

Brief Interventions Everyone – *Not Just BH Staff or Clinicians!* – Can Use to Support SUD Recovery and Personal Wellness



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June 9, 2021

I DISCLAIMER

- This session was conducted for members of county-based teams in CA that are working to expand access to Medications for Addiction Treatment in jails and drug courts. The project is funded through California's Department of Health Care Services with State Opioid Response funding from SAMHSA. The content is being made available to all interested parties.
- Please note this content has not been professionally edited and the session was conducted using Zoom.



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CHAT

Take a moment in the chat box to let us know who you are and how you work with clients.

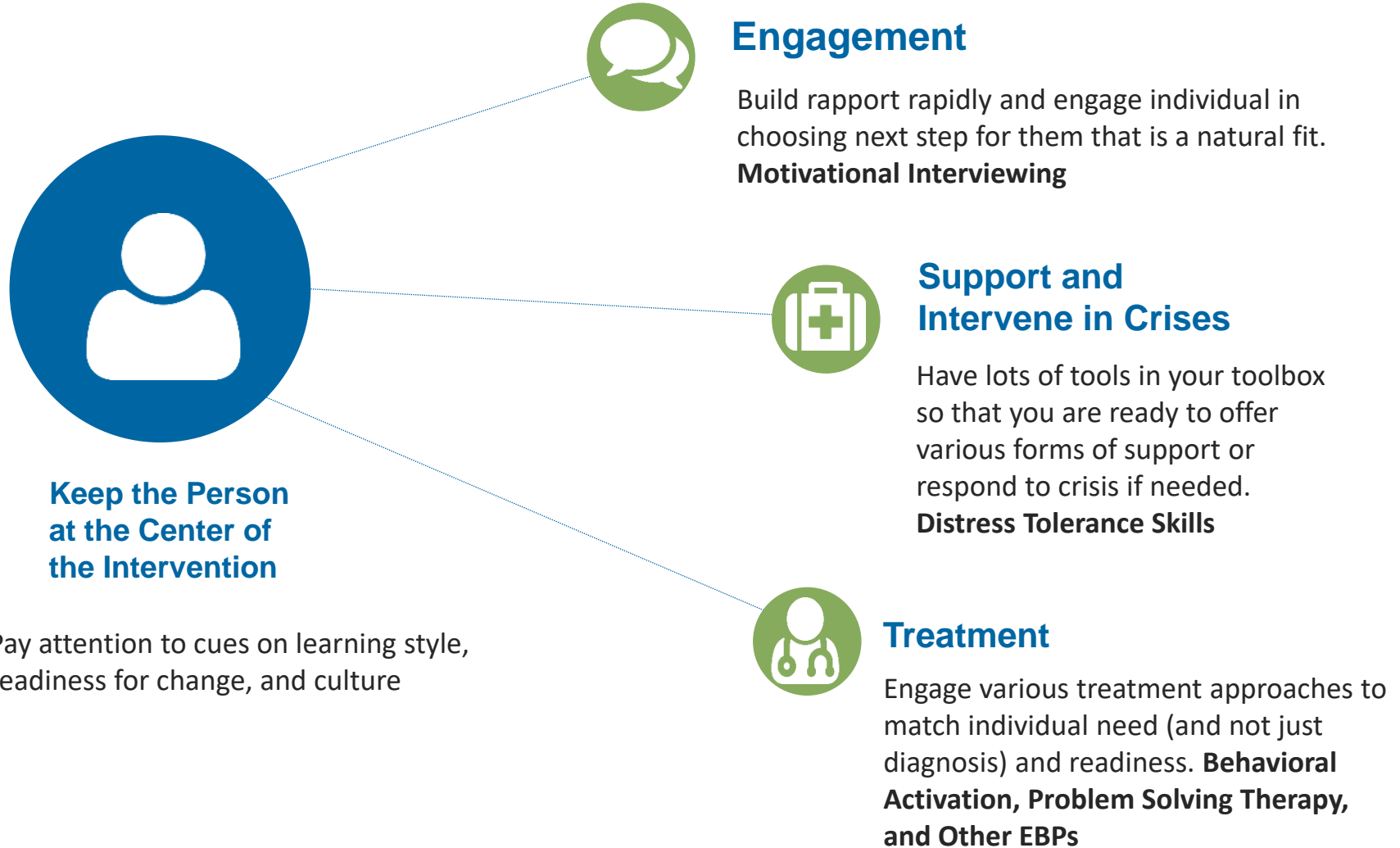


AGENDA



- Engagement and setting the stage for brief interventions
- Connecting the dots between thoughts and feelings
- Overview of some interventions and how to apply them in your correctional and post corrections settings
- Questions and answers

■ MATCH INTERVENTION TO THE PERSON'S PRESENTATION



START WITH ENGAGEMENT



- Engagement is not synonymous with compliance.
- Compliance means an individual obeys a directive from a healthcare provider.
- Engagement is a process of harmonizing robust information and professional advice with one's own needs, preferences, and abilities in order to prevent, manage, and cure disease.

ENGAGEMENT THROUGH PERSON-CENTEREDNESS

Engagement is meeting people where they are ...

- Be mindful of that person's individual life experience, culture, strengths, and goals.
- Listen
- “The Golden Rule” as guidance in engagement – How would we want our loved one to be treated?



