



Tips, Tricks, & Tools

Goal:

- To increase participants' understanding of the complexity and inter relatedness of their clients' issues, while discussing techniques and strategies staff can use when supporting clients living with, or at risk for, HIV.

Objectives:

- To provide tools to address issues presented by an individual living with, or at risk for, HIV and substance use and/or mental health issues.
- To provide helpful resources and ideas about future training opportunities and/or programs in order to better serve clients
- To allow participants and opportunity to share experiences and strategize effective responses.

Outline

- Debrief Tic Tac Exercise
- Considering Research Based Evidence
- Strengths Based Practices
- Tools to consider
- Staff Burn Out
- Case Studies

3

Tic Tacs

- Purpose of the exercise?
- Thoughts or realizations?
- Overdosing?
- Strategies employed?

4

Considerations from Research/Evidence

- Prevalence in the general population of concurrent disorder (mental health and substance use disorder) and often higher rates among PHA's.
- Prevalence of trauma and PTSD, especially among women who may use injection drugs, crack, alcohol, be street involved and have experienced sexual violence.
- Higher rates of substance use (alcohol, meth and other 'party drugs') amongst some gay men.
- Higher rates of depression among gay men generally than straight men.
- Higher rates of sexual risk taking amongst those with more severe substance use disorders.

5

Considerations from Research/Evidence

- Higher rates of substance use disorders over lifetime amongst PHA's.
- Associations of certain drugs and their impact on sexual risk taking:
 - crack use and sex trade;
 - gay men, meth, erectile dysfunction, viagra and being a receptive partner;
- Reduced immune function from substance use that may lead to greater susceptibility to HIV)
- Impacts of other factors on risk taking among high risk groups including childhood sexual abuse, fetal alcohol syndrome, childhood traumas and deficits.
- Impacts of living with HIV for many years and potential poverty, higher rates of depression, aging issues, etc
- Lack of comprehensive, integrated and continuous care for triply diagnosed PHA's.

6

Evidence based practice and practice based evidence

- Cultivate a culture of feedback from clients
- Keep the client engaged
- What impacts treatment most is your client's relationship with you
- Consult your colleagues
- Be alert to risk of dropout and treatment failure
- How do you encourage belonging?
 - 12 Step programs are all about belonging

7

Strengths Practice

- Listen to their story
- Acknowledge and validate the pain
- Look for **strengths**
- Ask questions about survival, support, positive times, interests, dreams, goals, and pride
- Point out **strengths**
- Link **strengths** to client's goals and dreams
- Link client to resources to achieve goals and dreams
- Find opportunities for client to be teacher/paraprofessional

8

Indicators of Strength Development

- Feel special and appreciated
- Have learned to set realistic goals and expectations for themselves
- Rely on productive coping strategies that are growth-fostering rather than self-defeating
- View obstacles as challenges to confront – not avoid
- Are aware of their weaknesses and vulnerabilities, but build on strengths
- Strong self-esteem and sense of competence
- Have effective interpersonal skills and can seek out assistance and nurturance
- Know what they can and cannot control in their lives

9

Some Treatment Methods and Considerations

- Solution-focused, Cognitive and Narrative therapies to Ease Depression (SCANED)
- Motivational Interviewing
- Trauma Informed Work
- Grief and Loss work
- Sexual Addiction
- Mindfulness
- Resiliency and Strengths or asset based counselling
- Social Network Theory
- Auricular Acupuncture

10

Mindfulness meditation slows progression of HIV, study shows

"This study provides the first indication that mindfulness meditation stress-management training can have a direct impact on slowing HIV disease progression," said lead study author David Creswell, a research scientist at the Cousins Center for Psychoneuroimmunology at UCLA. "The mindfulness program is a group-based and low-cost treatment, and if this initial finding is replicated in larger samples, it's possible that such training can be used as a powerful complementary treatment for HIV disease, alongside medications."

11

Mindfulness meditation slows progression of HIV, study shows

- Creswell and his colleagues ran an eight-week mindfulness-based stress-reduction (MBSR) meditation program and compared it to a one-day MBSR control seminar, using a stressed and ethnically diverse sample of 48 HIV-positive adults in Los Angeles. Participants in the eight-week group showed no loss of CD4 T cells, indicating that mindfulness meditation training can buffer declines. In contrast, the control group showed significant declines in CD4 T cells from pre-study to post-study. Such declines are a characteristic hallmark of HIV progression.
- Creswell also noted that researchers found a "dose-response" relationship between MBSR class attendance and CD4 T cells, meaning, said Creswell, "the more mindfulness meditation classes people attended, the higher the CD4 T cells at the study's conclusion."
- The researchers were also encouraged because the overall CD4 T cell effects remained even after controlling for a number of factors that could have skewed the study results. Most notably, they found equivalent protective effects for participants whether or not they were on antiretroviral medications for HIV. Even participants taking HIV medications showed the CD4 T cell buffering effect after the mindfulness meditation class, Creswell said.
- There is emerging evidence from other studies that shows that behavioral stress-management programs can buffer HIV declines in HIV-positive people, Creswell noted. And while there has been an exponential increase of interest in and practice of mindfulness meditation in the West over the past 10 years, this study, he said, is the first to show an HIV disease protective effect with mindfulness meditation training.
- In order to understand the health benefits of mindfulness meditation, Creswell and his colleagues at UCLA are now examining the underlying pathways through which mindfulness meditation reduces stress, using brain imaging, genetics and immune system measurements.
- "Given the stress-reduction benefits of mindfulness meditation training, these findings indicate there can be health protective effects not just in people with HIV but in folks who suffer from daily stress," Creswell said.

