

Barriers to receiving Treatment in PA, as expressed by Clients, Family Members, professionals

When the subject is addiction, particularly heroin addiction, many people have the thought that "it will not happen to me," whether "it" is a personal struggle with addiction, or watching the devastation of a loved one enduring it.

Addiction is a chronic, progressive, and ultimately fatal disease unless it is treated. Suppose your child has a medical diagnosis, like cancer. They refuse to accept that they have this illness, because it is shocking to them that they developed it. Or they may feel as if they are too young or too strong to get the disease, and therefore do not take the recommended treatment. They soon will develop symptoms which make it unbearable for you to watch, and their personality begins to change, along with their appearance due to this illness. You would want to do all you can to get him/her to the doctor, or the hospital, and make sure that he/she receives the proper treatment, because you can see that without it, they will lose their job, their relationships, their money, their health, and quite probably, their life.

If your loved one had this serious medical diagnosis, chances are, if you told your friends or other family members about it, you would get empathy, sympathy, offers to help. Can you imagine if you or your child were judged and called names for contracting said illness, or ended up being arrested for not taking the medicine? Now you have a child who is ill, and may also have legal problems.

That is exactly what family members go through watching their loved one decompensate due to the illness of addiction. Many people still argue about whether or not it is an illness or "a choice." No one chooses to become addicted. Just as no one who avoids seeing their medical professionals or engaging in unhealthy habits chooses to suffer dire consequences because of the behavior.

Imagine being the family member whose son or daughter is trying to get help, and they do get short term detoxification, and they end up going back home, or worse, to a shelter or outdoors, because they were not "sick enough."

Now imagine that the "cancer" is spreading throughout the community. We have seen numbers exponentially increase in the use of opioids over the last five years.

If you refer to the report of overdose deaths, in 2015, per county, one thing is striking: that the rural counties have been hit as hard as the two largest counties (Philadelphia and Allegheny). The thought of "it can't happen here" is diminished when you look at the staggering statistics, across our state. In the Southwest PA. region (Allegheny, Westmoreland, Fayette, and Beaver counties), as 1,916 overdose deaths were reported in the years 2012-2015. The trend shows that use, and overdoses are increasing in this small region. Some deaths had as many as 7 drugs in their toxicology reports.

Heroin is referred to as "an epidemic," because Pennsylvania is now among the ten states with the highest opioid use and overdose rates.

Let's go back to the analogy of a physical illness. If we had a cancer that was being referred to as an "epidemic," we would be trying to raise more money for research and treatment. We would certainly not be blaming the sufferer, and we would not be referring to the sufferers as "junkies," and saying

things like, "If they want to overdose, let them. It will just rid the problem." Yes, these are things that family members often hear. Sometimes, even the way a child was raised is questioned. A person who is in the latter stages of the cancer would be offered longer term care, not shamed and blamed.

In talking with family members, one of the biggest barriers to seeing their loved one get the help they need is twofold: 1) lack of available facilities, 2) and not enough time in a facility to truly get the treatment needed (physical, emotional, trauma informed, relapse prevention).

More quotes from family members, expressing frustration that I can (anonymously) offer, which add to the barrier of long term recovery are:

- *"The cost of long term treatment, which is really needed, and the visitor shot"*
- *"lack of security/supervision in some of the rehab facilities and availability of drugs in facilities"*
- *"I know that long term rehab and funding to pay for it is the biggest issue to recover"*
- *"the cost of rehab and recovery and the people who prey on the weak to make a buck"*
- *"suboxone—the treatments are also addictive"*

Another substantial barrier to treatment is often just having the means to get there. Even in a larger, more populated county, like Allegheny, you often have to take three buses to get from one part of the county to another, in order to attend your appointments. In less densely populated counties, the transit systems are not as readily available, and if a client has an appointment, he/she may have to walk a distance to get to their bus, and wait around perhaps hours, for a return trip. For those of us in the social services field, we hear this often times as being the single largest barrier.

Lastly, a barrier is that the lack of qualified professionals that are available to help addicted individuals also impacts treatment, as Pennsylvania mandates that Drug and Alcohol counseling take place in state licensed D/A facilities. There is definitely a division in the treatment community in Pennsylvania between "Drug and alcohol" and "mental health." Those of us who are competent and/or certified as co-occurring clinicians often have to make a choice, whether to work "D and A" or "MH." Co-occurring funding and facilities are greatly needed, as we in the profession understand that trauma, depression, anxiety are often correlated with substance dependence. The salaries are also very low, commensurate to experience, degrees, licenses, certifications, etc.

A consequence of the low salaries for experienced individuals is that many counselors who do accept the lower salaries are inexperienced and unlicensed. The treatment of addiction should not function as a training ground. We need to raise the salaries of competent people in order to make sure that the best stay in non-profit organizations, and can also offer the adequate training for those who are entering the field, under careful supervision.