ENGAGEMENT: STRENGTHS-BASED, RECOVERY-FOCUSED AND ONGOING



- + Engagement and person-centered care: *People are more than their problems.*
- + Questions/Approach:
 - What do you want your life to be?
 - What are your goals?
 - What are your strengths that will help you get there? how have you made it this far?
- + Recovery is a process
- + *Motivational Interviewing – ongoing and consistent*

BEING TRAUMA-INFORMED FOR EFFECTIVE ENGAGEMENT AND INTERVENTIONS

- *What happened to you?*
Instead of *“What’s wrong with you?”*
- (We tend to think: *Why do you keep making bad decisions???*)
- **Getting at “The Why” to Support Patient Change (*thoughts and feelings*)**
- Often, what patients “should do” is obvious to the provider or others trying to help.
- What is not so obvious is where they are on their journey toward change, and why they are not taking the next step; or why they keep “misstepping”.



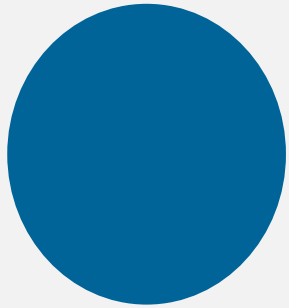
CHAT

What barriers do you experience in engaging clients in care?

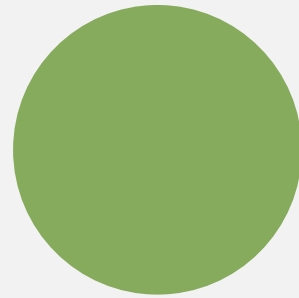


Brief Interventions Supporting SUD Recovery and Resilience

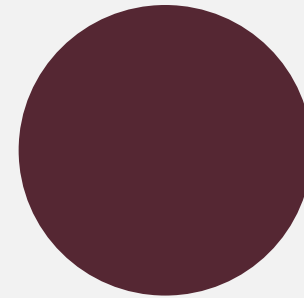
- *Drawn from*



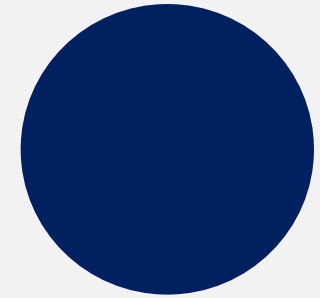
MOTIVATIONAL
INTERVIEWING/MOTIVATIONAL
ENHANCEMENT THERAPY



COGNITIVE
BEHAVIORAL
THERAPY



MINDFULNESS



DIALECTICAL
BEHAVIORAL
THERAPY

EVIDENCE-BASED BRIEF PSYCHOTHERAPEUTIC APPROACHES



Disorder	Evidence-Based Behavioral Approaches
Major Depression	Problem-Solving Treatment (PST) Behavioral Activation (BA) Cognitive Behavioral Therapy (CBT) Solution Focused Brief Therapy (SFBT) Mindfulness Based Practices
Anxiety Disorders	Modular Anxiety Treatment (CALM) Cognitive Behavioral Therapy (CBT) Mindfulness Based Practices
Substance Use Disorders	Harm Reduction Motivational Interviewing (MI) Mindfulness Based Practices

Mindfulness Based Practices and CBT have good evidence in justice involved populations

Outcomes of Psychological Therapies for Prisoners With Mental Health Problems: A Systematic Review and Meta-Analysis Isabel A. Yoon, Karen Slade, and Seena Fazel
 J Consult Clin Psychol. 2017 Aug; 85(8): 783–802. Published online 2017 Jun 1. doi: [10.1037/ccp000021](https://doi.org/10.1037/ccp000021)

Neuroplasticity: Therapeutic Interventions Can Change the Brain



- “Neurons that fire together wire together” – lay down new pathways
- The brain is the only organ shaped by experience and practice
- New patterns form
 - CBT can calm an overactive limbic system
 - Mindfulness and yoga can calm the central nervous system (CNS) and sharpen attention
- Different activations of pathways
 - Deactivating the stress pathway for a new balance
 - Fostering rewarding experiences
 - The placebo effect: Activating neurotransmitters with expectancies

