

Meeting Individuals Where They Are and the Ethics Behind It

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Instilling Hope. Together.

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Goals & Learning Objectives

- Recognize the importance of working with a client as a whole person
 - Learn 2 ways seeing a client as a diagnosis can impact the therapeutic relationship and recovery process.
 - Learn the difference and importance of using person-first versus identify first and how this impacts cultural humility.
- Effectively utilizing stages of change in our practice.
 - Obtain a basic overview of the stages of change and the evidence behind this model.
 - Learn 2 interventions to work with an individual in the early stages of change- precontemplation, contemplation and preparation.
- Building our confidence to avoid the pressure of pushing the agenda of others in the recovery process.
 - Learn 2 reasons pushing a client in ambivalence could hinder the recovery process.
 - Explore 3 ways to build our confidence as professionals to help us continue working at the client's pace and not pushing action steps too soon.
- Explore the importance of community integration starting at the first session
 - Learn 2 reasons connecting individuals with their community is an ethical imperative.
 - Identify 1 way to connect clients to their communities that keeps the professional within their role.

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No Commercial Support

There is no conflict of interest or commercial support for this program



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Who is here today?

- CPS/CRS/CFRS
 - CCHW
 - Counselors- AAC/CAAC/CADC/CAADC
 - Other
- Why this topic is important to us....



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Meet Matt



Matt Deery works fulltime as the Clinical Coordinator for St Luke's Penn Foundation's Peer Support Team. Matt received his bachelor's degree with majors in Business and Religion from Lebanon College. Matt has worked in the behavioral health field since 2016 while working on an Assertive Community Treatment team. He began working as a Certified Peer Specialist in May 2017.

Matt was promoted in March 2022 to Clinical Coordinator. He currently is an active member of the Montgomery County Peer Advisory Committee and the Bucks County Transitional Age Young Adult Work Group. Matt's professional goal is to ensure mental health parity and that individuals are able to access quality peer support services at any level of care, regardless of where they are in their recovery journey or funding source.

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Meet Trish



Trish Nye works full-time for St. Luke's Penn Foundation as the Peer Support Practice Administrator. Trish is also an adjunct for Widener University's MSW program and has a private practice. Trish graduated from Drexel University with a bachelor's degree in Behavioral Health Counseling, her MSW is from Widener University and she received an MBA through Texas A&M as a distance learner. Trish holds an LCSW, CAADC, CPRP, is a Certified Peer and Certified Recovery Specialist.

Trish is also the Vice President of the Board of Directors for the Pennsylvania Peer Support Coalition, and she is the 2nd Vice President of the Board of Directors for the Council of Southeast Pennsylvania. She serves on the Montgomery County Suicide Prevention Taskforce and the Bucks County Suicide Prevention Taskforce.

Most importantly, Trish is a married with three kids ages 2 – 7 (Riley, Raegan & Matthew) who keep her running.

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Why is this Topic so Meaningful for Us?

- Being More than a Diagnosis-
 - Matt never felt he was treated as a diagnosis
 - Trish always felt she was seen as a problem
- Connecting the Right Stage of Change-
 - Matt's natural support system always pushed Action even though he was Contemplative- This caused Matt to freeze
 - Trish's providers pushed Action when she was Contemplative- This caused Trish to discontinue treatment multiple times
- Fostering Change Slowly-
 - Matt's change was slow, and his providers stayed at his pace, this allowed Matt to build momentum in his recovery
 - Trish's natural support system highlight small steps and milestones in her recovery which increased her sense of self-efficacy
- Empowering Community Connection-
 - Matt feels being connected to Peer Support helped him find meaning and purpose
 - Trish's treatment providers required connection to a Recovery Community, this helped springboard her into school and volunteering that brought meaning and purpose

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The Importance of Working With More Than a Diagnosis

- The diagnosis in the chart may be incorrect
- Focusing on the diagnosis could lead to disengagement
- Over emphasis on a diagnosis could lead to unanticipated impacts
- Symptoms could be multicausal
- Focusing on the whole person leads to quality care



(Mojtabai, 2021) (Tip 35, 2019) (Derubeis, 2014) (West, 2021)

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Barriers That Increase Our Focus on the Diagnosis

- Many programs require a diagnosis to be eligible for their service
 - Thus, we unintentionally focus on the diagnosis
- Most programs require a diagnosis to bill
 - When we focus on a diagnosis for billing, we can unintentionally see the person as this diagnosis
- Systematically- it can be challenging not to focus on the diagnosis
 - Most case conferences starts with "20-year-old female diagnosed with major depression and alcohol use disorder"
- Other Reasons.....

