CARE kit

COMPREHENSIVE **ADDICTION RECOVERY ECOSYSTEM**

KPCA SPRING CONFERENCE 2022

March 30, 2022

Lexington, KY

Hazelden Betty Ford Foundation

Introductions

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KORE Grant Overview

Guided by Recovery Oriented Systems of Care, the KORE project goal is to work in partnership with selected KPCA sites to implement a targeted response to Kentucky's opioid crisis by expanding access to a high quality, ***evidenced-based opioid prevention, treatment and recovery and harm reduction services*** and support in high-risk geographic areas of the state

KORE Grant Mission

- Implement a multi-faceted and complex response is supported by Kentucky's singular focus to ***end the opioid epidemic and to save lives.***

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KPCA & Hazelden Partnership

Pilot program in Primary Care

- Organizational needs assessments
- Training and implementation plan development
- Medical, clinical, and peer trainings
- Regional trainings
- Technical Assistance

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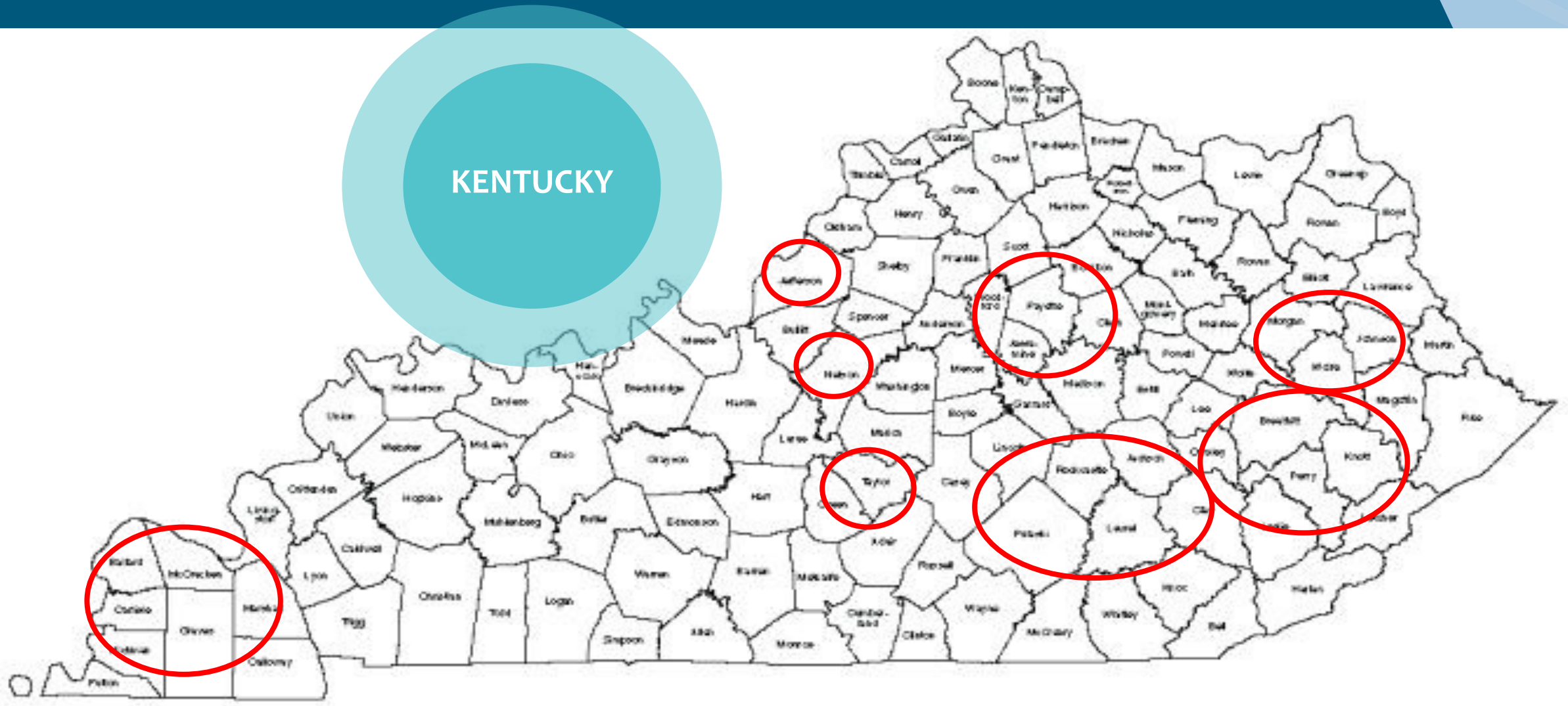
KPCA
KENTUCKY PRIMARY CARE ASSOCIATION

