

Harm Reduction Treatment (HaRT) Abbreviated Interim Treatment Manual*

by

Susan E. Collins, PhD - HaRT3S

in collaboration with staff and faculty at the
Harm Reduction Research and Treatment (HaRRT) Center
University of Washington – Harborview Medical Center

Acknowledgments: We need to thank many people who have inspired the content of this manual. First, we acknowledge the individuals who contributed to various earlier iterations of this manual, including Seema Clifasefi, Cat Cunningham, Mark Duncan, Lonnie Nelson, and Brian Smart. We need also to thank our colleagues Michele Andrasik, Patt Denning, Chris Dunn, Bonnie Duran, Mary Larimer, Jeannie Little, Joe Merrill, Rick Ries, and Andy Saxon for their collective wisdom that has informed this work over the years. We would be nowhere without the countless participants, community consultants, community advisory board members, and community partners at DESC, REACH and the Dutch Shisler Sobering Center, whose collaboration has supported this work. We are grateful to the HaRRT Center contributing staff and faculty members. We must mention in particular Silvi Goldstein, Gail Hoffmann, Victor King, Nigel Mayberry, Joey Stanton, Ellie Taylor, Emily Taylor, and Tatiana Ubay. We honor the memory of our mentor, G. Alan Marlatt, who inspired many generations of clinicians to push the boundaries of the possible to better serve substance users and support their pathways to recovery.

***Please note:** This is an abbreviated manual printed for specific training purposes only. We are currently revising the introduction to this manual to reflect the updated rationale for the practice, the current evidence base, and more detailed descriptions of the HaRT mindset and heart-set. **Please do not distribute this abbreviated manual beyond this specific training and its attendees.** Thank you for your understanding!

Initial HaRT Session

The key components of the initial session include:

- Opening the session (5 min)
- Eliciting clients' reasons for seeking HaRT (5 min)
- Explaining the HaRT rationale and providing an orientation to the session (5 min)
- Reviewing substance-use assessment and client-led tracking (5 min)
- Establishing harm-reduction goals (10 min)
- Introducing safer substance-use strategies (10 min)
- Wrapping up (5 min)

Opening the session

Greet clients. If possible, offer them light refreshments (e.g., coffee, water or juice), and thank them for taking the time to meet with you.

Eliciting clients' reasons for seeking HaRT

Inquire about clients' reasons for seeking HaRT: "What brought you to this session today?" Elicit the client's story using the OARS and active listening skills. This will help you assess how much clients understand about their own use, their motivation for change, their current understanding of HaRT, and their current clinical disposition.

Note: When clients arrive it is important to turn on your "emotional radar." In our research and clinical work, we have observed that clients are often sensitive to what they perceive in the person across from them. In essence, we have found that these clients—as all of us—tend to give back what they are given. It is therefore important to show respect, warmth and model (not intrusively impose) well-placed boundaries from the first intervention contact. What is typically considered to be a "nonspecific treatment effect" often serves as a powerful intervention and sets the tone for a positive interaction.

Explaining HaRT rationale and orientation to HaRT

Introduce yourself and HaRT using your adaptation of the script found here and on handout 1:

I am a [title, job description] at [place]. I do harm-reduction treatment. This is a different approach to substance-use treatment. When we meet, I will not require, ask or advise you to stop or cut down your substance use or change your use in any way you do not want to. Instead, my focus is to understand what your goals, intentions, or visions for your future are, and I will work to support you in moving towards those. I will also help you assess the relative risks of your substance-use behavior so you can make your own informed decisions about your substance use. Ultimately, in harm reduction, we want to help people and communities reduce their substance-related harm—the problems people experience due to substance use—and improve their quality of life on their own terms and on their own timeline.

How does that sound to you?

Briefly review the overarching timeline for your treatment course so clients have clear expectations about upcoming visits. Discuss the agenda for the initial session specifically, and elicit and respond to clients' questions. As applicable: Ask clients' permission to record the session. Let clients know this is for review in case consultation with supervisors and is primarily for quality control of your work.

