

Welcome to the Webinar

Using Recovery Coaches in Substance Use Disorder Treatment



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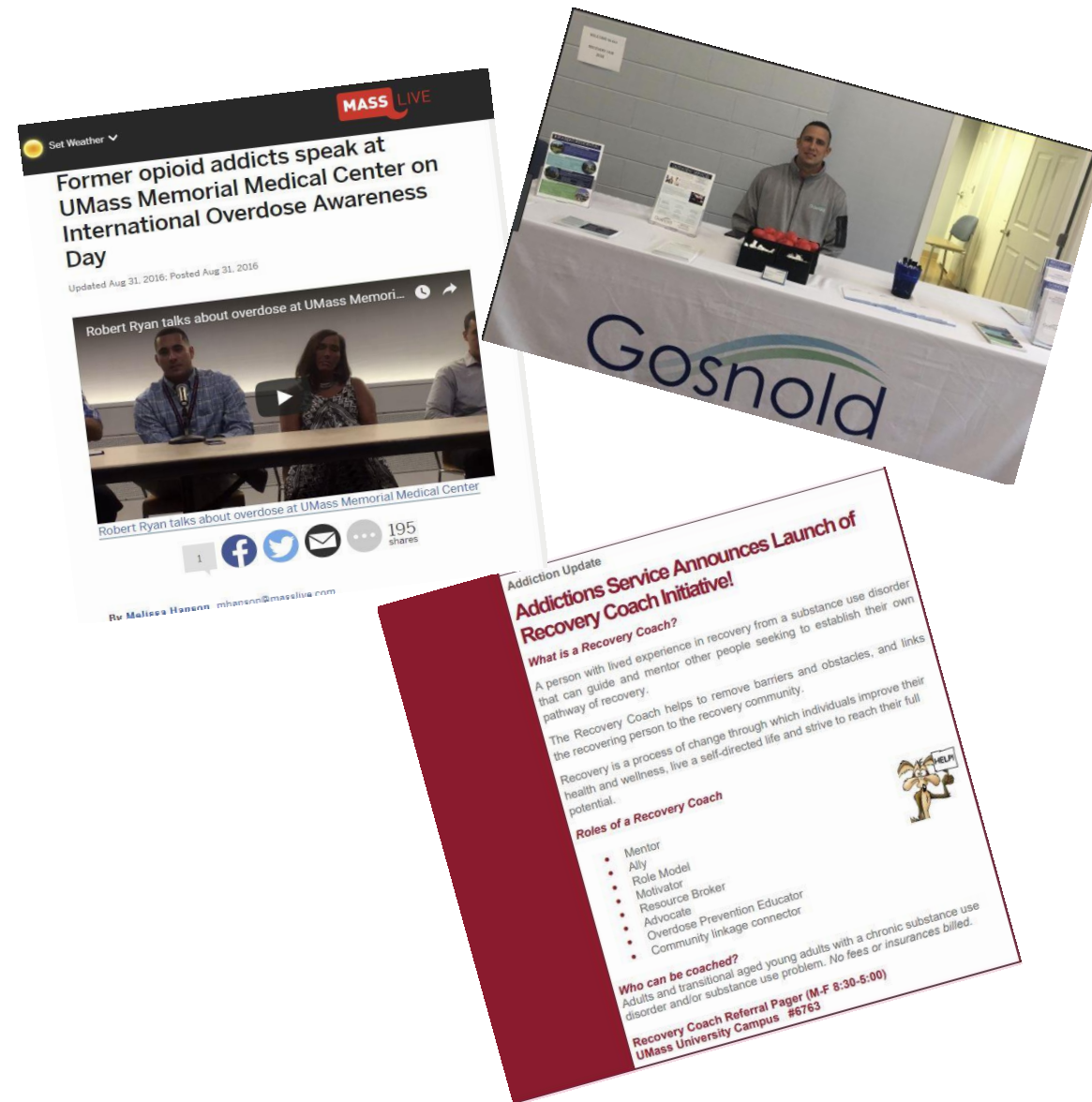
Information to be Presented

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 of data is collected from UMass Memorial Recovery Coach program?





