

Crisis Intervention: Agency Opiate Overdose Policy

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Abstract

The following paper will serve not only as a Michigan State University assignment for a Master's level social work class, but additionally as a tool to advocate for an organizational policy to advance human rights on behalf of the clients at a local non-profit (The Agency). This paper will demonstrate how The Agency is in an organizational crisis due to a lack in critical policy. An intervention will address the process for responding to the agency crisis to adopt an opiate overdose response policy. A crisis policy would better adhere to social work ethics and The Agency's mission statement "To help people overcome their challenges."

This past summer a life-threatening crisis occurred on The Agency's grounds. A quick-responding competent team of employees began administering CPR on two men lying on the ground near The Agency's entrance. The author of this paper had attended a Naloxone training, therefore, had personal access to a Naloxone injector kit. The kit was quickly thrown out the nearby window to the staff performing the life-saving measures. By the time the trained Naloxone individual entered the scene outside, both men had been administered the injector kits by the staff performing CPR. The men began breathing. The medical respondents arrived in time to assist with keeping the men alive and rushed them to the hospital. The author's personal training, access to the Naloxone injectors, and presence in the situation are vital factors that returned the breathing of the two men.

### **Client System**

The Agency is a large non-profit behavioral health organization located in Flint, Michigan that services many Medicaid recipients with co occurring disorders. Many come to The Agency economically deprived, making them more susceptible to serious mental health illnesses and greater life challenges (SAMHSA, 2016). As indicated in the 2016 Joint Community Health Needs Assessment Report (2016), Flint is experiencing a drastic increase in the need for mental health assistance due to community-wide trauma stemming from the Flint Water Crisis. The Agency services these mental health clients, many of who have co occurring substance use issues and physical ailments requiring pain medication. The high substance use rate creates a strong likelihood that an overdose may occur on the agency's site.

The Agency is dedicated to supporting staff with the most effective ways to assist with client challenges. The Agency mandates and prepares staff with various life saving trainings. The Agency supports a culture where the employees are prepared in the event of an emergency. Yet,

The Agency has not updated policy to include the trainings necessary to rescue clients in the event of an opioid overdose.

### **Defining “Crisis”**

The Agency is in the midst of a crisis. James (2008) defines a crisis as “...experiencing of an event or situation as an intolerable difficulty that exceeds a person’s current resources and coping mechanisms” (James, 2008, p.3). Witnessing an opiate overdose at The Agency created more awareness to the fact that The Agency is not properly prepared to support efforts to cope with an opiate overdose. Many employees have voiced obvious deficiencies in the life-saving policies that The Agency currently offers. The advocacy for updating policy inspires hope of overcoming the difficulty of feeling ill-prepared should another overdose occur.

### **Nature of the Crisis**

Not having a policy in place to most effectively intervene in the event of an emergency needs immediate attention. Preparations are needed to overcome the lack of resources needed to be armed for the opiate epidemic that is impacting the nation. The opioid epidemic is a public health emergency that is spreading quickly. According to CDC (2018), more than 42,000 Americans died from opioid overdoses in 2016. The need for the policy change is crucial for preparation in saving lives. The Agency must realize that opioids are a drug that many individuals are using to cope with mental or physical issues and once addicted, find it extremely difficult to quit- 80 percent fail with behavioral intervention (Bart, 2012).

The opiate issue is disproportionately high in Genesee County. Deaths from heroin and opioids in Michigan are 6.5 per 100,000 whereas the deaths in Genesee County were at 19.5 per 100,000 (Genesee Health System, 2017). These numbers place the county fourth for the most deaths in Michigan due to opioid overdoses. These statistics demonstrate the nature surrounding the need to respond to The Agency’s crisis.

**Domains of the Crisis**

The Agency's policy crisis can be examined using an ecosystems theory that displays the interconnectedness of the domains. James (2018) highlights the importance of examining the crisis at many levels. James states that when the solution is owned by all these levels, more contribution is made to fixing the crisis. For example: An individual makes a proposal to change policy for a opioid overdose intervention. A client who overdoses and the family benefit when an opiate policy provides resources that save a life in a crisis. The agency continues to implement best practices to better serve the clients through improved crisis policy. Community organizations offer free training and free Naloxone kits to the agency. The state and federal government distribute money to the community organizations to supply the opioid reversal kits. Each of the parts has a necessary function contributing to the agency's opiate crisis solution.

