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Application of a Model of Family-Centered Harm Reduction in Community-Based Programming

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Abstract

Coupling high substance use disorder rates with the effects of the COVID-19 pandemic, our nation faces a growing mental health crisis and a shortage of adequately trained mental and behavioral health providers. As occupational therapists work toward recognition as qualified providers in this practice area, we must ensure that future therapists can meet client needs. Traditional mental and behavioral health educational practices in occupational therapy use a model of harm reduction that minimizes negative outcomes for a select subset of the population engaging in specific "high-risk" behaviors, such as individuals engaging in substance use and sexual activity. Expanding our understanding of the harm reduction model and incorporating a more holistic trauma-informed care lens can better ensure beneficence for all clients. To do this, educational institutions must train students to identify harm in all of its contexts, such as the household dysfunction of cohabitating with a family member with substance use disorder, and apply practical treatments for addressing the impacts of dynamic family systems through occupation-based interventions. This paper illustrates a family-centered harm reduction model and offers a community-based educational intervention that allows occupational therapy students to gain valuable trauma-informed care practice skills through hands-on experiences.

Comments

The authors declare that they have no competing financial, professional, or personal interest that might have influenced the performance or presentation of the work described in this manuscript.

Keywords

substance use disorder, harm reduction, family intervention, community-based, trauma-informed care, education

Cover Page Footnote

We would like to thank all of the families, campers, community partners who participated in Eluna Networks Camp Mariposa Overdose Lifeline Aaron's Place.

Credentials Display

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Current literature suggests that occupational therapy educational practices address mental and behavioral health concerns through a harm reduction lens that focuses on a narrow approach to understanding and treating clients' needs and participation in desired occupations. This education primarily focuses on minimizing the negative consequences of individuals engaging in substance use and sexual activity; however, in its most holistic form, harm reduction is a justice-grounded approach encompassing a wide variety of human occupational engagement through individual, group, and population-targeted interventions. As state and national associations continue to work for occupational therapist recognition as qualified mental health professionals, it is crucial that our educational institutions expand their development and preparation of students to enter this area of practice. Even more persuasive for keeping this education at the forefront is the growing prevalence of mental and behavioral health concerns in the population and the shortage of qualified mental and behavioral health providers.

As a client-centered and holistic profession, occupational therapy education aims to position future occupational therapists with knowledge and skills to determine a client's "wants, needs, strengths, contexts, limitations, and occupational risks" (American Occupational Therapy Association [AOTA], 2020b, p. 2). Part of this process includes teaching entry-level competencies in trauma-informed care (TIC) so that they are able to acknowledge the impact of adverse childhood experiences (ACEs), such as growing up in a household with substance use problems, on a client's current occupational engagement. Existing literature primarily focuses on interventions to support harm reduction for individuals with substance use disorder (Leppard et al., 2018; Ryan & Boland, 2021). Though traditional education advocates for the inclusion of family in recovery treatment (Stoffel, 1994), most occupational therapy interventions are still aimed at benefitting the user rather than focusing on the trauma and unique lived experience of having a family member or loved one with an addiction. Wilburn et al. (2022) have begun to look, through an occupational lens, at how substance use can affect parents; however, literature in the field of occupational therapy that focuses on reducing harmful effects for children or dependents of users is lacking, even though the negative mental health consequences of living in this role are well documented (Lipari & Van Horn, 2017).

Educational institutions should prioritize equipping students with the knowledge to address the pressing mental health crisis being experienced by clients across the lifespan. The COVID-19 pandemic has exacerbated of psychological distress and psychiatric symptoms among the general population (Vindegaard & Benros, 2020). The World Health Organization has expressed concern over these pandemic-related mental health and psychosocial impacts, believing that disruptions to daily occupational engagement, such as meaningful activities and routines, place people at an increased likelihood for anxiety, depression, feelings of loneliness, sleep disturbances, substance use, and self-harm or suicidal behavior (World Health Organization, 2020a; World Health Organization, 2020b). For those with trauma histories, the collective trauma caused by the COVID-19 pandemic may act in a potentiating manner (Stanley et al., 2021), as it is well-documented that cumulative trauma, or exposure to multiple forms of trauma, can add to the complexity of symptoms and increase these individuals' intensity of need for access to services (Ashby et al., 2022; Briere et al., 2016; Cloitre et al., 2009; Follette et al., 1996; Hodges et al., 2013). According to the Health Resources & Service Administration, nationally, there is a shortage of almost 8,000 providers required to meet the country's current mental and behavioral health needs (2022). This is a call to action for the occupational therapy profession to meet the societal needs of this unique time.