12

Intrinsic Motivation

- **Highlighting inherent capacities through strengths to spark intrinsic motivation for forward movement.**
- Belief in human potential is tied to the notion that people have untapped, undetermined reservoirs of mental, physical, emotional, social and spiritual abilities. (What would you say is wrong with you? Vs. What are your strengths?)
- In a strengths perspective a **conscious choice** is made to attend exclusively to those aspects that reflect the gains made = **intrinsic motivation**

13

Motivational Interviewing

- A kind of interviewing you can do with your client when they are attempting to make changes
- This particular style of interviewing helps move the client along the stages of change process, from contemplation to action
- This style of interviewing also looks at both pros and cons of the client's current situation, allowing for a fuller picture

14

Motivational Interviewing Staging Exercise

On the following scale, which point best reflects how ready you are at the present time to...Insert Behaviour here...

|-----|-----|-----|-----|-----|-----|-----|-----|
 Not at all ready Thinking about it Making a commitment to it Actively working on it

So you're about a 5, how come you're not a 10?
 So you're about a 5, how come you're not a 1?

15

The Four Windows

Pros for staying the same	Pros of Changing
Cons for staying the same	Cons of changing

16

Bereavement / Grief

- Coping with HIV, loss and grief
- Long term survivors and substance use
- How do you and your organization deal with grief and loss?

17

Burn-out

- What is burn-out?
 - A state of long-term exhaustion
 - A gradual process where staff have difficulty balancing their commitment and motivation with the stresses in their work

Burn-out

- Burn-out is defined as
 - A syndrome of emotional fatigue, alienation and reduced abilities
 - It is a serious condition in which people suffer from a negative change in feelings, attitude and expectations
 - Often followed by severe problems at the workplace as well as in the private context
 - Affected persons experience fatigue, tiredness and reduced work abilities

Burn-out

- Front line staff are prone to burn-out at work
- The likelihood of burn-out can be predicted in environments where people face
 - Long hours
 - Stressful working environments

Symptoms indicating staff burn-out

- **Behavioural**
 - Frequent clockwatching
 - Postponing work
 - Stereotyping clients
 - Working harder and getting less done
 - Increasing reliance on rules and regulations: “Going by the book”

Symptoms indicating staff burn-out

- **Behavioural**
 - Avoiding discussion of work with colleagues
 - Excessive use of drugs and alcohol
 - Marital and family conflict
 - High absenteeism
 - Irritability
 - Avoiding responsibility at work

Symptoms indicating staff burn-out

- **Psychological**
 - Not wanting to go to work every day
 - Feelings of failure, anger and resentment, discouragement and indifference
 - Feeling negative
 - Self-preoccupation
 - Feeling powerless and hopeless

Symptoms indicating staff burn-out

- **Psychological**
 - Rigidity in thinking and resistance to change
 - Suspiciousness and paranoia
 - Anxiety
 - Depression

Symptoms indicating staff burn-out

- **Physical**
 - Feeling tired during workday
 - Exhaustion
 - Not sleeping well
 - Frequent colds and flu
 - Frequent headaches
 - Frequent gastro-intestinal disturbances
 - Frequent vague aches and pains

Strategies for coping with stress and burn-out

- **Exercise:** After a day at work it can be very relaxing to do some cardiovascular activities such as walking, swimming, and jogging.
- **Don't bring work home with you:** If you have to bring work home get it done as early in the evening as possible leaving yourself time to relax and unwind.
- **Don't schedule all of your leisure time:** You are regulated while at work so leave yourself some "open space."
- **Get plenty of sleep:** If you are well rested, problems do not always seem so large in the morning.

Strategies for coping with stress and burn-out

- **Take up a project or hobby:** that you enjoy and helps you to forget about work for a while.
- **Keep a "to do" list:** Review it daily and do at least one or two things. As the list gets smaller, you will feel a sense of achievement.
- **Be aware of and recognize and accept your limitations:** Don't set unreasonable tasks for yourself.
- **Learn to plan:** Think ahead and develop your own method of getting your work done in an orderly manner.
- **Take a shower:** take a shower at the end of a work day and wash the days worries down the drain. Put on a new set of clothes and become a new person for the rest of the night.