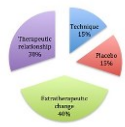


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Strategies to Focus on the Whole Person

- Advocating for an Organizational focus on Person-Centered Healthcare delivery
 - Person-Centered approach can increase overall quality of care
- Being comfortable with the uncomfortable
 - Intentional Peer Support
- Power of curiosity
 - Matt & Debra's first meeting**
- Power of professional humility
 - Person-first vs. Identity-first language

Influencers of Change



(Eatrwick & Watt, 2013)(Goodier, 2021)(Mead, 2019)(Jordan, 2022)

(Lambert, 1999)

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Person First VS Identify First Language

"Autism is just a small part of who I am. I have autism, this is a part of who I am, but does not say everything about me."

"My autism is a part of who I am. I was born with it, it is inseparable from who I am. Identity-first language endorses this for me."

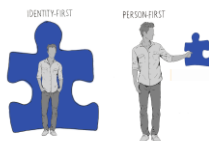
A Person with Autism

An Autistic Person

(Boesman 2023)

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Person First & Identify First



"The most important thing is that the person who it is about is comfortable with the language use."

(Boesman 2023)

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Stages of Change

Poll - Who has been learned about The Stages of Change by Prochaska, Norcross & DiClemente?

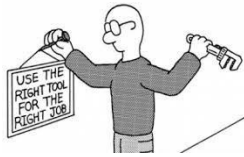
Case Study- Can you identify the stage of change?

Kay is presenting for an initial assessment at an outpatient drug and alcohol program. Kay has been admitted to 25+ inpatient programs and was recently released from County prison. Kay has verbalized she wants to have her daughter back, she doesn't want to continue this cycle and she desperately wants a "normal life". Yet, Kay also verbalizes she has never had a job, has a criminal record and has no family support. Kay then states all of her friends use and while she wants to stop, she can't imagine her life without using as it has become her main coping skill.

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The Importance of Connecting the Right Interventions to the Right Stage of Change

- Stages of Changes is common language for multidisciplinary teams
- Stages of Changes is a Strengths-Based model which recognizes Recovery is not always linear
- Sometimes as Providers we push clients into action prematurely
 - "overt action without insight is likely to lead to temporary change"
- Providers can also get stuck in contemplation with their client
 - "insight alone does not necessarily bring about behavior change"
- Treating every client as if in action stage is incredibly ineffective and can lead to premature relapse
 - 20% Action
 - 35%-40% Contemplation
 - 40%-45% Precontemplation



(Ivey et al., 2019)(Prochaska et al., 2013)(Velicer et al., 1999)

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Barriers to Meeting Clients in Their Current Stage of Change

- One Size Fits All
 - Many programs push action stage interventions
- Comfort Zone
 - Providers often default to interventions they are most comfortable with
- Contrary to Expectations - Recovery is not linear
 - Providers may base their interventions off the stage the individual presented on at initial assessment
- Other Reasons....