During the height of the COVID-19 pandemic, the Indianapolis, Indiana, community reported a 40% increase in drug and alcohol overdose deaths (Glober et al., 2020). In addition to the lives lost to overdose, children are often considered the hidden casualties of substance misuse. Concurrently to high local overdose deaths, children residing in Indianapolis have a higher prevalence of ACEs than the national average (Silverman, 2018).

In protection against these ACE-related negative health implications, youth with high ACEs who experience connectedness with a community outside of their home are less likely to engage in substance misuse. Protective factors, such as increasing the number of trusted adults outside of the family structure, help to mitigate the negative impacts of household dysfunction (U.S. Department of Health & Human Services, 2021). Unfortunately, stigma, shame, and isolation are well-known obstacles that prohibit children and families impacted by substance use disorder from experiencing community connectedness, a crucial aspect of recovery. Therefore, reimagining approaches to drug misuse prevention and harm reduction initiatives is critical. The focus of harm reduction is risk reduction and supports individuals and their families impacted by substance misuse along the continuum of recovery (Alberta Health Services, 2019). Occupational therapists have opportunities to intervene throughout this recovery timeline.

By broadening the lens with which occupational therapists approach harm reduction and using a model of harm reduction that acknowledges the dynamic interconnectedness of individual and family systems, occupational therapists can increase their impact by better addressing client trauma and opportunities for occupational engagement. This shift in thinking must begin within educational institutions, as they recognize the growing need for and unique role of occupational therapy in mental and behavioral health care. This paper illustrates a more holistic model of family-centered harm reduction and proposes changes in the approach to intervention that can be taught to occupational therapy students through hands-on community-based practice experiences, such as the one exemplified.

Literature Review

Addressing trauma and reducing client harm are well-evidenced educational practices intertwined with occupational therapy school curricula and offer meaningful opportunities for student learning. Yet, the evidence available suggests that occupational therapy education falls short of providing students with adequate experiences to solidify their learning with hands-on practice. Accounting for the many ways that adverse experiences and trauma can impact a client across the lifespan increases the opportunities available for occupational therapy intervention. Further opportunities to experience and implement TIC strategies and a broad understanding of harm reduction interventions in training environments may help to better prepare occupational therapy students to join the mental and behavioral health workforce.

Acknowledging and Teaching Trauma

When educating future occupational therapists on person-centered evaluation and treatment design, it is important to equip them to adequately consider all of the factors that impact an individual, including former and current negative experiences. A well-evidenced and widely taught approach to acknowledging and better addressing these early-life negative experiences is known as the Adverse Childhood Experiences (ACE) study (Felitti et al., 1998). These categorical groups of childhood experiences include neglect, abuse, and household dysfunction and have been linked to both immediate and long-term negative impacts on mental, physical, and behavioral health (Edwards et al., 2003; Felitti et al., 1998). Educating students on how to address these traumas can help reduce the greatest amount of harm for individuals.

Health care educational research supports the effectiveness of community-based learning for students working with high-need populations (Kruger et al., 2015; Modi et al., 2017); however, minimal research is focused on educating occupational therapy students in this manner about ACE-related client treatment. One novel approach to instructing students in this area is the Professional ACEs-Informed Training for Health© (PATH©) program, which consists of a lecture and discussion, video-based demonstration, simulation experience, and debriefing and found effective results in increasing occupational therapy students' demonstration of empathy, understanding ACEs, and collaborative treatment planning (Miller-Cribbs et al., 2020). Significantly, the study found that this experiential approach to learning also helped to reduce the harm of stigma targeted at this adult client population (Miller-Cribbs et al., 2020). Though training practices such as the PATH© program appear promising, evidence is still lacking to support such learning involvement in pediatric populations currently being exposed to ACEs.

