Culturally Competent Substance Abuse Treatment for Veterans with Spinal Cord Injuries or Multiple Sclerosis

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Learning Objectives

At the conclusion of the activity, participants will be able to

1. Identify three consequences of substance abuse that are unique to individuals with SCI or MS.
3. List the components of a culturally-competent, comprehensive biopsychosocial substance abuse assessment in people with SCI and MS.
4. Discuss two empirically-supported treatments that can be utilized in treating people with SCI and MS.
Agenda

• Importance of addressing substance use in SCI
• Disability conceptualized as…
  ◦ Multicultural experience
  ◦ Theoretical framework
    • NIDRR New Paradigm of Disability
    • SCI and MS
• Substance use assessment and treatment
• Cultural competence within substance abuse treatment
• Vision for future treatment
Definition of Multiculturalism and Diversity

- Encompasses multiple dimensions that comprise a person’s identity including race, ethnicity, language, sexual orientation, gender, age, disability, class status education, religious/spiritual orientation, and other cultural dimensions
Disability Culture (Gill, 1995)

- Acceptance of human variation
- Matter-of-fact orientation using assistance
- Tolerance for unpredictability and living with uncertainty
- Disability humor
- Skills in managing multiple problems
- A sophisticated future orientation
- A carefully focused capacity for closure in interpersonal communication
- A flexible adaptive approach
Culturally Competent Care

- What is cultural competence?
  - Various definitions exist
    - Lifelong process of acquiring knowledge and experience with diverse groups
    - Involves the consideration of culture in all aspects of clinical work
    - “Application of culturally appropriate skills in clinical and other applied psychological practices”

APA, 2003 (p.390); Hays, 2009
Cultural Competence Model

- Balcazar et al. (2009) identified 4 key components
  - Critical awareness
  - Knowledge
  - Skills development
  - Practice and application
Substance Abuse in the General Population

In Treatment ~2.3 million
Addiction ~25 million
Harmful Use ~68 million
Little or no use

Unmet need for services

(McLellan, 2010)
What is harmful use?

• NIAAA definitions the general population

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
</tr>
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<tbody>
<tr>
<td>Moderate Drinking</td>
<td>2 /day</td>
<td>1 drink/day</td>
</tr>
<tr>
<td>At-Risk Drinking</td>
<td>14/day OR &gt;4 / occasion</td>
<td>7/day OR &gt;3 / occasion</td>
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• These may be different for SCI due to medical issues

(National Institute on Alcohol Abuse and Alcoholism, 2010)
Substance Use in Veterans with SCI

- 1 in 4 Veterans ages 18-24 met criteria for a substance use disorder in 2006 (1.8 million Veterans)
- Substance abuse prevalence in individuals with SCI is greater than in the general population
  - Greater prevalence of use of 10 types of substances than in the general population
- Among those who acquired their SCI in motor vehicle accidents or acts of violence, 40%-80% involved alcohol or drugs

Question

- How might substance abuse interfere with medical care / rehabilitation in SCI?
Correlates of Substance Abuse in SCI

- Substance Abuse associated with
  - Longer length of rehabilitation
  - Poor rehabilitation outcomes
  - Decreased life satisfaction
  - Impaired self-care
  - Poor pain outcomes
  - Increased risk for
    - Seizures
    - Pressure ulcers
    - Urinary tract infections
    - Re-injury
    - Mental health problems (depression, anxiety)
    - Suicide

(Findley, Banerjea, & Sambamoorthi, 2011; Tate et al., 2004)
Substance use and Medication Interactions

- Speeding up or slowing down the effects of prescription and over-the-counter medications
- Weakened judgment
- Decreased coordination (increased falls)
- Drowsiness
- Increased chances of liver and kidney damage
- Alcohol + antibiotics = alcohol intolerance
Substance Use and MS

- There is even less research on SU/MS
- In clinical samples, an estimated 14% have a history of drinking problems
  - 23% heavy drinkers
  - 7% misused illicit drugs or prescription medication
- Alcohol tolerance may diminish as the condition progresses
- Potential neurological damage in a nervous system that is already compromised
- Magnification of cognitive impairment
- Drug interactions
- Poor psychological adjustment
  - Increased depression
  - Suicidal intent

