

THP-Plus/THP+FC Training Series

Part I: Substance Use

FRAMEWORKS FOR WORKING WITH YOUTH USING ALCOHOL AND DRUGS

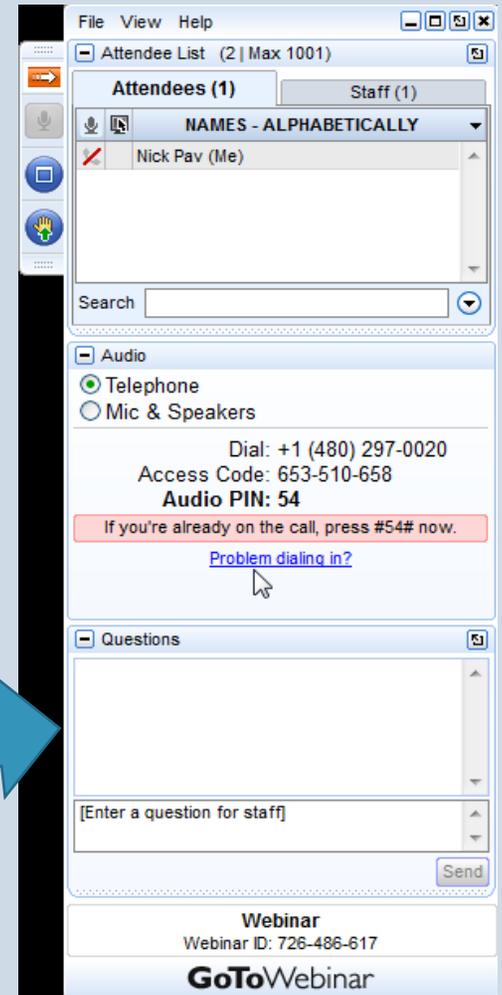
OCTOBER 9, 2014



**JOHN
BURTON
FOUNDATION**
FOR CHILDREN
WITHOUT HOMES

Information to Participate

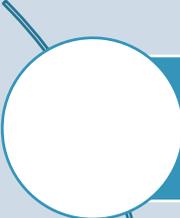
- Call-in number is +1 (415) 655-0062 and access code is 839-671-559.
- Presentation materials and audio will be posted at www.thppplus.org under “past trainings.”
- To submit live questions, click on the “Questions” panel, type your question, and click “Send”



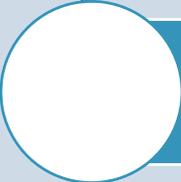
Today's Presenters:

- Cecilia Tran, Policy Associate at the John Burton Foundation
- Jeannie Little, Executive Director of the Center for Harm Reduction Therapy
- Samantha La Grasse, Aspiranet (THP-Plus and THP+FC Provider)
- Steve Duran, Peacock Acres (THPP, THP-Plus and THP+FC Provider)

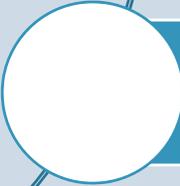
Foster youth often have a complex relationship with drugs and alcohol:



35% of the primary caregivers in the homes that foster youth were removed from dealt with alcohol abuse



