

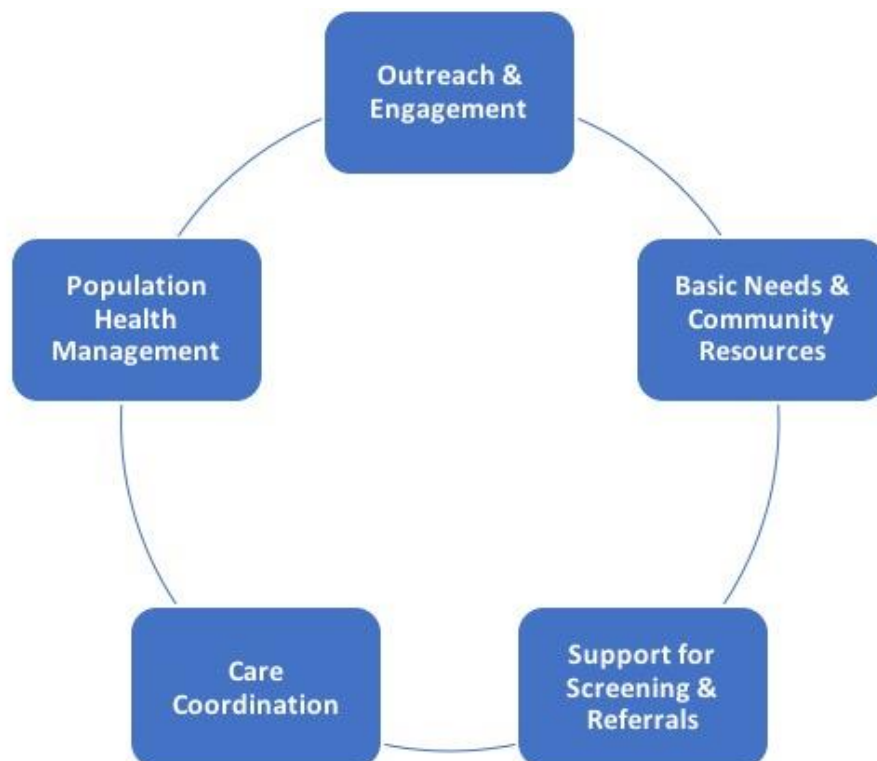
SUBSTANCE USE DISORDERS MINI WORKBOOK

TEAM UP FOR CHILDREN COMMUNITY HEALTH WORKERS

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How to use this workbook	
Goals for this workbook	<ul style="list-style-type: none"> • Workbooks are designed to accompany the core framework for CHW work within Team Up with 5 core areas described below • Depending on the site, CHWs may work more in one core area than another • Each site has the flexibility to adapt the CHW role within core areas to best match the needs of families in their sites • CHWs should coordinate with their clinical care teams on all tasks • CHWs should direct work outside of the core areas back to clinical care team • CHWs should use this workbook to guide their work with families • Workbooks accompany the learning community modules (webinars) by topic area
Adapting this workbook	<ul style="list-style-type: none"> • This workbook may be adapted to better match each site's needs and clinical protocols • Core topic areas in this workbook reflect the core framework and should not be changed to ensure similarity across sites using this CHW curriculum • Please maintain all acknowledgements of this work



OVERVIEW	
Substance Use Disorders (SUD)	<p>Core symptoms:</p> <ul style="list-style-type: none"> • Problematic substance use in the last 12 months • Substance taken in larger amounts over longer periods of time • Inability to cut down on substance use • Great deal of time spent on obtaining, using or recovering from substance • Impairs school, work and social relationships • Continued use despite issues with school, work and social relationships <p>Risk Factors:</p> <ul style="list-style-type: none"> • Family history of substance abuse and mood disorders • Poor parent supervision • High-levels of family conflict and harsh discipline • Low academic achievement and aspirations • Poor self-esteem • Peer acceptance through substance use • Associated with previous traumatic event, ADHD, anxiety <p>Protective Factors:</p> <ul style="list-style-type: none"> • Setting and enforcing clear rules about substance use • Family bonding (family activities together, like eating dinner together) • Talking about the dangers of alcohol and drug use • Promoting academic success • Involvement in community programs <p>Families may:</p> <ul style="list-style-type: none"> • Describe not noticing or being aware of substance use • Have questions about whether or not the use is problematic • Feel frustrated and overwhelmed with child behaviors
CHW-Role in SUDs	<ul style="list-style-type: none"> • Engage families in the process of diagnosis and services for child <ul style="list-style-type: none"> ○ behavioral health services ○ school-based services and support ○ medication treatment • Connect family with integrated behavioral health provider and/or primary care provider to discuss <ul style="list-style-type: none"> ○ substance use, patterns of substance use in adolescents (i.e. experimental use versus problematic use) ○ when to seek formal support for managing how to talk about substance use ○ how to talk to child about substance use or help child with substance use disorder