(Bombardier et al., 2004; Feinstein, 2002; Lechtenberg, 1995)
Projected Distribution of Substance Use in Veterans with SCI

In Treatment (1-10% of those who need it)

Addiction

Unmet Service Need

Harmful Use

Little or No Use
The answer…

- There is a disparity in service provision
  - ~1.5-10% of those with SCI/SUD who need treatment receive it
  - No statistics are available for those with MS/SUD
- There are no existing treatment programs for those with SCI and SUD
- Existing treatments do not incorporate culturally competent approaches that include SCI issues

(Adlaf, Smart, & Walsh, 1992; Cherry, 1993; Ogborne & Smart, 1995; Tyas & Rush, 1993)
Substance Use Detection in Primary Care Settings

- One of the most common places for Veterans with SCI/MS to present for care
- Primary Care professionals are the most likely to come into contact with “harmful users”
- Barriers
  - Not in purview (training)
  - Beliefs
    - Substance use is a social or a moral problem
    - Not treatable
    - People with SCI/MS don’t have substance problems
    - They will get angry

Bombadier & Rimmelle, 1998; McClellan, 2011
What kind of services?

- Long-term Treatment: Inpatient Residential, Outpatient/Community
- Early Intervention: Focus on Motivational Enhancement Approaches
- Prevention: Focus on education (e.g., impact of substance use on physical health)
Stages of Change

1. Precontemplation
2. Contemplation
3. Preparation
4. Action
5. Maintenance
6. Relapse

Stable Behavior

Prochaska & DiClemente, 1983
Motivational Enhancement Strategies

- *Use of non-judgmental style, being aware and knowledgeable of disability, gender, cultural, and ethnic differences*
- Express concern that the patient is drinking/using drugs at unhealthy levels known to increase his/her risk of health problems
- Provide feedback linking alcohol use and health including:
  - Personalized feedback (i.e., explaining how alcohol use can interact with patient’s medical concerns)
  - General feedback on health risks associated with drinking
- Advise
  - To abstain or drink below recommended limits
- Support the patient in choosing a drinking goal, if he/she is ready to make a change
  - If patient expresses motivation for change, incorporate discussed goals into treatment plan

(Miller & Rollnick, 1983)
Screening, Brief Intervention, and Referral to Treatment (SBIRT)

- Why SBIRT?
  - Detects early cases of “addiction”
  - Anticipates drug side effects
  - Anticipates potential non-compliance with health care regimen
  - Veterans less likely to fall through the cracks
  - Empirically supported
  - Includes a range of health behaviors
    - Helps identify appropriate level of services based on risk level
  - It’s brief!
    - 5-10 minutes
  - Easy to learn by diverse providers

(Substance Abuse and Mental Health Administration, 2010)
Question:

- What do you think the barriers to treatment are?
Barriers to Treatment

- Cultural insensitivity
- Lack of training of care providers in SCI and disability issues
- Complex medical issues
- Access to caregivers
Barriers to Treatment, cont’

- Limited assistive supports
- Environmental barriers
- Transportation issues
- Need for harm reduction versus abstinence-based treatment for some individuals
What is Needed for Veterans with SCI or MS?

- Flexibility (“thinking outside the box”)
- Attention to co-occurring disorders
- Attention to treatment modalities that meet the unique needs of Veterans with SCI or MS
  - Tailored interventions
- A continuing care model consistent inclusion of cultural competence principles

(McLellan, 2005)
What is needed, cont’

- Clear goals
  - Cessation or reduction of substance use
  - Reduction of occurrence and severity of relapse
  - Improved psychological and social functioning
  - Increased quality of life
  - Improved co-occurring medical and health conditions
  - Reduction in mortality
- Adequate training for treatment staff
- Program evaluation and research

(VA/DoD Clinical Practice Guidelines for Management of Substance Use Disorders, 2009)
The Good news...

