



ENGAGEMENT & RETENTION IN SUBSTANCE USE DISORDER TREATMENT

OHIO SUBSTANCE USE DISORDERS CENTER OF EXCELLENCE

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OBJECTIVES

1. Examine how beliefs, attitudes and perceptions about addiction influence our capacity to engage clients.
2. Construct an understanding of the various key concepts of change.
3. Review the 4 tenets of an engaged therapeutic relationship that promote retention in treatment and recovery.
4. Describe substance use provider behaviors that promote disengagement, making behavior change less likely for people experiencing substance use disorders.
5. Explore the 4 guiding principles that impact our beliefs and perceptions, that can lead to increased engagement and motivation for behavior change in people with substance use disorders.
6. Identify 5 core skills to utilize in conversations relating to change that promote engagement and motivation toward behavior change in people with substance use disorders.



Who are we?

ENGAGEMENT ACTIVITY

- Think of 4 adjectives that you would use to describe yourself.
- Think of 4 ways other individuals might describe you.
- Were there similarities or differences?
- Why/ Why not?

PERCEPTION OF SELF

- Just because we have good intentions, doesn't mean that is how everyone views us.
- We are the sum of our experiences, including trauma.
- Face of a system that individuals potentially have a history with.





**What are some of the things we
represent to the people in our
treatment programs?**

WHAT IS BIAS?

“The term bias refers to unfair prejudice either in favor of or against a person or group in comparison with another person or group. Biases, whether conscious or unconscious, may be held by individuals, groups, organizations, or academic institutions, resulting in negative or positive consequences”

(DEI Toolkit, 2021)

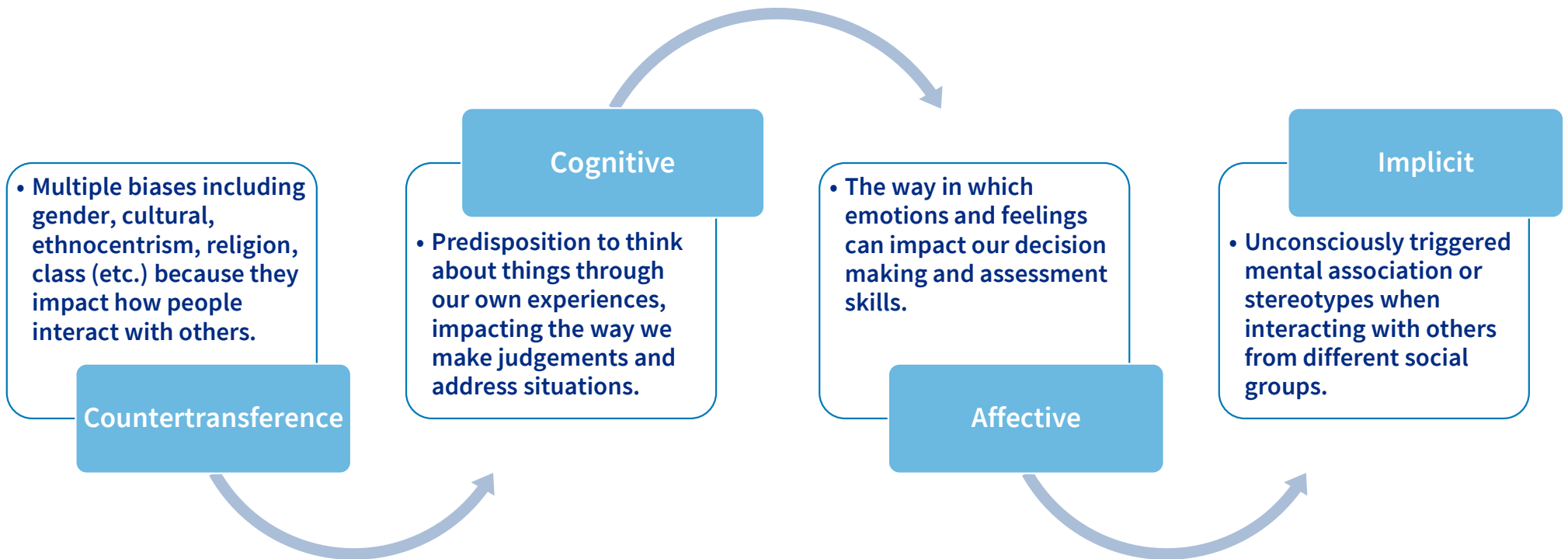
BIAS

QUICK DECISIONS BASED ON OUR OWN BELIEFS OFTEN SHOW THEMSELVES WITHIN TREATMENT



- Preconceived judgments can impact direction of treatment.
- Identify your own biases.
- Recognize how bias can impact treatment.