	<ul style="list-style-type: none"> • Coordinate care and help navigate medical and community-based systems as needed <ul style="list-style-type: none"> ○ Assist with referrals ○ Assist with initiating school-based services
Screeners	<p>SWYC</p> <ul style="list-style-type: none"> • Family Risk Factors: Family substance use (tobacco, alcohol, drug use, cutting back) <p>CRAFFT</p> <ul style="list-style-type: none"> • Car, Relax, Alone, Forget, Family/Friends, Trouble

ENGAGEMENT	
Logistics	<ul style="list-style-type: none"> <input type="checkbox"/> Review the “ask” from providers about working with family <input type="checkbox"/> Review the medical chart <input type="checkbox"/> Gather materials needed to meet with family <input type="checkbox"/> Think SBIRT: Screening, Brief Intervention, Referral to Treatment
Introduce yourself	<p><i>-Hello, my name is ____ and I am a CHW/FP part of your medical team. I help families access resources and service and can offer ongoing support to you as needed. Your child’s provider asked me to talk to you about _____.</i></p> <p><i>-Do you have time now to talk about this?</i></p>
Set an Agenda	<p><i>-I am going to talk about _____. (Referral to behavioral health provider for managing your child’s substance use.)</i></p> <p><i>-Do you have anything else that you would like to talk about?</i></p>

EDUCATION	
<p>Reason for Referral</p> <p><i>(If working directly with adolescents, please adapt script to address adolescents directly.)</i></p>	<p>-Your child has been referred for _____. (i.e. behavioral health services)</p> <p>-What do you think about the referral?</p> <p>-What are the goals and expectations you may have for your child with this referral?</p> <p>(Explain how referrals can help child and family)</p> <p>-Accessing services for how your substance use will help you and your child gain new skills to get to cope with how using substances has negatively impacted your lives.</p> <p>-Your primary care provider and/or behavioral health provider can explain the details of substance use as part of these services.</p>
<p>Substance Use Disorders Risk and Protective Factors</p>	<p>-I have some materials here on substance use that may be useful.</p> <p>-We usually like to think about risk and protective factors and how you as a parent can increase the protective factors.</p> <p>-We also like to talk about patterns of substance use. For example, is your child experimenting with (substance) or has your child been using (substance) consistently and this has started to cause problems for your child?</p> <p>-Sometimes parents/caregivers also struggle with substance use. Do you have concerns about your own substance use so that we can refer you for additional help?</p> <p>-Do you have any questions or concerns about your child's substance use? We can loop back with your child's provider.</p>
<p>Screeener</p>	<p>-Do you have any questions or concerns about the screener that your child filled out about their substance use?</p> <p>-Let's write down any additional questions you might have for your child's provider. We will loop back with your child's provider to talk about these questions.</p> <p><i>(Please note how your clinic handles adolescent patient privacy.)</i></p>
<p>Diagnostic Process</p> <p>Explain the Process</p>	<p>-Your child's provider is referring your child to a behavioral health provider/psychiatrist to diagnose a substance use disorder.</p> <p>-We are going to submit a referral to (provider/clinic/hospital). OR</p> <p>-Your child's PCP can diagnose a substance use disorder.</p>

<p>Address barriers or concerns</p> <p>Create an action plan</p>	<p><i>-Typically, the way this will work is you will have to go in for an intake, fill out paperwork and gather as much information as possible to better understand what is going on with your child.</i></p> <p><i>-What do you think? Is this something you and your child would be willing to try?</i></p> <p><i>-What might make it difficult for you to try this?</i></p> <p><i>(Ask about specific barriers: Transportation, childcare for other children, work demands, stigma?)</i></p> <p><i>-I am going to send this referral over to the _____. They will call you in a week. If they don't call you, you will call them at this number_____.</i></p> <p><i>-I will call you on (date) in a week to see when the appointments are scheduled for.</i></p> <p><i>-It will be helpful to get signed releases from you as a parent today so that we can communicate directly with your child's school and/or the other medical providers.</i></p> <p><i>-You can always reach me at _____.</i></p>
<p>Services</p> <p>Explain Services</p> <p>Address barriers or concerns</p> <p>Create an action plan</p>	<p><i>-Your child's provider thinks you and your child might benefit from seeing a _____ for services to help your child with _____.</i></p> <p><i>-There are some specialized programs for adolescents with substance use disorders, including in-patient programs, half-day programs, clinic-based programs, and school-based programs.</i></p> <p><i>(Explain the type of service. You may have to do some research or ask another team member to help you learn about how these services work.)</i></p> <p><i>-What do you think? Is this something you'd be willing to try?</i></p> <p><i>-What might make it difficult for you to try this?</i></p> <p><i>-Some parents like to talk to other parents. Would you like us to connect you to other parents through support groups?</i></p> <p><i>-Some parents like to talk to a counselor to think about parenting strategies. Would you like us to connect you to a counselor?</i></p> <p><i>-You will need to call _____ to start the process.</i></p> <p><i>-I will make the referral and they will call you.</i></p> <p><i>-I will call you on (date) in a week to see when the appointment is.</i></p> <p><i>-You can always reach me at _____.</i></p>