U.S. National Library of Medicine

*National Network of Libraries of Medicine
New England Region*

Your Webinar Host



Susan Halpin, M. Ed.

susan.halpin@umassmed.edu

NNLM NER, Education & Outreach Coordinator

University of Massachusetts

Medical School

Worcester, Massachusetts

About National Library of Medicine (NLM)



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

Largest biomedical library in the world

One of the federal government's largest providers of digital content

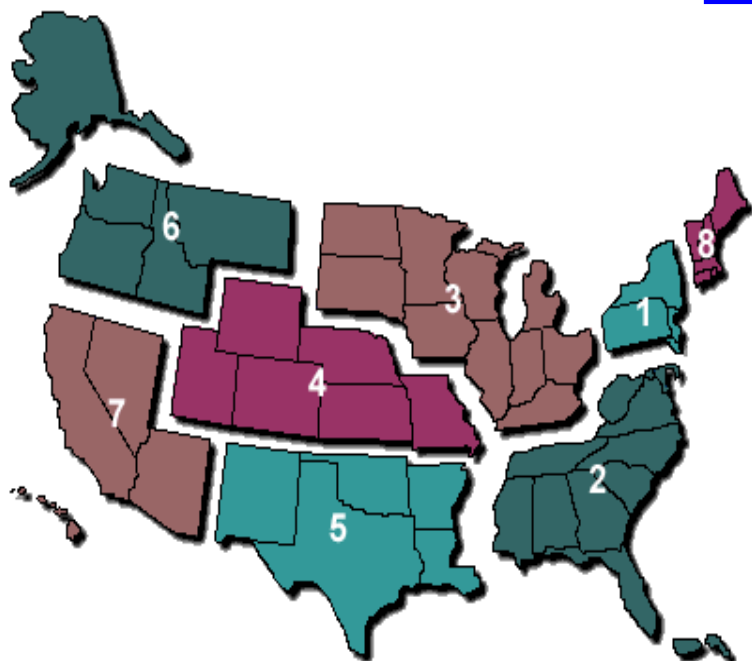
The library is open to everyone

NLM's mission

Advance the progress of medicine and improve public health by making biomedical information accessible to everyone.

NLM Carries Out its Mission Through the National Network of Libraries of Medicine (NNLM)

<https://nnlm.gov/>



- Nationwide network of health sciences libraries, public libraries & information centers
- Each region has a partnership with a regional medical library
- Outreach provided through

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

Opiate Addiction and Treatment Information Guide <https://sis.nlm.nih.gov/enviro/addiction.html>

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)

PHPartners Information Access for the Public Health Workforce

<https://phpartners.org/>

PHP Partners aggregates a lot of public health news, some of it involving substance use disorder from a public health point of view, <http://www.pewtrusts.org/en/multimedia/audio/2017/treating-the-opioid-epidemic>.

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*!

Graphic Medicine Book Club Kit

NIH NLM NNLM nnlm.gov/ner/kits

Graphic medicine is the combination of comics and healthcare. Comics help with understanding illness and health.

These kits are available to any organization in New England for free.

How kits work

1. Pick a health comic

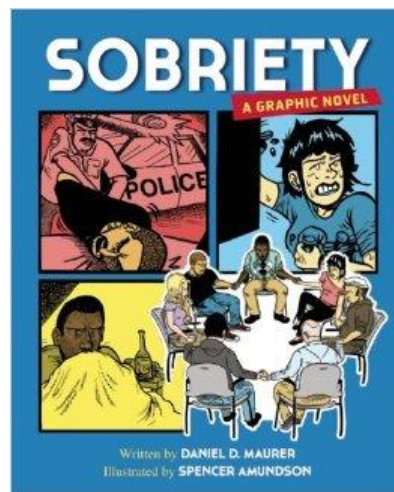
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2. You receive a kit in the mail

Kits include:
6 Graphic Novels
Discussion guides with questions
Valuable NLM resources on the selected topic

3. Read and learn together!

Addiction - AIDS - Aging - Cancer - Epilepsy - Grief - LGBTQ - Mental Health - OCD - Veterans



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

For Questions or Further Information,
Contact
Sarah Levin-Lederer at
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)

Outside Recovery

- Drug User
- Inside Jails
- Hospitals
- Courtrooms

Richard Kenny



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



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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."