Review substance-use assessment

Next, review clients' substance-use assessment based on the questionnaires and measures (e.g., substance-use quantity/frequency, substance-related harm, quality of life and/or biomarkers) you are using with clients.¹ It is

Note: Preface the delivery of feedback by indicating you care about the client and you care about the work you are doing together. You want to be accountable to the client about how HaRT is working. One way to check this is to measure people's outcomes over time. We can regularly review some different ways of measuring how things are going, having the clients choose what is most important to them, and tracking that outcome. As you deliver the feedback, be sure to check in with clients, asking, with a sense of gentle curiosity: "Does that sound about right to you?" "What does that number mean to you?" And so forth.

important to be nonjudgmental and compassionate in your delivery and to focus on specific examples and numbers they reported. Here are some examples of how feedback may be delivered using different measures:

-Looking at the questions you answered before with [assessment person], it appears you are currently using xx on xx days a month. On a typical day, you said you drink xx drinks. On your heaviest day in the past month, you said you drank xx.

-You also said you have been experiencing some negative side effects, such as... [Fill in specific examples from the Short Inventory of Problems]

-In harm reduction, we also really care about how you are feeling—not just about substance use. Let's look at where you are at on the quality-of-life measure.

-Note: For an example of a conversation involving liver function tests, please see Appendix A.

After introducing the feedback for one of the measures, elicit clients' responses to it: "Does that sound about right to you?" "What does that number mean to you?" This will help you gauge if you are correct in your summary and what clients are doing with that information.

Client-led Tracking

In the handout packet, you will find blank tracking progress grids on which you can help clients record the substance-use outcomes of their choice (y-axis) and track their progress over time (x-axis). The outcomes they chose to track and the tracking itself should be left to the client to decide. You might say:

Often, people find it helpful to track their substance-use and quality-of-life outcomes [use, harm, QoL, biomarkers] over time so they can see how these things change. Which of these would you like to track over time?

Great! Each [name timeframe here], we will be tracking these outcomes as one way to check in and see how things are going from [time to time].

How does that sound?

Depending on the treatment trajectory for clients, you can repeat this process of assessment, feedback and tracking at each session or at regular intervals. I typically will do this once a month for longer-term clients and once every two weeks for shorter-term clients.

¹ We strongly suggest that you work together with clients to administer the questionnaires you choose—at least at the initial meeting. One member of our team with lived experience noted that we clinicians must "remember that these questions take people to places they don't want to go." They can adversely affect clients if they are administered without adequate context and compassion. Remember not to fall into the "assessment trap"!

Establishing Client-driven Goals

Some clients have goals in mind when they talk to a treatment professional. Others may have given this topic less thought. Still others are convinced that **you** believe the only legitimate goal is abstinence and might feel compelled to say what they think you would like to hear. This is why it is important to use simple, open-ended questions to elicit treatment goals that clients believe are reachable and desirable. These treatment goals should be viewed as the most important therapeutic outcomes for the treatment.

Again, the most important job you have is to understand what the client thinks is important and support this. Make this a fluid conversation in which you get to know the goals that are closest to your client’s heart. Have them tell you stories about what they want to see happen for themselves and why and reinforce these goals.

You may elicit these goals by asking:

- *We will be meeting over the next [xxtime]. What kinds of things would you like to see happen for yourself?*
- *Some people call this a goal. (Write these down under “Client’s Goals” on the SHaRE form in handouts.)*
- *What else?/What other goals are you interested in achieving for yourself?*
- *Do you foresee any barriers to achieving these goals?*
- *What can I do to help you work towards that goal?*

In our research studies, clients have said that experiencing successes with goals that are affirmed and praised by interventionists is very important. Thus, **we want individuals’ goals—particularly those in the earlier sessions—do be achievable within the next week to ensure this process builds clients’ self-efficacy about goal-setting and achievement.**

So, if clients mention larger goals that may be difficult to achieve right away (e.g., “reconnecting with my son”), help them to break these goals down into more achievable pieces. You might say, *“That’s a great goal [affirmation]! It’s also a big goal. What do you think is the first step in achieving that goal?”*

You may then help clients visualize the stepwise nature of goal-setting using the visual aid in Handout 4. You might record a larger goal (e.g., reconnecting with son) in the top step, and going back down to the bottom step and asking the client to name the first step towards that larger goal. This could be used from week to week to make incremental progress towards a larger goal.