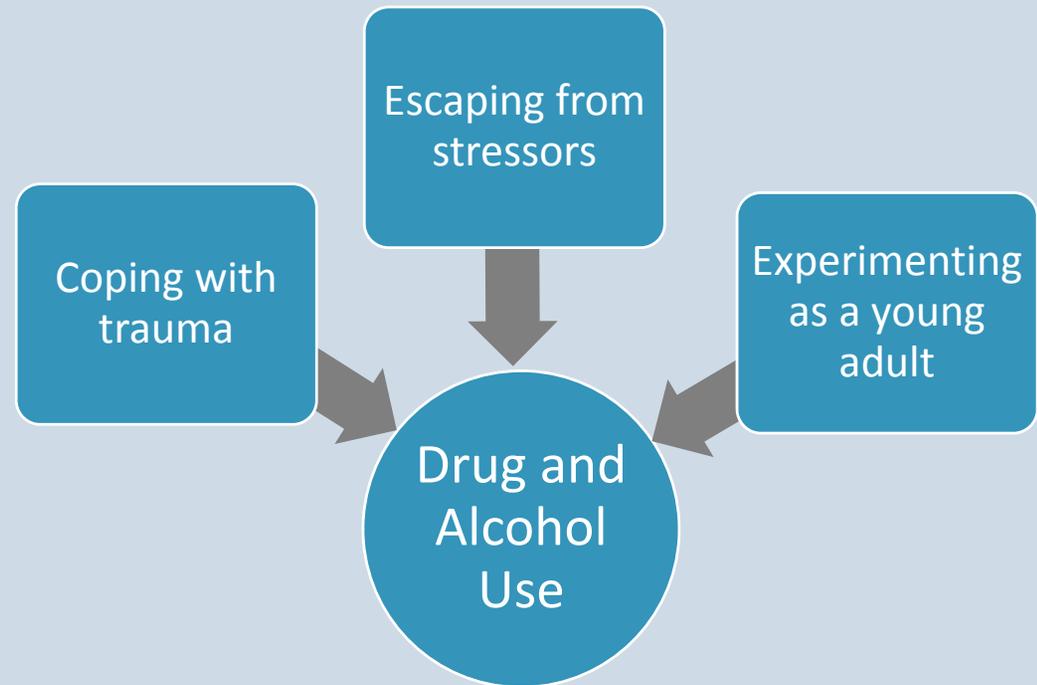
43% of foster youth reported that the primary caregiver in the home they were removed from had a drug abuse issue.



Drug and alcohol abuse were among the top three problem traits that foster youth identified about their primary caregivers prior to entering foster care

Foster Youth and Drug/Alcohol Use:

- Foster youth are more likely to engage in risky behaviors than their peers.
- Multiple studies confirm that drug and alcohol use begin at a younger age and happen at higher rates for foster youth than their peers.



What is Harm Reduction?

Any strategy aimed at reducing the harm caused by the use of alcohol and other drugs *without necessarily reducing or eliminating substance use*.

Harms may include:

- Auto accidents
- Overdose
- Jail and prison
- Disrupted education or employment

Examples of Harm Reduction:

- Drinking and driving laws
- Accurate drug education (not Just Say No)
- Overdose prevention kits and Good Samaritan laws
- Decriminalization (or de-felonization) of nonviolent drug offenses

The harms caused by drug use, not the drug use itself, are the focus

Harm Reduction Embraces Certain Realities:

- People use drugs, always have, and always will – *the War on Drugs has made no impact on the use of substances*
- Drug **USE** is a normal and expected part of human existence – *some is fun, some is medicine, some is habit*
- Drug **ABUSE** is a health, not a legal or a moral concern – *it should be in the hands of treatment professionals, not the criminal justice system*
- Housing is a human right – *homelessness is not a cure for addiction*

Evidence Consistent with Harm Reduction:

Researchers at the University of Washington (Holtum and Collins, 2014)

Comprehensive literature review of harm reduction interventions found across all studies:

- Reduced levels of substance use
- Lowered depression and anxiety
- Improved relationships
- Increased stability at work
- Improved self-esteem

Stage Model of Change:

Prochaska, DiClementi, and Norcross (1992)