Implementing Brief Interventions



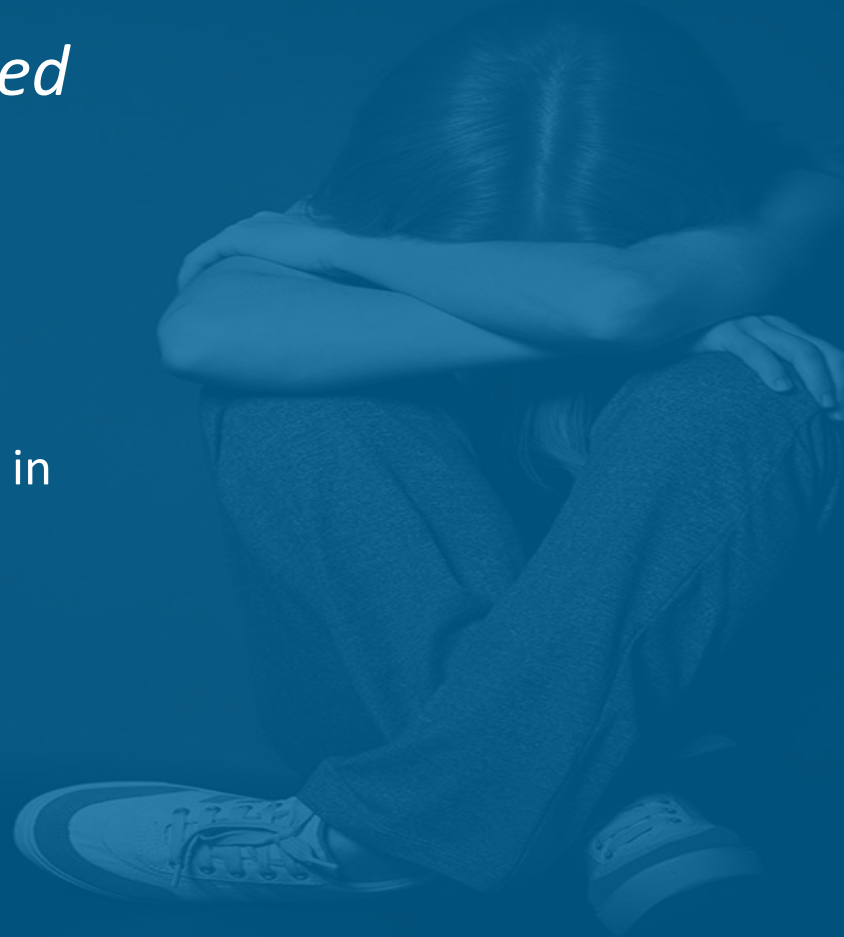
- Include a patient engagement component. Skipping right to treatment doesn't work
- Be time efficient, running no more than 20 minutes a visit
- Follow a structure-based approach. A modularized treatment with clear steps keeps the provider and patient on track despite the distractions in the setting
- Minimize required clinical training. The treatment should be able to be administered by non-specialists who work in or in partnership with a health care team
- Be relevant and applicable to the diverse patients within justice-involved populations

OVERARCHING APPROACH TO BRIEF INTERVENTIONS USING MOTIVATIONAL INTERVIEWING

“People are generally better persuaded by the reasons that they themselves discovered than by those which have come into the mind of others.”

17th Century French Polymath Blaise Pascal – in
Pensées

Motivational Interviewing as the
Foundational Approach



REMEMBER THE SPIRIT OF MOTIVATIONAL INTERVIEWING

Be Patient,
Stay Present
And Practice
Engaged
Listening:

DO (ACE)

Honor Autonomy: Allow the freedom not to change
“How ready are you to change?”

Collaborate

“What do you think you’ll do?”

Elicit Motivation

“What would you like to change about your drinking?”

AVOID

Making judgmental statements

“You really need to stop drinking”

Push for commitment

“If you delay getting sober, you could die.”

Dictate

“I would urge you to quit drinking.”

I MI: “DON’T’S”

It’s a short – but critical – list.

Don’t...

- + argue
- + lecture
- + pry
- + persuade
- + shame
- + **take too much ownership of the outcome – it’s about the process – this is a tough shift!**



RESIST THE RIGHTING REFLEX

- Ambivalence is normal and important
- Don't lecture
- Natural to resist persuasion "It's not that bad...I feel fine." "I know I should exercise, BUT..."
- Informing versus guiding:
 - Informing: "Your best option is to take these tablets."
 - Guiding: "Changing your diet would make sense medically, but how does that work for you?"



I LISTEN FOR CHANGE TALK

Desire to Change: “I wish” “I want” “I like the idea.”

Ability to Change: “I could probably take a walk every morning.” “I think I can come next week for group.” “I might be able to cut out soda at lunch.”

Reasons for Change: “I’m sure I’d feel better if I exercised.” “This anxiety keeps me from gardening, which I love.”

Need to Change: “I must get some sleep.” “I’ve got to get back to work.”



LISTEN FOR CHANGE TALK



Commitment to Change: “I will try getting out of bed when I first wake up.” “I promised my friend we would walk twice this week.” “I plan to try those exercises.”

Commitment at **Lower Level**: “I will think about what you said.” “I’ll consider taking anti-depressants.” “I hope I can learn to manage my anxiety.”

CHAT

What have been some outcomes of your using MI principals with clients?



Mind Your Thoughts

Thoughts influence feelings

- Angry thoughts produce angry feelings, anxious thoughts produce anxious feelings, hopeless thoughts produce feelings of hopelessness, and calming thoughts help us calm down



I MINDFULNESS

Mindfulness is the practice of:

- cultivating nonjudgmental awareness in day-to-day life.
- being fully aware of what is happening in the present moment, without filters or judgement.
- Teaching the brain to consciously accept the stressors experienced in day-to-day life and deal with them in a calm and positive way



I MINDFULNESS BASED PRACTICE

The goal of any mindfulness technique is to achieve a state of alert, focused relaxation. That's accomplished by **deliberately paying attention to emotions, thoughts, and sensations** (free of judgment) to enable the mind to refocus on the present moment. All mindfulness techniques are a form of meditation.

Mindfulness based therapies include mediation, yoga, Tai Chi, Body Scan, progressive muscle relaxation, breathing exercises, etc.



■ MINDFULNESS – REWIRE THE BRAIN



Why it supports recovery

- People with SUD tend toward actively avoiding the stress and anxiety that comes with daily life – good at “not being there”.
- Learning how to be present and to cope with reality as it actually is —not how it is perceived.
- Practice to learn how to be present
 - Thought Management - Present Moment/Discrimination
 - 5 Senses
 - Breathing Breaks
 - Meditation

■ MINDFULNESS – BREATHING BREAKS

- Focusing on the breath – can turn inward and control, versus focusing on – and reacting to – what’s going on outside ourselves that we cannot control.
- Supports recovery by helping with interrupting non-helpful thoughts.
- Take small "breathing breaks" throughout the day
- Identify specific touchpoints/reminders you can use ongoing.
 - at a stoplight or waiting in line, for example, or before you open your email or go to a meeting.