Holistic Entry-Level Competence

Occupational therapy educators should remember that ACE-related education, however, is just one element of teaching holistic TIC. Reportedly, these overarching TIC principles are being more widely used as there is a greater understanding of how ACEs impact mental and physical health (Oral et al., 2015). The Substance Abuse and Mental Health Services Administration states that a trauma-informed program,

> realizes the widespread effect of trauma and understands the potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization. (Huang et al., 2014, p. 9)

As occupational therapy education prepares therapists to work with individuals and groups across the lifespan, students should secure a baseline sense of confidence in their ability to apply a TIC lens to best deliver care.

Educational institutions are responsible for providing opportunities for occupational therapy students to build their knowledge bank and confidence levels surrounding TIC practice. Predominantly, TIC learning is embedded in mental health and pediatric course curricula (Merrifield et al., 2020). Curricular involvement is important. In its current form, however, this education underscores the importance of TIC and provides an understanding of implications for occupational therapists, yet occupational therapists do not believe that TIC interventions are satisfactorily implemented in treatment contexts (Holman et al., 2022). The majority of health care providers at-large express interest in using TIC principles but feel ill-equipped, citing a lack of training and poorly perceived self-confidence as major barriers to implementating these principles in practice (Bruce et al., 2018). To address these shortcomings, TIC training through simulated or interactive educational experiences increases health care providers' confidence both in understanding and implementing TIC principles in context (Berg-Poppe et al., 2022; Isaacson et al., 2020).

A gap exists between occupational therapy providers' desire to implement TIC practices and their preparedness to do so. This challenges current educational practices in TIC and calls attention to the need for additional experiential and intervention-focused training for future occupational therapists. By providing more application-based opportunities for students to apply a TIC lens in occupational therapy educational contexts, student confidence and self-efficacy may increase prior to the commencement of practice in the field. Engraining the experience of using this lens in students will create more trauma-

informed occupational therapists prepared to address the current gaps in the health care workforce and the shortage of mental and behavioral health providers.

Recognizing the Impact of Family Systems

Training students to address familial and home contexts is crucial in the consideration of holistic mental and behavioral health care for individuals. As the family is the main contributor to development, attachment, and overall well-being of the individual (Lander et al., 2013), disruptions to this system, such as a substance use disorder of a family member, may impact all elements of the family dynamic, leading to emotional stress, unmet needs, and, in some cases, mistreatment and abuse. Family systems theory highlights the dynamic nature of the family and how a client cannot be fully understood without first examining the function of that individual in their family system. This theory helps provide guidance for students learning how to conduct holistic occupational profiles (AOTA, 2020b). The basis of family systems theory is centered on the understanding that any change in one family member will influence the entire system and, therefore, any efforts to promote a change in the family should focus on the entire system rather than just one family member (Pfieiffer & In-Albon, 2022). As substance use disorder has a significant impact on the family system and dynamics, and it is crucial to teach occupational therapy students the importance of using the family systems theory to address the entire unit when treating a client who has a family member with a substance use disorder.

Approximately 1 in 8 children in the United States live in a household with at least one parent with substance use disorder (Lipari & Van Horn, 2017), demonstrating the need for occupational therapists to feel equipped to treat youth affected by this public health crisis. As children lean on their caregivers to support their development, attachment, and well-being, substance use by a caregiver can lead to the development of maladaptive coping skills, decreased social-emotional functioning, and weakened resilience (Lander et al., 2013). In addition to those emotional and mental health implications, these children are at an increased risk of developing a substance use disorder themselves (Hawkins et al., 1992). As occupational therapists continue to seek widespread recognition as mental and behavioral health providers, students in the profession need to gain competence and confidence in targeting these challenges to lessen the impact of familial substance use disorder. This can be taught to students through a family-centered harm reduction model.

Using Harm Reduction as a Model of Practice

The use of a harm reduction model in occupational therapy practice is supported by the profession's code of ethics. Educational institutions equip future occupational therapists to adhere to the AOTA's code of ethics to ensure ethical practice for occupational therapists and safety for all clients. One ethical principle cited in the Occupational Therapy Code of Ethics is beneficence, which requires therapists "to promote good, to prevent harm, and to remove harm" (AOTA, 2020a, p. 3). This idea of reducing exposure to harm is clearly stated in the profession's guiding manuscripts. Teaching students that they have an ethical responsibility to use a harm reduction lens not only allows them to be in compliance with these mandates but also helps them to view client occupational participation with a more justice-grounded approach.