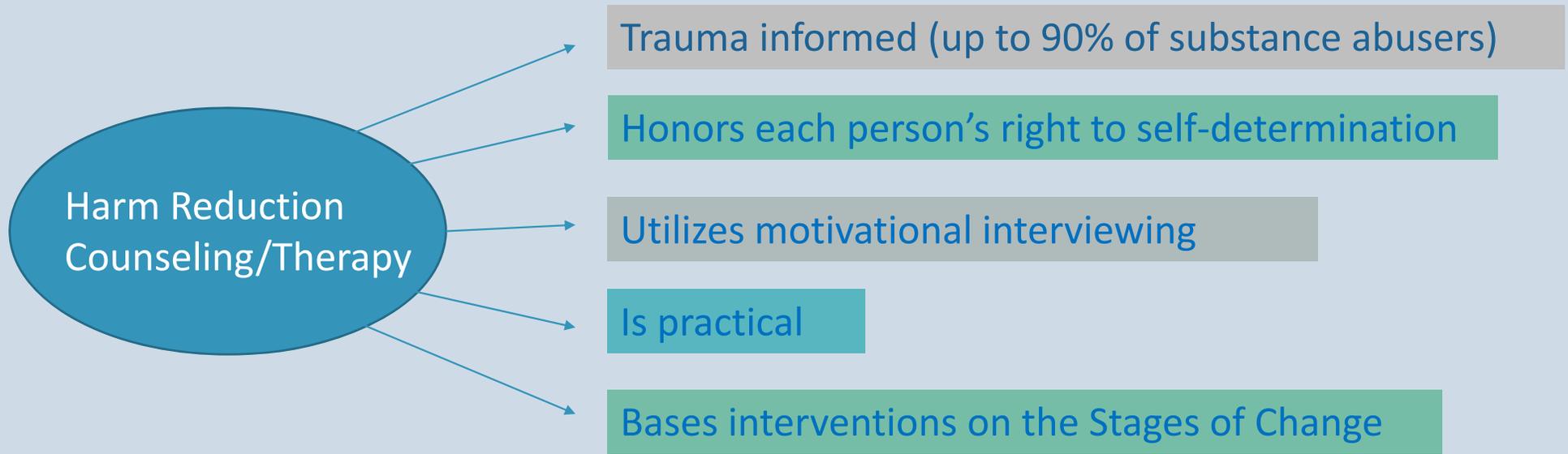
30 years of research shows how people change in steps, or stages, and that respecting this journey, as well as planning treatment based on these stages, promotes lasting improvements.

Evidence Consistent with Harm Reduction:

“When the goals of counselors **are complete abstinence** and the goals of the patient/client are something else, the therapeutic relationship is likely to be confrontational, thereby leading to **dishonesty and treatment refusal**”
Miller & Carroll (2006) page 210.

On the other hand, when people are given the opportunity to **choose their own goals**, they are more likely to **meet those goals**, to stay in treatment, and to set further goals for themselves.
Tucker & Simpson (2011)

Harm Reduction Treatment:



Harm Reduction in Housing Requires:

- Balancing client-centered support services with landlord-centered rules
- Balancing the needs of the individual with the needs of the community
- Eliciting cooperation from clients
- Focusing on behaviors, not on the mere fact that someone might be a substance user

Structural Tools in HR Housing

- **Pre-Move-In Interviews:**

- Build a positive relationship by asking questions to understand their history of “home” and their expectations for this placement.
- Build investment by sharing the history and culture of the program and asking how they might envision themselves contributing to the community.

- **Post-Move-In Agreements:**

- Strengthen autonomy by discussing and agreeing how the participant prefers to be approached if a staff person is concerned; how they would like to seek out help should they need it; and how to deal with conflict.

- **Create a Community with a Culture of Empathy:**

- Create diverse group activities to reinforce the concept of living *with* others.

Counseling Tools and Practical Solutions:

- **Practice Motivational Interviewing**
 - Empathic counseling approach to establish trust, increase motivation and decrease resistance
- **Collaborate**
 - Share with clients responsibility for the life and health of the community
 - Model difficult decisions by being actively involved in community dilemmas
- **Substance Use Management**
 - Pragmatic approach to helping someone figure out **how much, when, where, and how** one uses
 - *Provide accurate information* – requires staff to have knowledge about alcohol and other drugs and comfort discussing them with clients
 - *Suggest alternatives* to using illegal drugs onsite – requires staff to learn a great deal about clients' drug-using behavior
 - *Practice decision-making* (much like drink refusal) – requires staff to role play with clients

Providers' Insights



Aspiranet's Vision:

“Our vision is to take collective action to support communities and families as they love and care for children. Our focus is on bringing the spirit of innovation to those who need our services, not only to support our vision of success, but to raise hope and empower the communities we cherish.”

