Katherine Nulicek (00:14):

Today I'm joined in conversation by Paula Brandt. Paula has spent 30 years developing programs that serve people, experiencing mental illness and substance use issues. She has worked in a variety of settings that include case management, community support, intensive residential and outpatient treatment, and the Anoka Metro Regional Treatment Center. She is the founder of Minnesota Alternatives, which was acquired by Mental Health Resources in 2018. Paula received her master's degree from Boston University in Psychiatric Rehabilitation Counseling, and is a licensed social worker and certified Co-occurring Disorder Professional Diplomat. Paula is currently self-employed.

Katherine Nulicek (00:57):

Paula, thank you so much for joining me today in this conversation. And I just want to start today by introducing people to the topic of Harm Reduction. So everyone is likely familiar with the abstinence model of addiction recovery, which emphasizes total abstinence from any substances as a measure of successful treatment. Many might not know that there's an alternative paradigm called harm reduction. Can you explain harm reduction to listeners who may be unfamiliar with the topic?

Paula Brandt (01:28):

Sure. Harm reduction actually has its roots in Public Health. It was an approach that responded to the HIV AIDS concerns and wanted to help reduce the risk of, you know, the harmful effects of infection and involves strategies like needle exchanges, safe injection practices, and ways to try to help keep people alive or reduce the risk of serious harm to themselves or others. There are lots of examples of harm reduction practices that exist through, you know, all aspects of life like, you know, wearing motorcycle helmets and seatbelts. When it comes to substance use issues, I think harm reduction for a lot of providers, generally, you know, people think about things like using methadone or buprenorphine, some type of a medication that still kind of activates the same receptors that their substance use, um, and their drug of choice activates with the idea that you're regulating dosages, you're helping the person maintain some stability. Kind of helping the nervous system stay regulated, which allows them to perform their job functions, be a healthy member of their family, um, stay out of legal trouble and whatnot.

Paula Brandt (02:45):

So a lot of people associate harm reduction with, in the substance use disorder world related to the medications for treating opioid or heroin addiction. However, when I think of harm reduction, I really think of it as person- centered practices, um, if you are practicing from a person-centered perspective, which means, you know, the heart of motivational interviewing, it means that the person's recovery vision, whatever that means to them is really the essence of where everything begins. Because if you aren't engaging people and honoring and understanding their vision, you know, their goals, what does recovery mean to them then your practices are, you know, your ideas, your interventions are being imposed on them as opposed to kind of create an in partnership with them. So when I think of harm reduction, I really think of person-centered practices, you know, with the spirit of motivational interviewing and really cultivating, you know, that intrinsic motivation that helps inspire change in people. And I know harm reduction can have sometimes negative associations with it. And so I, I really just want people to think harm reduction equates to person-centered practices.

Katherine Nulicek (04:01):

Where do you think the negative connotations have come from?

Paula Brandt (04:06):

I think that if we look back kind of in the history of people who, you know, who struggled with substance use issues, there's been in our perceptions, a lot of judgment, perhaps morality ideas that these are behaviors that are somehow sinful. That we, you know, there are some of the pillars of, of AA even talked about defects in character. And again, I just want to maybe put a disclaimer out there that I'm not opposed to abstinence-based intervention or a 12-step modality for people that find that helpful. I really believe it's important that as providers, our job is to work with folks to help them understand whatever works and that there are multiple pathways to recovery. So whatever works is what we want to support, but there's definitely a history of kind of maybe a punitive this idea of that there's defects in character, there's moral problems with substance use and addiction.

Paula Brandt (05:14):

And so I think when we start to think about things like harm reduction or helping people find a pathway that works for them, it, you know, it's really different than, the historical approach to how we've, we've worked with substance use. And that's been this abstinence-based, you know, model where the only pathway to recovery is abstinence. And a lot of the, you know, the pillars of our system are based on that paradigm. So when we start to talk about person-centered or harm reduction practices, there's this, there's a lot of assumption that somehow we're enabling or that we're letting people use, or that we're taking, you know, a simple path out. When in reality, in my experience as a treatment provider, doing person-centered practices is a lot more complicated and involves a lot more flexibility and risk and, and, you know, individualized approaches than kind of one size fits all. Here's our program. You fit in this box, you do everything that you're supposed to do as long as you don't cause too much trouble. We're going to give you your little certificate and send you on your way.