KPCA KORE Sites Across the State



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COMPREHENSIVE ADDICTION RECOVERY ECOSYSTEM

A comprehensive addiction recovery ecosystem to support primary care in increasing Recovery Services

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Toolkit Model Overview

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COMPREHENSIVE **ADDICTION RECOVERY ECOSYSTEM**

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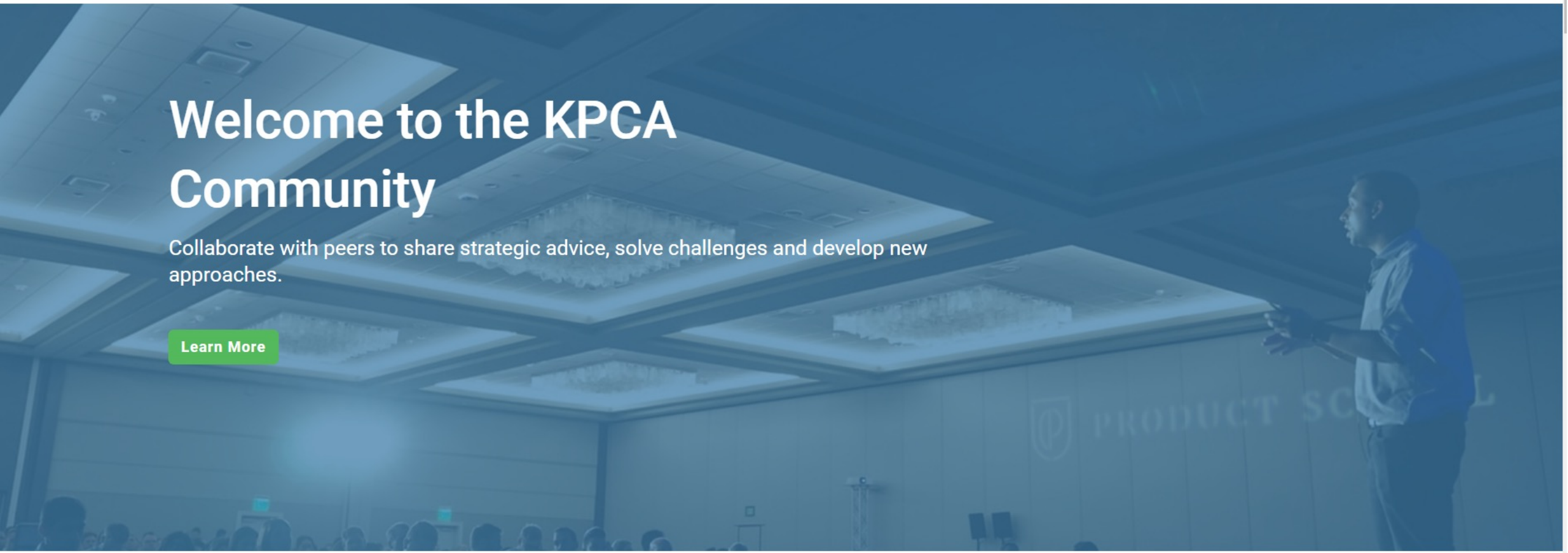
COMPREHENSIVE **ADDICTION RECOVERY ECOSYSTEM**

- Integrated services and resources organized by care function and care level
- Resources include training videos, handouts, and protocol checklists



Welcome to the KPCA Community

Collaborate with peers to share strategic advice, solve challenges and develop new approaches.

Learn More

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Varied Approaches to Assistance

