - Takes responsibility for his/her choices and behavior
  - Sets his/her own goals in collaboration with the service provider
- Quality of life and well-being are the measures of success

Harm Reduction Principle

Substance *use* occurs
on a continuum
from benign to chaotic.

Harm Reduction Principle

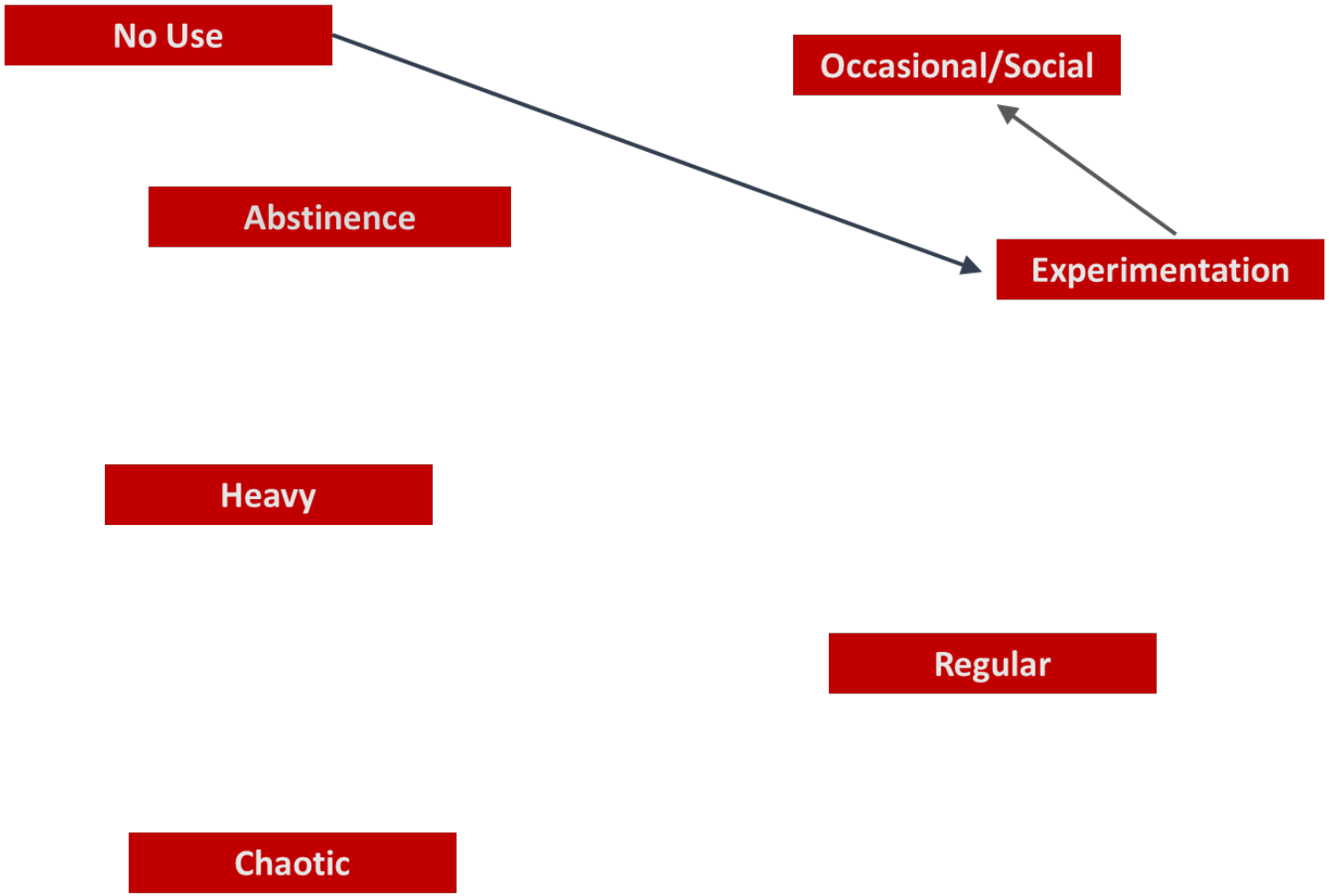
- Substances are often used for adaptive reasons
  - People with physical, mental or emotional illness may find significant relief.
  - Depending on one's reasons - drugs may be seen as preferable to one's experience without them.
  - People who use substances have a complex biopsychosocial relationship with drugs.

