



OVCTTAC



Addressing Substance Use Disorders Amongst Human Trafficking Survivors

September 29, 2016

3:15–4:15 p.m. eastern time

Presenters:

Kendra Harding, LPC, Program Coordinator, New Options for Women, Lifeworks NW

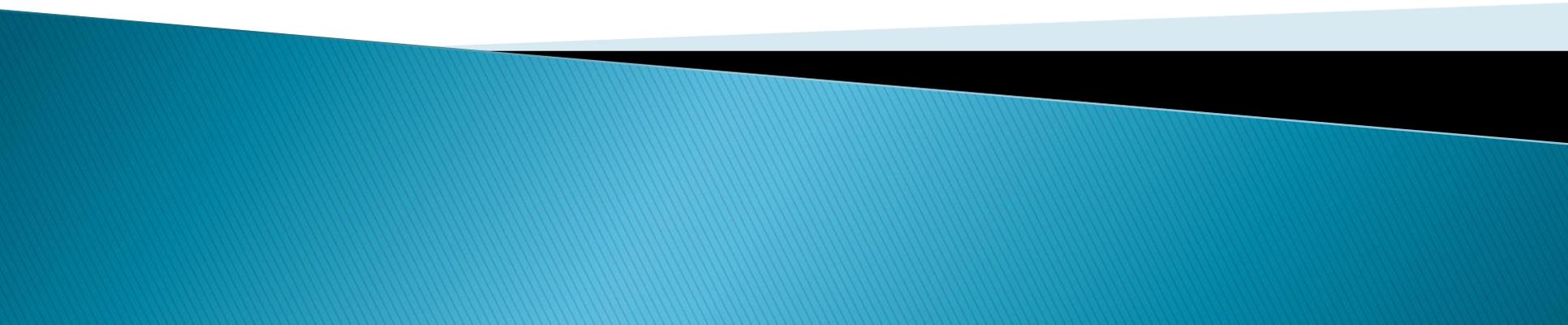
The material presented during today's webinar session will be available on the Human Trafficking Learning Community.

The session will be recorded and will begin shortly.

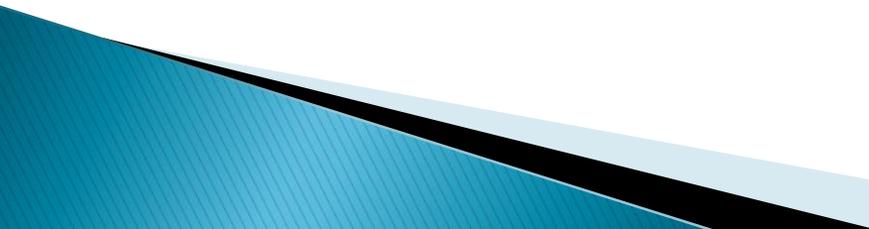
As with all technology, we may experience a momentary lapse in the webinar session. In the event of a problem, please be patient and remain on the line. If the problem persists, please contact dmclean@ovcttac.org for technical assistance.

