

Assertive Community Engagement

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TRICIA LAWDAHL - DIRECTOR OF HEALTH AND WELLNESS INITIATIVES
NCPRSS, NBC-HWC, BSN

The Problem-Wrong Target

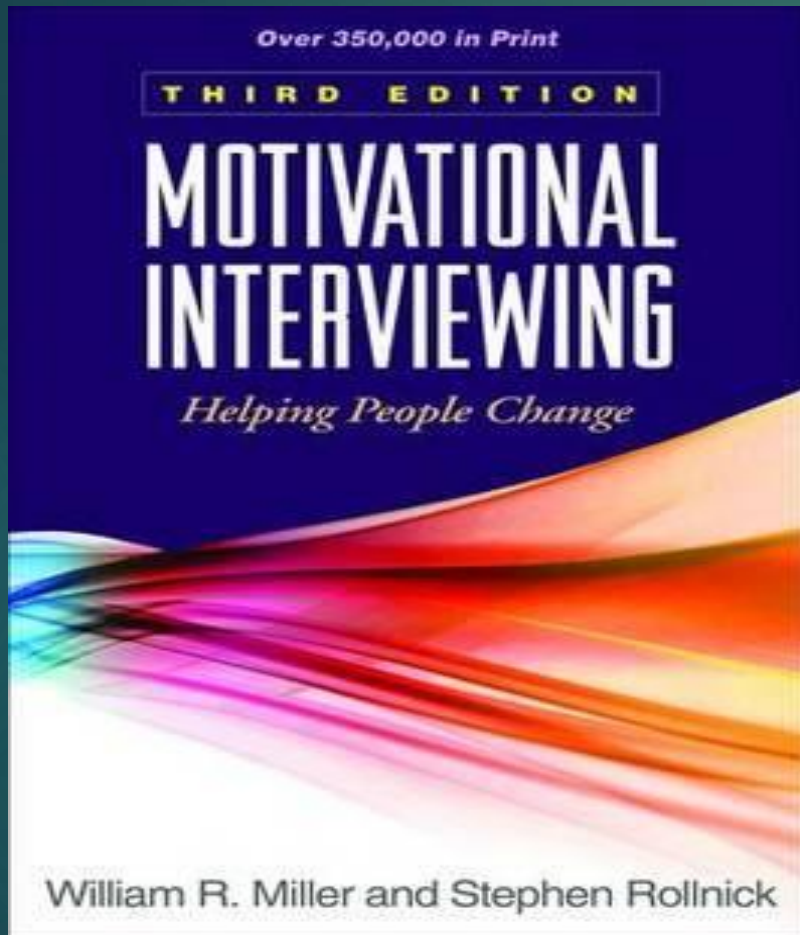


- While we debate best practices
 - 12-step facilitation, CBT, Peer Recovery, M.A.T., inpatient, outpatient etc...
- 90% of people with SUD go untreated/receive no help.
- Of the untouched 90% only about 2% report that this is due to “lack of access”.

The other 98% report:

- I don't think I need it... (94%)
- I need it but not going to seek it (4%)
- The real issue is lack of engagement. Not lack of access.

Classic “denial” Doesn’t Exist



- “Resistance and motivation occur in an interpersonal context. This is now well demonstrated by research, and easy to observe in ordinary practice...Denial in addiction treatment is often not so much a client problem as a counselor skill issue”. (WRM, 3rd edition)

Treatment as Usual (TAU)

- Common Story/Example
- Rehab
 - Discharge—Intensive Outpatient/Outpatient
 - 12-Step meetings
 - Client Disengages (simply stops going to meetings and/or Outpatient Appointments)
 - TAU “waits”...

Assertive Community Engagement

AN EVIDENCE-BASED PRACTICE




ACT/ACE practice principles



- Primary goal is recovery through community treatment and habilitation
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Help is provided where it is needed



- Rather than working with people in an office or hospital, ACE Recovery Coaches work with participants in their homes, neighborhoods, and other places where their problems and stresses arise and where they need support and skills
- 

Help is provided where it is needed



- Rather than seeing participants only a few times a month, ACE team members with different types of expertise contact consumers as often as necessary
- OC Help and support are available 24 hours a day, 7 days a week, 365 days a year, if needed (with boundaries)

No time limit on services

- ACE has no preset limit on how long participants receive services. We do try to empower them to become more independent and self-sufficient. Over time, team members may have less contact with participants, but still remain available for support if it's needed
- Participants are never discharged from ACE programs because they are “noncompliant”

ACE Criteria

Resistant to SUD help/traditional services, Frequent Re-occurrences/Readmissions to the Hospital
Low Recovery Capital with profound deep-level issues other than SUD | Address Domains:

1. Homelessness

2. Mental Health Needs

3. Complex Medical Issues

4. No Family/ Friend Support

None of these alone would qualify for ACE, but 2-3 or more in combo w/ SUD could tip the scales into more time-intensive coaching needs, at least initially. The screening is subjective and will be assessed by Joey Klotz or Tricia Lawdahl on a case-by-case basis. Subject to change as needed.

ACE Criteria



5. Transportation Issues (to necessary recovery-related appts. like ADSAP, Mental Health/Medical Appts., MAT, etc.)

6. No Insurance, Difficulty with Placement

7. Recurrent Financial Issues

8. Needs Disability Benefits

9. Legal Issues

Initial Assessment

1. Introduce yourself and what you do, briefly. (Cold call | Sensitivity to ppt.)
2. Ask for Name/Age
3. What brings you to the hospital/ to reach out for help?
4. Could you share with me a bit about what's been going on with you recently? (Ask permission) Much will be gathered here in a way that also facilitates engagement/collaboration. (MI) This also avoids another list of questions that feel like interrogation.
5. What substance do you primarily use?

Initial Assessment

6. Fill in the blanks related to the Domains.

A. Housing, Support System, Financial status, Work/School, Legal Issues

B. Ppts. Physical and mental state (OD, W/D?, Medical Issues)

7. Remember W.A.I.T

8. Expect Denial and Incomplete Truths. Meet them where they are. Establishing trust is on us.

9. What is most important to you right now? How can I be most helpful to you?

10. Always show compassion, empathy and non-judgment. Our goal is to get them to talk with us again.

lic

r addict

ned addict

addiction [when
substance in use is
opioids]

- Patient
- Person with alcohol use disorder
- Person who misuses alcohol/engages in unhealthy/hazardous alcohol use
- Person in recovery or long-term recovery

associations, punitive attitudes, and individual blame.⁷



REFERENCES

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Questions/Thoughts





1.0 CEU is awarded for this activity approved and accepted by NAADAC

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**2nd & 4th Tuesday/Month
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Unique Challenges of Peers

Date	Topic	Presenter
10/26	Case Management and Goal Setting	Erica Pursley of The Catawba Nation



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Rachel Grater, Program Coordinator
grater@musc.edu