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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



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OARS

MI Interviewing Skills & Strategies

Core Skills

Open Questions

Affirmations

Reflections

Summaries



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Open-ended Questions

- ▶ Not easily answered with "yes/no" response
- ▶ Invite elaboration and deep thinking about an issue
- ▶ Often these questions begin 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



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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



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Reflections

- ▶ Expresses empathy
- ▶ Guides the patient toward change and resolving ambivalence
- ▶ Reflective statements restate the patient's comments that captures the patient's communications



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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



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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



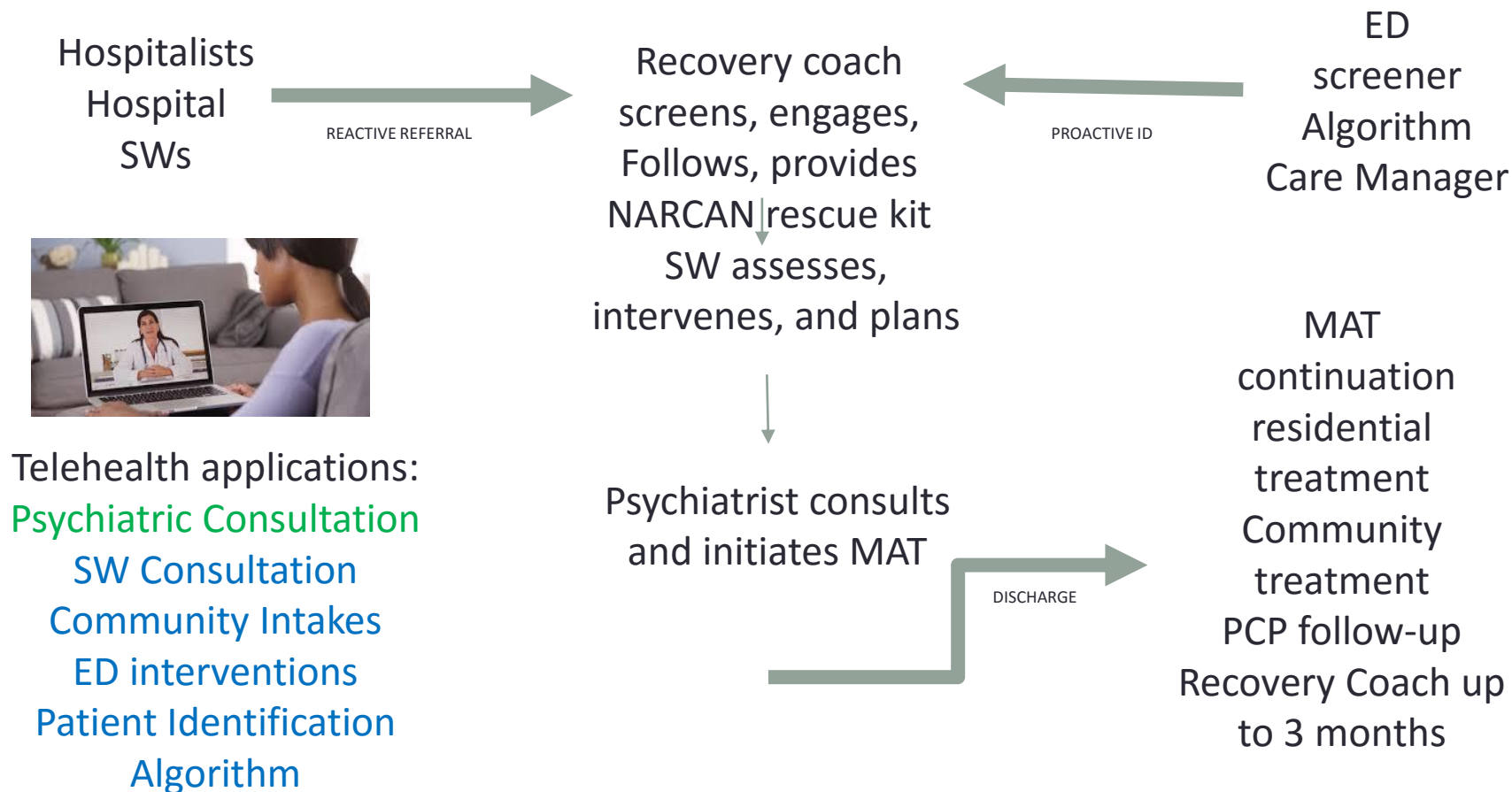
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- 
- ▶ MI is not easy
 - ▶ It takes a great deal of practice and patience
 - ▶ There are many resources available both in print and online on utilizing MI
 - ▶ Questions?



The Intervention





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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.



Patient Story

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 is 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.