Denning, P. (2011). *Practicing harm reduction psychotherapy: An alternative approach to addictions*. New York: Guilford Press. Second Edition

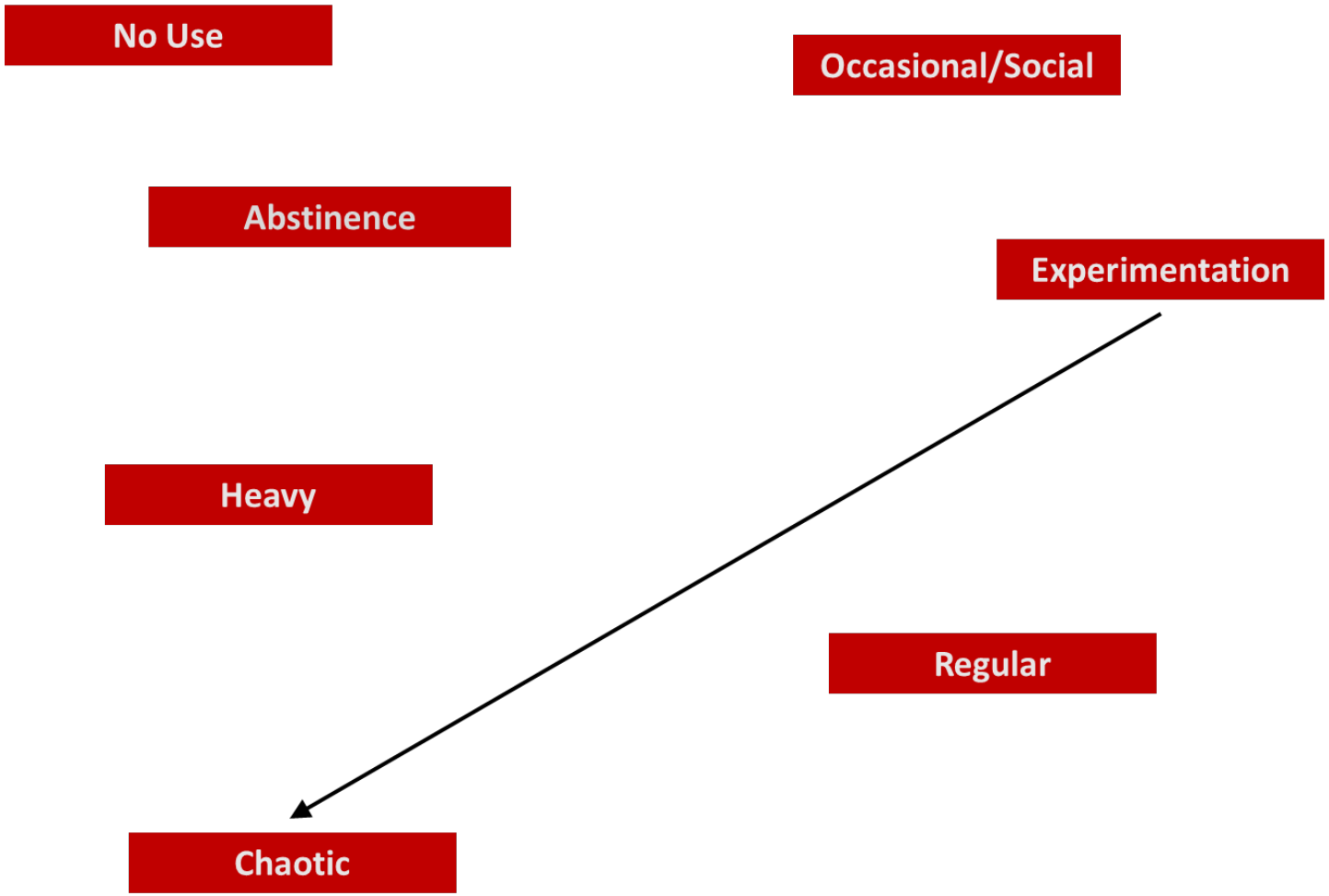
What do we know about substance use?

