The Learning Curve Institute
bespoke training in mental health, addiction and best practice in the workplace

Solution Focused Harm Reduction

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What I hope to do in this webinar

- Provide some background information on my work
- Discuss the similarities of SFBT and Harm Reduction
- Describe how they can work together
- Have some fun….

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A Little Introduction

- I have worked in the caring profession for over 30 years
- I initially qualified in addiction work, then I qualified as a Social Worker and I now work as a Clinical psychologist
- I have worked in Direct access hostels, detox's , rehabs and outreach work
- I worked as a manager in one of the first "wet" services in London
- I was first introduced to Solution Focused work in 1992

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People are doing the best that they can, given the circumstances they are in.

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What is Harm Reduction

In it's simplest form Harm Reduction is the process of reducing the harms that exist with drug and/or alcohol use.

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Harm Reduction… Continued

- It is aimed at working with clients "where they are at".
- Abstinence is not the primary goal.
- Any reduction or stabilisation in drug use is determined by the person.

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Principles of Harm Reduction Therapy/Treatment

- Engagement in treatment is a primary goal
- Many users are unwilling or unable to stop
- Abandon the abstinence requirement
- Use a lower threshold for treatment

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Principles of Harm Reduction

- Drug use can be seen along a continuum of risk i.e. ways in which drugs are used may increase risk
- As a result any reduction in drug use or safer use practices can be viewed as success
- By reducing drug use or using in a safer way, the client is beginning a process of positive change

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What Harm Reduction is not…

- Harm Reduction does not advocate or condone alcohol or drug use.
- It is not coercive.
- It does not ignore or minimize the many "down-sides" of drug use (such as death, arrest or illness).

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Common arguments for and against…

- **Against Harm Reduction:**
- Condones drug use
- Encourages use
- We accept defeat in the "War on Drugs"
- Sends "the wrong message"…

- **For Harm Reduction:**
- Works with people where they are at
- Provides options for those unwilling or unable to aim for abstinence
- Lessens the pressure on Emergency Departments
- Saves lives

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How do you think a Solution focused Approach may work with Harm Reduction ?

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A Solution Focused (SFBT) Approach

- A helpful conversation
- A collaborative approach
- Person's wishes and hopes are respected
- Person's abilities and resources are acknowledged and valued, e.g. a client who is reducing or stabilising their drug use
- The steps that the person has taken to address their drug use is acknowledged and a discussion about preferred futures may be started

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Change Exercise

- Please think about a change you have made in your life, I won't ask what it is.
- Think about this change and the people who helped you make that change.
- What characteristics did they have that meant they helped you make that change? For example were they optimistic, did they believe in you etc. Also please discuss the characteristics of the people who did not help you make that change.

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The SFBT principles

The approach is based on three things:

1) If it ain't broke, don't fix it

2) Once you know what works, do more of it

3) If it doesn't work, do something different

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Key beliefs

- Maintaining a future focus
- Reframing problems and problem talk
- Amplifying positive change and exceptions
- Believing that the client is the expert on their life
- Finding client-led solutions, based on the client's strengths, skills and resources

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Solution Talk v's Problem Talk

- Best outcomes correlated to interviews where interviewer mainly focused on resource activation.
- Poorest outcomes correlated to interviews where interviewer mainly focused on problem activation.

Source: Gassmann, D. & Grawe, K. (2006) General Change Mechanisms: the relation between problem activation and resource activation in successful and unsuccessful therapeutic interactions. Clinical Psychology & Psychotherapy. 13.1:1-11

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Working with clients

- What is happening here? How have you managed to use less on that day? How are you doing this?
- Any movement in reduction is recognised and positively enforced.
- The client's ability to maintain and not increase their current drug use is positively commented on; How have you done that?
- If there is an increase in use, how have you coped?

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Working with clients continued…

- Was there a time where you felt like using and managed to postpone this, even for a short time?
- Essentially, look at client's strengths and coping mechanisms.
- Pragmatic information on actual harm reduction strategies is important.
- Client provides the goals and the change plan

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Basic Assumptions of SFBT

- Clients have resources and strengths to resolve complaints
- Change is constant
- Small changes can make a big difference
- It is usually unnecessary to know much about the complaint in order to resolve it.

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I ask this question in the following way…

"Imagine I meet you in 5 years time, outside on the street and everything has worked out for you….
What would you be doing?
Where would you be living?
How did you manage to make all of this happen?"

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Case Study about Bob

- Bob is a 26 year old man with learning difficulties. He smokes approx. an ounce of cannabis per week and drinks approx. 80 cans of cider @ 6%. He refuses to visit his GP.
- I worked with Bob a few years ago.
- Bob had tried a number of abstinence -based programmes but had always "failed" (his own words).

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Bob continued…

- I asked Bob what he hoped for, how he felt he was doing and how he has managed to hold his consumption of both cannabis and alcohol at this level?
- This led onto a natural discussion about Bob's strengths and his hopes for the future. He was clear that he did not want to be sick from his drug use.

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Bob continued…

- **Bob was keen to engage but clear that he would not "stop drinking".**
- **We took a baseline of Bobs alcohol use (empty cans).**
- **We discussed his successes in the past where he managed to remain abstinent or had successfully reduced his alcohol and cannabis use.**

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Bob continued…

- Bob had many exceptions to his alcohol use…for instance he drank less on Sundays, when he was occupied doing other things.
- He moved from 6% alcohol to 4.5% and eventually to occasionally .5%.
- Over the course of the work Bob reduced his alcohol intake by approx. 60%.

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Bob continued…

- Bob has stopped smoking cannabis.
- Part of the work was sharing the information of Harm Reduction with Bob as he had never been offered this service and building on his unique strengths.
- He continues to drink cider, normally at 4.5% and when he disengaged from our service, he was re-engaging with some services in the area and trying to sort out his accommodation.
- He has re-engaged with his GP

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Similarities between SFBT and Harm Reduction

- They both respect the persons autonomy.
- They are both strengths based.
- They are both humanistic.
- Both view the person as being the expert in their own lives.
- Both evolved from practice.

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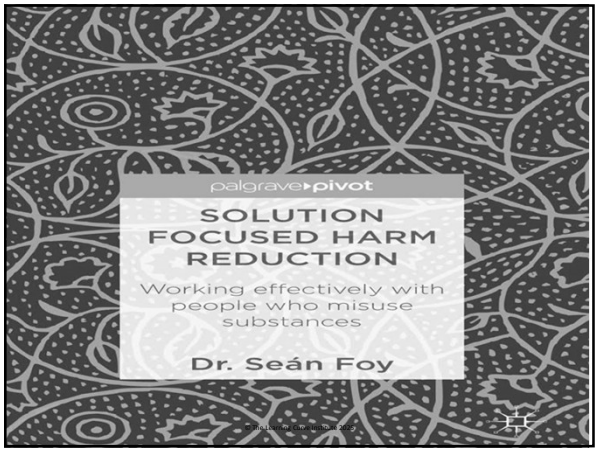

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