Katherine Nulicek (06:22):

Well this is a nice segue into my next question, which is just, I wanted to ask you a little bit about your work, creating and founding Minnesota Alternatives. And talk to you a little bit about your experience using harm reduction with clients in the field.

Paula Brandt (06:39):

I started working in the mental health field back in the, in the early 1980s. And after working for many decades as a mental health professional, I had multiple experiences of working with people, as you can imagine, because mental health and substance use disorders oftentimes are integrated, uh, that, that suffered from both from both challenges. And unfortunately, what I was, what I was observing or experiencing with people is that they were having the sense of, of being a failure, of going through, you know, conventional treatment programs, multiple times, 10, 12, 14, 17 times, and kind of getting the same interventions over and over and getting these messages that they're failures. They talked about experiences where they would, you know, go into programs and there would be all these people. And they would just be talked at as opposed to being talked with that. They would be given pre-packaged treatment plans that weren't reflective of the things that they actually felt were important to work on.

Paula Brandt (07:40):

They felt that it was kind of all this kind of a shell game that they would be in these groups. And they would say all these things that they're supposed to say for fear that if they were authentic or honest about their experiences, that they would somehow be punished or perhaps even kicked out and they would go out on break and they would have this whole other reality with their peers. And I thought, this

is, this is the treatment model that we're using to supposedly help people recover from complex substance use and mental health. And these programs also weren't addressing their mental health issues. There was oftentimes significant underlying more co-occurring anxiety or depressive disorders or a trauma history. And that none of the kind of motives that actually were contributing to the, to the use were being identified or addressed. So that is what inspired me then in 2009 to kind of move from the mental health profession and open up Minnesota Alternatives as a substance outpatient substance use disorder program, focusing on really treating the person as a whole, understanding them, their struggles or challenges, their aspirations, their dreams, and really giving them the opportunity to heal in whatever way they need to heal.

Katherine Nulicek (08:57):

You mentioned that oftentimes mental illness and substance use disorder can co-occur. For listeners who may not specialize in addiction recovery, but who will likely work with folks who have co-occurring disorders. Can you talk a little bit about the experiences of folks who might be struggling with addiction problems? What are they going through mentally, emotionally, physically?

Paula Brandt (09:22):

A lot. I think if you think just really, basically about our nervous system, you know, our nervous system, includes our brain and our spinal column and all the nerves that go off of that, of the, of those structures. So it's a very, very involved system. The most complex system in our body and our brain is, you know, where we process all the information and all our experiences. And we kind of respond accordingly and help decide what we're going to do in response to certain experiences or stimuli. So the brain, our brain has, you know, kind of three primary areas. We have the back of the brain, which includes the brain STEM and the little baby brain that sits in the back, which is very primitive, primal functions. Then we have our midbrain, which is where we have a lot of our emotional processing that happens our memory, our fight, or flight response, our reward circuitry.

Paula Brandt (10:17):

And so,that's kind of the emotion part of the brain, the mid brain size of an apricots sits in the center. And then we have our cerebral cortex, which is the outer lining, the big part of our brain, which, you know, makes human beings so unique because we have these big brains, but the front of the cerebral cortex, the prefrontal cortex is what sits right behind our forehead is where we do all our executive, decision-making, where we are able to, you know, think things through and kind of weigh the pros and cons, and really look at the big picture and kind of think about the future. So folks that are actively struggling with whether it's PTSD or other mental health issues or severe substance use issues, or any kind of compulsive behavior that involves a lot of activation of the reward circuitry, their mid brains are where most of their decision-making is happening from.

Paula Brandt (11:04):

So there's either a fight or flight response or an impulsive response, or I want it, I want it now. I need to feel good now. So the midbrain really is kind of the primary center from which people are functioning. So what we try to do is teach people to learn how to engage some basic mindfulness practices and take a deep breath and learn about their brain and their nervous system, and learn how to self-regulate. Learn how to calm down their kind of, their sense of who they are and their experience in that moment. Which then allows them to think and find that space where they can actually pause and try to think things through in the more that, and just this basic understanding that the more they, they practice

thinking longterm, even for a moment, whenever they're experiencing a trigger that develops neural connections between the midbrain and the prefrontal cortex cause where we focus our attention to find us neurologically.