- All psychoactive drugs mimic, stimulate, or suppress the action of our neurotransmitters.
- Psychoactive drugs may:
  - Reduce pain
  - Enhance pleasure
  - Alter consciousness

A Continuum of Substance Use



A Continuum of Substance Use



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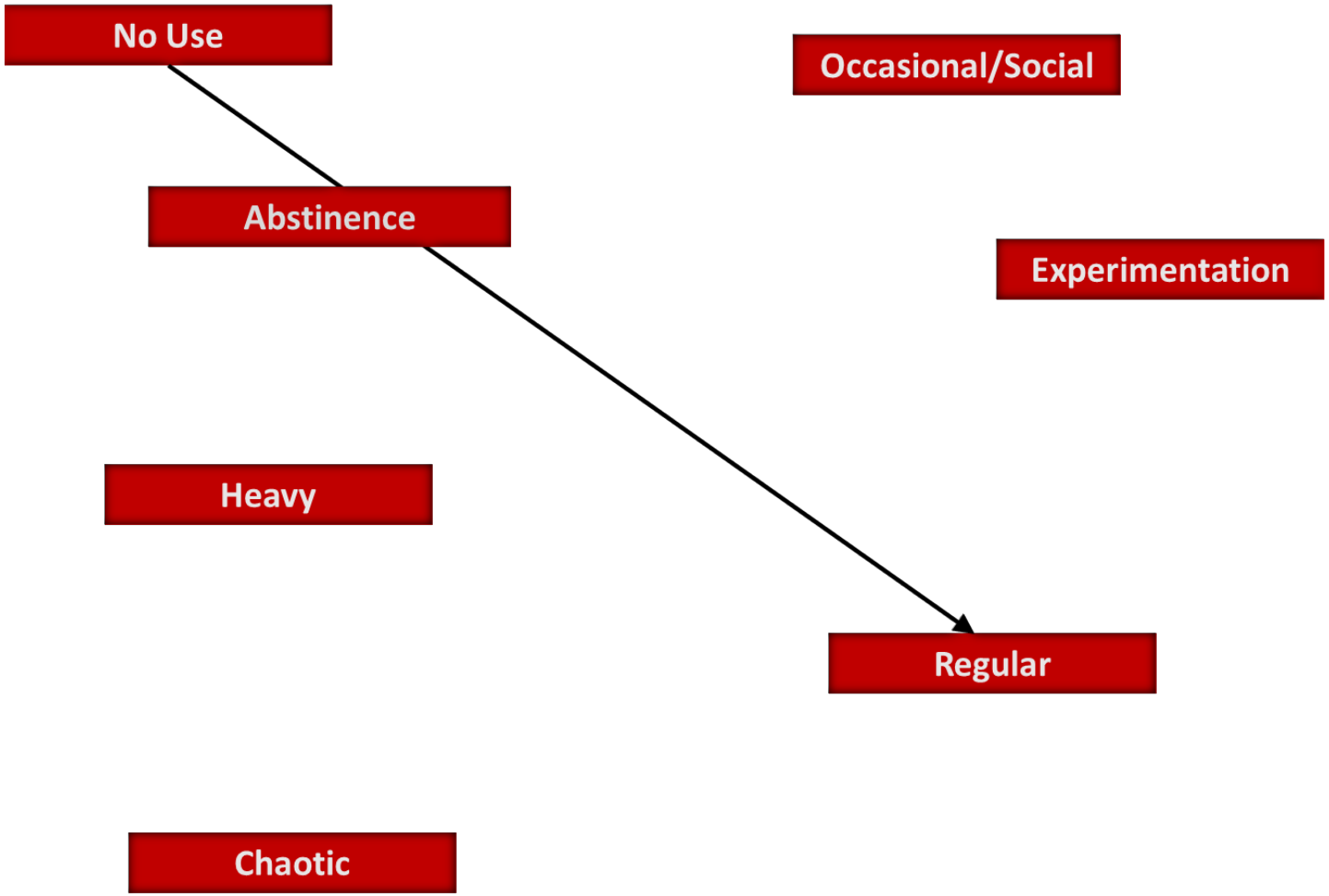