Types of Bias



BIAS

- I Introspection
- M Mindfulness
- P Perspective Taking
- L Learn to slow down
- I Individuation
- C Check your messaging
- I Institutionalize fairness
- T Take Two




BELIEFS, THOUGHTS, BEHAVIORS

What we believe
and perceive

How we
think and
feel

How we
communicate
and behave



We need to look within ourselves
if we want to know how well we
can work with others.



Who are we helping?

Safe, Helpful, Useful, Hopeful

Remove yourself as the barrier

Work to understand what happened.



- What are they protecting themselves from?
- Work to understand what happened.
- Does our interaction come across as threatening?
- What can we do to help them trust us?

PROCESS OF ENGAGEMENT AND RETENTION

- Engagement starts at the moment of contact, can happen in a short period of time (minutes) or take quite some time.
- **People are making decisions:**
 - whether they like you.
 - can TRUST you.
 - whether or not they will return.

PROCESS OF ENGAGEMENT AND RETENTION

- The strongest curative factor across all the treatment modalities and techniques = the relationship.
- Therapeutic engagement is a prerequisite for the other motivational processes.

NOT NEW INFORMATION

"Often the strongest predictor of [treatment] outcome is the [staff] to whom an individual is assigned, even when assignment is random. **There is a strong correlation to [staff] empathy and treatment success.**" [Miller, Taylor, & West (1980), Valle (1981)]

"Studies demonstrate how **empathy improves patient satisfaction, treatment compliance and clinical outcomes.** Patients are more likely to follow their treatment plan and practice self-care when they feel heard and understood." (Ted A James, MD, MHCM, 2023)

WORKING TO UNDERSTAND

- Substance use disorder- is a medical condition characterized by a reduction in cognitive and behavioral functioning due to individual's inability to manage their substance use despite consequences.

Mild

- 2-3 symptoms

Moderate

- 4-5 symptoms

Severe

- 6+ symptoms

(DSM 5-TR)

STATISTICS

- As of 2022, 48.7 million individuals met diagnostic criteria for a substance use disorder. (SAMHSA, 2022)
- 8 million of which were diagnosed with co-occurring disorder. (SAMHSA, 2022)
- Mental Health Diagnosis = ↑ chance of substance use. (SAMHSA, 2022)
- Trauma = ↑ chance of substance use. (SAMHSA, 2020)



WE ARE ALL HUMAN

WE ARE ALL HUMAN

- Individuals deserve to be treated as more than their disease.
- Humanize those we are serving.
- Past experiences impact future interactions.
- Everyone has roadblocks.

BARRIERS TO ENGAGEMENT & RETENTION IN SUBSTANCE USE DISORDER TREATMENT

Complicated System of Care

Staff Empathy

Insufficient Resources & Capacity

Stigma/Bias

**Treatment availability
(location)**

Misconceptions concerning treatment

Trauma History

Biopsychosocial Impact

Symptomatology

BARRIERS

- Common barriers include access to treatment, housing, food, social supports, insurance, income etc.
- Internal barriers are also present, impacting the ways in which we interact with others and function on a day-to-day basis.



RE-TRAUMATIZATION

- Develop understanding of trauma and how it impacts the individual.
- Resist the urge to place an emphasis on the providers goals for the person and preferences on how to reach those goals.
- Without sensitivity to these concerns, we could unintentionally reinforce or trigger prior trauma within the process of goal setting.

RE-TRAUMATIZATION

Effective goal setting:

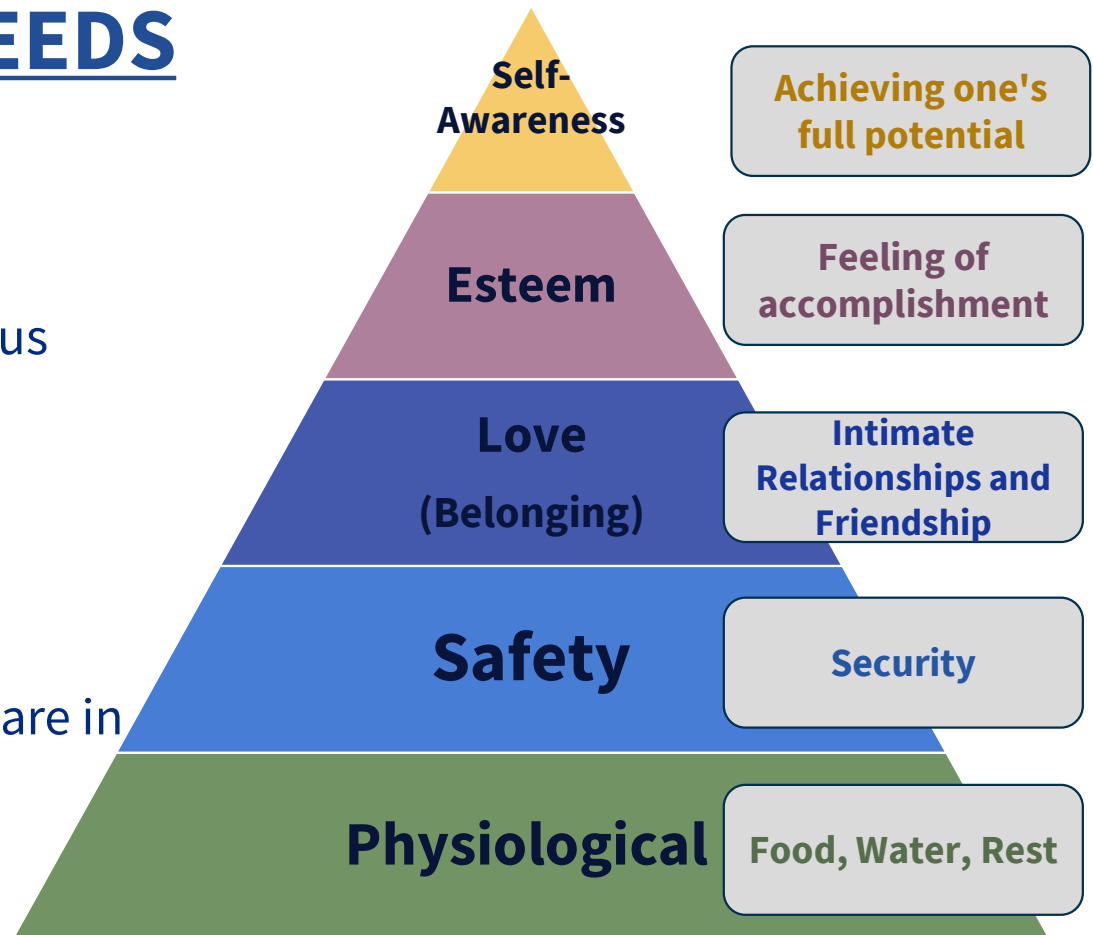
- Individual = **key** decision-maker in their own life.
- What matters most to the person, their preference.
- Engages the person in his/her own recovery.
- Recovery-oriented, gender-responsive and culturally competent process that supports the individual's recovery skills.



HIERARCHY OF NEEDS

Maslow's Hierarchy of Needs

- Are there obstacles distracting from ability for individual to focus on identified goals?
- In the service we provide, what needs are we meeting?
- What types of service providers are in the best position to meet each of these needs?





"Can we walk together?"

INTERVENTIONS FOR ENGAGEMENT

CLIENT TREATMENT VIGNETTE

- Develop a client.
- Include in the scenario the individual's name, demographical/identifying information, (SUD/MH) Dx, health information, family dynamic, strengths, barriers, presenting problem, needs and treatment history.
- Include key statements from person's perspective for seeking treatment.

We will be building upon this case scenario throughout the training and applying new techniques in working with this individual

Engagement

The process through which individuals become active and involved in their treatment.

The idea is that the individual and staff person builds a relationship, and within that relationship, trust is established.

The longer an individual remains in treatment, increases the likelihood of success.

The length of time that individuals remain in treatment programs for addiction.