To summarize, addiction, is not a weakness or a character flaw. It is a progressive, fatal disease which does not discriminate. Anyone can be affected, directly, or indirectly. The use of heroin across the nation, and in counties in Pennsylvania have dramatically increased, as supported by data, calling for more appropriate and comprehensive treatment of the disease, which includes long term care and

relapse prevention. Transportation to outpatient treatment facilities is often a hindrance to the receipt of such services for the individuals who need it most. Qualified individuals often flee the facilities due to facility licensing regulations, and low salaries, even if they feel a “calling” to provide counseling and treatment for those afflicted with addiction. In order to address the increasing rates of heroin addiction and co-occurring diagnoses, it is time to rethink the way we regulate facilities, and have available co-occurring facilities for the growing problem, and offer co-occurring treatment in Pennsylvania. Salaries for licensed, qualified professionals should be comparative in Pennsylvania to those nationwide.

Thank you for your time,



Candace A. Ross, MSW, LCSW, MAC, CIP

Licensed clinical social worker, master addiction counselor, and certified intervention professional

Sources: <http://www.co.westmoreland.pa.us>
<http://www.workstats.dli.pa.gov>
<http://www.overdosefreepa.pitt.edu>
<http://www.samhsa.gov/capt/tools-learning-resources/aces-risk-factors-substance-misuse>

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Educational History:

University of Pittsburgh School of Social Work--Master of Social Work degree, June 1995
University of Pittsburgh --Bachelor of Science Degree in Psychology, April 1993
Community College of Allegheny County Health Information Technology, ONCHIT, April-October 2011, completed/certified
Columbia School of Broadcasting--Diploma, Radio Announcing (FCC Licensed) 1985-87

Employment History:

Turtle Creek Valley MH/MR- Turtle Creek, PA (July, 2014 to present)

- *Outpatient Adult Clinical Supervisor for licensed clinicians, and Master's level students
- *Intakes of Medicare, commercial, and publicly funded clients
- * Group therapy (DBT)
- *Crisis clients
- *Verification of insurance products, scheduling, productivity
- *Training of staff (CBT, DBT, DSM 5, Motivational Interviewing, Electronic Medical Record)
- * Process Improvement (Intakes, Staff development, Morale, Productivity, Six Sigma Design Project)
- * Preparation of annual county and state licensure
- *Promoted to Unit supervisor in July, 2015, supervising all staff, including, support staff
- *Active on safety committee; Outcomes Committee

Psychological Services--Greensburg, PA

Outpatient Psychotherapist (June 2006 to July, 2015)

- *Contracted outpatient psychotherapist for adolescents through geriatric aged clients, and dually diagnosed (MH/SA) in private practice setting
- *Utilizes various modalities (Cognitive Behavioral, Interpersonal, Dialectical Behavioral, and Solutions Based therapy) to provide individual and couple/family therapy for clients.
- *In treating addictions, will offer counseling (individual and family) and referral to other levels of care, when warranted.
- *Will see clients and families who experience chemical and process addictions (these include areas of gambling, sexual addiction, internet addiction, and other "non-chemical addiction") and works with the entire family unit to address the codependency inherent in the family.
- *Critical Incident Stress Debriefing for individuals and groups; EAP therapy through various contracts
- *Certified master's level addiction counselor, NAADAC

Family Services of Western Pennsylvania--Greensburg, PA and Pittsburgh, PA

Program Manager (September, 2008 to January, 2014)

- *Manager of Assertive Community Treatment Teams of two counties (Westmoreland and Allegheny)-Started those two programs up in November and December of 2008, hiring all staff
- *Made sure the two teams meet fidelity standards
- *Oversaw teams to full State licensure status in 2012, with review in 2013
- *Supervisor of two Master's level supervisors, full time therapists, RN's, case managers, peer support workers, support of physicians
- *Involved in hiring recommendations, supervision, action plans, revising job descriptions, work plans, and performance evals of all staff in both teams (nearly two dozen staff members)
- *Actively marketed programs (developed brochures, magnets, power points, presentations, attended health fairs)
- *Balanced two budgets (each 1.5 million) annually and manages staff productivity, ADP payroll
- *Provides supervision of Licensed clinicians sitting for boards

- *Prepared all of the new program's information for Council on Education (COA) visit, by developing (electronic) manuals for that visit.
- * Trained with COA, in NYC, in 2011, to understand how the auditing and COA standards work
- *Saw individual clients for therapy as contracted therapist
- *Active on web design committee; safety committee, technology team, and other V.I.P. teams
- *Created several forms unique to program, including a research tool to measure outcomes of program
- *Field Instructor for MSW programs, of local universities

Program Manager (July 2000 to October 2006)

- *Managed Partial Hospital programs (Adult, Adolescent, Child, and IOP Dialectical Behavioral Therapy) and was clinician for adult programs in New Kensington, PA
- *Started an evening IOP Dialectical Behavioral Program
- *Supervised full time therapists, two supervisors, nurses.
- *Educated staff on working with borderline personality disordered individuals.
- *Provided domestic abuse court mandated counseling, and EAP therapy on contract basis
- *Field instructor for local college and universities.
- *Compiled and presented findings on clinical and statistical outcomes annually to internal and external peers, and management
- *Marketed programs
- *Balanced budgets (each 1.5 million) annually and managed staff productivity
- *Handled walk-in crises regularly
- *Worked as contract credentialed therapist in Outpatient from 2000 to 2006, individuals, EAP therapy through various contracts
- *Was active on VIP team to redo the safety of ID badges et al,
- *Also worked as therapist at FSWP from August 1995 to January 1997 and from 2000-2006 (while managing program)