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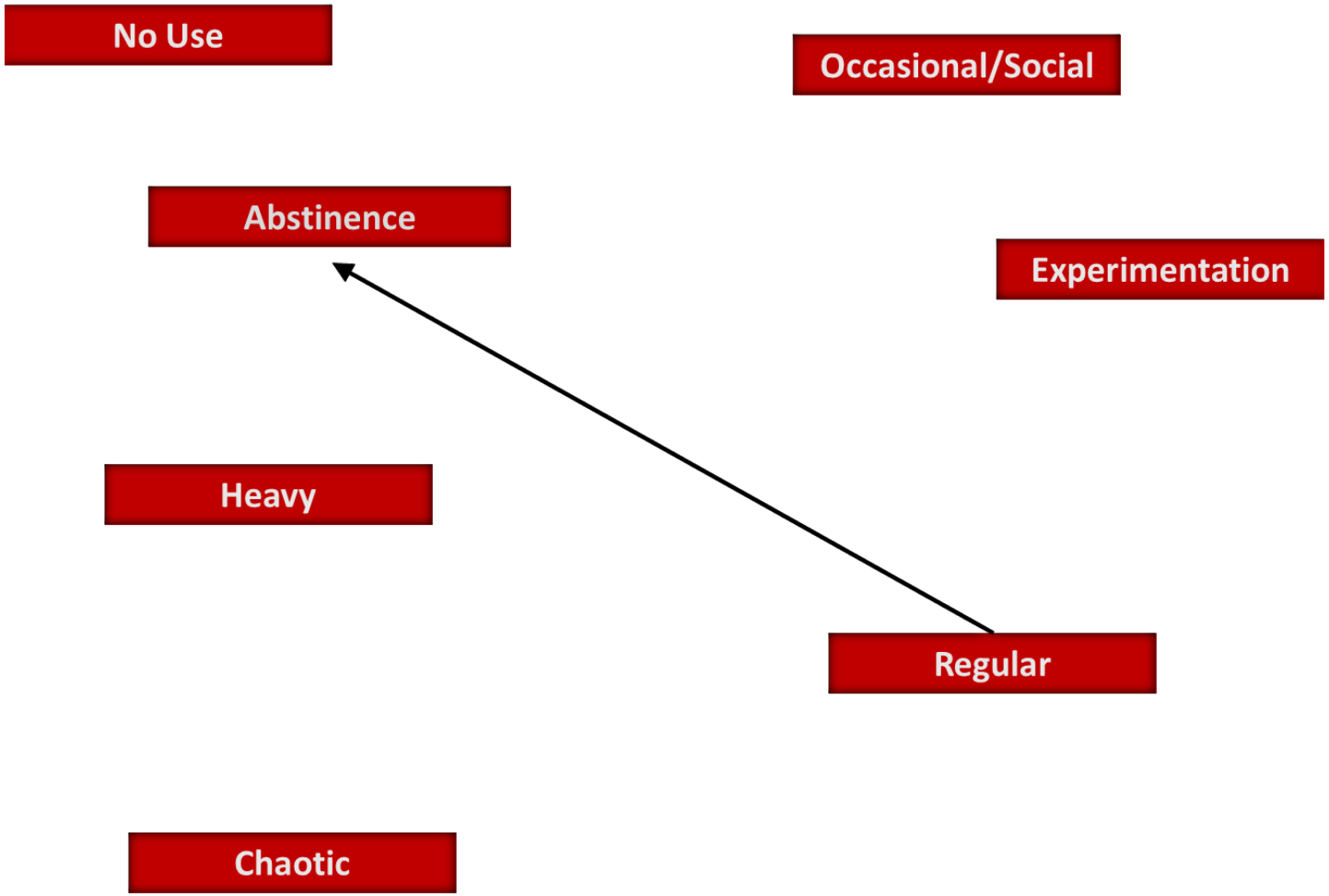