Goals are recorded on the SHaRE (see handout 5). If you have broken down larger goals into smaller goals for the following week, write in the smaller goal first at the numbered line. Then, in parentheses, write down the larger goal on the same line. As you write down goals in on the SHaRE form, help clients copy the same onto the handout to take with them (see Handout B).

Introducing safer-use strategies

Even if clients are not interested in reducing use or achieving abstinence, there are still things they can do to decrease the risk of harm they experience due to substance use. You can now introduce the safer-use strategies that best apply to their current substance use and goals (see Handouts 7-9). You will engage clients in a discussion of the safer-use strategies that they may try out over the next few weeks.

To introduce this discussion, you might say:

We have been talking about your goals/things you would like to see happen for yourself in the next week. One thing you mentioned is reducing negative side

Note: the client does NOT need to mention alcohol or other drug use reduction or abstinence goals.

The word “goal” may not resonate with all clients. Pay attention to the words they use and use those instead (e.g., intentions, hopes, visions for the future, dreams).

Note: Goals must be of a nature AND number that is achievable by the next session. So, even if clients are enthusiastic, help them break larger goals down and ensure the number is manageable. Be sure to provide affirmation and praise when clients reach goals. The most important intent of setting and achieving goals in HaRT is to build clients’ self-efficacy about the process.

effects—the substance-related harm you experience [or one thing that some people find helpful is also reducing negative side effects from substance use—your substance-related harm].

Show the Safer-use Strategies (see Handouts 7-9) to clients and introduce it by saying:

“These are ways you can stay safer and healthier, even if continue using substances. This first category represents things you can do to stay healthier without changing your use at all. This includes... (Name a couple of examples.) The second category includes ways to change the way in which you use to reduce your substance-related harm. (Name a couple of examples.) Finally, you can change how much you use. [If client is physically dependent, add the following statement.] Be sure, however, you consider the importance of avoiding withdrawal. It can be life-threatening if you are self-withdrawing from alcohol or benzos. Withdrawal from other substances can be very unpleasant. We can discuss ways to avoid this happening to you.

Note: Some clinicians understandably have concerns about “enabling” clients to use if they talk about safer use strategies. Fortunately, we have conducted research showing that harm-reduction approaches that do not require abstinence or use reduction and strive to help people reduce substance-related harm are associated with **reduced use and even abstinence**. Thus, talking about safer use is unlikely to harm clients. Most important, safer-use strategies may help keep clients alive. And if clients are still alive, they can stay clinically connected and have ongoing chances to make positive behavior changes for themselves, their families and their communities.

Suggestions for discussing safer-use strategies:

- If they have already mentioned wanting to reduce their use or use more safely as one of their goals, this can be pointed out on the list, and this goal can be reinforced as a step towards safer use.
- Introduce the three main categories of safer use strategies, providing one or two examples for each category as outlined above. We do not recommend going over every single strategy. That gets too didactic and time-consuming.
- Inquire if they have ever tried any of the things on the list to reduce the harm they experience while using substances (*“These are some tips that you can use to stay safer and healthier, even if you continue to use. Have you ever tried doing anything on this list before?”*)
- If so, ask clients: *“How did that go?”* or *“What was that like for you?”*
- Support clients’ self-efficacy by reinforcing these efforts (e.g., *“It’s great that you have decided to not use meth on days you sell your Real Change papers. What made you decide to do that? ... How were you able to do that?”*)
- Ask if they would be interested in choosing a safer-use strategy to try out over the next week. Check or circle these for clients. Clients can also add their own tips. Also, note these on the SHaRE under “Client’s Safer Substance-use Plan.”
- As clients choose their safer-use strategies, you can casually mention why that is a safer choice based on what we have covered in the training. For example, after a client decides to avoid mixing drugs, you can affirm that: *“Sounds like a good choice! Avoiding mixing crack and alcohol is a healthier decision because crack revs your heart up while alcohol slows it down. That means your body has two forces fighting each other which puts a strain on your heart.”* Or, *“Taking vitamins like B12, folate and thiamine can help protect your brain from damage when you drink. You can ask your provider or case manager how to get those. We especially recommend prenatal vitamins.”*
- Inform clients you will check in with them during the next meeting about their safer-use strategies to see how it worked out for them.
- Clients should receive the safer-use strategies handout (with their harm reduction goals on the back) to take with them (see Handouts 6-9).