■ BREATHING – STRESS MANAGEMENT AND RELAXATION TRAINING

- Sit or stand in a comfortable position with your back straight and your feet flat on the floor. Pause for 5 seconds.
- Place one hand on your chest and one on your stomach if you want
- Slowly inhale through your nose, counting slowly to five
- Hold your breath, counting slowly to 4
- Slowly exhale through the mouth, counting slowly to six
- That's it! Repeat several times

<https://www.youtube.com/watch?v=UB3tSaiEbNY>



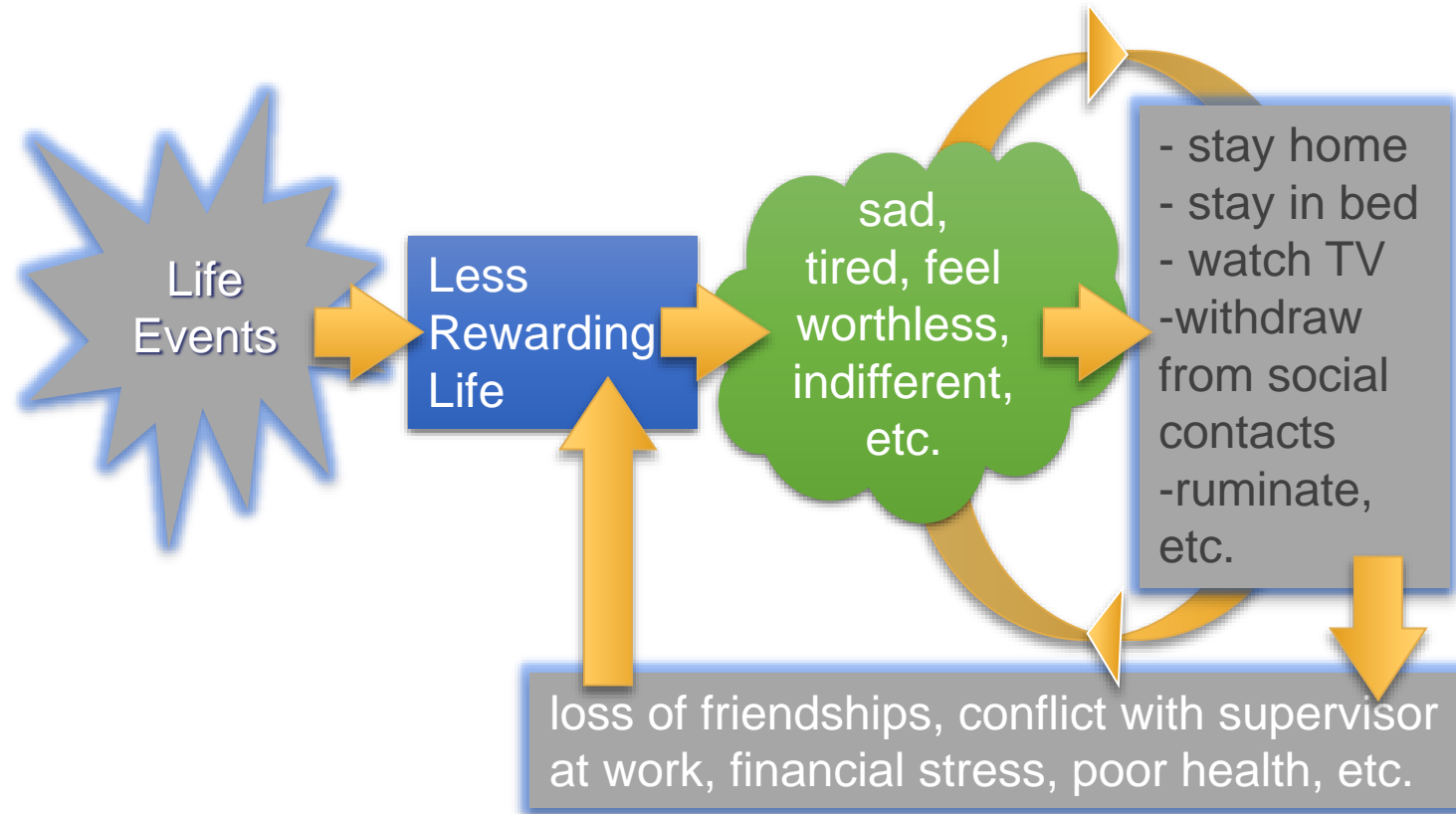
CHAT

What's your personal favorite mindfulness practice?

(Hint: I have the Headspace app on my phone)