**Baseline Level of Functioning**

It's important to first examine the agency's baseline level of functioning. The Agency does not currently have policy in place to practice the most effective opioid reversal methods. The agency policies do not allow for an opiate training or opioid reversal kits to be accessible to employees. Present opioid crisis situations are handled by staff using CPR training knowledge. If an individual happened to have had the training through a different agency, they may have a kit on hand and may in in the right place at the right time to effectively reverse the overdose. Currently, the most effective opiate reversal methods are not part of The Agency policy.

**Intervention**

The following crisis intervention plan is based on a hybrid model outlined in James (2008). James states that tasks may be accomplished in mixed order while continuously evaluating and maintaining safety. The author of this paper will continue to follow the proposed steps incorporating knowledge as a certified Prevention Specialist who has gathered hundreds of

hours of prevention training, holds active memberships with several prevention coalitions, and has acquired several years of job experience that entails researching drugs and teaching prevention education. It will be important for the author to continuously self assess due to having extensive knowledge and a passion for substance abuse prevention and treatment. The Agency alone will not have the same expertise to draw from when making decisions.

The following tasks outline the collaborative process currently being used in addressing the agency's crisis. Task one entails predispositioning, engaging and initiating contact (James, 2008). An important step throughout the crisis is to listen to The Agency to learn what concerns they may have. Seeking to understand the reason for their state of disequilibrium may be due to a lack of critical resources (James, 2008). The Agency may voice issues to increase the author's understanding. Immediately after the recent overdose crisis at The Agency, the author of this paper asked administration about getting Naloxone training for all staff. The author was told "Company policy will not allow it." The author hastily proposed an independently made solution and failed to listen to what the agency needed and other vital steps for a crisis intervention. Further inquiry into the reasons why the company does not have an opiate policy revealed that the proposal for policy change had never been submitted. Even once the suggestion is formally proposed, The Agency may have further concerns that can be addressed, therefore listening and asking questions is a vital task.

The second task according to James (2008) is to explore the problem and define the crisis. The Agency and the author need to share information to understand what the lack of policy means for each. They may have a different perspective on how to handle an opiate overdose situation at The Agency. The author will provide The Agency with information on how the crisis affects the client from a mental health perspective, without blaming the victim, which could further stigmatizes and perpetuate the addiction process (Dickerson, 2016). The Agency

will be presented with the author's research that shows how opiates threaten clientele along with suggestions for an effective method of intervention. The author will also report how other community agencies view the issue. Genesee Health System (2017) reports that the need for help with recovery is greater than the resources available. The Agency could provide additional recovery resources to the community with a new agency opiate policy.

The third task explained in James (2008) is to provide support. The author will provide the research and resources the Agency will need for developing a strong plan of action. The agency will be made aware that certain products can help ensure greater safety at The Agency. SAMHSA (2018) reports that Naloxone is safe to administer when a opiate overdose is suspected. Naloxone works by knocking opioids off brain receptors which reverses the effects of opioid overdose without injury to a person who is not on opioids (SAMHSA, 2018). Naloxone may be prescribed to anyone who has contact with individuals using opioids. Additionally, newly implemented Good Samaritan laws protect anyone administering the drug from being prosecuted for any unintentional harm (SAMHSA-CAPT, 2018). Support will be given to agency concerns by addressing appropriate safety measures.

A local Genesee County nonprofit, Families Against Narcotics (FAN), provides support for community and individual efforts to save the lives of those at risk for opiate overdoses (A.Rubio, personal communication, November 2018). A FAN member, who attends local prevention coalition meetings with the author, has agreed to support The Agency when policy change allows. Using networks, as suggested in James (2008), allowed an agreement to be pre-arranged in the event that policy is approved and a Naloxone program is chosen.

Another task supported by James (2008) is to examine the alternatives. The Agency will have alternatives presented as to not feel immobilized with the difficulty faced from a lacking policy. The Agency may not be aware of the availability of free community resources. James

(2008) suggests that the worker “increase expansion.” Educating The Agency about the availability of networks that provide free training and reversal kits may expand the agency’s scope of possibilities. Another suggestion by James (2008) is to “emphasize focus.” The focus on facts, such as those provided by the CDC (2018) which encourage distributing Naloxone kits to reduce the harm from opioid overdose, could further highlight the importance for the option.

Another alternative the agency could consider is to continue using current policy which would provide staff trained only in administering CPR. The alternative of keeping policy as it is would require less training time for employees. It would not require changes in policy and procedure. It would also deny The Agency of a more effective intervention during an opioid overdose. A 2015 study produced by the National Institute of Health found that Naloxone administration by bystanders significantly increased the chances of recovery (Giglio, Li & DiMaggio, 2015). Providing options to the agency’s voting board will highlight the consequences for each alternative and assist in choosing a viable option.

