Substance Use Disorder ECHO

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Project ECHO®

State of New Jersey
DHS Department of Human Services

MEDICATION-ASSISTED TREATMENT CENTERS OF EXCELLENCE

Rowan Medicine

RUTGERS New Jersey Medical School

Hub Team Introductions

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Our Goal

- Combat the substance use crisis through education on best preactices in a safe space for peer - to - peer learning
- Engage healthcare providers in the primary care setting to increase skills to safely and compassionately manage, treat, and support their clients with a substance use disorder
- Recognize the importance of reducing stigma to advance equity and improve access to care for patients with substance use disorders

Speaker Spotlight

Lee Ruszczyk LCSW, ACS is the Senior Director of Behavioral Health for Henry J. Austin Health Center since December 2014 where he was responsible for implementing integrated care. He has been a Licensed Clinical Social Worker for the past 30 + years. Lee obtained his undergraduate and master's degrees from Rutgers, The State University of New Jersey. He has been in senior leadership and supervisory position in various agencies for the past 20 years. He has spent his career working with the underserved population in non-profit settings. Lee has extensive experience providing clinical services to mental health and substance use clients. He has experience as an adjunct professor teaching undergraduate addiction courses. He has also served as a mentor to social work student interns imparting his experience to the next generation of social workers. Lee is trained in a variety of interventions including trauma, EMDR,and DBT. He also has participated in Daring Leadership training.

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How to Effectively Engage your Client in Behavioral Health Counseling

Presented by:
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Financial Disclosures

- The following sessions leader(s) have no relevant Financial relationships with ineligible companies to disclose:
  - Lee G. Ruszczyk, LCSW, ACS

Survey Questions

Survey:

1. If the client is unsuccessful in treatment, it is usually because “they were not ready”?
   - True or False

2. As a practitioner, I believe that the therapeutic relationship is the most important aspect of the clinical intervention
   - True or False

3. My job as the practitioner is to develop and foster a therapeutic relationship with the client.
   - True or False
   -

4. My agency or practice uses evidence-based tools to measure client engagement in their behavioral health treatment.
   - Yes or No

Learning Objectives

1. The intertwining and intersectionality of Trauma Informed Care, the Therapeutic Relationship, and Patient Activation.

2. Importance of the Therapeutic Relationship and how it impacts treatment outcomes

3. Rethinking the providers' responsibility within Substance Use Treatment.

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Setting the Stage

“

“PTSD is particularly prevalent in individuals with OUD, with over 90% reporting lifetime trauma exposure and 33% meeting criteria for PTSD”

(Ecker and Hundt, 2018; López-Martínez et al., 2019; Mills et al., 2005a, Mills et al., 2006; Peirce et al.,)

Trauma Informed Care

Six Principles of Trauma Informed Care

1. Safety
   - Throughout the organization, staff and the people they serve feel physically and psychologically safe.
2. Trustworthiness and transparency
   - Organizational operations and decisions are conducted with transparency and the goal of building and maintaining trust among staff, clients, and family members of those receiving services.
3. Peer support and mutual self - help
   - These are integral to the organizational and service delivery approach and are understood as a key vehicle for building trust, establishing safety, and empowerment.

Trauma Informed Principles Continued :

4. Collaboration and mutuality
   - There is recognition that healing happens in ***relationships*** and in the meaningful sharing of power and decision-making. The organization recognizes that everyone has a role to play in a trauma-informed approach. One does not have to be a therapist to be therapeutic.

5. Empowerment voice, and choice
   - Organization aims to strengthen the staff, client, and family members's experience of choice and recognizes that every person's experience is unique and requires an individualized approach. This builds on what clients, staff, and communities have to offer, rather than responding to perceived deficits.

6. Cultural, historical, and gender issues
   - The organization actively moves past cultural stereotypes and biases , offers culturally responsive services, leverages the healing value of traditional cultural connections, and recognizes and addresses historical trauma.