Valor Healthcare— Greensburg, PA

Licensed Clinical Social Worker (Nov, 2007 to September, 2008)

- *Provided individual and group psychotherapy for veterans for a wide variety of diagnoses
- *Offered spousal and family therapy as needed.
- *Utilized the Cognitive Behavioral Approach as well as Interpersonal, Dialectical Behavioral and Solutions Based therapy.
- *Provided mandated alcohol and drug counseling for court ordered cases
- *Began a structured, 12 week PTSD group for Vietnam Veterans
- *Provided other social services as needed and referrals to VAPHS

Chestnut Ridge Counseling Services, Inc --Uniontown, PA

Program Manager (July 2007 to November 2007)

- *Managed an Adult Partial Hospital Program.
- *Implemented safety Measures in State Licensed Program,
- *Developed a structured Cognitive Behavioral Therapy, and Evidenced based program
- *Provided clinical contact with clients, staff relief, educated staff on clinical matters (Duty to warn, therapeutic modalities etc).
- *Revised psychosocial assessment for the program.
- *Field instructor for local colleges and universities.

Unison Health Plan--Pittsburgh, PA

Behavioral Health Care Manager (October 2006-June 2007)

- *Responsible for the Utilization management, (pre-certification and continued stay review) and aftercare management of Pennsylvania Members (inpatient, partial, psych testing, ECT, and non par outpatient), and their follow up calls when discharged from facility.
- *Answered incoming calls on the "call queue", handling customer service issues from members and providers from Pennsylvania, New Jersey, Tennessee and Ohio.

Timothy Bridges, PhD and Associates --Greensburg, PA

Psychotherapist (February 2002 to June 2004)

*Contracted therapist for adolescents through geriatric aged clients, with utilization of brief, solution based psychotherapeutic approaches (mainly cognitive behavioral approach) in private practice setting.

Family Behavioral Resources--North Huntingdon, PA
EAP Therapist (November 2002-February 2003)

*Temporarily contracted EAP therapist until colleague (program manager) could hire FT staff

Allegheny Valley Hospital --Natrona Heights, PA

Psychiatric Social Worker {casual} (May 1996 to November 2001 casual pool)

*Inpatient psychiatric social worker for adult and geriatric psychiatry units.

Assessments, facilitating psychotherapy groups, brief treatment, and discharge planning.

UPMC Braddock--Braddock, PA

Psychiatric Social Worker (November 1997 to January 2001)

*Inpatient social worker on acute care units (Behavioral health, Dual Diagnosis, Geri-Psych and Detox.

*Completed psychosocial assessments, treatment planning, family and patient education, and facilitated mental health commitment hearings.

*Initiated revision of the psychosocial assessment forms.

*Acted as field instructor for local colleges and universities, including MSW program

*Carried pager most weekends for emergency (23 hour observation) psychiatric admissions

Licenses and Certifications, and Training Fluency:

*Credentialed with Highmark, UPMC, UBH, Magellan, USPS, Medicare, most EAP providers et al.

*Licensed Social Worker in PA 1995; LCSW since July 2003 (#CW012500), expires February 2017

*Master's Level National Drug and Alcohol Certification (MAC) in December, 2010, expires January 2017
NAADAC #507501

*Certified Intervention Professional, Pennsylvania Certification Board, # I0160, 3/28/2014, expires 3/28/2018

*Certification Gerontology, 1993, University of Pittsburgh, never expires

*Certification In Clinical Supervision, NASW, 2008, never expires

*Certification in Peer Specialist Supervision, 2009, never expires

*Licensed Clinical Social Worker in North Carolina (C005750) since July 2007, inactive July 2013

*PA DEPT Of Labor & Industry; Bureau Of Pennsafe Certificate:: Safety Committee Dynamics Hazard ID.;
Accident Investigation, 2011, never expires

*F.C.C. Broadcast License issued in 1985, never expires (history in radio announcing in late 1980's)

*Act 33/34, FBI Clearances are current (2015)

*Experienced Trainer in following Topics : CBT, DBT, Hoarding (OCD Spectrum), Harm Reduction, Motivational Interviewing, DSM 5, Sanctuary Model, and several other clinical topics

* Annual Crisis Intervention Training

* Biennial CPR training

Additional Information:

*Proficient in Microsoft: Word, Excel, PowerPoint, Most Internet Based, AND Mac OSX

*Can troubleshoot and repair many software problems

*Completed training in 2011 through Council on Accreditation, to be COA auditor

*Published writer, author of book (non-work related)

*Clinically trained in the following areas: DBT, CBT, Psychoanalysis, Motivational Interviewing, Harm reduction, Integrated Dual Disorders

*An approved clinical supervisor through NASW

*Presented at Crisis Intervention of PA, October, 2012, on the original topic of "Hoarding: An Introduction"

* Presented at NASW-PA in November 2014, original paper, " Hoarding, How It Impacts PA"