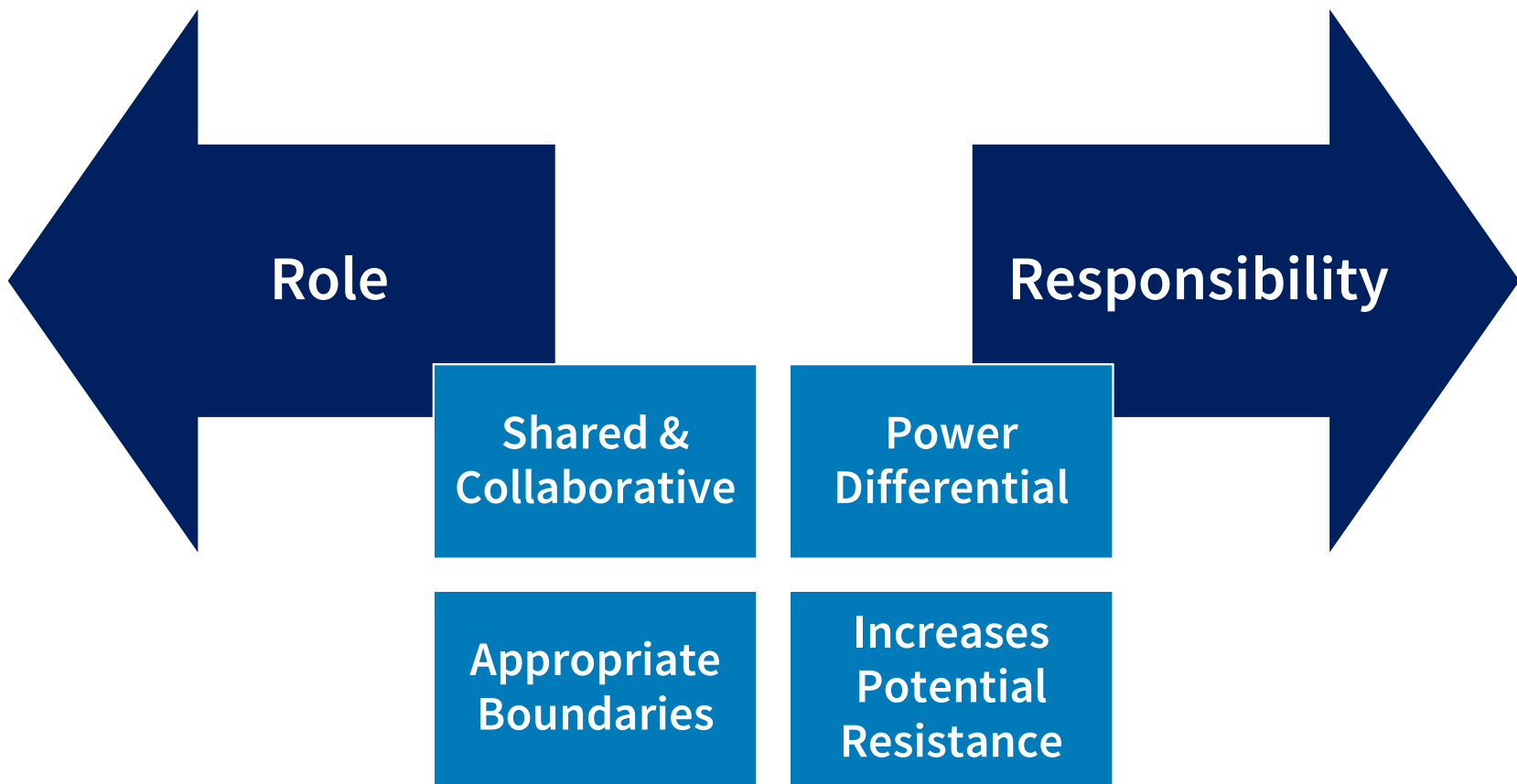
Retention



How do I start the connection/conversation?



Favorite Teacher Exercise



REMINDER

Process of engagement and retention

- Importance of moment of contact.
- Engagement impacts the individual returning.
- Relationship= most important.
- Therapeutic engagement is a pre-requisite for the other motivational process.





"Nothing about me without me..."

(Valerie Billingham, 1998)



(Rollnick and Miller, 2023)

ACCEPTANCE

- Valuing the information and experience of the individual and showing it as a privilege to work with them.
- Recognizing the power of change rests within the individual.
- Non-judgment understanding of people as they are, not having to earn or prove that they deserve respect.

ACCEPTANCE

Let's think about it

- What if someone chooses not to work towards making changes?
- Is there a difference between acceptance and approval?

**How do we apply
this within your
developed
vignette?**

EMPOWERMENT/ EVOCATION

- Creating a safe space to work with one another and the individual having the ability to share their story/ experience.
- Drawing out of information rather than imposing ideas.
- Using an intrinsic motivation to elicit change.
- Identify individual's values and build off of their strengths.

EMPOWERMENT/EVOICATION

Let's think about it

- Are you able to see things from another individual's perspective? How?
- Are you in touch with what resources are available that may assist or limit the individual?
- What are some evocative questions we can ask?
 - Confrontational responses will damage rapport.

**How do we apply
this within your
developed
vignette?**

COLLABORATION/ PARTNERSHIP

- Working together, forming a partnership with the individual that respects their expertise of their own experience.
- We provide environment for individual that promotes change rather than forcing change.
- Collaboration vs. Confrontation.

COLLABORATION/PARTNERSHIP

Let's think about it

- How do you approach a conversation if you feel you know what is best for the individual?
- What if you feel their decision will cause more harm?

**How do we apply
this within your
developed
vignette?**

COMPASSION

- Definition- sympathetic consciousness of others' distress together with a desire to alleviate it (Merriam-Webster, 2023).
- Desire to understand the individual's experience.
- Importance of being genuine.
- Being sensitive to the needs identified and promoting acceptance to their choices.
- Compassion is not sympathy or identifying with the individual.

COMPASSION

Let's think about it

- Why is understanding someone's experience so important?
- What are ways we can remain connected to the individuals suffering?

**How do we apply
this within your
developed
vignette?**

WORKING THROUGH DISCOMFORT

- How do we manage working with situations that may make us feel uncomfortable and still convey compassion/ acceptance?
- Is there a point in time when people are past the point of help?