There is a clear alignment between the core principles of occupational therapy and the main tenants of harm reduction. Harm reduction's core values are centered on understanding behaviors in the context of sociocultural norms, meeting individuals where they are, and accounting for both positive and negative effects associated with "high-risk" behaviors (Marlatt et al., 2011). Importantly, harm reduction does not seek to pathologize "high-risk" behaviors (Marlatt et al., 2011). Occupational therapy education promotes

a strengths-based approach to view clients as holistic occupational beings rather than reducing clients to their diagnoses labels or behaviors. The profession also acknowledges the importance of self-determination through the principle of autonomy, allowing individuals to set goals and collaboratively guide the treatment process to align with outcomes that are meaningful for them (AOTA, 2020a). When one's autonomy is threatened by external factors, such as familial substance use, occupational therapists are uniquely positioned to address this challenge using the harm reduction model.

Harm Reduction in Practice

Harm reduction's roots originated in the United Kingdom, the Netherlands, and North America. Although its widespread popularization notably occurred during the AIDS epidemic, it has since evolved in its application and spread around the world. Harm reduction efforts remain primarily focused on individuals engaging in drug use and high-risk sexual behavior. However, these practices acknowledge that "high-risk" behaviors are deeply complex and influenced by the current societal climates. Overarchingly, the harm reduction lens provides guidance on intervention at the individual, community, and societal levels and views the health, social, and economic consequences of behaviors (Riley & O'Hare, 2000). Building from these roots, the harm reduction model can be taught in all disciplines of health care, as all providers should seek to reduce harm for clients.

Occupational therapists should be taught to operate with justice at the forefront of all client interactions to limit inequities, optimize participation, promote meaningful inclusion, and reduce harm. Assurance of justice and harm reduction should not be limited, however, to the focus only on the needs of individuals or communities engaging in certain behaviors; instead, occupational therapists should be trained to also intervene with treatment for those who are secondarily affected by these "high-risk" behaviors. To do so, occupational therapy students need to be equipped with tools for understanding and addressing pressing societal concerns. By viewing such widespread challenges as familial substance use disorder through a family-centered harm reduction lens, future occupational therapists can be better positioned to improve client safety and outcomes.

Family-Centered Harm Reduction: A Community-Based Practice Approach

Family-centered harm reduction education teaches occupational therapy students how to adequately acknowledge and treat trauma through the recognition of the dynamic and social aspects of these experiences in the family system. The dynamic interplay of early-life contextual influences on a person can play a large role in individuals' health outcomes, which is highlighted by the household dysfunction category of ACEs (Felitti et al., 1998). Specifically, children sharing a household with someone struggling with substance use disorder have been linked to comparatively greater depression and anxiety rates and more aggressive, withdrawn, and detached behavior displays from effected children (Barnard & McKeganey, 2004). This harm highlights the importance of early occupational therapy intervention in these individuals' lives while they are still in childhood and early adolescence.

Occupational therapy students are uniquely trained to identify and create safe environments, as well as to promote engagement in meaningful activities, such as social participation, both of which can serve as harm reduction interventions for minimizing negative effects for youth living in these contexts. It has been documented that creating a social safety net through a reliable mentor-mentee relationship promotes positive social, academic, and health-related behaviors in ACE-exposed youth (Sieving et al., 2017). This is a promising intervention technique that can be taught to occupational therapists to help to mitigate the effects of such trauma. To address the current gaps in occupational therapy education, the novel approach of family-centered harm reduction education, outlined below, proposes that involving

occupational therapy students in training opportunities that allow them to better understand ACEs, TIC, and harm reduction through community-based practice in a mentor-mentee context can help to produce better equipped future mental and behavioral health providers.

Educating Students through Community-Based Practice

Given the large systemic and structural barriers associated with substance use disorder recovery and the huge financial, emotional, and societal costs on the culture of health in the Indianapolis community, occupational therapists heeded this urgent call by developing an equitable community-based family-centered harm reduction learning model for students. By adapting an existing model, Eluna Network Camp Mariposa in Indianapolis uses a team science approach with trusted community mental and behavioral health providers, social services, and public health systems. The Eluna Network Camp Mariposa provides a camplike experience six times a year for children whose families are impacted by substance use and recruits lay volunteers from within the community. Occupational therapy faculty from the Indianapolis community adapted this mentor model program to include the education and training of graduate-level professional health care students to serve as mentors. It is with this intentional focus that faculty aimed to help shift the paradigm of harm reduction and drug misuse prevention from an individual approach to a family-centered approach. The key areas include (a) extending trauma-sensitive and implicit bias training among community health workers and physical and occupational therapy, social work, and medical students who act as youth mentors; (b) promoting family-centered protective factors through active and equitable family engagement; and (c) providing predictable collaborative mentoring to high-risk youth.