Addressing Substance Use Disorders Among Human Trafficking Survivors

Kendra Harding, LPC

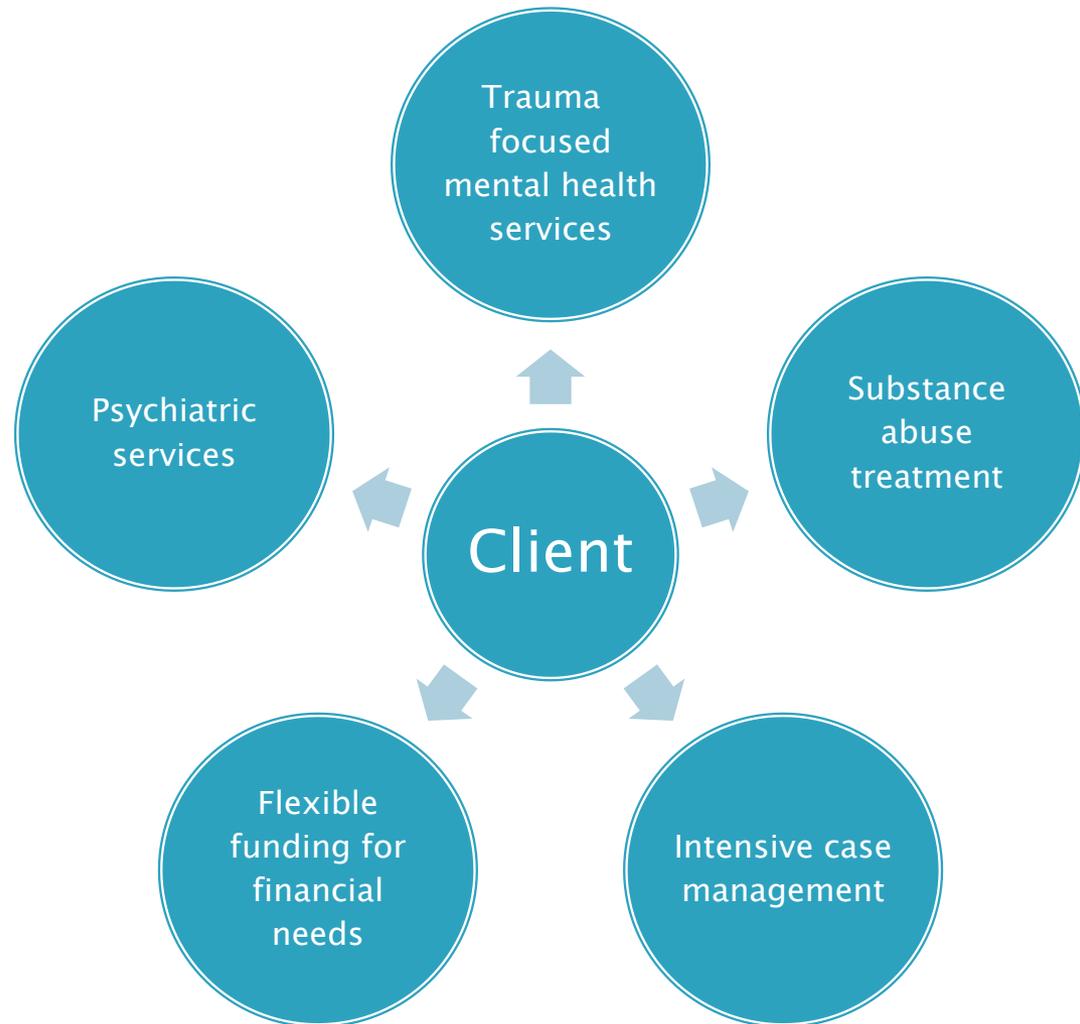


Learning Objectives

- ▶ Increased understanding of the effects of substance use/abuse as a coping tool, service barrier, and mechanism of control experienced by survivors of human trafficking.
 - ▶ Increased capacity to implement new practical skills to better provide trauma-informed services, including advocacy, safety planning, documentation, referral, and program accommodation.
 - ▶ Increased competency and comfort level for service providers to provide training to partners in the medical, mental health, and substance use treatment communities.
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Program Design

- ▶ Intensive outpatient program designed to provide integrated, wraparound services to support women who have been affected by sexual exploitation while in the sex industry.
- ▶ Located in southeast Portland.



Substance Use Treatment

- ▶ Screening tool.
- ▶ Combination of group and individual therapy.
- ▶ A focus on stabilization to gain sobriety.
- ▶ Random urine analysis (UA):
 - Individualized treatment planning for women who produce a positive UA (e.g., increase treatment, behavioral contract).
- ▶ Behavioral contract developed in conjunction with client, if necessary.
- ▶ Safety plan developed for clients who may be actively using.
- ▶ Referral to higher level of care, if needed.