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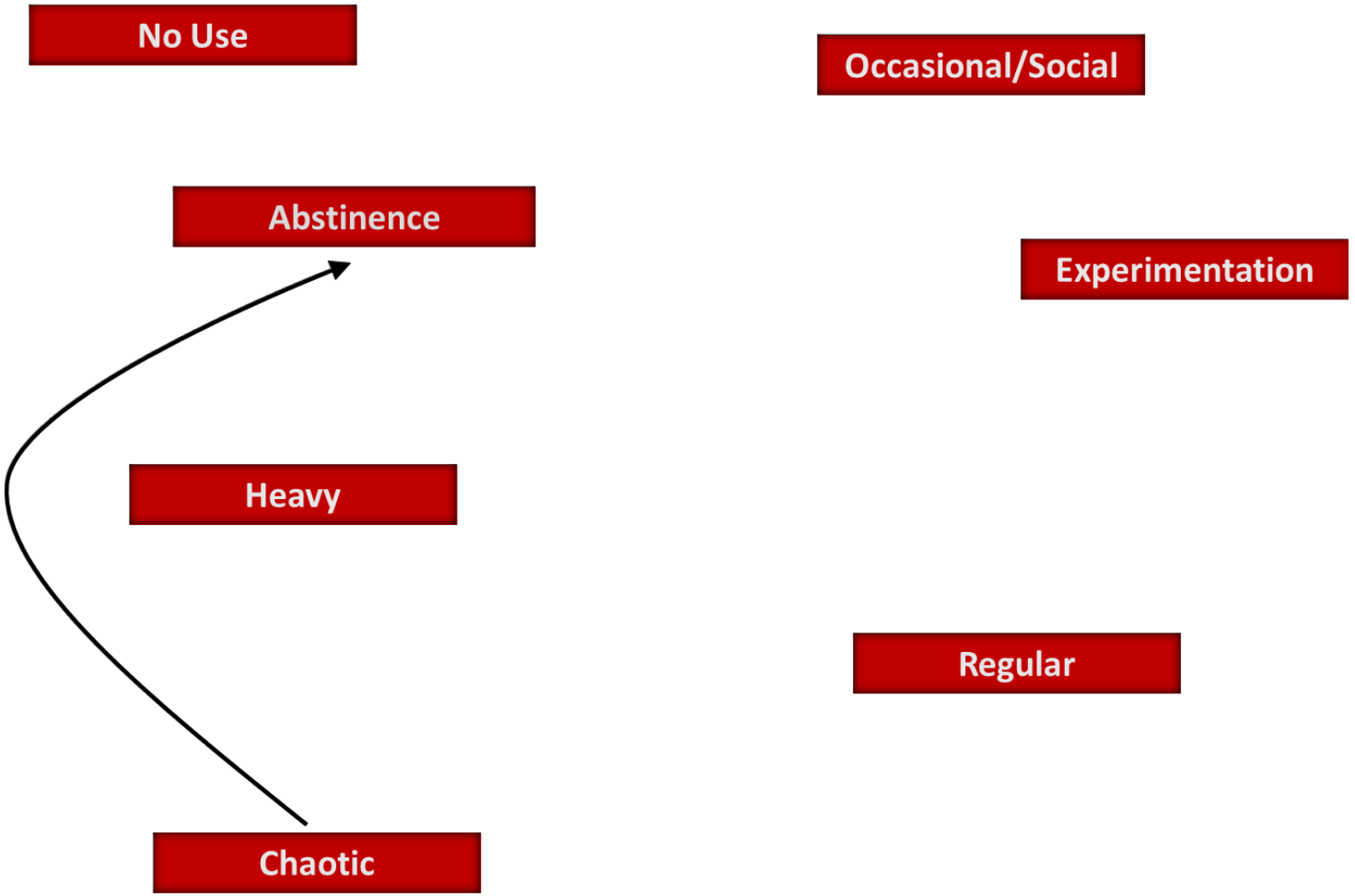