- VA DoD Guidelines for Management of Substance Use Disorders already exists
  - Approach needed is already consistent with an integrated, interdisciplinary team approach to treatment
- The VA is the largest integrated healthcare system in the United States
  - Current substance use research encourages integrated health care for substance use problems using a continuing care model
- Just need to adapt it to meet the needs of these heterogeneous populations
Long-term Substance Abuse Treatment

- Assessment
- Treatment Planning
- Intervention
- Addressing psychosocial functioning and recovery environment
- Aftercare / Recovery Plan
- Reinforce and follow-up

Continuous outcome evaluation, assessment of treatment response, and program evaluation

VA/DoD Guidelines
Comprehensive Biopsychosocial Assessment

- Motivational Interviewing approach
  - Consideration of patient’s current stage of change

- Addiction Severity Index (ASI)
  - Medical, employment, drug and alcohol use, legal, family history, family/social relationships, psychiatric history
Assessment cont’

• Additional information specific to SCI and MS
  ◦ Caregiver assessment
  ◦ Comprehensive medical history
    • Include medication adherence
  ◦ Pain assessment
  ◦ SCI adjustment and coping strategies
  ◦ Lab tests for infectious diseases
  ◦ Functional/contextual assessment for substance abuse
  ◦ Survey of assets, supports, and vulnerabilities
  ◦ Patient’s perspective on current problems, treatment goals and preferences
Assessment cont’

- Brief intervention for non-presenting problems
- Other assessments for outcome tracking, program development, and research purposes
Treatment planning

- There is no single correct treatment for substance abuse
  - Must be individualized
    - Co-morbid medical and psychiatric conditions
    - Level of functioning
    - External constraints and supports
    - Stages of change

- Harm reduction approach
  - Abstinence may be the final goal for some, but is not the first goal for all
  - The aim is to reduce harm and increase quality of life
  - Client-centered goals increase the chances of abstinence (e.g., Marlatt, 1998)
    - Most who start with reduction goals culminate with abstinence
Addiction-Focused Evidence-Based Psychosocial Interventions

- No single treatment has emerged as the treatment of choice
- Empirically-supported treatments
  - Behavioral Couples Counseling
  - Cognitive Behavioral Coping Skills Training
  - Community Reinforcement
  - Motivational Enhancement Therapy
  - Twelve-Step Facilitation
- Treatments for dual diagnosis
Interventions Unique to SCI/MS

- Pain management
- Caregiver involvement
  - Family
- Psychoeducation on SCI-specific / MS-specific problems related to substance use
- Vocational rehabilitation
- Recreational therapy
Psychosocial Functioning and Recovery Environment

- Housing needs
  - Transitional housing
  - Sober living
- Vocational needs
- Legal services
- Service coordination with social service or case managers
- Address needs of those who do not live locally
- Psychiatric services in local community
- Community support
Aftercare

- Assure continuity of care in home city
- Family and caregiver involvement
- Refer to appropriate recovery services
  - 12-Step programs
  - Local VA services
- Continued follow-up after discharge
  - Telehealth
  - Use of emerging technologies for aftercare
    - Mobile apps
    - Other relapse prevention interfaces
- Ongoing monitoring of indicators of substance abuse and/or medical consequences in primary care and/or outpatient SU services
  - Urine screens, liver function tests, etc.
- Using the electronic health record for ongoing tracking in primary care and in other areas of the VA
Staffing

- Substance abuse treatment is a highly specialized area
- Staff needs training in SCI, MS, disability-related issues and their interaction with substance abuse problems
- Involvement of
  - Psychology
  - Social Work
  - Addictions Counselors
  - Physical Medicine and Rehabilitation
  - Psychiatry
  - Nursing
  - Recreation Therapy
  - Physical Therapy
  - Occupational Therapy
Research

- Current research on SCI or MS and substance abuse is only descriptive and correlational in nature
- There is a lack of research on
  - SUD screening
  - Treatment program development
  - Treatment outcomes
  - Mechanisms underlying treatment success
  - Optimal treatment components
- Develop clinical practice guidelines
- Represents potential NIH research priorities
  - Veterans
  - Spinal cord injury, multiple sclerosis, disability
  - Substance abuse treatment
  - Co-occurring psychiatric disorders
  - Health care provision disparities
  - Opportunity for translational (bench to bedside) applications
Summary

- Importance of culturally-centered clinical services
- Professionals have an ethical responsibility to use evidence-based approaches
- Call to action
  - Question services available at your facility
  - Discuss importance of comprehensive care
  - Collaborate broadly
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- Questions?
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