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Organization: Project SHaRE, Mount Sinai Beth Israel – Institute for Advanced Medicine

Track: #1 – Our Care - Presentation

Title of Presentation: Project SHaRE (Safety Harm Reduction and Recovery for Everyone):
Learning Skills for a Healthier Life

Objective: To provide the highest quality of supportive services to women living with HIV/AIDS using a patient centered modality to aid in reducing risk from drug and/or alcohol use, with respect, courtesy, and kindness.

Methods: A variety of services and modalities are used to provide optimal care for each client. Each client is assigned a Social Worker who then develops a treatment plan for the client based on the client's wants, goals, and needs. The input from each client is essential and all services are provided in a safe, nonjudgmental atmosphere. The basis of the program is a client centered harm reduction model, but there is also the use of multi-media, experiential arts, peer support, motivational interviewing, and EBI's (Evidence Based Interventions). Clients are able to engage in both individual and group therapies to meet their goals and learn positive life skills. Since most clients also receive HIV services at our outpatient clinic, continuity of care is fostered which has assisted clients in not only reducing risky behaviors but has allowed for cohesiveness with their multidisciplinary team as well as enhanced treatment adherence. This workshop will demonstrate how the use of these different modalities helps to retain clients in care while understanding that reducing their risky behaviors are challenging. Since the program is small, all clients are known to both clinical Social Workers and this "family feel" helps foster a sense of community and positively influences the therapeutic relationship between staff and clients. This cohesiveness provides clients with a safe space where they can work through issues of trust, shame, stigma, and other barriers to successful retention in treatment.

Results: The program outcomes are focused on the individual goals of the client with respect to reducing risky behaviors, including but not limited to substance and alcohol use, unsafe sexual practices, as well as working towards achieving an undetectable viral load. Success is measured by reducing risky behaviors and adhering to medical appointments and their medication regiment. Clients who are in recovery for more than 24 months graduate the program and are referred to other agencies to continue to focus on their recovery and/or goals. Data will provide the number of clients retained in care, reduction of risky behaviors, and viral suppression. There will be video testimonials from clients discussing the qualitative ways their lives have improved by being a part of this program.

Conclusions: Participation with Project SHaRE forges long standing relationships with peers, positive involvement in their individual communities, and appreciation for the value of individual and group therapy. Clients learn to sustain their healthcare, recovery, and how reach out to community support when applicable. The strength of program model has encouraged healthier familial dynamics.