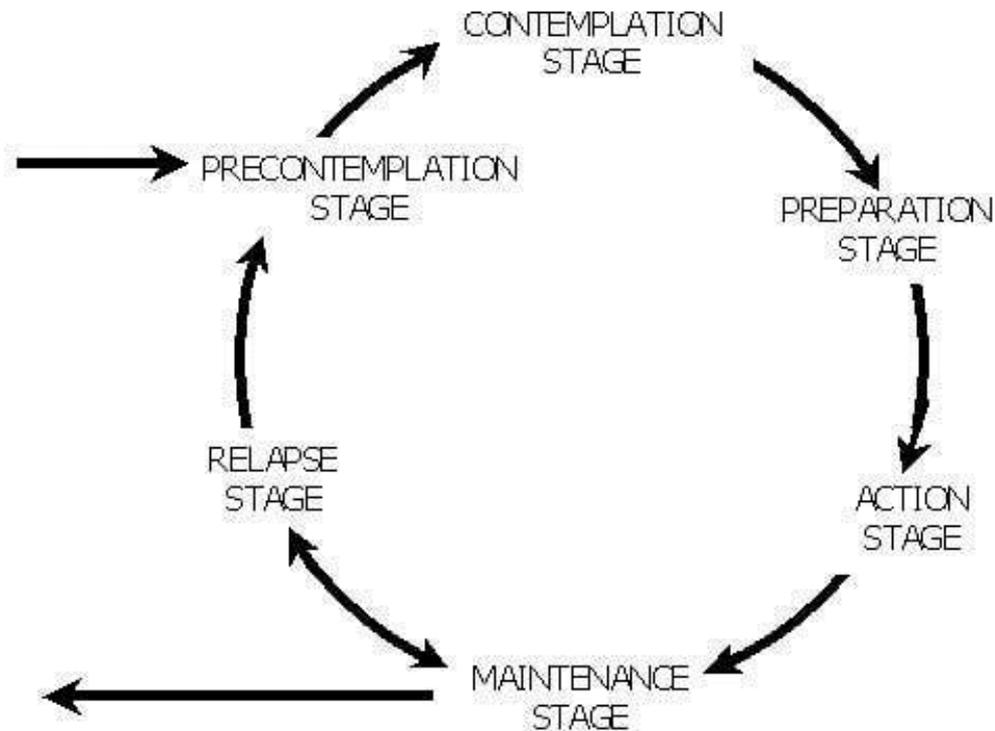
Substance Use Among Human Trafficking Survivors

- ▶ Peer group:
 - Exhibit similar behaviors, making it difficult for some to see use as interfering with daily functioning.
 - ▶ Functionality:
 - Have been functioning in the sex industry under the influence for multiple years.
 - ▶ Denial:
 - Do not see substance use as a problem.
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Poll: What percentage of your client population report substance use?

- ▶ 1. 0%–20%
 - ▶ 2. 20%–40%
 - ▶ 3. 40%–60%
 - ▶ 4. 60%–80%
 - ▶ 5. 80%–100%
- 

Stages of Change



Source: Prochaska, J.O., Redding, C.A., & Evers, K. (2002). *The Transtheoretical Model and Stages of Change*. In K. Glanz, B.K. Rimer & F.M. Lewis, (Eds.) *Health Behavior and Health Education: Theory, Research, and Practice* (3rd Ed.). San Francisco, CA: Jossey-Bass, Inc.

Motivational Interviewing

D

- Develop discrepancy.

E

- Express empathy.

A

- Amplify ambivalence.

R

- Roll with resistance.

S

- Support self-efficacy.

O

- Open-ended questions.

A

- Affirmations.

R

- Reflective listening.

S

- Summary statements.

Motivational Interviewing

- ▶ Supports self-efficacy:
 - Helps them believe that change is possible and attainable.
- ▶ Amplifies ambivalence:
 - Helps client explore and resolve ambivalence.
- ▶ Identifies and affirms strengths that can ultimately change behaviors:
 - (e.g., “*You are clearly very resourceful.*” “*You are very courageous to be so open about this.*”)
- ▶ Increases discrepancy between current behaviors and desired goals.
- ▶ Is based on the stages of change.
- ▶ Is client centered.
- ▶ Employs scaling:
 - Where does a client identify on a scale of 1–10 of self-acceptance?