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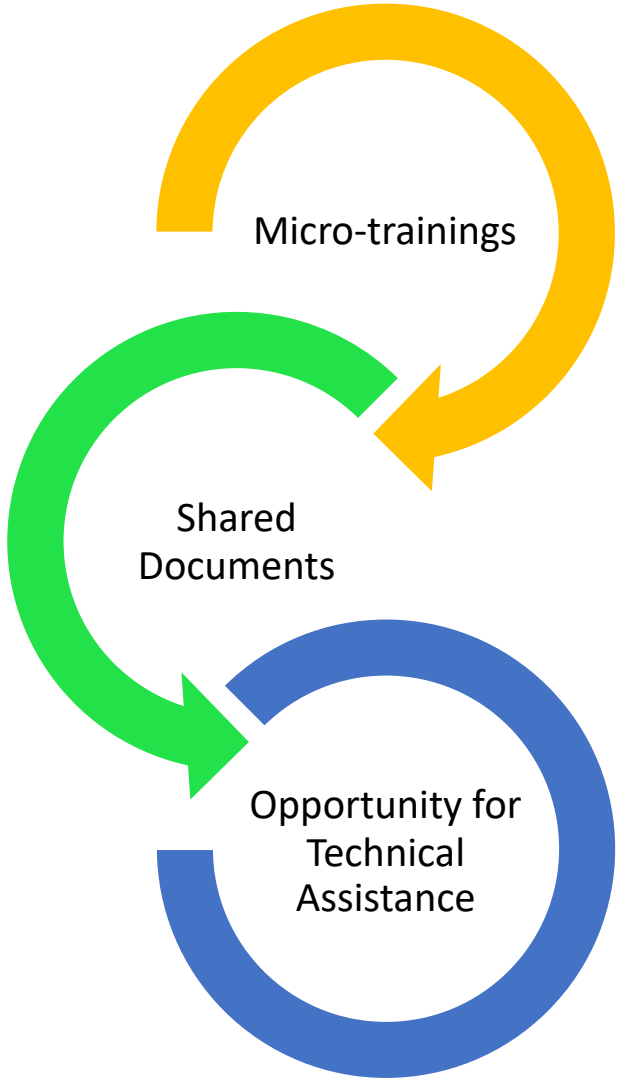

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All Community Types | All Communities | Alphabetical | 20 per page

All Member Community

View Only

This is a public community. All posts will be seen by all members.

last person joined one month ago

Discussions 17 | Members 1.1K

Dental Community

View Only

last person joined 4 months ago

Discussions 0 | Members 5

Justice, Equity, Diversity and Inclusion (JEDI)

View Only

last person joined 19 days ago

DEI

Discussions 0 | Members 3

KPCA Comprehensive Addiction Recovery Ecosystem (CARE) kit

View Only

Comprehensive Addiction Recovery Ecosystem (CARE) kit – Integrated service information and resources organized by care function and care level. The CARE kit includes videos, handbooks, templates, protocol checklists and more, all created and compiled for local healthcare and primary care facilities to use to support their services.

last person joined 6 days ago

Search

#KORE

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1 result found for "#KORE" with filters applied

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KPCA Comprehensive Addiction Recovery Ecosystem (CARE) kit

Community

Comprehensive Addiction Recovery Ecosystem (CARE) kit – Integrated service information and resources organized by care function and care level. The CARE kit includes videos, handbooks, templates, protocol checklists and more, all created and compiled for local healthcare and primary care...

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CAREkit KORE

Showing 1-1 of 1 result

1

KPCA Comprehensive Addiction Recovery Ecosystem (CARE) kit

Communities / Community Home

Community Home | Discussion 1 | Library 2 | Members 2

#KORE
#CAREkit

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- Why offer MOUD and recovery services?
- Workflow examples
- Data and Outcome measures

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Inspiring Videos

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COMPREHENSIVE **ADDICTION RECOVERY ECOSYSTEM**

- Integrated services and resources organized by care function and care level

- KY Specific resources for prescribing

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Practice Management:

Triage issues for managing patients on buprenorphine

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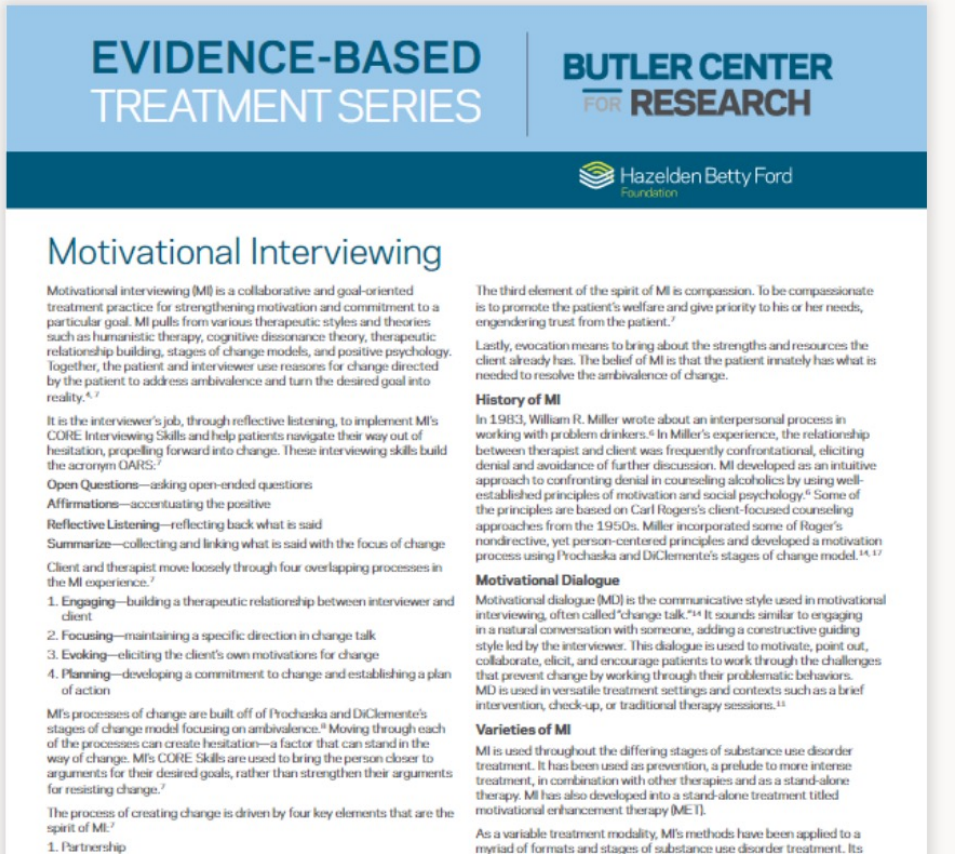
Motivational Interviewing and Trauma-Informed Skills



EVIDENCE-BASED TREATMENT SERIES

BUTLER CENTER FOR RESEARCH

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Motivational Interviewing

Motivational interviewing (MI) is a collaborative and goal-oriented treatment practice for strengthening motivation and commitment to a particular goal. MI pulls from various therapeutic styles and theories such as humanistic therapy, cognitive dissonance theory, therapeutic relationship building, stages of change models, and positive psychology. Together, the patient and interviewer use reasons for change directed by the patient to address ambivalence and turn the desired goal into reality.[4, 7]

It is the interviewer's job, through reflective listening, to implement MI's CORE Interviewing Skills and help patients navigate their way out of hesitation, propelling forward into change. These interviewing skills build the acronym OARS:[7]

Open Questions—asking open-ended questions

Affirmations—accentuating the positive

Reflective Listening—reflecting back what is said

Summarize—collecting and linking what is said with the focus of change

Client and therapist move loosely through four overlapping processes in the MI experience:[7]

1. **Engaging**—building a therapeutic relationship between interviewer and client
2. **Focusing**—maintaining a specific direction in change talk
3. **Evoking**—eliciting the client's own motivations for change
4. **Planning**—developing a commitment to change and establishing a plan of action

MI's processes of change are built off of Prochaska and DiClemente's stages of change model focusing on ambivalence.[8] Moving through each of the processes can create hesitation—a factor that can stand in the way of change. MI's CORE Skills are used to bring the person closer to arguments for their desired goals, rather than strengthen their arguments for resisting change.[7]

The process of creating change is driven by four key elements that are the spirit of MI:[7]

1. Partnership

The third element of the spirit of MI is compassion. To be compassionate is to promote the patient's welfare and give priority to his or her needs, engendering trust from the patient.[7]

Lastly, evocation means to bring about the strengths and resources the client already has. The belief of MI is that the patient innately has what is needed to resolve the ambivalence of change.

History of MI

In 1983, William R. Miller wrote about an interpersonal process in working with problem drinkers.[6] In Miller's experience, the relationship between therapist and client was frequently confrontational, eliciting denial and avoidance of further discussion. MI developed as an intuitive approach to confronting denial in counseling alcoholics by using well-established principles of motivation and social psychology.[4] Some of the principles are based on Carl Rogers's client-focused counseling approaches from the 1950s. Miller incorporated some of Roger's nondirective, yet person-centered principles and developed a motivation process using Prochaska and DiClemente's stages of change model.[14, 17]

Motivational Dialogue

Motivational dialogue (MD) is the communicative style used in motivational interviewing, often called "change talk."[14] It sounds similar to engaging in a natural conversation with someone, adding a constructive guiding style led by the interviewer. This dialogue is used to motivate, point out, collaborate, elicit, and encourage patients to work through the challenges that prevent change by working through their problematic behaviors. MD is used in versatile treatment settings and contexts such as a brief intervention, check-up, or traditional therapy sessions.[11]

Varieties of MI

MI is used throughout the differing stages of substance use disorder treatment. It has been used as prevention, a prelude to more intense treatment, in combination with other therapies and as a stand-alone therapy. MI has also developed into a stand-alone treatment titled motivational enhancement therapy (MET).