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Those Pesky Early Stages

- **Pre-contemplation**
 - Focus on rapport, trust & safety
 - Explore the client perception of the issue
 - Find common ground around goals
- **Contemplation**
 - Normalize ambivalence
 - Embrace Motivational Interviewing to elicit change talk
 - Continuously assess the decisional balance scale by exploring pros/cons
- **Preparation**
 - Develop a change plan
 - Consider framing this as an experiment
 - Explore barriers to action
 - Explore social supports



(SAMHSA, TIP 35)

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Strategies to Effectively Meet our Client Where They Are

- **Stay Curious**
 - Assess Stage of Change at each session
- **Stay Humble**
 - Take Continuing Education for Stages of Change
 - Adapt Interventions
- **Document**
 - Client's Stage of Change should be documented each session
 - This will remind us to match the intervention to the appropriate and current stage



(SAMHSA, TIP 35)

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The Importance of Fostering Growth & Change...

especially when it happens slowly

- **Why is it important to allow folks to change slowly...**
- Builds 'buy-in' and gives the individual agency in their treatment
- By celebrating small wins, we build self-validation skills
- Appreciating dignity in failure creates a realistic perception of being human
- Pushing clients into action prematurely could have negative impacts
 - Could fracture the therapeutic relationship
 - Could lead to the client withdrawing from treatment



Matt's work with Jeffery

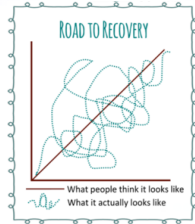
(DeAngelis, 2019); (De Geest & Megawick, 2019)

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Barriers to Recognizing Slow Growth

- Pressure for Outcomes
- Standardized Timelines
- Expectation Gap for Recovery
 - Client's expectations
 - Family & natural support's expectations
 - Provider's expectations
- Other Reasons

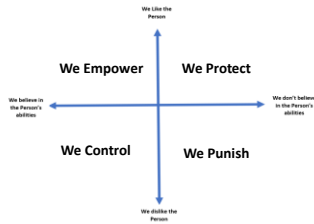
Matt's work with Reggie



(De Geest & Megawick, 2019)

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The Empowerment Quadrant

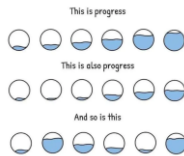


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Strategies to Focus on Small yet Meaningful Changes

- Professional Confidence
 - Professional confidence is linked to stronger therapeutic alliances
 - Professional confidence helps us remain in our role and provide effective support when experiencing the expectation gap
 - We can intentionally increase our professional confidence by assessing where fall in the Empowerment Quadrant for each of our clients
 - We can intentionally increase our professional confidence by seeking out additional supervision
 - We can intentionally increase our professional confidence by Networking and connecting with other professionals in our discipline
- Stay Curious
 - What small achievements has the client made
- Professional Humility
 - We don't know best for the client- Empower the client to take the wheel
 - Remember there is dignity in failure

(Owens & Keller, 2018)(Kovinec, 2015)



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The Importance of Connecting Clients to Their Community

- Most services are designed to end
 - Making it our ethical responsibility to connect clients to natural supports
- Individuals with mental and behavioral health diagnoses experience isolation and lack opportunities to fulfill meaningful roles and activities in their communities.
 - There is abundant evidence that participation in community life positively affects health
- Hospitalization and relapse rates are connected to meaning and purpose
- Community Integration is more than living in the community
 - *physical integration* is comprised of participation in activities of daily living in the broader community
 - *social integration* focuses on social contact with neighbors and other community members outside of services
 - *psychological integration* can be conceptualized as an individual's sense of community and belonging



(havethattalk, 2017)

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Barriers to Community Connection

- We assume it is not our role
- We assume we know the individual's definition of community
- Client may be pre-contemplative and not interested in community connection
- We are afraid to explore this area
 - Fear of rejection for our client
 - Back to our Empowerment Quadrant
- Other Reasons



Trish's work with Kay

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Strategies to Connect Clients to their Community

- Professional Humility
 - Recognize we do not have to be the experts on the client's community
- Stay Curious
 - Supporting clients who may be pre-contemplative or contemplative about connecting to their community
- Clinician's can address cognitive distortions around expectations of community connection
- Mobile supports can partner with exploring community connections
- Peer & Recovery Specialists- Sharing lived experience can normalize anxiety
- All professionals can explore SAMHSA's Four Major Dimensions of Recovery
 - Health, Home, Purpose, & Community



(Townley et al., 2009)(Recovery and Recovery Support, n.d.)

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