Operationalizing Person-Centered Care in SUD Treatment

With 8 Dimensions

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Objectives

1. Describe the importance of person-centered care (PCC) in substance use disorder (SUD) treatment
2. Summarize the 8 dimensions of PCC
3. Identify specific approaches for operationalizing each of the 8 dimensions
4. Discuss potential barriers & facilitators to operationalization

Broadly speaking, person-centered care is about two things:

1) individualization and
2) holistic care

Consider the opposite of PCC…
Introduction

- Our team wanted to identify HOW to do PCC
- Specifically in SUD treatment
- Across 8 dimensions
- Using perspectives of multiple types of stakeholders
- Obtained using a mixed method approach

Our Approach

1. Interviews with South Florida clients, clinicians, & administrators to identify different operationalization methods (n=38)
2. Create a survey to confirm importance of operationalization methods to clients (n=32)
3. Create a survey for staff to examine frequency of operationalization methods in South Florida corporations (n=61; j=6)
## Eight Dimensions

1. **Respect for preferences, values, & culture**
2. **Provision of information**
3. **Integration of care**
4. **Emotional Support**
5. **Physical comfort**
6. **Integration of family**
7. **Transition out of care**
8. **Access to evidence-based treatment**

### Sample of operationalization methods

There are *many* more.
Respect for client preferences, values, & culture

● Peer support groups
  ○ No attendance requirements
  ○ Choice in type (including non-12 step)
  ○ No overt Christian prayers

● Culture/diversity
  ○ Bilingual staff
  ○ Programming in other languages
  ○ Interpreter services
  ○ Staff diversity matches clients
  ○ Food/art from other cultures
  ○ LGBTQ programming

● Individualization of care
  ○ Harm reduction goal option
  ○ “Menu” of treatment options
  ○ Recommend, don’t require
  ○ Ask level of choice desired

● Counseling
  ○ Group/individual not required
  ○ No precondition for meds
  ○ Client choice in counselor characteristics
  ○ Can pick among counseling topics
  ○ Allow counselor changes if desired

● Can tour facility first

Provision of information

● Multiple types of information
  ○ Treatment process
  ○ Treatment purpose
  ○ How to file grievance
  ○ Treatments available, risks/benefits
  ○ Rights/responsibilities

● Methods
  ○ Verbal
  ○ Written
  ○ Visual
  ○ Public places
  ○ Group, one-on-one
  ○ Time for questions
  ○ Ask how client learns best

● Timing
  ○ At the beginning
  ○ Throughout
Integration of care

- Comprehensive health assessments
  - Psychiatric/mental
  - Physical
  - SUDs
  - Family history
  - Dental
  - OBGYN
  - Communicable diseases

- Comprehensive treatment
  - Psychiatric/mental
  - Physical
  - SUDs
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- Connecting to outside providers
  - Schedule appointments
  - Transportation help
  - Attend with the client
  - Regularly share info with outside providers
  - Written/electronic medical record provided to client

- Interfacility staff communication
  - Variety of professional roles
  - add notes to medical record
  - Variety of professional roles
  - attend case conferences

- Staff attends court hearings/celebrates milestones

Emotional support

- Peer support specialists available
- Staff includes people with lived experience
- Empathy/compassion demonstrated by all staff (including front desk)
- Animal therapy, pets permitted
- Counseling as often as needed
- Evaluated and treated for trauma
- Can turn to someone on staff 24/7
- Holistic health opportunities (e.g., yoga, meditation)
Physical comfort

- All facilities:
  - Clean facility
  - Home-like facility (not like a prison/hospital)
  - Attractive facility
  - Natural lighting
  - Interesting artwork
- Medication available if needed
- Provide necessities
- Safety measures (guards, alarms)

- Residential:
  - Bedrooms
    - Roommates optional
    - Couples can room together
    - Private lockers
    - Comfortable
    - Staff knock
    - Can sleep in
  - Food/beverages
    - Access 24/7
    - Can cook for self, get groceries
    - Nutritious and tasty
    - Choice in food
    - Respectful of different diets
  - Recreation
    - Exercise, garden
    - TV, games

Family integration

- Communication (residential)
  - Unlimited phone calls (minutes, times of day)
  - Can go home for the weekend
  - Family can visit any time
  - Family events
- Family treatment/education
  - SUD/MHD education offered
  - Family coaching
  - Family therapy
  - Individual counseling for family members
  - Family members involvement level determined by client
  - Family attend treatment planning
  - Space for family to meet

- Parents with minors
  - Can room with parent (residential)
  - Daycare
  - Parenting classes
  - Staff helps navigate child welfare system requirements
  - Pregnant women welcome
  - Offer childcare supplies (e.g., diapers)
Transition out of care

- Housing
  - Help with applications for housing and payment
  - Transitional housing available
  - Help with furniture
  - Visit housing with client

- Education/employment
  - Help with applications
  - Can use computers on site for searches
  - Job fair on site
  - Job training opportunities on site
  - ESL, GED, other classes on site

- Aftercare
  - Frequent check-ins post-discharge
  - Can continue seeing same counselor
  - Can come back if needed
  - Immediate connection to outpatient treatment

Access to evidence-based treatment

- Medications for behavioral health
  - For opioid use disorder
  - For alcohol use disorder
  - For tobacco use disorder
  - For psychiatric disorder

- Individual counseling using EBT
- Group counseling using EBT
- Contingency management
- Withdrawal management
- Integrated, multiple levels of care
- Staff appropriately trained
Next Steps

- Step 1: Confirm client preferences in statewide sample
- Step 2: Examine barriers/facilitators to implementation
- Step 3: Revise & validate staff survey
- Step 4: Implement staff survey in multistate sample

**Barriers? Facilitators?**

- Funding
- Culture
- Training
- State policy
- Institutional oversight, policy implementation

**NOTE:**
In our staff survey, we found inconsistencies in reporting of methods by administrators versus clinicians

Can you think of others?
Resources


Learn more about our study:

Email the project: pcc@ucf.edu
Email the PI: Barbara.andraka@ucf.edu

https://ccie.ucf.edu/person-centered-care/

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