Paula Brandt (11:58):

So we teach them about building neural pathways between their midbrain and the prefrontal cortex. Cause someone with severe substance use disorder, all those connections may not be present, or they may be significantly weakened for lack of use or perhaps lack of even initial development. So our job is to help them train their brains, to develop strong connections to their prefrontal cortex and a brain that can't access their prefrontal cortex that can't see things long-term that can't think beyond their emotions and all the things like, you know, family, vocation, meaningful activity get pruned away because the midbrain is kind of, what's running the show. That is a brain that is in a state of disease. And so our job is to teach people basic practices that help them learn how to think greater than how they feel. So of course, someone that's operating from the midbrain and all the other things in life that are meaningful for most of us get pruned away. You can imagine what a life looks like.

Katherine Nulicek (12:56):

Yeah. Um, and I think thinking about that kind of life, and then thinking about abruptly stopping the use of a great source of pleasure would be incredibly challenging. And I think you mentioned earlier that you experienced working with clients who had been through a typical sort of recovery model and had done it maybe 11, 12 times. For the folks who went through more traditional sort of abstinence model treatment and were unsuccessful and they come to you for a harm reduction model. What is their course to success look like?

Paula Brandt (13:41):

Of course everybody's path to success is unique and that's part of what we really need to recognize. But you know, if someone were to ask me what are kind of the key ingredients or the most, you know, prevalent indicators that you would see that would increase a person's chance of success? I would say that there's a sense of willingness that they're open to the idea of change, and there's also some sense of hope that change is possible. And so for folks that don't have willingness or hope, it's a very, that's a very difficult, you know, it's a very difficult prognosis. That's where you have to begin. And so for our folks that are out there that are out there, kind of living a nomadic existence, that don't have any anchors, any people that they can count on to support them, that don't have necessarily anything that gives her life a sense of meaning or purpose, our priority, the first priority is we must engage them.

Paula Brandt (14:45):

We must, we must really focus on relationship building and human to human connection. This concept of attachment theory, you know, and help them understand that perhaps through the, you know, the, the connection or a relationship with a trusted other, perhaps the universe is a friendly place. And perhaps there's a chance that life could get better for me. So it's through that idea of, of meaningful connection and instilling hope that creates a sense of willingness. And so that's the first place that we need to begin, and that can take a long time for someone that's been for whatever reason disconnected or mistrustful or feels, you know, again, that the universe is a hostile place. It's gonna take awhile for them to feel comfortable and safe, and that could be years. And that could be the focus for a long time.

Paula Brandt (15:41):

So you've, you know, again, depending upon where people are starting, their kind of journey, how we respond is going to be very individualized.,We have folks that might be in the program for four years or others might be in and out in, you know, 60 days, depending again, upon where they are when they come in and what they need to do. But in general, the criteria that we use for success is that the person has made progress on a thing that they wanted to progress on, that they've learned some key coping skills related to self-regulation that we teach, and that they feel an internal sense of readiness. That's the criteria for completion.

Katherine Nulicek (16:23):

I'm realizing within this conversation, even in my last question, I'm sort of wanting to, like standardize and streamline a path for everybody, which is the antithesis of being person-centered. Are there strategies for workers who for many years have understood recovery to equal sobriety, to address the implicit bias that there's only one way to recover?

Paula Brandt (16:51):

Well, it's curious because we talk about that the best likelihood to help somebody go through a process of change is a sense of willingness. And so as a social worker, you know, what, how do I, how do I interact with people that I work with? Am I willing to take the time to understand where they're coming from? And so I think the best thing we can do as social workers is slow down and focus less on our agenda and emphasize engagement. And some people are maybe very easy to engage with, and that may happen quickly. And but once that engagement is established, then you're in a much more effective position to engage in a process of change and discovery and education and, you know, movement toward recovery. So that's number one always is connect and engage. And once engaged, then you can start to talk about educational needs or, you know, helping them understand, you know, the consequences of the choices they're making or, you know, again, oftentimes the best we can do is help ensure that people are making informed decisions.