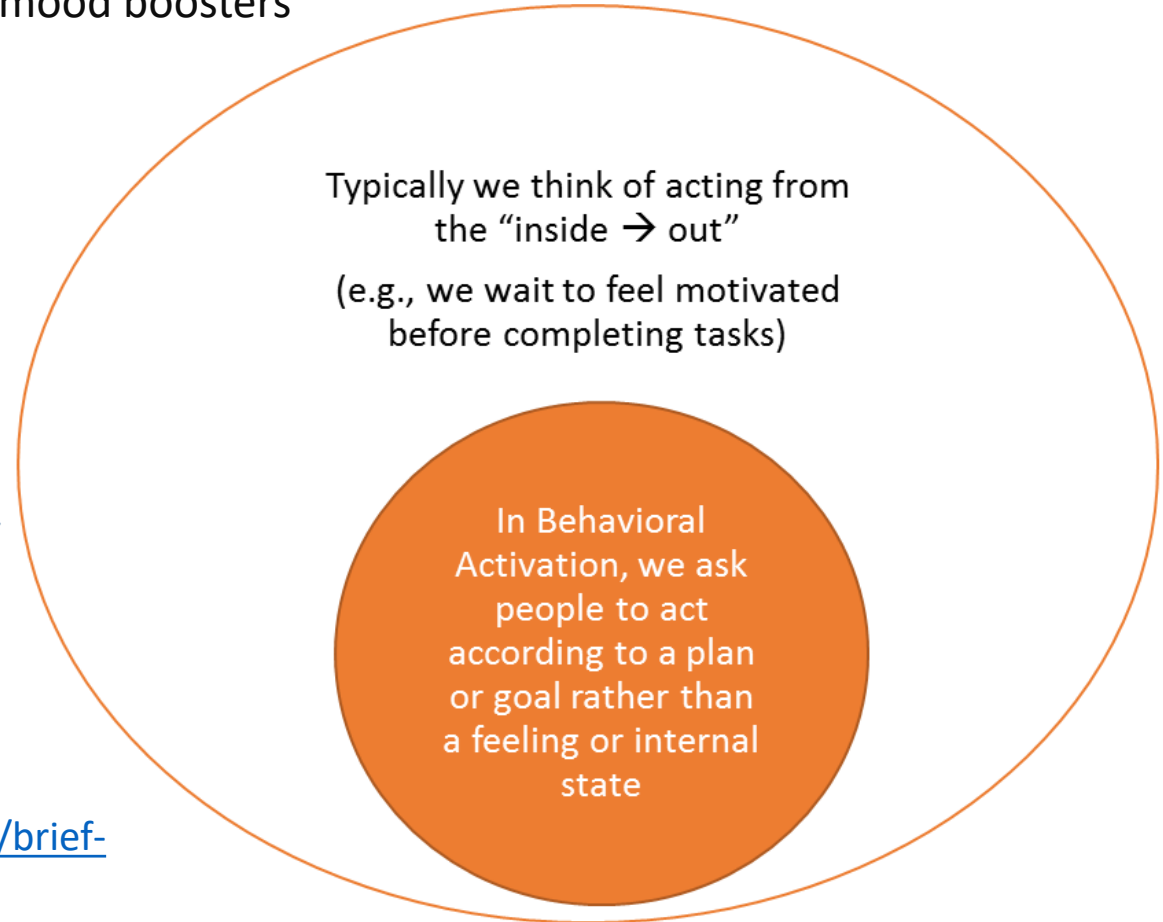
BEHAVIORAL ACTIVATION SKILL



SOURCE: Anna Ratzliff, MD

BRIEF PSYCHOTHERAPEUTIC INTERVENTIONS: BEHAVIORAL ACTIVATION

- + Behavioral Activation for depression
 - + Set goals – social/physical are typically best mood boosters
 - + Set follow-up to see if goal accomplished
 - + Establish next goal



[BA Youtube](https://mhttcnetwork.org/centers/northwest-mhttc/product/brief-behavioral-skills-behavioral-activation)

<https://mhttcnetwork.org/centers/northwest-mhttc/product/brief-behavioral-skills-behavioral-activation>

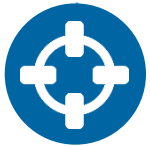
BEHAVIORAL ACTIVATION INTERVENTION



6 – 12 sessions



Create a list of activities the patient is not engaged in that can promote more mastery and stability – set a goal rather than waiting to feel better



Decrease activities that promote or maintain depression or anxiety; are triggers



Create a plan for activities moving from easiest to hardest; target avoidance that perpetuates behaviors and maintains depression and other symptoms



Maintain an action plan and include identification of obstacles, triggers and consequences