HOPE

people care, culture changes, treatment works

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

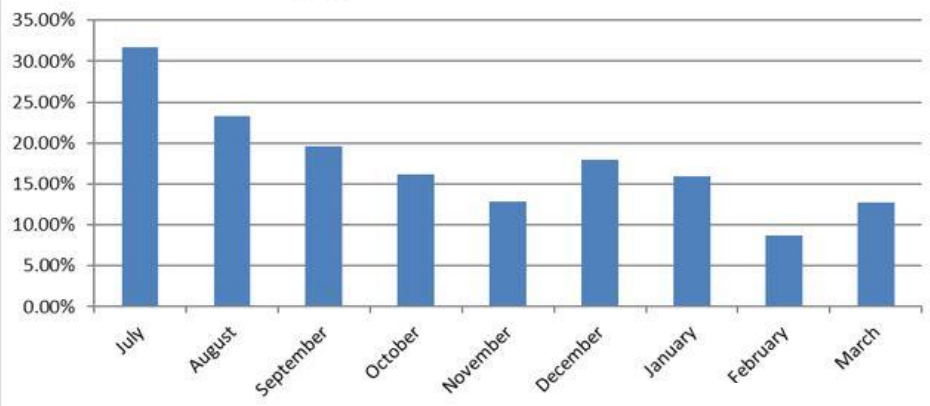
- Reduce Readmission rate for patients with co-morbid SUDs by 30%
- Establish and maintain post-discharge engagement rate of 40%(either MAT start or transfer to residential or output with 2 week f/u)
- Improve sustainability of program
- Explore further expansion of program to ED and SNF setting

Update

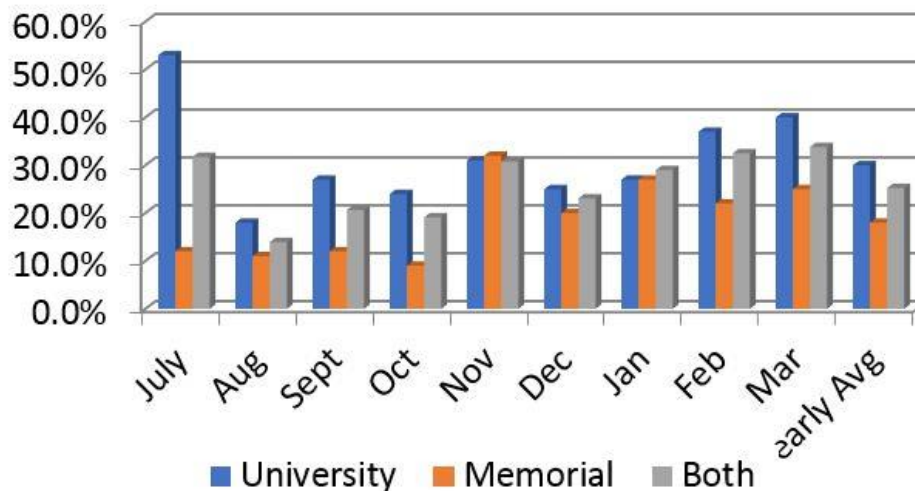
- Completed 1 year HPC grant and received 3 month extension through Sept 30
- **Results**
 - On target to see 1000 patients in one year
 - Brought package of coaching, addiction SW and addiction psychiatry to Memorial using tele-platform for psychiatry
 - Established proactive consultation model using 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 UMMMC within 30 days post discharge after engagement in the services



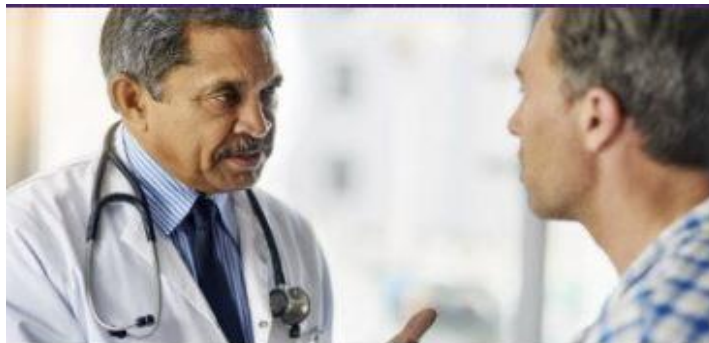
KPI 268: % of patients engaged in treatment as defined by initiation of a medication assisted treatment



The **BEST** Kind of Results



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:

<https://nnlm.gov/classes/substance-use-disorder-webinar-series-3-innovative-strategies-prevention-and-treatment>



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



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3. Click My Learning on the blue bar near the top of the MEDLIB-ED home page.
4. Enter the [code] and complete the attestation and evaluation and claim credit.
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