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The Therapeutic Relationship

Thought to consider:

- Research examining outcomes of psychotherapy and counseling have found that only 15% of treatment success can be attributed to the type of therapy

  or the techniques administered

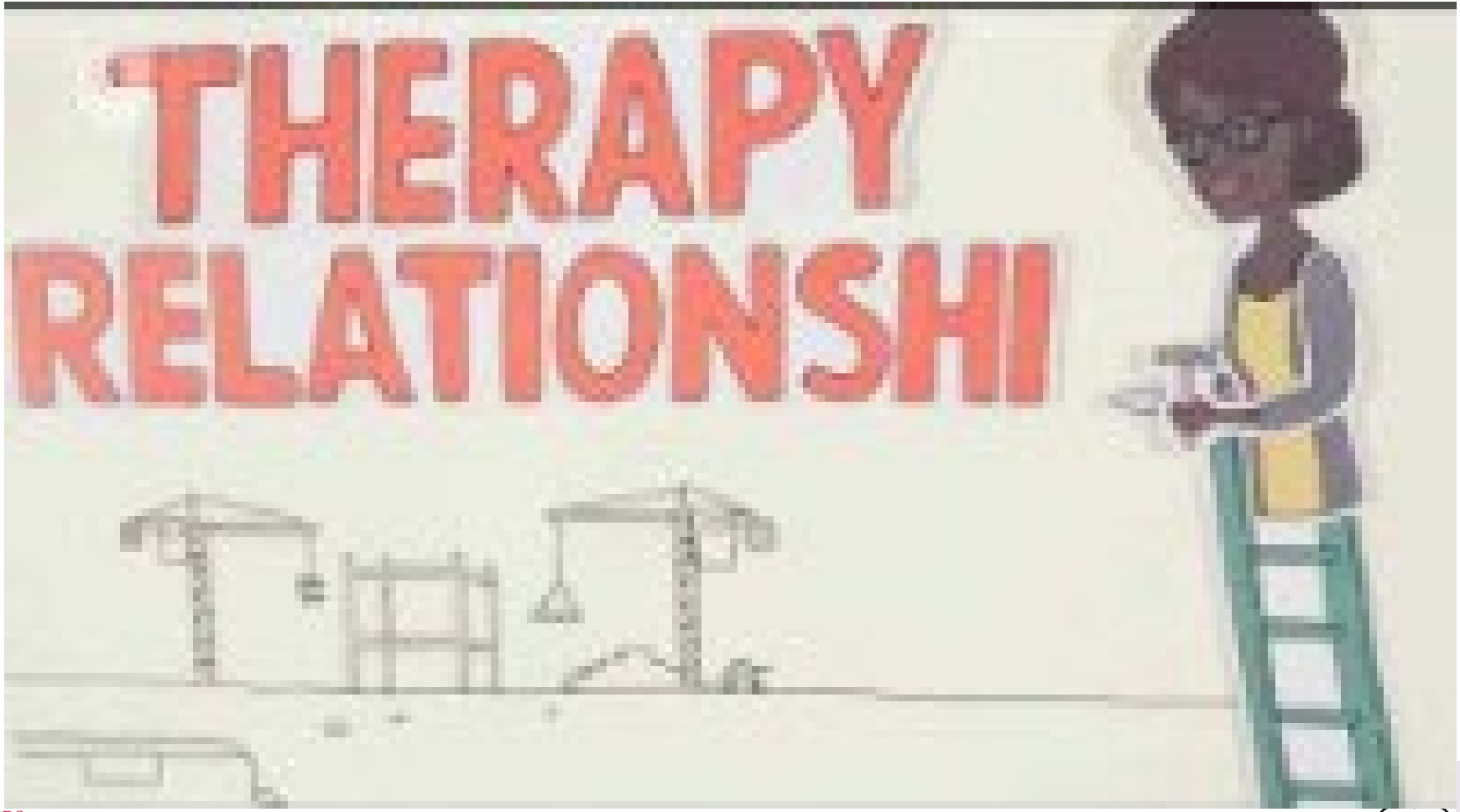
  (Hubble, Duncan, & Miller, 1999)

- So, what is the key to behavioral health change and client improvement?

Therapeutic Relationship

Definition:

" The **therapeutic relationship** refers to the relationship between a healthcare professional and a client or patient. It is the means by which a therapist and a client **hope to engage with each other and effect beneficial change in the client** ."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One more ingredient to the recipe

Patient Activation: What does this mean?

Four Stages of Activation

Hibbard et al., (2004) describe four stages of activation.