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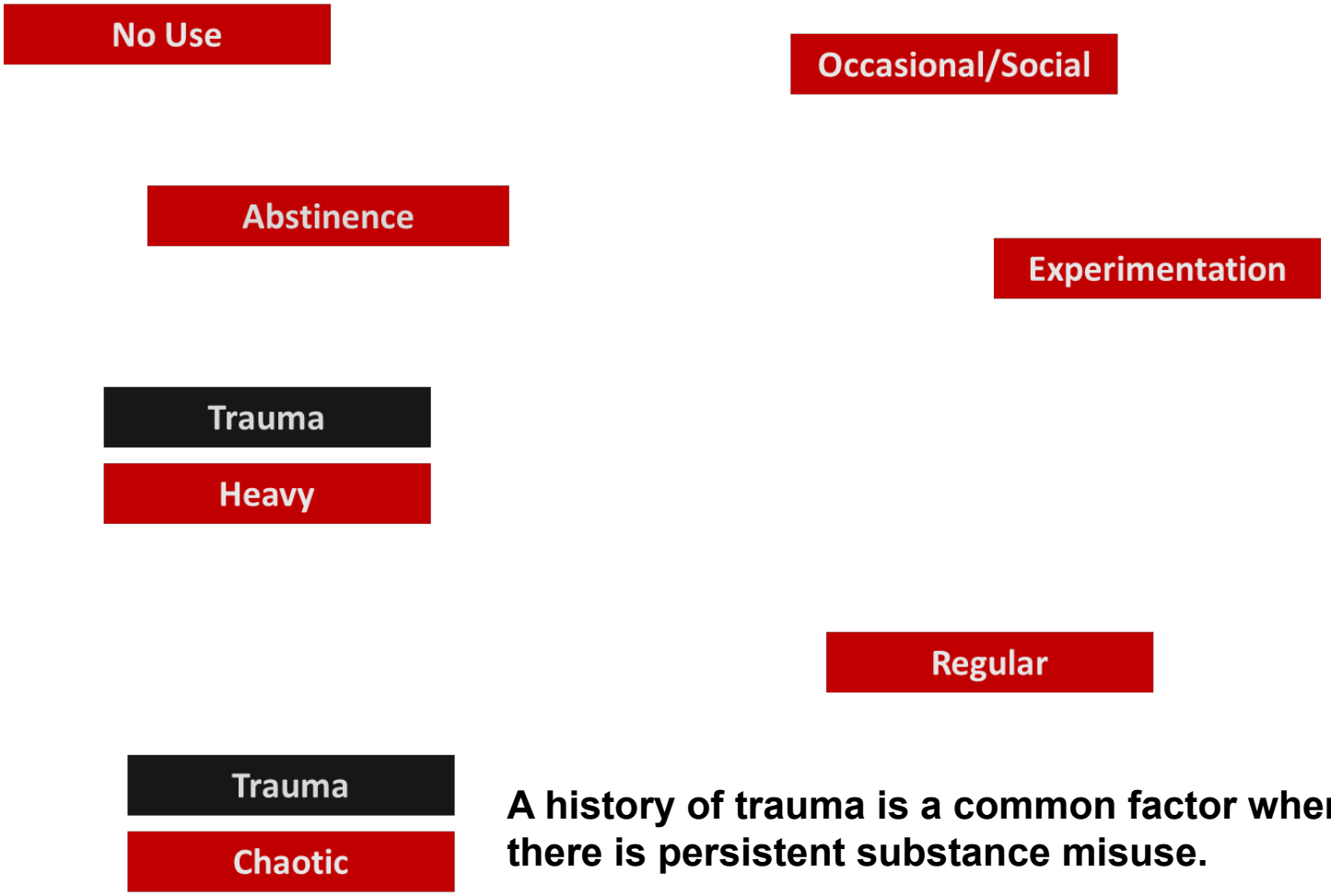


A history of trauma is a common factor where there is persistent substance misuse.

Substance Use and Sex – Abstinence

- Abstinence can be great if it works—but it frequently doesn't.
- How are we going to serve those who are very committed to their sexual behavior and their substance use?
- How are we going to serve those who keep experiencing relapse?
- How are we going to serve those for whom abstinence hasn't worked?

HIV, Mental Health, and Substance Use

- Bing et al. (2001): In a nationally representative sample of 2864 adults receiving care for HIV
  - 47.9% screened positive for psychiatric disorder
  - 12.5% screened positive for drug dependence
- Parhami et al. (2013): In a large Southern California HIV clinic (7,834 patients):
  - 53% diagnosed with a psychiatric disorder
  - 19% diagnosed with a substance-related disorder

Bing, E. G., Burnam, A., Longshore, D., Fleishman, J. A., Sherbourne, C. D., … Shapiro, M. (2001). Psychiatric disorders and drug use among human immunodeficiency virus-infected adults in the United States. *Archives of General Psychiatry, 58,* 721 – 728.

Parhami, I., Fong, T. W., Siani, A., Carlotti, C., & Khanlou, J. (2013). Documentation of psychiatric disorders and related factors in a large sample population of HIV-positive patients in California. *AIDS & Behavior, 17,* 2792 – 2801.

