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Using Recovery Coaches in Substance Use Disorder Treatment

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Welcome to the Webinar

Using Recovery Coaches in Substance Use Disorder Treatment

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How is the UMass Memorial Recovery Coaching program implemented? What does a typical day look like?

Motivational interviewing, what is it? How to do it?

Is recovery coaching a successful strategy in SUD treatment?

What kind data is collected from UMass Memorial Recovery Coach program?
Your Webinar Host

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About National Library of Medicine (NLM)

Physical library is Bethesda, MD part of the NIH campus.

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  Free access to online health & medical resources
  Free Training & Professional Development
  Grant funding opportunities available for your community

About 77,000 people received training from NLM last year!
Substance Use Disorder Resources from the National Library of Medicine


Disaster Lit® search of opioid guidelines, reports, factsheets, etc., including:
- Fentanyl Safety Recommendations for First Responders [https://disasterlit.nlm.nih.gov/record/16121]
- How HIPAA Allows Doctors to Respond to the Opioid Crisis [https://disasterlit.nlm.nih.gov/record/16093]
- Preventing Opioid Misuse in the States and Territories: A Public Health Framework for Cross-Sector Leadership [https://disasterlit.nlm.nih.gov/record/15995]

MedlinePlus Opioid Abuse and Addiction [https://medlineplus.gov/opioidabuseandaddiction.html]
  Abuso y adicción de opioides [https://medlineplus.gov/spanish/opioidabuseandaddiction.html]

Pillbox – Handy tool for identifying a pill that is found [https://pillbox.nlm.nih.gov]

HealthReach low-literacy patient materials about opioids, opioid addiction, and opioid treatment (includes documents, videos, and audio)

PHP Partners Information Access for the Public Health Workforce [https://phpartners.org/]


Partnership for Drug-Free Kids [https://drugfree.org/]
Heroin, Fentanyl & Other Opioids – A Comprehensive Resource for Families with a Teen or Young Adult Struggling with Opioid Use - [https://bit.ly/2vb6Onm]
Offering programming on addiction and recovery? Consider borrowing one of our Graphic Medicine Book Club Kits featuring *Sobriety: A Graphic Novel*!

From the publisher…
“Through rich illustration and narrative, *Sobriety: A Graphic Novel* offers an inside look into recovery from the perspectives of five Twelve Step group members, each with a unique set of addictions, philosophies, struggles, and successes while working the Steps.”

To Request a Kit: [www.nnlm.gov/ner/kits](http://www.nnlm.gov/ner/kits)

For Questions or Further Information, Contact
Sarah Levin-Lederer at [Sarah.LevinLederer@umassmed.edu](mailto:S Sarah.LevinLederer@umassmed.edu)
Using Recovery Coaches in Substance Use Disorder Treatment
October 18, 2018

Rob Ryan, LADC
Recovery Coach Supervisor, UMass Memorial Medical Center, Worcester, MA

Rich Kenny, CADC
Recovery Coach, UMass Memorial Medical Center, Worcester, MA
Robert Ryan

“Lived experience as a person in long term recovery – I haven’t had a mind or mood altering substance since February 7, 2013”

Professional Experience

**Recovery Coach Supervisor**
UMASS Memorial Medical Center, Worcester, MA
February 2016 – Present
Recovery coach providing support and information to patients regarding their recovery plan and continued support after discharge

**YARCM House Manager**
SMOC Housing, Framingham, MA
October 2014 - December 2016
Manage and facilitate a safe, sober and positive environment for young adults in a residential program

Certificate Programs

**LADC (Licensed Alcohol and Drug Counselor) ** *pending*
Funded by Mass Rehab

**CCAR Recovery Coach Academy**
SBIRT *(Motivational Interviewing for Screening, Brief Intervention and Referral to Treatment)*
Richard Kenny

**Outside Recovery**
- Drug User
- Inside Jails
- Hospitals
- Courtrooms

**Inside Recovery**
- Outside Jails
- Completed Channing program (social model not unlike peer support in community living)
- Employed, CADC and CARC certified
- Father
- Homeowner
- Recovery Coach @ UMASS

“Two-Sided” Lived Experience!
About the Development & Funding for the Recovery Coach Program at UMass Memorial

How the Program started

The development of the Recovery Coach program as part of the consultation service:

- Supported by 2 rounds of Infrastructure & Capacity Building grants from Commonwealth of Mass
- Expansion to a 2nd campus using Telemedicine supported by an Innovation Grant from Mass Health Policy Commission

How the Program is Sustained

Now there is direct funding from the hospital system

Also, new grant from the Health Policy Commission to bring MAT initiation and coaching services to the emergency department setting.
A Recovery Coach is

- A Professional
- Paid Employee
- A person to engage someone who wants to get into treatment
- Focus is on non-clinical issues such as housing, employment, proceeding through drug court,

A Recovery Coach is not

- Therapist, do not provide clinical help
- Sponsor
- Counselor
- Nurse/Doctor
- Clergy Person

Four Goals of a Recovery Coach

- Promote recovery
- Remove barriers
- Connect recoverees with recovery support services
- Encourages hope, optimism and healthy living
Motivational Interviewing 101

CHANGE = (KNOWLEDGE X MOTIVATION) / RESISTANCE

John C. Monfredo, MA, MSW
Substance Use Clinician, UMass Memorial Addiction Psychiatry
MI is...
- Collaborative
- Person Centered
- Respectful
- Problem Solving
- Evidence-based

MI is not...
- Authoritarian
- Coercive
- Easy
- Externally driven
- Imposed by provider
Not a Jedi Mind Trick

“These are not the droids you are looking for.”

John C. Monfredo, MA, MSW
Substance Use Clinician, UMass Memorial Addiction Psychiatry
How to “evoke” Change Talk?

- Importance scaling
- Confidence scaling
- Explore goals and values
- Ask open-ended questions
- Ask about extremes
- Look back
- Look forward
- Ask about positive and negatives of target behavior
OARS
Mi Interviewing Skills & Strategies
Open-ended Questions

- Not easily answered with “yes/no” response
- Invite elaboration and deep thinking about an issue
- Often these questions being with “How”, “Why”, “Tell me”, or “Describe”
- Helps elicit an open conversation about the patient’s view of his or her problems and commitment to change

John C. Monfredo, MA, MSW
Substance Use Clinician, UMass Memorial Addiction Psychiatry
Affirmations

- Recognize patient's strengths
- Must contain direct references to something about the patient
- Acknowledges the personal qualities of the patient that can help in making positive changes
- Recognizes the efforts that the patient is taking to change
- Reframes experiences of patient to affirm patient
Reflections

- Expresses empathy

- Guides the patient toward change and resolving ambivalence

- Reflective statements restate the patient’s comments that captures the patient’s communications
Working with Ambivalence

Central concept of MI is the:

- Identification, examination and resolution of ambivalence about changing a behavior
- Ambivalence is seen as a natural part of the change process

MI is a conversation about change

MI works with patient on calling forth the patient’s own motivation and commitment
Develop Discrepancy

- Change occurs when individuals recognize a mismatch between “where they are and where they want to be”

- MI techniques can help them recognize the discrepancy between their behaviors and their goals and values

- This can help increase patient’s motivation for change when they recognize it interferes with these important things in their life

- Using MI can help patient’s become aware of how their current behaviors are leading them away from their goals and values
- MI is not easy
- It takes a great deal of practice and patience
- There are many resources available both in print and online on utilizing MI

- Questions?
The Intervention

Hospitalists
Hospital SWs

Recovery coach screens, engages, follows, provides NARCAN rescue kit
SW assesses, intervenes, and plans

Psychiatrist consults and initiates MAT

ED screener
Algorithm
Care Manager

MAT continuation
residential treatment
Community treatment
PCP follow-up
Recovery Coach up to 3 months

Telehealth applications:
Psychiatric Consultation
SW Consultation
Community Intakes
ED interventions
Patient Identification
Algorithm