As a variable treatment modality, MI's methods have been applied to a myriad of formats and stages of substance use disorder treatment. Its

Trauma informed providers

- Following the landmark Adverse Childhood Experiences (ACE) study; we are:
  - Challenged to understand the role trauma plays in our patients lives
  - Aware that trauma has a far-reaching impact on health behaviors
  - Attuned to the high risks associated with trauma
    - Increased prevalence of mental health concerns
    - Increased prevalence of substance use disorders
- This toolkit has a special section on the Kaiser Permanente ACE
- Review this section to learn more about trauma informed care

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- Infusion of MI language
- Strategies to engage
- Community Outreach

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Examples of Engaging Pre-screening

Twelve Step Facilitation (TSF) prescreening questionnaire

1. When you consider your clinical strengths, which response best reflects the treatment modality /modalities where you excel?
    a. Individual therapy
    b. Group Therapy
    c. Both individual and group therapy equally
    d. Neither therapy is a personal strength
2. How much formal training have you had on integrating the principles of the Twelve Steps as a part of treatment?
    a. None
    b. Some
    c. A lot
3. Please identify any mutual aid support groups (such as NA, AA, Smart Recovery among others) that you engage to assist you clients in their recovery. [SHORT ANSWER]
4. Identify any examples of curriculum, treatment manuals or content that is theory /modality driven that you use treatment. [SHORT ANSWER]
5. In your opinion, how important are the principles of the Twelve Steps in treating clients on their path to recovery?
    a. Not important at all
    b. Somewhat important
    c. Very Important

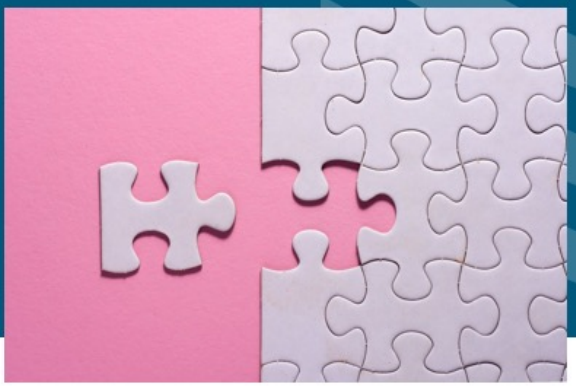
The next cluster of questions relates specifically to your perceptions about your ability to integrate the principles of the Twelve Steps. Please score the following statements as they relate to how you truly aligned the statement is to your ability to conduct effective group therapy sessions.

Statements*	Not at all true (1)	Hardly true (2)	Moderately true (3)	Exactly true (4)
If I am in trouble, I can usually think of a solution.				
I can usually handle whatever comes my way.				
I can remain calm when facing difficulties because I can rely on my coping abilities.				
Thanks to my resourcefulness, I know how to handle unforeseen situations.				
I am confident that I could deal efficiently with unexpected events.				

**Adapted from the General Self-Efficacy Scale (GSE)*

Schwarzer, R., & Jerusalem, M. (1995). Generalized Self-Efficacy scale. In J. Weinman, S. Wright, & M. Johnston, Measures in health psychology: A user's portfolio. Causal and control beliefs (pp. 35-37). Windsor, UK: NFER-NELSON. https://www.drugsandalcohol.ie/26768/1/General_Self-Efficacy_Scale%20(GSE).pdf

How does Prescreening fit into current Treatment Philosophy?



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- Adjust language for engagement and de-stigmatization
- Create more collaboration
- Improve participation rates

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Infusion of MI and Engagement

Four Elements to Consider

- Blended Agreements

Dimensions of Blended Agreements

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- Strategies to engage the local recovery community
- Transition needs between Levels of Care
- Peer Support Services

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PHILOSOPHY FOR PEER SUPERVISION

- Administrative
- Educational
- Supportive

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- Screening Instruments
- Strategies to intervene after screenings
- Use of MI and SBIRT Techniques

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COMPREHENSIVE **ADDICTION RECOVERY ECOSYSTEM**

- Therapy and counseling service outlines
- Suggested curriculum
- Inter-professional Team Huddle outlines
- Community Collaboration models
- Family and Supporter strategies

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- Addressing SDoH
- Referral options to meet responsibilities
- Contingency Plans for complex situations

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