Aspiranet currently serves 115 youth in THP-Plus and 142 youth their THP+FC Program. They currently have THP-Plus sites in 10 counties and THP+FC sites in 13 counties.

Aspiranet's Approach to Addressing Substance Use:

Developmental Framework:

It is normal and expected that all youth experiencing the independence that comes with young adulthood will experiment with many behaviors, including the possibility of trying or using drugs and alcohol.

Trauma Informed:

- Youth in care have experiences that may lead to maladaptive ways of coping or responding
- The provider's role is to promote safety, connections, and attending to emotions

Aspiranet's Approach to Addressing Substance Use

Transition Framework:

- Identify where youth are at in transition
- Youth-Focused: Start where the youth is at in relation to this transition
- Use strategies that work well for where youth is at in relation to the change at hand

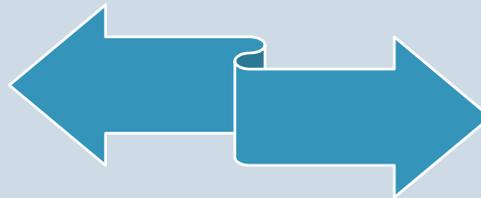
Education and Mentoring

- Life coaches and experience coaches
- Participant agreements, weekly meetings, TILPs, CAPs
- Individual, group, peers, referrals

Tensions between Policy & Youth Needs

POLICY

- Program Policy: Drug Free
- CCL regulations
- Set clear expectations & consequences for youth about compliance with program rules, engagement in program activities, and TILP goals



YOUTH NEEDS

- Understanding that change occurs incrementally
- Requires time, communication and support not a zero tolerance response

Supporting a Youth Using Drugs or Alcohol

Assess the youth's need in relation to experimentation, use or abuse

Assess youth engagement, functioning, and progress

Team Approach: ILP, Host Parents, Youth, Probation Officers, other treating agencies

Link to resources, provide interventions, create corrective plans

Create a formal safety plan

If interventions are unsuccessful, then consider the appropriateness of placement type

(Ex. Apartment vs. single site with drug treatment program)

Scenario 1:

I have a new THP+FC participant who has been missing meetings with her case manager and has skipped work repeatedly. Her roommate has complained about smelling marijuana smoke in their apartment recently. [How do I approach her about this and provide support?](#)



Peacock Acre's Mission:

“Peacock Acres provides supportive housing, intense case management, and life coaching for foster children that have been separated from their families. With unending resolve, we steer them towards opportunities for growth as they continue their journey toward a happy, productive life.”

Peacock Acres currently serves 12 youth in THPP, 10 youth in THP-Plus and 20 youth in THP+FC. They currently have operate sites out of Monterey County.

Peacock Acres' Approach to Addressing Substance Use:

- **Strong rapport and relationship-building:**
 - Establish that discharge from the program is not the go-to response for case managers/provider
 - Create an environment of trust that allows for open discussion of substance abuse issues
- **Team involvement** in working with all TAY residents, regardless of the program a youth is enrolled in
- **Contracts for self-betterment** individually tailored plan collaboratively created by the participant and staff on meeting goals to reduce alcohol and drug use
- **Periodic check-ins:** Drug testing is not used in a punitive way
- **Outreach to appropriate drug and alcohol treatment options** and continued support and relationship-building while youth is in treatment



Scenario 2:

There is a 20 year old participant who has a [history of alcohol abuse](#). He has disclosed that he has been drinking since the age of ten. He was clean for a year but recently has begun to showing up to meetings drunk and totaled his car during a drinking binge. [How can I best support him?](#)

Serious Alcohol Abuse and Youth

- Facilitate a conversation about the harms caused by his drinking to his academic goals and life goals
- Assess his willingness to seek treatment and reaffirmed the program's commitment to supporting him
- Find out what kind of treatment he was comfortable with and connect him with services
- Understand that reduction is success and that the process is a long term one that may include relapses



What about Medical Marijuana Cards?