CORE SKILLS OF PERSON-CENTERED ENGAGEMENT

O

- Open ended questions

A

- Affirm the individual

R

- Reflect the individuals thought and feelings

S

- Summarize conversation especially what is related to change

IA

- Provide information and advise

MAKINGS OF AN ENGAGED PROFESSIONAL

RELATIONSHIP



- How individual explains their experiences from own point of view.
- Active interest in understanding.
- Conscious of nonverbals.
- Aware of inflection in voice and physical behaviors.
- Set aside personal beliefs.

MIRRORING AND REFLECTING

- Reflect your understanding of the situation in the moment.
- Individual may be experiencing a situation different than how they are explaining it.



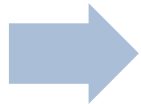
MIRRORING AND REFLECTING

- Reflections:
 - **Simple reflection**- Focusing on exactly what the individual has said.
 - **Complex reflection**- Identifies an extension of what the individual is saying (educated guess).

Let's practice...

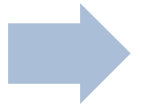
Pause Yourself

Identify
Discord



Exercise Empathy

Empathy
Dissolves
Tension



Give Them Back Control

Utilize
OARS

4 Foundations of Increasing Motivation & Engagement

Express
Empathy

Develop
Discrepancies

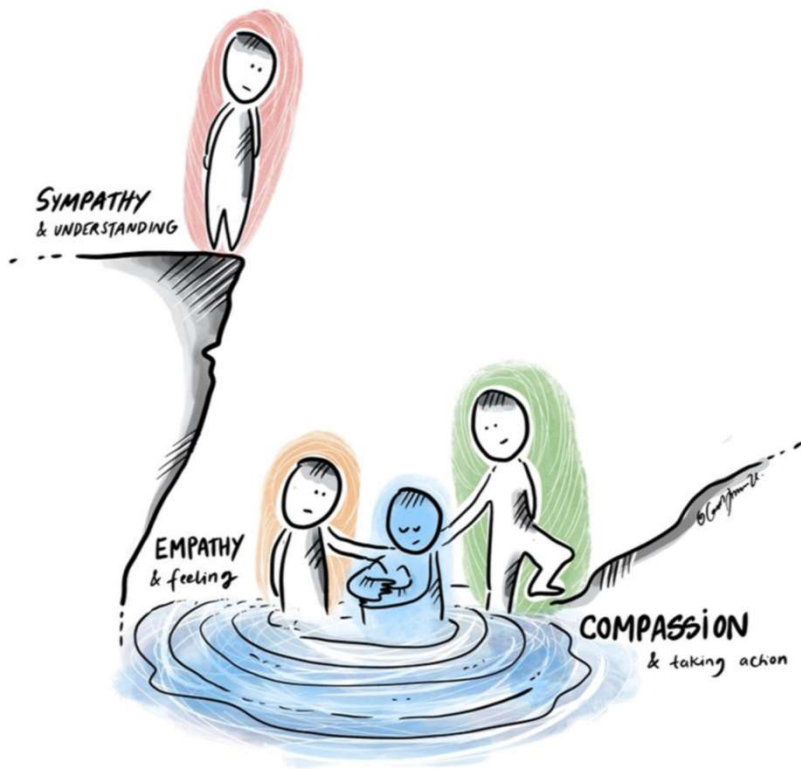
Roll with
Resistance

Support Self
Efficacy



Let's practice!

EXPRESSING EMPATHY



@camillatuominenofficial

- Acceptance facilitates change.
- Skillful reflective listening is fundamental.
- Appreciate that ambivalence is a normal phenomenon.

- **Sympathy**

Feeling of pity. Relief of not having the problem.

VS.

- **Empathy**

Ability to understand how someone feels.



Available within public domain:

Brown B. (2013, December) *Brene Brown on Empathy* [Video]. TED Conferences
<https://www.youtube.com/watch?v=1Ewgu369Jw>

4 Qualities of Empathy

Perspective
Taking

Staying Out of
Judgement

Recognizing
Emotions In
Others

Effectively
Communicating
Concerning
Emotions

EXAMPLES OF NON-EMPATHIC COMMUNICATION

- **Directing**
- Warning
- Advising
- Persuading
- Moralizing
- **Agreeing**
- Disagreeing
- Labeling
- Interpreting
- **Reassuring**
- **Praising**
- **Questioning**
- Withdrawing

EMPATHY

**Empathy
IS NOT:**

Simply having
similar
experiences or
problems.

Problem
identification
[overuse of
self].

**Empathy
IS:**

Accurate
understanding of
person's words &
emotion.

Able to accurately
reflect back
words & emotion.

EMPATHY IN ADDICTION COUNSELING


- Providers with higher empathic skill leads to having individuals in treatment who are:
 - Less resistant
 - More likely to stay in treatment
 - More likely to recover
 - Less likely to relapse
- Counselors who are in recovery themselves are neither more nor less effective than others. (NCBI, 2016).