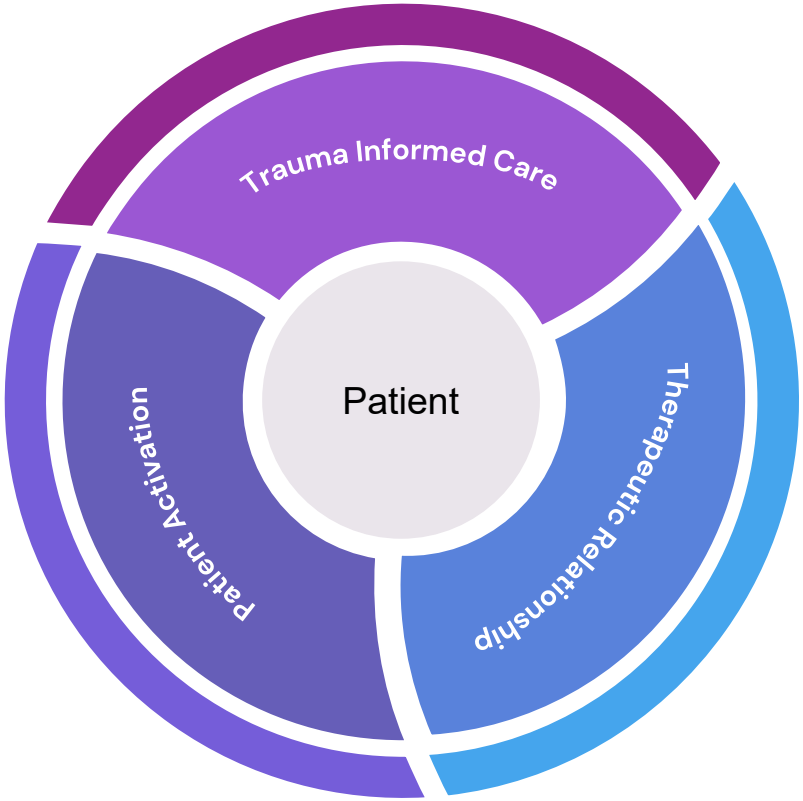
1. Believe they have an important role in their own health care;
2. Develop both the knowledge and confidence needed to take an active role in their care and health management, including an understanding of how to access and use the health care and supportive services available to them;
3. Translate this confidence and knowledge into action; and
4. Maintain an active role in their health care, even when faced with challenges to doing so.

Patient Activation in OUD - Application

Types of patient activation instances included the following:

1. Making and enacting one's own treatment decisions,
   - Mandatory vs. voluntary
2. Actively collaborating with staff,
   - Ownership of own treatment goals vs. staff identified
3. Making a commitment to treatment
   - Internal vs. External motivation
4. Taking responsibility for one's recovery
   - Client choice vs. staff choice
5. Taking actions to avoid returning to use.
   - Actively engaged in activities to remain sober vs. reactive decision (sober support vs. returning to old people, places and things)