Paula Brandt (18:03):

So we give them solid information. We recognize that they still ultimately have the locus of control providing they're not putting themselves or other at risk of serious harm, and then lay that out and help them understand that these are options that since these are consequences. And so again, informed decision-making absolutely critical solid education. And then the other thing we can do is, again, once we've established a good connection with folks is we can offer them accountability partnerships. So this is not the accountability, like a probation officer that involves, you know, heavy hammers. This is accountability like a coach or like a teacher, or, you know, a mentor. So that involves short-term goal planning, you know, measurable steps that people can take. And then you, as their coach or accountability partner help keep track of those. Those steps or those action steps, and you help them you know measure them and you write them down and you put them on the help them put them on the refrigerator. Because when we measure a health behavior, it tends to change and we take notes. So that next time we see them, we know of what it is that they've agreed to work on, and we help support that through follow-up and showing interest. And, you know, again, saying I'm invested, I care I want to help. So those are things, very practical things that we can do that can be extremely effective in helping people make change.

Katherine Nulicek (19:26):

Thank you for that. So I want to circle back, we talked earlier about how frequently substance use disorder co- occurs with other disorders like PTSD, anxiety, depression. Can you talk about that intersection and why co-occurrence is so common?

Paula Brandt (19:50):

Again, if you think about mental health illness, mental illnesses, or mental health challenges or substance use issues, we're talking about about the nervous system, and we're talking about how our brain processes information, and we're talking about the neurochemicals that are either present naturally, or maybe deficient naturally, or we're talking about chemicals that we add to our nervous system through taking medications or using drugs. So the it's all about kind of how our, our brains and our nervous system are responding. And we know that for many mental illnesses, there are problems with neurochemicals that may not be functioning properly, or there may be imbalances. And that we know with severe substance use disorder, we are absolutely, you know, we're absolutely inundating and flooding some of our receptors with chemicals that are, you know beyond kind of our neuro adaptation abilities causing then these states of illness.

Paula Brandt (20:48):

So, so it's all, it's all about helping a person engage in a process of learning skills, to self-regulate so that they can do the best they can with the technology they have available to them through their nervous system. And then also engaging, you know, with psychopharmacological support to figure out if medications are an important part of this formula so that the person has is, you know, optimal opportunity to have solid brain processing. The other thing is that when people are activated, whether that's because they're anxious or they've been traumatized or whatever is happening for them, learning is very difficult when, when we're stressed and we're anxious and, you know, we're activated, it's difficult for us to listen. It's difficult for us to concentrate. It's difficult for us to retain information. So the first thing again, providers need to do is we need to help create a sense of ease.

Paula Brandt (21:49):

People need to feel at ease and welcome and safe because that then lays the groundwork for learning. And, you know, again, a lot of these programs that people walk into, they're harsh, they're stressful. There's really nothing about them that helps the person feel comfortable. And that's the first priority, warm lights, warm rooms, low key, you know, settings, welcoming staff, kindness, kindness, kindness. That's the beginning of recovery. I had a client say to me once after her first couple of days, she said, wow, I actually feel like I could heal here. Instead of being punished and I thought, I thought, well, that's fabulous. And it's tragic. It's tragic.

Katherine Nulicek (22:34):

So often mental illnesses are siloed from substance use disorder. And I think there's often this idea that you have to treat one before you treat the other. And I'm wondering if you can speak to, it sounds like in a very person- centered approach to substance use treatment, you're also addressing some mental health concerns as well. And I'm wondering if that is a, something that's really intentional about the harm reduction model or that is just a, an additional benefit to treating the whole person rather than just their disorder.

Paula Brandt (23:14):

Yes, it absolutely is intentional. Again, if you're working with a person from a person-centered perspective, it does require that you understand the whole person. And so it's mind, body and spirit, and a common service that people may offer when they say they do co-occurring treatment is that they educate about mental illness and education is, can be helpful, but it's not treatment. And so what is happening for the person do, are you offering, you know, trauma therapy, if the person is experienced in a history of trauma, are you bringing the family into look at, you know, the relationships that may be a part of what's happening? You know, are we assessing the environments that people are in because environmental factors are huge in terms of capacity for wellbeing. Are they, do they have access to, you know, solid psychiatric assistance to, you know, it's, there's, there's so many ways that we need to be, to be effectively caring for the person.