The next task James (2008) promotes is planning in order to reestablish control. If The Agency chooses an option to change policy, collaboration in planning will provide a map for the process. Different groups may be involved in making changes in handbooks, employee trainings, and emergency posters. Procedures may be developed to include staff expectations in the event of an overdose situation. The agency’s board, administrators, staff and clients must feel self respect and confidence in their reactions should another opiate overdose occur. The plan would include expected termination in the author’s helping process. The plan would also include safety and evaluation measures. The intervention to address a lack of policy would use a collaborative approach to establish equilibrium.

Additionally, in James (2008), another task is to obtain commitment. Administration has identified signs of agency commitment, stating that an opiate overdose policy is currently in the

process of being written (N. McKittrick, personal communication, December, 2017). The staff are expressing value in having an opioid policy and procedure. The verbalizations of moving toward change is a positive reaction to mobilizing recovery from the crisis.

Lastly, James (2008) suggests that follow-up is ensured. There is importance in creating a debriefing process. James (2008) cautions that workers will experience burn out quickly if attention is not taken to process difficult events. The author has sought out consultation with with professionals throughout the intervention and received advice and encouragement. The author will attend future board meetings to listen to additional concerns from others, provide additional support, or help to adjust processes where needed. Collectively, the seven specific tasks mentioned here are critical to include in a plan to help the agency out of their policy crisis.

### **Evaluation**

The above mentioned tasks will be under a continuous evaluation process. SAMHSA (2018) stresses that it is necessary to carry out policy and procedure with fidelity in order to properly gage the outcomes. The Agency's initial level of functioning described in this paper will be compared to the progress witnessed in each step. Have the proper agency personnel been engaged? Are there further alternatives and supports the agency needs? Does the agency need additional resources to improve outcomes? James (2008) and SAMHSA (2018) recommend that various individuals be included on the evaluation process. Evaluators in this process could include clients, staff, trainers, kit suppliers, agency funders, and community partners. Each can contribute their expertise form a different perspective. James (2008) stresses that the ideal result of a crisis is that there is positive growth.

Long term outcomes will be evaluated also. Special note will be taken if changes are noticed in The Agency's culture. Are there topics in the staff news paper concerning opioids? Is the substance use prevention department expanding due to the elevated need in our community?

Is The Agency providing clients with opiate prevention literature? A policy change may shift agency cultural toward embracing additional strategies to prevent or reduce opioid overdoses.

### **Termination**

James (2008) reminds workers that termination is the goal for any intervention process. The Agency may be ready for termination when consistent demonstration of effective procedure handling opioid overdoses occurs with agency autonomy. The agency will be equipped with resources to contact appropriate community partners who can assist in the event that The Agency needs support after the separation from the crisis worker.

Should the agency need future assistance, the author has prepared sources that may become useful. The following are some of the resources the author would suggest: Region 10 as a state funding resource, SAMHSA as a grant resource, Genesee County Prevention Coalition as a county substance use epidemiology resource, Connexion for substance use prevention education, and FAN for replenishing training and supplies. Creating an empowering process will help the agency to discover answers on their own (Treacher, 1989).

### **Cultural and ethical issues**

Michigan State University Masters of Social Work student are taught to seek to uphold the social work principles and values stated in the National Association of Social Workers Code of Ethics (NASW, 1994). The Code suggests that social workers improve the lives of others, especially those who can not advocate for themselves, by linking them to basic needs. Acting on behalf of the clients who struggle to have their basic needs met, the author has the duty to help The Agency institute new policy to prepare life saving resources for future opioid overdoses. The author will continue to assist the agency using the Code and fulfill agency mission to “help others overcome challenges” by developing an effective opiate policy.

### **Summary**

Witnessing and intervening in a recent opiate overdose at The Agency has led the author to recognize that The Agency is experiencing a crisis. The author is advocating and collaborating with the agency and clientele for a more effective opiate policy and procedure. The compiled research provides rationale to supporting The Agency through this crisis intervention. Initial assessment shows a great need for an opioid overdose response at the Genesee County agency. The theory for creating a solution to the crisis falls into a ecosystems framework where many domains may affect the effectiveness of the crisis intervention. The proposed intervention steps will continue to be followed to implement a stronger response to an opioid overdose. Social work ethics and the agency's mission provide ample reasons for improved agency policy. Evaluation efforts will measure the effectiveness of the crisis intervention to identify where adjustments can be made to ensure success. An effective intervention will be accomplished when The Agency autonomously enforces an effective opiate policy that influences agency culture to willingly continue ownership for the responsibility in preventing opioid overdoses.

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