Substance Use, Trauma, and HIV

The CDC-Kaiser Permanente Adverse Childhood Experiences (ACE) Study examined childhood abuse and neglect, and later-life health and well-being. Study participants reported:

- Alcoholism and alcohol abuse
- Depression
- Illicit drug use
- Risk for intimate partner violence
- Multiple sexual partners
- Sexually transmitted diseases
- Suicide attempts
- Unintended pregnancies
- Early initiation of sexual activity
- Adolescent pregnancy
- Risk for sexual violence

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., . . . Marks, J. S. (1998). Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults. *American Journal of Preventive Medicine, 14*(4), 245-258. doi:10.1016/s0749-3797(98)00017-8

Trauma

- Definition of Trauma:
  - "Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being." (SAMHSA)
- Experience of trauma can:
  - introduce self-doubt, shame, guilt, and depression
  - impair the part of the brain responsible for executive function, i.e., judgment and decision-making
  - increase the likelihood of substance use by up to 90%

Cook, A., Spinazzola, J., Ford, J., Lanktree, C., Blaustein, M., Cloitre, M., … van der Kolk, B. (2005). Complex trauma in children and adolescents. *Psychiatric Annals, 35,* 390 – 398.

Courtois, C. A. (2008). Complex trauma, complex reactions: Assessment and Treatment. *Psychological Trauma, Theory, Research, Practice, and Policy, 8*, 86 – 100..

Substance Abuse and Mental Health Services Administration. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

Trauma Informed Care

What we *don't* do is as important as what we *do*.

WHAT TO AVOID

- Re-traumatization
- Shaming people for behaviors that are symptoms of trauma
- Assuming that substance use and other seemingly problematic behaviors are maladaptive

Of course…

Start where the client is, but the ***hardest*** part is staying there and staying there and staying there some more….

How the heck do we do it?

Harm Reduction Therapy

- Harm Reduction is collaborative, not program-driven
  - Motivation comes from a relationship
- Start where the client is and treat those who use with respect
  - People make their own choices, including “bad” ones.
- Clients and the treatment providers work together to identify problems and to plan solutions
  - *Drug, Set, Setting* and the *Stage Model of Change* help to establish each client’s **Hierarchy of Needs** (treatment goals).
- Self-Determination Theory
  - Internally-driven, not externally-driven goals are most highly correlated with motivation.

Outcomes Vary

- No counselor or program can say what each client's success will look like.
  - Abstinence is one of the many harm reduction goals
  - Moderation can be achieved by some who formerly abused substances
  - Medication Assisted Treatment (MAT) (e.g., buprenorphine, etc.) can also be part of an effective plan http://www.samhsa.gov/medication-assisted-treatment

Stages of Change

The six stages of the model are:

- Precontemplation
- Contemplation
- Determination
- Action
- Maintenance
- Termination

(Prochaska, DiClemente, Norcross, 1992)

What Can Providers Do at Each Stage of Change?

Precontemplation

Contemplation

Preparation

Action

Maintenance

Termination

Stages of Change

Providers can:

- Join with the resistance (don't go against it) and provide safety information in precontemplation stage.
- Validate, respect and help patients explore ambivalence and manage their use in contemplation stage.
- Help clients develop a realistic change plan that is acceptable, accessible, and effective ("right-sized steps") in preparation stage. Remember to say "yes, but" and "what if this doesn't work?"
- Explore "how is this working?" and assist with revising change plan as needed in action stage.
- Reinforce behavior change and focus on a new problem behavior in maintenance stage.
- Help patients realize that relapse is common and not to be viewed as a failure.

Self Determination Theory

People develop intrinsic motivation to change with:

- Relationship
- Autonomy
- Competence (self-efficacy)