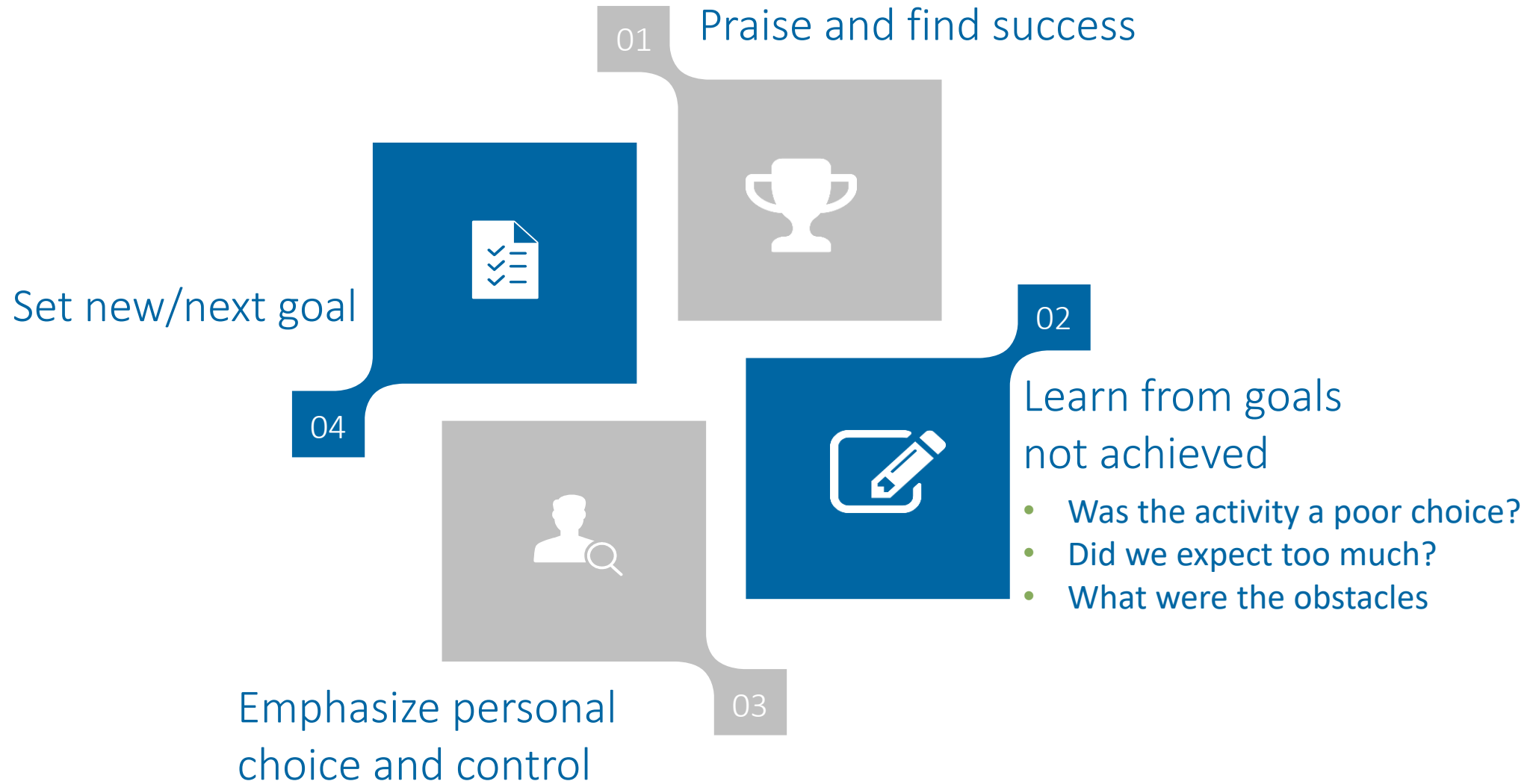
Bauer and Arean, Integrated Care: Creating Effective Teams, 2016

BEHAVIORAL ACTIVATION GRID

What is one thing you can do between now and the next week to help you feel better?

Activity	Completion Date	Notes
Ride my bike	By August 5 th	I might need to check the air in the tires first
Visit with my grandma	August 10 th (her birthday)	Buy a gift

FOLLOW UP ON BA GOALS



EXCERPT FROM “172 FUN ACTIVITIES CATALOG”

- + 1. Soaking in the bathtub
- + 2. Planning my career
- + 3. Collecting things (coins, shells, etc.)
- + 4. Going for a holiday
- + 5. Recycling old items
- + 6. Relaxing
- + 7. Going on a date
- + 8. Going to a movie
- + 9. Jogging, walking
- + 10. Listening to music
- + 11. Thinking I have done a full day's work
- + 12. Recalling past parties
- + 13. Buying household gadgets
- + 14. Lying in the sun
- + 15. Planning a career change
- + 16. Laughing
- + 17. Thinking about my past trips
- + 18. Listening to others
- + 19. Reading magazines or newspapers
- + 20. Spending an evening with good friends
- + 22. Planning a day's activities
- + 23. Hobbies (stamp collecting, model)
- + 23. Meeting new people
- + 26. Card and board games
- + 27. Going to the gym, doing aerobics
- + 28. Eating
- + 29. Thinking how it will be when I finish school
- + 30. Getting out of debt/paying debts
- + 31. Practicing karate, judo, yoga
- + 32. Thinking about retirement
- + 33. Repairing things around the house
- + 34. Working on my car (bicycle)
- + 35. Remembering the words and deeds of loving people
- + 36. Wearing sexy clothes
- + 37. Having quiet evenings
- + 38. Taking care of my plants
- + 39. Buying, selling stocks and shares
- + 40. Going swimming
- + 44. Going to a party
- + 45. Thinking about buying things
- + 46. Playing golf
- + 47. Playing soccer
- + 48. Flying kites
- + 49. Having discussions with friends
- + 50. Having family get-togethers
- + 24. Remembering beautiful scenery
- + 25. Saving money
- + 51. Riding a motorbike
- + 52. Sex
- + 53. Playing squash
- + 54. Going camping
- + 55. Singing around the house
- + 56. Arranging flowers
- + 57. Going to church, praying (practicing religion)
- + 58. Losing weight
- + 59. Going to the beach
- + 60. Thinking I'm an OK person
- + 61. A day with nothing to do
- + 62. Having class reunions
- + 63. Going ice skating, roller skating/blading
- + 64. Going sailing
- + 65. Travelling abroad, interstate or within the state
- + 66. Sketching, painting
- + 67. Doing something spontaneously
- + 68. Doing embroidery, cross stitching
- + 69. Sleeping
- + 70. Driving
- + 71. Entertaining
- + 72. Going to clubs (garden, sewing, etc.)
- + 73. Thinking about getting married
- + 74. Going birdwatching
- + 75. Singing with groups
- + 76. Flirting
- + 77. Playing musical instruments
- + 78. Doing arts and crafts
- + 79. Making a gift for someone
- + 80. Buying CDs, tapes, records
- + 81. Watching boxing, wrestling
- + 82. Planning parties
- + 83. Cooking, baking
- + 84. Going hiking, bush walking
- + 85. Writing books (poems, articles)
- + 86. Sewing
- + 87. Buying clothes
- + 88. Working
- + 89. Going out to dinner
- + 90. Discussing books
- + 91. Sightseeing
- + 92. Gardening
- + 93. Going to the beauty salon
- + 94. Early morning coffee and newspaper
- + 95. Playing tennis
- + 96. Kissing
- + 97. Watching my children (play)
- + 98. Going to plays and concerts
- + 99. Daydreaming
- + 100. Planning to go to school

<http://www.cci.health.wa.gov.au/docs/ACFB003.pdf>

I TRIGGERS



What can cause a trigger?