Occupational therapy students were paired alongside other medical and professional health care graduate students and received mentor training that enhanced their didactic experience and immersed them directly into the community through this family-centered harm reduction approach. Training for mentors included webinars offered by the National Mentoring Resource Center (Mentoring Youth Impacted by Opioids, Group Mentoring: Models and Practices, Activity-Based Mentoring: Can Activities Make Mentoring Better [Office of Juvenile Justice and Delinquency Prevention, 2020]) prior to their interactions with the child campers, the university required mandated reported training and live webinar training on the mental health and wellness of adolescents, the impacts of substance use disorders on family systems, and healthcare bias. In addition, mentors asynchronously completed Exploring the Role of ACEs and Trauma in Substance Use Disorder, an online training course provided by Overdose Lifeline. The mentor training criteria adhered to best practice standards as developed by the National Mentor Resource Center (Office of Juvenile Justice and Delinquency Prevention, 2020).

As a socio-ecological approach coupled with community empowerment, this family-centered harm reduction intervention was designed to uniquely match the needs of the Indianapolis community. For 12 months, each graduate student mentor is paired with a group of four to five campers during overnight weekend camp experiences. Mentors meet with youth campers for at least four of the six traditional camp experiences, engaging in activities that pair educational and trauma-sensitive elements designed to educate youth on positive coping and self-care strategies. These camp weekends include one full day, two half days, and two overnights. Daily camp activities are led by community partners, one occupational therapist, and one social worker, all practicing in childhood development and trauma specialty areas. Outside of camp weekends, mentors are encouraged to participate in “off-month” pre-organized community activities for campers and their families. Each of these opportunities for engagement with individual campers,

families, and the Indianapolis community allows occupational therapy students a chance to practice TIC principles learned through their school coursework and mentor training courses.

Intervention Outcomes and Implications

To expand this family-centered harm reduction intervention model beyond the Indianapolis community, camp mentors act as participants in research that studies the perceived effectiveness of their training, progress and development as mentors, and mentorship impacts on their future health care careers. To evaluate these outcomes, the mentors conduct pre/mid/post experience focus groups and allow an opportunity for mentors to verbalize and co-explore their motivations and shared experiences as camp mentors. Individually, mentors also complete a survey following each weekend camp experience, answering questions about their strengths, opportunities, and barriers in mentoring. The focus groups and surveys were given an exempt status with the Indiana University Institutional Review Board, as focus groups are transcribed and deidentified of any personal information about the campers or the mentors.

Important in gleaning key outcome data for replication of this family-centered harm reduction intervention model, focus groups were analyzed via a thematic analysis with the goal of identifying themes in the data to better ascertain the experiences of student mentors. In 2021, the following themes were identified from the cohort of mentors: Pre-experience focus group thematic results included four themes regarding the motivations to becoming a mentor, including skill attainment, increasing professional health care soft skills, desire to learn more about TIC in health care, and feelings of hopefulness regarding impacting a child's life. Midway focus group thematic results included four themes regarding translational knowledge from trauma training to experience, improved awareness of stigma, and improved self-efficacy. Final focus group thematic results included overall perception of increased knowledge regarding substance use disorder and the secondary resulting trauma for the family, fostering protective factors in children/being a part of the safety net, and introspective flexibility as a valuable tool in health care. The preliminary findings of this intervention suggest that educating students through this family-centered harm reduction model can positively impact professional health care student learning outcomes.

Conclusion

This paper depicts a model of harm reduction that centers the family system and presents a community-based practice opportunity for occupational therapy students to use this model of family-centered harm reduction to mitigate the negative impacts of ACEs on children and young adolescents who have been impacted by familial substance use disorder. It adds breadth and depth to the understanding and implications of occupational therapists implementing a harm reduction model and TIC practices with all clients. Not only does this model align with occupation-based interventions, but occupational therapists are mandated by the ethos of our profession to incorporate these principles in our teaching models and to ensure that future occupational therapists feel adequately prepared to implement such interventions.

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