Regarding NMD living in a THP+FC site, whereby the NMD has a medical marijuana card stating that he or she must smoke it within their own home, while the provider does not want to allow it:

“In accordance with Title 22, *California Code of Regulations*, section 86087(f), the provider must forbid smoking at the THP+FC site. However, this does not prohibit the NMD from “taking” the marijuana by other means (e.g., orally). Accordingly, the county must comply with any protections to prevent those without a medical marijuana card from also consuming the substance. Such precautions may include, but are not limited to, keeping the marijuana in locked storage and having on hand only what will be used immediately.”

- Rick Pimentel, ILP Policy Unit, CDSS

Medical Marijuana and Youth

- Assess documentation to legally use
- Explore reason for use
- Work with youth to explore alternatives
- Pain assessment & medical needs
- Discuss program expectations, apartment rules
- Education & Referrals
- Consult with referring agency
- Consider youth ability to participate in THP+FC
- Assess safety for individual and/or roommate



Questions

For more information:

The Center for Harm Reduction Therapy

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Website: <http://www.harmreductiontherapy.org>

Samantha La Grasse, Aspiranet:

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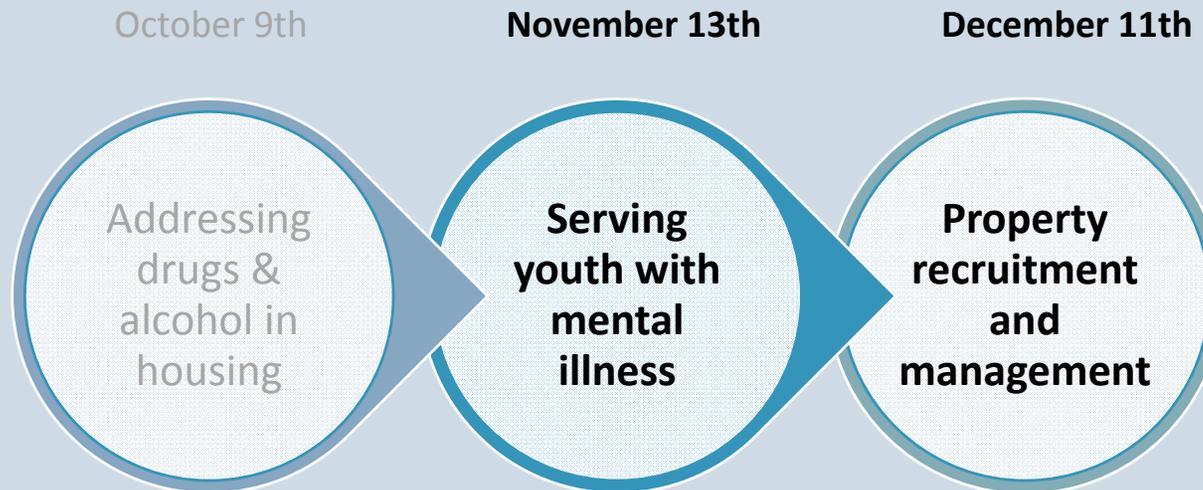
Phone: 559-326-5696

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THP-Plus/THP+FC Three-Part Training Series:



For details on these trainings, please visit: <http://thpplus.org/wp2/wp-content/uploads/2014/09/JBF-Training-Series.pdf>

Thank you for your
participation!

References

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