DEVELOP DISCREPANCY

- Change is motivated by an awareness of discrepancy between present behavior & important personal goals.
- Individual receiving services (not provider) should present arguments for change.




DEVELOPING DISCREPANCIES: EXAMPLE



"I hear you saying that you would like to be sober and I also hear you saying that your use helps you feel better."

NOT



"I hear you saying that you would like to be sober but I also hear you saying that your use helps you feel better."

ROLL WITH RESISTANCE

- Avoid direct confrontation.
- Explore resistance.
- Ask for permission to offer insight or feedback.
- Promote autonomy.
- Resistance may mean we need to look at approach.

SUPPORT SELF-EFFICACY

- Express belief that individual can change while building hope.
- Focus on strengths and resiliency.
- Utilize affirmations.
- Create autonomy.
- Staff support/belief in individual can become a self-fulfilling prophecy.



ENHANCING ENGAGEMENT SKILLS

- Speak in past tense/ hypotheticals when possible.
- Create expectancy for positive change.
- Find evidence of regarding the problem.
- Celebrate small successes.
- Normalize.

ENHANCING ENGAGEMENT SKILLS

- Find out when the client has not experienced their problems when they expected they would.
- Depict a time when the problem did/does not occur.
- Find exceptions to the problem behavior.
- Find out about their best moments in thinking about or experiencing themselves.

What if it isn't working?...

- Resistance.
- Definition / dynamic.
- Relationship/connection problem.
- “discord” –two forces not matching up – being on the same page.
- Dissonance.
- Misperception/communication/different agendas.

CHANGE OVERVIEW

Resistance

(Discord)



Ambivalence



Motivation



AMBIVALENCE > RESISTANCE

- Resistance is still movement.
 - Highlights what they value.
- Withdraw from unsupportive/demotivating people.
- “Normal” reaction to OUR discord/resistance.
- What we defend we strengthen.