Wrapping up

Thank clients for their time and willingness to talk to you. Let clients know that you value their feedback about the session and that you would like to ask them how they felt it went and what you could do to improve the usefulness of these appointments. If they have suggestions, be sure to take these on board for future sessions. Be sure they have

their copy of the safer-use strategies/goals. Schedule clients for their next appointment. Ask them if they have any further questions.

Follow-up HaRT Sessions

The key components of follow-up sessions include:

- Opening the session (2 min)
- Reviewing substance-use assessment and client-led tracking (5 min)
- Checking in about goals established in the prior session/establishing next set of goals (10 min)
- Checking in about safer substance-use plan established in the prior session/establishing new plan (10 min)
- Wrapping up (5 min)

Prior to this session, review clients' substance-use assessment, previously stated goals, safer substance-use plans, concerns and/or questions to prepare for the session. Note: Follow-up sessions will likely take less time than the initial session. Leftover time in sessions can be used troubleshooting and reinforcing positive changes. You can also use this time to introduce new interventions, like mindfulness or behavioral tools (as long as they align with the HaRT mindset and heart-set), and new assessment and feedback tools, like the decisional balance. I especially like the decisional balance as an add-on because it allows you to assess the positive things clients like about their use as well as the not-so-good things. By acknowledging the "whole picture," you can build a better therapeutic alliance, assess where a client is in their motivation for change, and understand what their substance use is "doing" for them. You can then creatively brainstorm how clients may achieve the positive things they like about their substance use while minimizing the not-so-good things.

Opening the Session

Greet clients, offer them light refreshments, and thank them for taking the time to talk to you. Briefly review the treatment course timeline so clients have clear expectations about upcoming visits as well as the day's agenda. Elicit any questions clients have. After you are done with this introduction, ask if it's ok to audio record the session for quality improvement.

Reviewing substance-use assessment and participant-led tracking

Next, review clients' substance-use assessment based on their responses to the questionnaires and/or measures. It is important to be nonjudgmental and compassionate in doing so and to focus on specific examples and numbers they reported as you did in the initial session.

Then, ask clients if they would like to look at their tracking form to see how this fits in to the larger picture. You or the client can add the day's data point to its respective position on the tracking chart. If clients' substance use and/or side effects have decreased, be sure they note that on the chart. Elicit a story from the client about how they were able to make those changes, how that went and how they feel about it. This is affirming in and of itself, but also be sure to provide affirmation for the positive steps they are taking towards being safer and healthier.

If individuals wanted to make changes but were unable to, affirm them for having come to the session—that is a really huge step towards making a change--and working towards other goals in the next section. Affirm them for other things that they have been doing positively.

Client-driven goals

Ask clients about their progress towards their goals. For example,

"Last time we discussed your goals. You told me you were interested in going to the library more. Specifically, you had planned to go on Wednesday. I wanted to check in and see how that went for you?"

Using open-ended questions and prompts, you can encourage clients to tell you about their experiences. **Focus on eliciting a story and NOT simply asking about whether they achieved the goal or not.** Additionally, **verbally reinforce any positive steps they have taken towards achieving their goals.** Record clients' progress towards or

achieved goals in the appropriate place on the SHaRE form section for the previous visit, and add comments as necessary.

Next, using the dialogue suggested in the initial session, elicit and support additional goals for focus in the next [use appropriate time frame]. For example, you could say, *“So, over the next week until we see each other again, what would you like to see happen for yourself?”* Record these on both clients’ new handout and on the SHaRE form.

Safer-use strategies

Check in about clients’ safer substance-use strategies they had committed to during the previous meeting. You can prompt them by saying,

“Last time, you told me you wanted to try the “less is more” strategy. Specifically, you were going to try to stick to six regular beers instead of drinking four 211s each day. How did that go?”