- Stressful or difficult situations
- Daily hassles
- Reminders of unpleasant, distressing or traumatic experiences

DBT: DISTRESS TOLERANCE



- Distress tolerance skills refer to a type of intervention in Dialectical Behavioral Therapy (DBT) where clients learn to manage distress in a healthy way. These skills are helpful for situations where a client might not be able to control a situation, but they need to manage their own response.
 - Radical Acceptance
 - Self-Soothe with Senses: Vision, hearing, touch, taste, smell
 - Distractions “ACCEPTS”: Activities; Contributing; Comparing; Emotions; Pushing Away; Thoughts; Sensations

ADAPTED DIALECTICAL BEHAVIOR THERAPY DISTRESS TOLERANCE

DBT skills are helpful when you cannot change the current situation

- + Radical Acceptance
- + Distraction Techniques - ACCEPTS
- + Self-Soothe

Can be used to boost general skills for reducing tolerating moments of crisis

I DISTRESS TOLERANCE SKILL: RADICAL ACCEPTANCE

A healthier way of thinking for problems not in your control

Recognize and accept the situation for what it is

Leads to less anxiety, anger and sadness

Example:

You find out you were not selected for a job when you felt you were the best candidate:

“This isn’t fair! I did everything right! They can’t do this to me!”

“It’s frustrating but I accept they felt they had someone else who would do a better job.”

I DISTRESS TOLERANCE SKILL: DISTRACTION

Distraction (A.C.C.E.P.T.S.)

Negative feelings will usually pass, or at least lessen in intensity over time. It can be valuable to distract yourself until emotions subside. The acronym "A.C.C.E.P.T.S." serves as a reminder of this idea.

A	Activities	Engage in activities that require thought and concentration. This could be a hobby, a project, work, or school.
C	Contributing	Focus on someone or something other than yourself. You can volunteer, do a good deed, or do anything else that will contribute to a cause or person.
C	Comparisons	Look at your situation in comparison to something worse. Remember a time you were in more pain, or when someone else was going through something difficult.
E	Emotions	Do something that will create a competing emotion. Feeling sad? Watch a funny movie. Feeling nervous? Listen to soothing music.
P	Pushing Away	Do away with negative thoughts by pushing them out of your mind. Imagine writing your problem on a piece of paper, crumpling it up, and throwing it away. Refuse to think about the situation until a better time.
T	Thoughts	When your emotions take over, try to focus on your thoughts. Count to 10, recite a poem in your head, or read a book.
S	Sensations	Find safe physical sensations to distract you from intense negative emotions. Wear a rubber band and snap it on your wrist, hold an ice cube in your hand, or eat something sour like a lime.

+ <http://www.therapistaid.com/therapy-worksheet/dbt-distress-tolerance-skills/dbt/adolescents>

DISTRESS TOLERANCE SKILL: SELF SOOTHE

Self-Soothe With 5 Senses

Find a pleasurable way to engage each of your five senses. Doing so will help you soothe your negative emotions

Vision Go for a walk somewhere nice and pay attention to the sights

Hearing Listen to something enjoyable such as music or nature

Touch Take a warm bath or get a massage

Taste Have a small treat – it doesn't have to be a full meal

Smell Find some flowers or spray a perfume or cologne you like



+ <http://www.therapistaid.com/therapy-worksheet/dbt-distress-tolerance-skills/dbt/adolescents>

CHAT

Which distress tolerance skills have you modified for your clients to be most helpful?



PROBLEM-SOLVING THERAPY

Structure of PST

- + 30 minutes each
- + Work through at least one full problem per session
- + Action between sessions

Seven Steps of PST-PC

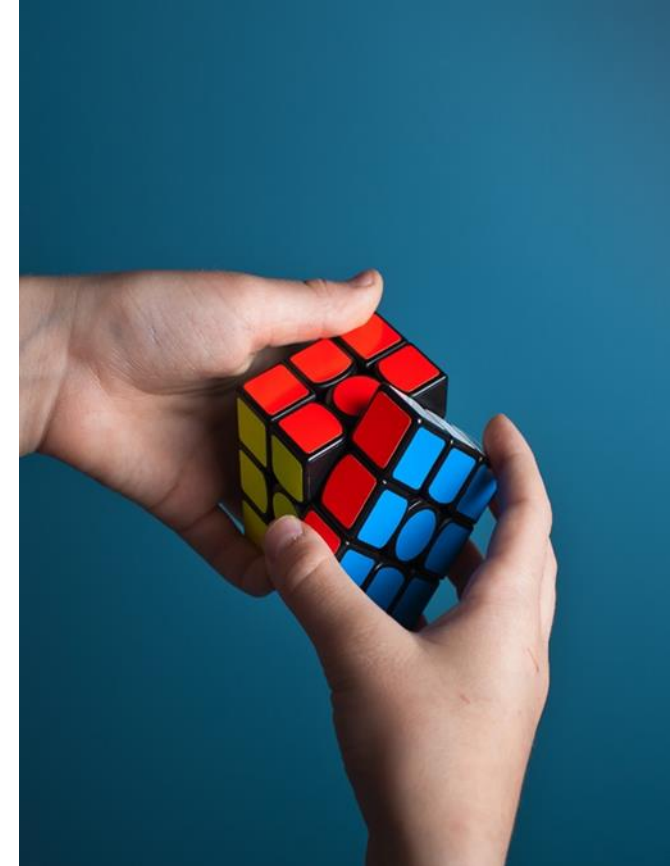
1. Clarify and Define the Problem
2. Set Realistic / Achievable Goal
3. Generate Multiple Solutions
4. Evaluate and Compare Solutions
5. Select a Feasible Solution
6. Implement the Solution
7. Evaluate the Outcome