Paula Brandt (24:20):

You know, and again, medications that might involve some activation of the neural receptors that, there's substance use have been. You know if I've been using a stimulant, say for example, for years, and I'm expected to suddenly just stop using the stimulant and then engage in treatment and think that my brain's gonna work and that I'm, you know, going to be able to function is really a setup. And so we need to figure out how to help that person engage and learn. And that can mean that perhaps we continue, you know, to support some stimulant, and slowly, I mean, anything that you stop suddenly, there's going to be a, there's going to be a significant withdrawal period. And, for many of our folks, the reason they're using those substances in the first place is because there is some underlying issue that, that drug or that medication is indicated. There's lots of, you know, untreated ADHD where people end up on methamphetamines. And we realized that if we actually give them a regulated dose of a stimulant, they function well. And, but, you know in a conventional program, they've got a methamphetamine disorder and you're going to choose to prescribe a stimulant. That would be like, Oh my gosh, you know, that's, they're causing harm when in fact you're actually helping the person stabilize and engage and get well.

Katherine Nulicek (25:41):

Yeah. And I think switching the paradigm from causing harm to thinking more in terms of harm reduction is really useful to engage people where they're at with their level of motivation. So for human service workers who want to shift the cultural dialogue to be more inclusive, and I know that as time goes on, harm reduction becomes more popular modality. Is there something that human service workers can do to help shift that cultural dialogue about harm reduction, to support all claims where they're at in their recovery,

Paula Brandt (26:28):

Get some, get some current training on motivational interviewing, attachment theory on understanding trauma and how trauma works and how trauma therapies actually work to help people resolve some of that. You kind of state of activation that they often, you know, live in. So I think that there's first, be willing to consider that there are other ways and that there are multiple pathways and recognizing that if you want to be considered a, you know, a practitioner that's using best practices, you know, science informed, evidence-based person-centered care, that recognizes that people are in various kind of stages of change regarding their willingness or ability to move forward in their recovery goals is best practice. So if you're operating from a paradigm of, you know, diseas only, 12 step abstinence is the only path you're outdated. I mean, you are, you are really not only are you outdated. You know, I think I would argue that in many cases you're causing harm. So I think it's absolutely critical if we're going to be, you know, the best that we can be. We need to work with people from a science informed person-

centered and, you know, co-occurring approach and other than that, we're just, you know, we're doing something to people that, you know, one may not be helpful, but two absolutely could be harmful

Katherine Nulicek (27:57):

If you're able to share a harm reduction success story. Is there one that stands out for you as especially meaningful.

Paula Brandt (28:08):

There's a lot of them that stand out.

Katherine Nulicek (28:11):

In 30 years of work,

Paula Brandt (28:16):

It's really, you know, it's an honor to be with people in their process of change. We have found that over the, you know, the course of, of at least the 10 years that Minnesota Alternatives has been gathering information and data, which it continues to do is that, um, a lot of people, the majority, enter treatment with the idea or hope that they can figure out how to use moderately or safely. I think that, you know, most people would prefer to be able to find a way to still use their substance without all the consequences. And for some people that's absolutely possible. But for many people it's not, and that they go through this process of discovery, and again, it gets to be their process and it needs to be their process because if you really want to ensure long-term sustained change, it needs to come from themselves.

Paula Brandt (29:11):

Not something that's imposed on somebody, nobody likes to be coerced. So people kind of go through the process of discovery. And overtime we have found that about, of all the people that successfully complete the program, about half of them end up on a path of abstinence and the other half are still actively using. Now they may be not be using their primary substance, but they may be using other things. So perhaps if heroin was their primary problem, they may still be smoking pot or drinking. But point being is, it's kind of about a 50/50 split. We then find out that if we contact people a year later, it's still about a 50/50 split. Half the people are still using something and the other people are practicing abstinence, but the vast majority, well over 90% are doing well. They're reporting, you know, saw the quality of life, no problems as a result of their substance use, no more needs for treatment or mental health or hospitalization.