APPLICATION: Care Coordination & Key Tasks	
Engagement	<input type="checkbox"/> Highlight strengths of the child and family <input type="checkbox"/> Bring out hopes for the child and family <input type="checkbox"/> Use motivational interviewing skills <input type="checkbox"/> Collaborate with family <input type="checkbox"/> Demonstrate compassion <input type="checkbox"/> Are there psychological or cultural barriers? <input type="checkbox"/> Did you offer any parenting support and resources?
Education and Support	<input type="checkbox"/> Does family understand referral to behavioral health services? <input type="checkbox"/> Did you connect family with primary care and/or behavioral health provider to discuss patterns of use, risk and protective factors? <input type="checkbox"/> Encourage problem-solving to manage parenting strategies for substance use patterns <input type="checkbox"/> Do the parents/caregivers have current problematic substance use? <input type="checkbox"/> Did you address barriers or concerns? <input type="checkbox"/> Did you create an action plan? <input type="checkbox"/> Did you loop back with PCP? <input type="checkbox"/> Did you connect to the school or other community-based programs? <input type="checkbox"/> Did you document in the EMR? <input type="checkbox"/> Any other important information?
Diagnostic Process	<input type="checkbox"/> Does family have all necessary information for the diagnostic process? <input type="checkbox"/> Did you address barriers or concerns? <input type="checkbox"/> Does family need help scheduling appointments? <input type="checkbox"/> Does the family need help filling out paperwork or bringing materials? <input type="checkbox"/> Does the family need transportation to the appointments? <input type="checkbox"/> Did you document in the EMR? <input type="checkbox"/> Do you have signed medical releases? <input type="checkbox"/> Any other important information?
Services	<input type="checkbox"/> Does family have all necessary information to access services? <input type="checkbox"/> Did you address barriers or concerns? <input type="checkbox"/> Does family need help scheduling or coordinating appointments? <input type="checkbox"/> Does the family need transportation to appointments? <input type="checkbox"/> Did you document in the EMR? <input type="checkbox"/> Do you have signed medical releases? <input type="checkbox"/> Any other important information?

NAVIGATION PATHWAYS: Population Health Management	
<p>Pre-diagnosis <i>(Screening & Brief Intervention)</i></p>	<ul style="list-style-type: none"> • Screening and Education on referral process • Referral to behavioral health clinician/psychiatrist for diagnosis • Referral to school-based assessment • Referral to community-based supports • Signed releases for coordination of care across systems
<p>Diagnostic Stage <i>(Brief Intervention)</i></p>	<ul style="list-style-type: none"> • Diagnostic Assessment Process: <ul style="list-style-type: none"> ○ Forms, Scheduling appointments • Logistical barriers: <ul style="list-style-type: none"> ○ Transportation, appointment times, childcare • Cultural and Psychological barriers: <ul style="list-style-type: none"> ○ Perceived need and importance of assessment ○ Perception of whether or not substance use is problematic ○ Family history of substance use or current family use
<p>Post-Diagnosis <i>(Referral to Treatment)</i></p>	<ul style="list-style-type: none"> • Services <ul style="list-style-type: none"> ○ Recommendation for services, including specialized substance use programs, counseling and medication treatment ○ Community-based youth programs ○ Parent substance use services ○ Patient and Family Rights • School-based services <ul style="list-style-type: none"> ○ Specialized school-based substance use programs ○ Counseling ○ IEP process, including 504 plan

RESOURCES	
Substance Use Disorders Overview	<ul style="list-style-type: none"> • Team Up Learning Community Modules • Substance Abuse and Mental Health Service Administration (SAMSHA) https://www.samhsa.gov/topics
Information for Families	<ul style="list-style-type: none"> • American Academy of Child and Adolescent Psychiatry: Substance Use Resource Center https://www.aacap.org/ • MA Bureau of Substance Use https://helplinema.org/ • National Institute for Drug Abuse (NIDA) for Teens https://teens.drugabuse.gov/ • National Institute for Drug Abuse (NIDA) for Parents https://www.drugabuse.gov/parents-educators