EXAMPLE OF PROBLEM-SOLVING THERAPY

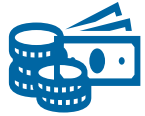
Problem Solving Therapy typically used to promote effective management of the negative effects of stressful events.

- + Define the Problem: not enough money
- + Realistic Goal: additional \$50/week
- + Generate List: borrow from family/friends, get a job, spend less, rob a bank, sell some of my artwork
- + Pros and Cons of each
- + Select one: look for a part time (10 hours) job
- + Implementation: want ads
- + Outcome: check-in next week
- + Go on to next problem: no transportation to job

“What is Problem Solving Therapy?” American Psychological Association, <http://www.div12.org/>



PST WORKSHEET



PROBLEM-SOLVING WORKSHEET

Name: _____ Date: _____ Visit #: _____

Review of progress during previous week:
 Rate how Satisfied you feel with your effort (0 – 10) (0 = Not at all; 10 = Super): ___ Mood (0-10): ____

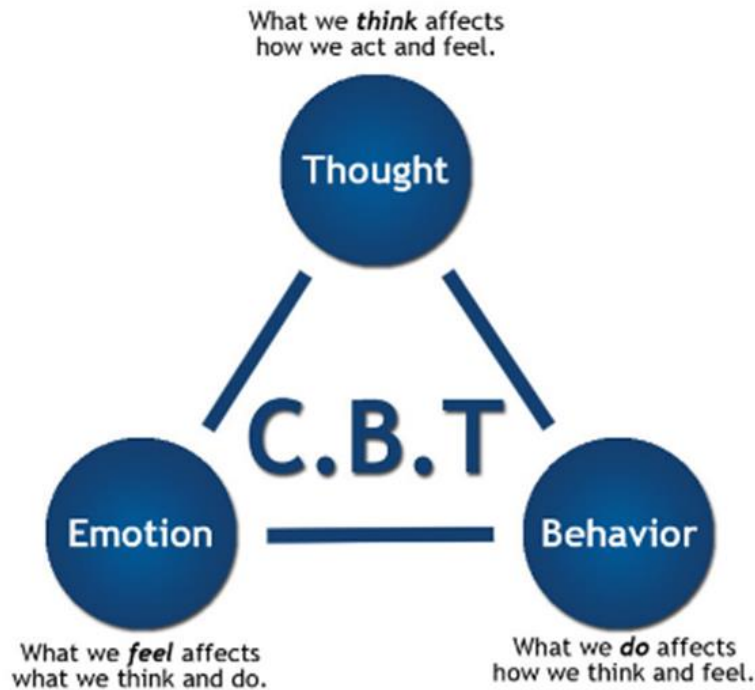
1. Problem:
2. Goal:
3. Options/Solutions: 4. Pros versus Cons (Effort, Time, Money, Emotional Impact, Involving Others)

a)	a) Pros (+) What makes this a good choice?	a) Cons
b)	b) Pros (+) What makes this a good choice?	b) Cons
c)	c) Pros (+) What makes this a good choice?	c) Cons
d)	d) Pros (+) What makes this a good choice?	d) Cons

v. 9/1/2010

<http://www.miccsi.org/wp-content/uploads/2016/01/IMPACT-PSTWorksheet-r3-2.pdf>

COGNITIVE BEHAVIORAL THERAPY



- + Utilizing cognitive-behavioral principles to help manage manifestations of generalized anxiety, social anxiety, depression
- + Utilizing the CBT triangle: Strong evidence base for CBT

THOUGHTS: HELPFUL OR UNHELPFUL?

Why bother – I can't make a difference anyway.

I'm going to do my best today

This probably isn't really about me – she's stressed out.

Nobody cares – everyone is out for themselves

I'm so dumb!
I will never get this right!

Negative thought/self-talk are common and drain energy and hope

What a jerk – I can't believe he cut me off!

What a beautiful day!

This is hard but I just need to stick with it and I know I can get there.

NEXT STEPS

- Have you used any of these interventions and if so, share which were most successful?
- Which of these do you think you could try out next week with one of your patients?



DISCUSSION



EVALUATION

- 1. Overall, today's webinar was:**
 - A. Very useful**
 - B. Somewhat useful**
 - C. Not very useful**
 - D. Not useful at all**

- 2. The material presented today was:**
 - A. At the right level**
 - B. Too basic**
 - C. Too detailed**

CONTACT US

FOR ANY QUESTIONS OR COMMENTS

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- <http://www.therapistaid.com/therapy-worksheet/dbt-distress-tolerance-skills/dbt/adolescents>