Paula Brandt (30:03):

So substance use treatment or any kind of hospitalization, they certainly may be engaged in ongoing mental health services, like a therapist or seeing a psychiatrist. But so an example of a maybe a, you know, a story that comes to my mind is this is a nurse she was prescribed. She had some anxiety and depressive challenges she was using and, and problems with sleep. So she was being prescribed a sleep aid and an anti-anxiety medication. Things escalated in her life. She started to have some severe relationship challenges. She got into kind of an abusive relationship, her drinking. She was a social drinker. Her drinking started to increase. She started to misuse her medications and, you know, before

long she was drinking in the morning taking, you know, again, pills kind of, not as prescribed and got pretty serious.

Paula Brandt (30:59):

She ended up going through a medical withdrawal process, and then got involved in some mental health therapy and was able to put the alcohol aside and then got her medications regulated again, did very well for you know, sustained period of time and then started adding alcohol again, and drinking in a social way, and has done that successfully for a very long time. Although I just recently actually heard from her and I found out that there was a significant trauma that happened in her life. And she realized that her alcohol use was starting to increase and she was starting to use it kind of more in a coping kind of problematic way. She was still stable with her other medications. But she kind of had an epiphany and then realized, Nope, I need to not be drinking.

Paula Brandt (31:53):

So she stopped drinking and is now not been drinking for, I think about 45 days. And, you know, isn't saying she's not going to drink again, but she realizes that right now, she shouldn't be drinking. So she's kind of put the drinking aside, but that's a, that's an example, you know, and again, in a conventional program, they would have said any return to a sleep aid or an anti-anxiety medication would be, you know, unacceptable because those were, those were problems at some point in her life, but they really are essential to her well-being and alcohol is kind of something that kind of comes in and out of her life, but she's successful. She's working full-time in a medical career, stable in her relationships and has lots of insight.

Katherine Nulicek (32:32):

Yeah. It sounds like that insight is key in sort of managing, managing experience with substances.

Paula Brandt (32:40):

Well, I think insight's key with managing a lot of things. It's just, you know, I think we, I don't want to over emphasize substances because it's not just substances that can get us into trouble. Any behavior that is, you know, rewarding and kind of reinforcing and draws us away from the things that might, you know, give our lives balance, or that, you know, kind of activate that reward circuitry are, can be, can be trouble, can be trouble. And whether that's the internet, you know, or food or, you know, gambling. So it's not always just about substances that we ingest.

Katherine Nulicek (33:21):

Paula, we're winding down here in terms of questions. Are there any last pearls of wisdom that you can share? People listening to this podcast are probably coming from all walks of life, all professional backgrounds and human services, any pearlsof wisdom to leave us with today.

Paula Brandt (33:43):

Oh, sure. Happy to share just a few closing thoughts, I guess again, just really want to acknowledge all the hard work that people will or are doing to support others. And thank you for that because it can be incredibly rewarding to do the work that we're doing. Also just want to remind you to take care of yourselves because when you practice good self-care and, and know that, you know, you can't always fix everybody, you do the best you can. That's all you can do that can change from moment to moment or

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day to day. So just recognize that you're doing your best. And then you kind of gotta let, gotta let go. I would also really want to emphasize the opportunities that we have with early intervention and prevention, that if we try to teach parents about how important attachment, secure attachment is for their kids, helping their kids understand that they're safe and secure and attuned that we attuned to them and do the best we can with their early childhood development to help kind of lay, lay down a solid foundation for their nervous system.

Paula Brandt (34:47):

So that there's way less chance that as they age, that they're going to need to you know, use substances to help try to regulate their nervous system. So really understand the power of, of early childhood attachment and attunement. And I am concerned that as we continue to be kind of hijacked by our devices, that that's going to be something that's going to be missing for a lot of children. And the last thing is just recognize that change is, is longterm, ongoing. We're always, all of us are on a journey and that while we may not always get it right, that better is better.

Katherine Nulicek (35:28):

Thank you so much, Paula. This has been wonderful talking to you and a total honor. Thank you for joining us today.

Paula Brandt (35:35):

You bet. Thanks for having me.

New Speaker (35:39):

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