Strategies for coping with stress and burn-out

- **Counselling** is another response to help people who are experiencing stress or burn-out

Case Studies

Purpose:

- To identify and explore how to work with those clients who may challenge me most in terms of values, attitudes and beliefs.

29

Bill

Bill is a 52 year old gay man who has had HIV for 18 years. He has had numerous depressions over those years and has chronic low energy and fatigue. 8 months ago his roommate suggested he "smoke a bowl" of crystal meth to help pick him up. He tried it and got his apartment cleaned for the first time in months. Now he is partying regularly with other poz-guys and having lots of sex for the first time in years. Bill is now looking to reduce his use but is having trouble doing that.



30

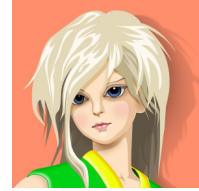
Questions to consider...

- What's Bill's source of income?
- Why does Bill have a roommate?
- What impact might his use have on his HIV treatment?
- What might help Bill reduce his risks of transmitting HIV?
- How has this affected Bill's social and family life?

31

Sally

Sally is a 19 year old who injects. She is currently in a relationship with an HIV positive man. You know he is HIV positive as he is a former client of your agency but Sally does not know he has HIV. Sally has also said she is pregnant.



32

Questions to consider...

- What do you do with the information that her partner is HIV positive?
- Do you promote testing?
- Current substance using practices? Other non-injection use?
- Does she drink alcohol? Smoke cigarettes?
- Is she receiving pre-natal care?
- If she has a Dr, are they aware of special birthing procedures and where to get those in Ontario?
- Other medical complications?
- What is her housing situation?
- How do you talk with Sally about her fear of HIV infection?
- Are there other risk factors for infection?
- What is her Hepatitis C status?
- Is the CAS involved?
- Does she have access to Ontario Works or ODSP?

33

Fred

Fred is a 32 year old heterosexual who uses injection drugs. He was diagnosed HIV positive 3 years ago when he was accessing the local methadone clinic. Since then, he has spent most of his time in jail or in treatment facilities. Fred has become "institutionalized". Fred has fetal alcohol syndrome and is unsure how he got HIV or what the consequences might be.



34

Questions to consider...

- Is he still using? What and how does he use?
- Does he use alone or with others?
- What is his source of income?
- Was contact tracing done by him or public health after his positive test?
- Does he have any outstanding legal issues?
- What harm reduction strategies can you encourage?
- Is he capable of understanding and disclosing his status to sexual or drug using partners?
- Does he have stable housing?
- Any family supports?
- Is he still on methadone?

35

Paul

Paul is a 44 year old gay man who's long term relationship ended about six months ago. At that time, neither of them were HIV positive. Paul's behaviour has changed, he's hooking up with guys online and is drinking and using party drugs and Viagra. He tested HIV positive a month ago. He now is looking to hook up with other Poz guys.



36

Questions to consider...

- What else about his behaviour has changed?
- How does he feel about his sero-status? Has he contacted partners?
- What is his relationship with his previous partner?
- Is he receiving medical care? Is he on HIV meds?
- Are you comfortable discussing safer sex and harm reduction practices with him?
- What are the other risks if he's having unsafe sex?
- What has provoked the unsafe behaviour?

37

Tom

Tom is a 22 year old bisexual man. He drinks and uses cocaine. He supports himself as a sex trade worker, both on the street and online. Tom was diagnosed HIV positive 18 months ago and tells everyone his sero-status. He says he wants to get clean and stop turning tricks but says he can't.



38

Questions to consider...

- How does he use cocaine? With whom?
- What safer sex practices does he use?
- What kind of support system does he have?
- Does he have any other source of income?
- Does he have a Dr?
- Is he on HIV meds?
- Does he have stable housing?

39

Carol

Carol is a 37 year old mother of two children. She has just been released from prison where she served 18 months for trafficking. She tested positive for HIV and Hep C in jail. Carol is still in shock from this and is in great distress. She cries a lot, apologizes a lot and is in the office daily seeking help. Her family has cut her off from any support and her kids are in care.



40

Questions to consider...

- Is she on methadone?
- What support does she have?
- Is she receiving OW or ODSP?
- Does she have medical care and is she on HIV meds?
- What are the immediate concerns you have for her?
- Is she stably housed?
- Any other medical issues?

41

Resources

- **Over the influence : the harm reduction guide for managing drugs and alcohol** / Patt Denning, Jeannie Little and Adina Glickman – New York : Guilford Press, c2004.
- **Practicing Harm reduction Psychotherapy: An alternative approach to addiction** / Patt Denning – New York: Guilford Press, c2000.
- **Injection drug use and HIV/AIDS : [info sheets 1-13]** / Canadian HIV/AIDS Legal Network – Montreal : The Network, c2005.
www.aidslaw.ca/publications/publicationsdocEN.php?ref=74
(Legal and ethical issues around injection drug use)

42

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The logo features a stylized orange figure with arms raised, set against a white background with a thin orange border.

O N T A R I O
HIV & Substance Use
Training Program

43