ENGAGEMENT DANGER ZONES

Arguing for
Change

Questions
and Answers

Being the
Expert

Labeling

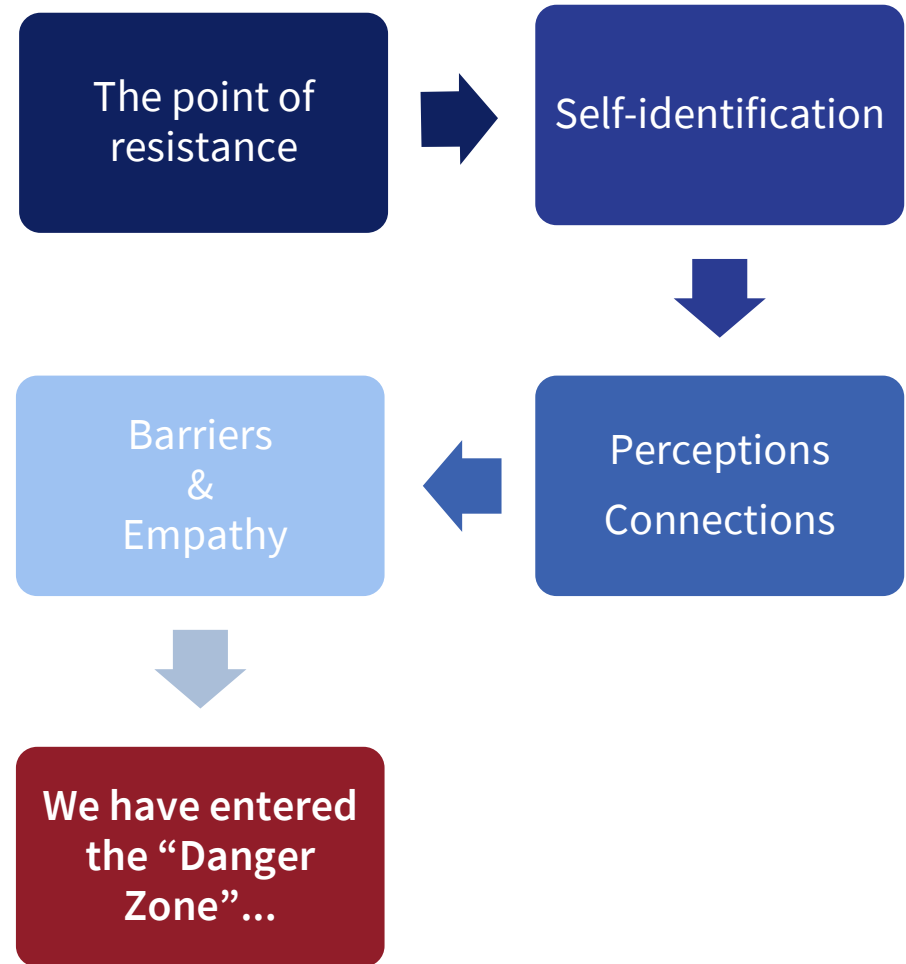
Premature
Focus

Blaming

Chatting



**What happens when
you've done the
work and resistance
(discord) is still
present...**



ARGUING FOR CHANGE



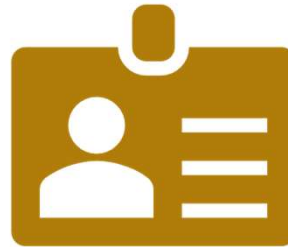
QUESTION AND ANSWER



BEING THE EXPERT



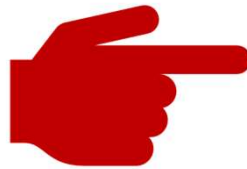
LABELING



PREMATURE FOCUS



BLAMING



CHATTING





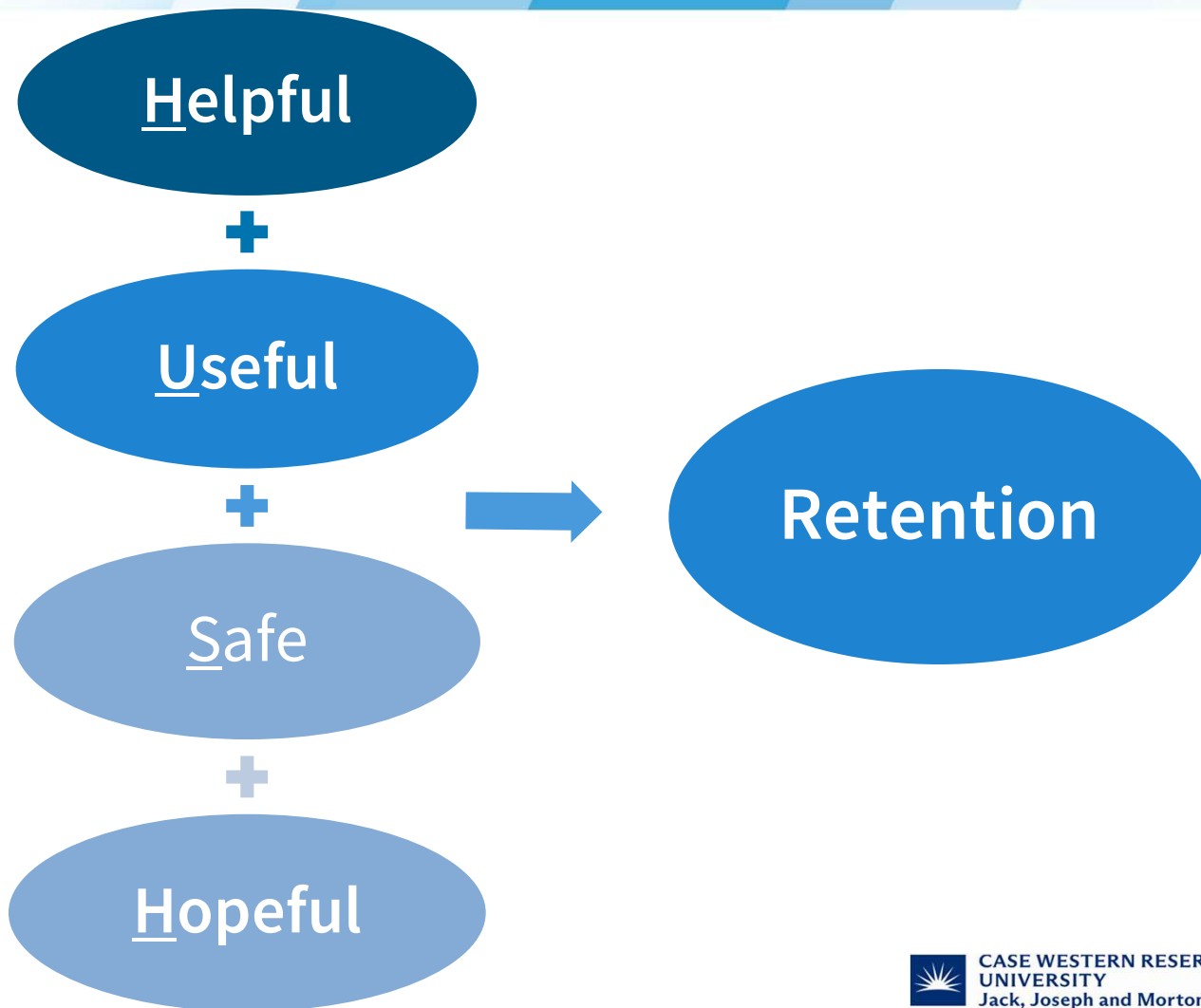
BE A STUDENT OF THE PERSON

- Always increase your self-awareness.
- Acknowledge change is difficult.
- Note benefits of the behavior and the costs of changing.
- Understand the persons' goals, needs and capabilities rather than their behaviors.
- Use the person's language - have a conversation.