DISCHARGE
Patient Story

Jason is a 32-year-old male that presented to the hospital on March 2, 2018. Over the next several months, during his admission to the hospital, I worked with Jason weekly. I talked with him about recovery and supported him with any resources available in the hospital as well as with plans for after discharge to support his recovery. Jason was stabilized here at the hospital and discharged to a skilled nursing facility in Southbridge, where I continued to work with him and see him weekly to provide continuing support. When discharged home, I continued to meet Jason in the community to discuss recovery plans as well as provide transportation to and from 12-step support groups and medication assisted treatment appointments to treat his opiate use disorder. I plan to accompany Jason to his custody hearing for his daughter, where I will advocate for him and explain my services as a continuing support, if he so chooses to continue utilizing me. I continue to have a good working relationship with Jason at this time.
Matthew is a 36-year-old man who first presented to the hospital on May 8, 2018. Matthew had presented due to homelessness and unmanageability of medications as well as active substance use. This patient stayed with us for several weeks. During his admission, I visited him daily to support and motivate him in his recovery. Matthew was sent to Independence Hall, a CSS, where he was asked to leave due to manic episodes. Matthew then re-presented to hospital on June 12, 2018, where he spent at another several weeks with us. During this time, patient’s medications were adjusted to reduce manic episodes. A recover plan was developed to secure a bed at Jeremiahs Inn, a recovery home for men in Worcester, MA. Jason completed his hospital stay with this plan in mind. After discharge, I provided Jason transportation and support for intake interviews at the recovery home. While waiting for a bed to become available at Jeremiah’s Inn, Matthews’s living situation fell apart. This patient did try to maintain sobriety while homeless, consistently working with me and participating in the demands of Jeremiah’s Inn for admission. Matthew did relapse during this time. Through discussions with Matthew and analyzing options of treatment, it was clear that Matthew needed inpatient detoxification and stabilization, along with referrals to a sober living community. Due to the barriers with Matthew’s medical issues, his only option was a level 4 detox facility. Using connections in recovery community, I assisted Matthew in securing a detox bed and provided support during the day of admission to the facility. Matthew stayed for an unknown amount of time before leaving said facility. This story is a success in my eyes, due to all the achievements that have been made by Matthew regardless of detox originally being an unrealistic plan due to barriers as well as lack of help and hope.
A recovery coach has been working with a thirty-eight year old male identified through the SUD evaluations. When the coach contacted the patient, he stated that he was desperate for help although he did not know what that might look like. The patient was agreeable to meeting the recovery coach in the community. They met approximately 8 times where they discussed relapse prevention, 12-step integration, took Narcan training together, went to the RMV together (one of the patient’s goals was to get a drivers’ license) and at the end of the time seeing each other, the “patient” is actively a member of a 12-step program. The recovery coach has seen the patient in the recovery community (beyond the scope of the job) and the patient is still sober.
In-House and Community Recovery

Recovery Coaches do in house/bedside engagement and then do community recovery wellness planning effectively impacting SUD
How Do You Measure Success?

Psychiatry - Dr. Alan Brown

Goals

- Reduce Readmission rate for patients with co-morbid SUDs by 30%
- Establish and maintain post-discharge engagement rate of 40% (either MAT start or transfer to residential or output with 2 week f/u)
- Improve sustainability of program
- Explore further expansion of program to ED and SNF setting

Update

- Completed 1 year HPC grant and received 3 month extension through Sept 30
- Results
  - On target to see 1000 patients in one year
  - Brought package of coaching, addiction SW and addiction psychiatry to Memorial using tele-platform for psychiatry
  - Established proactive consultation model using electronic algorithms
  - Reduced 30 day readmission rate to 17% (from est 30%) for the year and have been trending at 14% for recent months
  - Brought post discharge engagement rate to 40% (from est 5%)
  - 10% of patient engage in post-discharge recovery coaching
Results

Percentage of patients readmitted to UMMC within 30 days post discharge after engagement in the services

KPI 268: % of patients engaged in treatment as defined by initiation of a medication assisted treatment

- University
- Memorial
- Both
Hey man idk if you remember me when I was at UMass or not but today is 9 months clean for me. I'm doing my music I'm working the program I'm still in Nashua during the week then doing shows or studio or family every weekend. Thank you for helping when I was at a low point in my life. Hope this makes you happy to see brother!
Let’s Write a New Story About SUD and Recovery

“We must all confront the intangible and often devastating effects of stigma. The key to recovery is support and compassion. Patients in pain and patients with a substance use disorder need comprehensive treatment, not judgment.”

Patrice A. Harris, MD, MA, chair AMA Opioid Task Force
Next Webinar

Understanding Grief After an Overdose Death
November 28 1-2PM

Register here:
Thank you Rob and Rich for sharing your expertise & experiences!

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