“Last time, you mentioned wanting to set a daily dollar limit--\$10/day--on your meth use. How did that go?”

“Last time, you said you were going to stop by the U-District needle exchange to get clean works. How did that go?”

Again, be sure to **elicit a story** versus simply checking off whether they had achieved or not achieved the safer-use step.

Record achievement of safer-use steps on the SHaRE form for the previous visit. Then, refer clients to the Safer-use strategies worksheet, and ask clients what safer-use strategies they would be interested in trying until the next session using the suggested prompts provided in the initial session. Circle or check these so clients can see which ones they endorsed. These should also be recorded on the SHaRE under “Client’s safer substance-use plan.”

General notes on safer substance-use/goals assessments

If clients report having achieved their goals/safer substance-use plans, be sure to reinforce that:

“Congratulations on making this commitment and sticking to it! What was that like sticking to your goal/safer substance-use plan this month?” [or “What differences did you notice?”]

If clients report not having achieved their goals/safer substance-use plan, be sure to encourage them to try again using nonjudgmental and supportive language. You should be sure to convey warmth, compassion and pragmatism, regardless of their response. You might say:

“Change can occur in small steps. Even committing to this goal/safer substance-use plan is another step towards reducing your harm. What do you think about trying towards this goal/safer substance-use plan again for this next month?”

To elicit barriers, you might say:

“Ok, you tried [xx] over the past week, and it didn’t work out quite the way you wanted it to. Why do you think that might be?/What could you do differently this week to try again?”

You can also ask clients:

“On a scale from 0 to 10, where 0 is not at all important and 10 is very important, how important is this goal/safer substance-use plan to you?”

“On a scale from 0 to 10, how confident are you that you can achieve this goal/safer substance-use plan?”

If this is a lower number, ask clients, *“What would it take for you to move from a 3 to a 6?”* And help them problem solve around this. *“What can I do to help you achieve this goal/safer substance-use plan?”* If they are no longer interested in that goal/safer substance-use plan, elicit new strategies that resonate more with them where they are currently at.

Regardless of clients’ outcomes, you should take this opportunity to provide affirmation for coming to the meeting:

“The fact that you came in today shows your commitment to working towards your goals and safer substance use. That’s great!”

Ask clients about any other efforts they have been making since you last saw them—maybe working with their case manager, going to support groups or going to spiritual services. Be sure to reinforce those other, related efforts as well.

Wrapping up

Thank clients for their time and openness in talking to you. Let clients know that you value their feedback about the session and that you would like to ask them how they felt it went and what you could do to improve the usefulness of these meetings. Be sure they have their copy of the safer substance-use steps/goals. Schedule clients for their next follow-up appointment. Ask them if they have any further questions.

Appendix A

This is a template for how to deliver feedback on biomarkers—in this case, liver function tests or LFTs. It is important to first give clients some context for what the biomarkers mean generally. For example,

Your liver is extremely important to your health. It produces energy your body needs, and it filters and neutralizes impurities and poisons in your bloodstream. It is especially important to monitor how the liver is doing when you drink, because alcohol damages the liver by causing inflammation. If this inflammation becomes chronic, it causes liver scarring and, in some cases, it causes liver cells to die. This is called cirrhosis. Even before people develop cirrhosis, we can see the physical changes in the liver as a leakage of chemicals into the blood. When this happens, we see high values on these blood tests.

You might ask at this point, “Have you heard this before?” or “Does this make sense?” to involve clients in the discussion and confirm their comprehension.

If LFTs are within normal ranges, you might say:

Our lab tests indicate that your LFTs are within the normal range. This is not a guarantee that you have no liver damage at all, but it indicates your liver is functioning as expected. This is also a good sign because you can probably reduce your experience of alcohol problems before it does permanent damage. We will talk about some ways you might be able to do this later on.

If liver function tests are abnormal:

Our lab tests indicate that your LFTs are above the normal range, which means that your liver is not functioning normally and may already have some physical damage. This damage can be caused by use of alcohol and/or other drugs and certain illnesses like hepatitis. Fortunately, you may be able to reduce some of the harm done to your liver. We will talk about some ways you might be able to do this later on.