Source: SMART Recovery (Braastad)
<http://www.smartrecovery.org/resources/UsingMlinSR.pdf>

Effective Approaches With Victims of Human Trafficking

Internal

- Monitor yourself.
- Be aware of your actions.
- Be prepared.

External

- Be transparent.
- Normalize.
- Validate.
- Support.
- Set a nonjudgmental tone.

Working With This Population

- ▶ Treat the person as a victim of trauma and abuse, regardless of age.
 - ▶ Do not react verbally or physically:
 - Communicates disgust.
 - ▶ Meet the client where they are in their process of leaving.
 - ▶ Point out strengths.
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Working With This Population

- ▶ Provide a culture of choices.
- ▶ Find even small opportunities in your program to provide autonomy.
- ▶ Utilize recovery mentors or survivor-informed leadership:
 - Peer mentors can serve an essential role in someone's recovery.
- ▶ Develop guidance and direction:
 - Be the passenger, not the driver, in their recovery.

There are things we all notice in our agencies that don't feel trauma-informed. What are some things (big or small) you think can be changed within your agency to provide more effective care to clients?

Please respond in the chat box.



Co-Occurring

- ▶ Be mindful as women are removed from their only source of coping (substance use):
 - The use of substances to avoid or numb from trauma symptoms.
 - ▶ Be aware that mental health symptoms will likely increase.
 - ▶ Make sure skills are being developed to manage symptoms while also managing sobriety:
 - Mindfulness.
 - Safe coping.
 - Emotional regulation.
 - Safety planning.
 - Social support systems.
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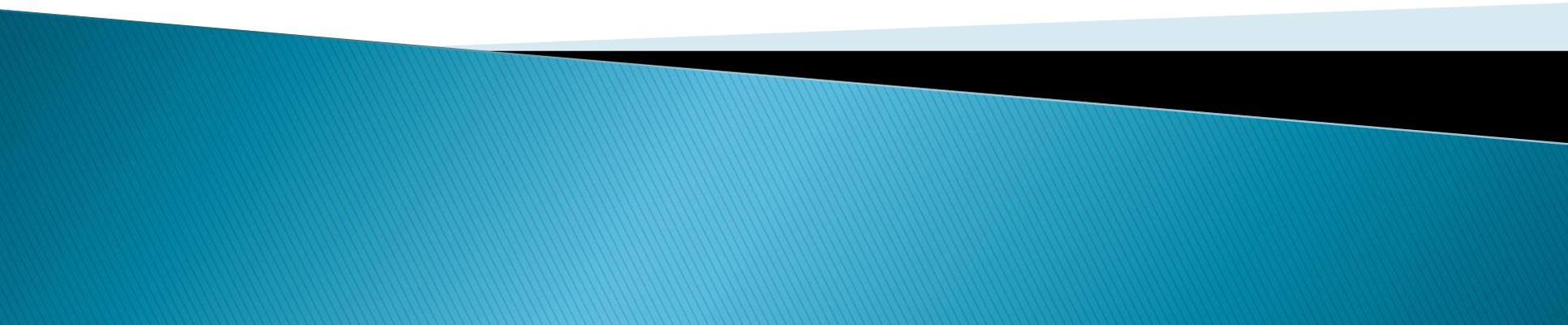
Co-Occurring

- ▶ Screen for eating disorders:
 - Symptoms related to eating disorders may increase as women become free from substances, and body image concerns may surface.
- ▶ Know when to refer out to:
 - Residential treatment.
 - Community-based teams.
 - Adult outpatient treatment.
 - Increased medical care.

Safety Planning

- ▶ Identify the warning signs.
- ▶ Identify healthy coping:
 - *What can I do alone that's healthy?*
 - *What can I do with others?*
- ▶ Identify support systems:
 - *Who can I call?*
 - *Who serves as a healthy distraction?*
- ▶ Identify safer geographical locations.
- ▶ Provide additional resources, including after-hours crisis lines and safe shelters.
- ▶ Consider level of care:
 - Is the client's current level of care appropriate?

How has your agency implemented safety planning for substance use into its common practice?



Questions?