RETENTION

- Being in SUD treatment for at least 90 days increases the potential for positive outcomes such as a reduction in substance use and criminal justice involvement.
- Increased motivation, increases retention likelihood.
- Continue to work on removing barriers.
- On-going assessment and engagement.
- Conscious of role of trauma.

People will
return
something
and/or
someone...



HOW DO WE OUTREACH?

- Follow up.
- Call, send letters, go into the community, contact support systems, etc.
- Offer flexible scheduling, incentives, assistance with community and family involvement.
- More than 1 outreach attempt is typically necessary.



Individuals that develop high quality engagement are more likely to attend sessions, discuss triggers, seek help and come back to treatment.

REVIEWING OUR VIGNETTES

- Have your thoughts about engagement and its impact within sessions changed at all?
- How were you able to interact differently than you had in the past?
- What was most surprising to you?
- What skills do you feel you could incorporate into your sessions upon leaving here today?

HOMework

- **Develop your own self-awareness.**
 - Do the background work to help you understand your own perspective and way you interpret things.
- **Focus on:**
 - Checking in with yourself and if your goals are aligned.
 - Rolling with resistance.
 - Increased innovations around engagement.
 - Continuously check to ensure you are not working ahead of or behind the individual's motivation for change.

ADDITIONAL RESOURCES

Additional evidence-based resources to further your exposure to the research about engagement and retention in substance use treatment.

- Engagement and Retention in Substance Abuse Treatment: The Role of the Therapeutic Alliance and Patient Empowerment (Meier et al, 2005)
- Improving Engagement and Retention in Adolescent Substance Abuse Treatment (Hser et al, 2001-2004)
- Promoting Engagement and Retention in Substance Abuse Treatment: An Overview of Current Research and Evidence-Based Practices (NIDA [National Institute on Drug Abuse] 2012)
- Improving Engagement and Retention in Drug Treatment: A Systematic Review of Interventions (Gearing et al, 2014-2022)
- Strategies to Improve Treatment Engagement in Substance Use Disorders (Carroll et al, 2008)
- Enhancing Engagement and Retention in Adult Substance Abuse Treatment: The Role of Continuity of Care (McKay et al, 2009)
- The Necessity of Trauma-Informed Paradigm in Substance Use Disorder Services (Bartholow & Huffman, 2021)

REFERENCES

- American Occupational Therapy Association. (2021). *Addressing Unconscious Bias*. chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.aota.org/practice/practice-essentials/dei/-/media/df7988106d914fd58451e4e59f5740b8.ashx#:~:text=The%20term%20bias%20refers%20to,in%20negative%20or%20positive%20consequences
- American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.). <https://doi.org/10.1176/appi.books.9780890425787>
- Brown B. (2013, December) *Brene Brown on Empathy* [Video]. TED Conferences <https://www.youtube.com/watch?v=1Evwgu369Jw>
- Merriam-Webster Dictionary. (2023). *Compassion*. <https://www.merriam-webster.com/dictionary/compassion>
- National Institute of Mental Health. (2023). *Substance Use and Co-occurring Mental Disorders*. <https://www.nimh.nih.gov/health/topics/substance-use-and-mental-health#:~:text=Occurring%20Mental%20Disorders-,Overview,most%20severe%20form%20of%20SUD.>

REFERENCES CONTINUED

- Nielson EM. Substance Abuse Counselors' Recovery Status and Self-Schemas: Preliminary Implications for Empirically Supported Treatment Implementation. *J Drug Alcohol Res.* 2016;5:235982. doi: 10.4303/jdar/235982. Epub 2016 Aug 12. PMID: 28626597; PMCID: PMC5473661. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5473661/>
- Rollnick, S. & Miller, W. R. (2023). *Motivational Interviewing 4th Edition: Helping People Change and Grow.* The Guilford Press.
- SAMHSA. (2020). *Treatment Improvement TIP 42.* <https://store.samhsa.gov/product/tip-42-substance-use-treatment-persons-co-occurring-disorders/PEP20-02-01-004>
- SAMHSA. (2022). *HHS SAMHSA Release 2022 National Survey on Drug Use and Health Data.* <https://www.samhsa.gov/newsroom/press-announcements/20231113/hhs-samhsa-release-2022-nsduh-data#:~:text=In%202022%2C%2048.7%20million%20people,an%20AUD%20and%20a%20DUD>
- Substance Abuse and Mental Health Services Administration (US); Office of the Surgeon General (US). *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health* [Internet]. Washington (DC): US Department of Health and Human Services; 2016 Nov. CHAPTER 2, THE NEUROBIOLOGY OF SUBSTANCE USE, MISUSE, AND ADDICTION. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK424849/>
- Tuominen, C. (2021). Camilla Tuominen www.camillatuominen.com

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