Rethinking Client Engagement in SUD Treatment

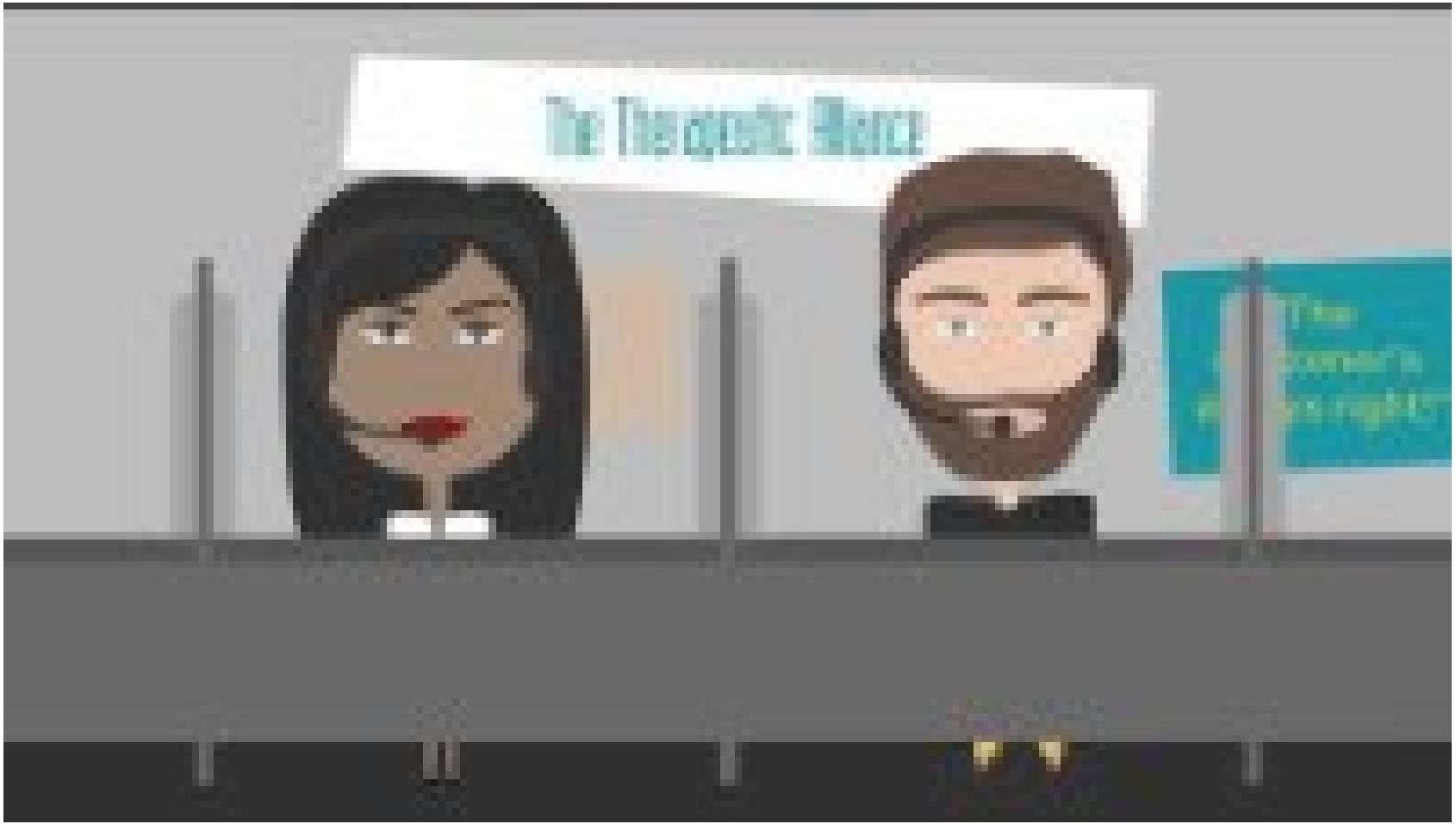


BH Provider Self - Reflective Concepts :

- Have I created a safe therapeutic environment? Is it Trauma Informed?
- Has the client developed a solid therapeutic relationship with me?
- How do I know this? Is the client comfortable with revealing information?
- If the client is not making movement where do you look for the solution? Do I as the provider need to do something different?
- Who do I hold accountable first? The client or myself as the provider for them not making changes?
- Have I tried every avenue to engage? Am I in the right place clinically?
- Have I moved too fast for the client? Do I need to backtrack?

BH Provider Self - Reflective Concepts :

- How is my timing with regards to information provided? Is it too soon? Is it too late?
- Am I acknowledging the positive changes that are occurring such as patient keeping their appointments? Taking medications as prescribed?
- Am I summarizing their improvements as we move along in this relationship?



References

- https://www.sciencedirect.com/science/article/abs/pii/S0091743521003868
- https://journals.sagepub.com/doi/10.1177/10783903221083260
- https://traumainformedoregon.org/resources/new-to-trauma-informed-care/trauma-informed-care-principles/
- https://www.youtube.com/watch?v=ofgp69DYEks
- https://journals.sagepub.com/doi/full/10.1177/10783903221096473
- https://www.change4health.org/it-begins-with-you/ibwu-overview/ibwu-patient-activation/

References

- https://patientengagementhit.com/news/what-is-the-patient-activation-measure-in-patient-centered-care
- https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8916813/
- https://www.tandfonline.com/doi/abs/10.1080/08897077.2022.2095082
- https://www.apa.org/monitor/2019/11/ce-corner-relationships
- https://wai.profhorvath.com/what-is
- https://www.healthaffairs.org/doi/10.1377/hlthaff.2016.0663
- https://www.youtube.com/watch?v=1FrcsumtaC0

https://en.wikipedia.org/wiki/Therapeutic_relationship

Thanks!

Any questions?

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