Engagement

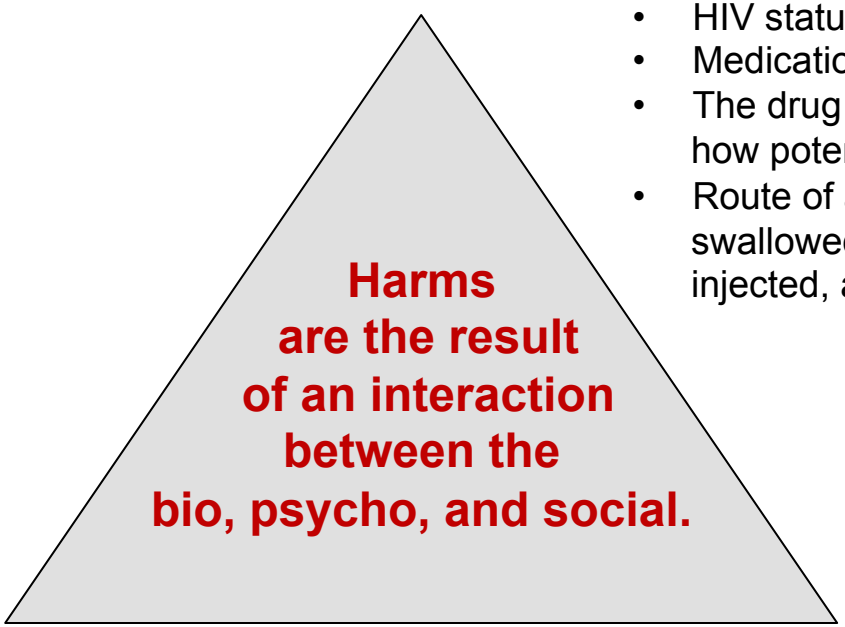
Honor Self-determination

Build Relationship

Stay Client-centered

Bio-psycho-social Assessment

BIO: HEALTH or DRUG Use



- HIV status
- Medications
- The drug itself: what it does and how potent it is
- Route of administration: swallowed, smoked, snorted, injected, absorbed

PSYCHO: SET (person)

- Person's unique physiology
- Health
- Mental or emotional state
- Cultural identity, culture of origin, sense of belonging
- Expectation and motivation

SOCIAL: SETTING

- With whom and where someone uses, lives, has sex
- Legal or illegal?
- The social and cultural context
- Stresses and supports

Adapted from Zinberg's Model of Drug, Set, and Setting

Decisional Balance Worksheet

Things I like about …	Things I don't like about …
Difficult things about changing my behaviors or views	**Good things about changing my behaviors or views**

Decisional Balance Worksheet: Your Turn

Things I like about being a couch potato	Things I don't like about being a couch potato
Difficult things about changing my behaviors or views	**Good things about changing my behaviors or views**

Case Study: Sean

Sean is a 35 year old white gay male who has a history of depression. He dropped out of college due to depression and using multiple drugs, including injection drug use (IDU). Sean is HIV+ and diabetic. Sean is not adherent to any medications.

He shares that he frequently party and plays (PNP) wherein he uses drugs and participates in sex with one or more men. Most of his sexual relationships are developed from using smartphone applications, including Scruff and Grindr.

Sean is employed but has an unstable work history. He currently lives with roommates and frequently is late with rent. Sean is not close to family members but has recently learned that his mother has a stage four cancer.

Your Turn: Assess Sean's using drug use and HIV risk

BIO: HEALTH or DRUG Use

PSYCHO: SET (person)

SOCIAL: SETTING

Stage of Change for Sean

What stage of change is Sean in for each of these desired changes?

Your Turn: Decisional Balance Worksheet for Sean

Things I like about Party and Play (PNP)	Things I don't like about PNP
Difficult things about changing my behaviors or views	**Good things about changing my behaviors or views**

Reflection

First

- Think of your most recent successful client.
- Which of the principles or practices that we discussed today have you used with this client?
- How did those principles or practices contribute to his or her success?

Second

- Think of your most challenging client.
- Which of the principles or practices that we discussed today might help you make some movement in their therapy?

And remember to have…

FUN

"Fun and spontaneity are the antidotes to compulsivity and impulsivity"

- Eugene Goldwater

Questions?

Training Institute & Upcoming Webinars

Visit the Center's Training Institute for educational materials including:

- Online courses & resources
- Recording & materials from this webinar

Next Webinar:

August 16, 2016, 1:00–2:30 PM EDT

Register at: https://hivmentalhealth.edc.org/webinars

Thank you!

PLEASE COMPLETE THE SURVEY

http://fluidsurveys.com/s/harmreductionpff

The HIV/AIDS and Mental Health Training Resource Center, is a partnership between:

- Education Development Center, Inc.
- National Association of Social Workers
- American Psychiatric Association
- American Psychological Association

The Center offers virtual training resources, along with in-person training opportunities to psychologists, psychiatrists, social workers, and allied mental health professionals through the Center under the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services, contract #HSS283201200024/HHSS28342001T.

The content, views and opinions expressed in this presentation

do not necessarily reflect those of SAMHSA or HHS.

For more information, visit HIVMentalHealth.edc.org

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