C-SEAP’s SBIRT efforts recognized

A second-place honorable mention Eugene H. Rooney, Jr. Award for an Innovative State Human Resource Management Program was awarded to the Colorado State Employee Assistance Program (C-SEAP) from The National Association of State Personnel Executives. C-SEAP received the award at NASPE’s annual conference in July.

The award honored the SBIRT initiative launched by the Colorado Department of Personnel & Administration through a partnership with SBIRT Colorado for the Colorado State Employee Assistance Program in July 2009. In July 2010, C-SEAP expanded the project to incorporate the Chestnut Global Partners Workplace Outcome Suite, a measurement tool designed to quantify the relationship between EAP intervention and workplace outcomes. The goal of the project is to better identify and assist employees at risk for depression, suffering from untreated depression and/or risky substance use. The results from a study conducted by OMNI Institute of more than 1,900 C-SEAP clients showed that employees demonstrated statistically significant improvements in absenteeism, presenteeism and workplace distress following C-SEAP services.

NURSES

Nightingale Awards

The Colorado Nurses Foundation (CNF) Nightingale Awards for Excellence in Human Caring was founded in 1985 to honor nurses who exemplify the philosophy and practice of Florence Nightingale, a nineteenth century nursing pioneer who embodied the art of helping people. A sponsor of the 2013 Nightingale Awards, Peer Assistance Services had many staff in attendance. Dedicated to improving healthcare and nursing practice in Colorado, CNF promotes excellence through educational and scientific activities and community-based projects. Peer Assistance Services board president Sara Jarrett also serves as president of the Colorado Nurses Foundation board of directors.
Training for peers and staff

FOR PEERS: INTERVENTION TRAINING

eDAR (Center for Addiction Recovery and Rehabilitation) hosted a Professional Intervention Training for healthcare professionals in April. Interventionists Stephen Wilkins and Brett Kessler, DDS presented to dentists, veterinarians, pharmacists and nurses on intervention strategies and skills to employ with colleagues who might have substance use, mental health or other issues that could impair professional practice. A professional intervention is an opportunity for peers to offer assistance to colleagues, providing compassionate support, information and avenues to address behavioral health issues. Proper training is important in recognizing when an intervention is necessary, understanding that the intervention is not punitive but rather a compassionate way to let peers know that they are not alone and to increase the effectiveness of the intervention. In addition to raising awareness and skill building, an objective of this training was to establish intervention groups particular to each profession.

FOR STAFF: SUBSTANCE USE AND ADHD TRAINING

More than four percent of adults in the U.S. (about 8 million people) have Attention Deficit Hyperactivity Disorder (ADHD) and about half of those individuals have comorbid substance use disorders. Recognizing this as an important consideration in crafting prevention and intervention strategies, Peer Assistance Services presented an all-staff training to increase awareness of the connection between ADHD and substance use. Through the presentation, the staff saw the benefits of understanding this connection in devising strategies to incorporate into programs. William Dodson, MD, from the ADHD Treatment Center in Greenwood Village, provided a clinical perspective of common symptoms, diagnosis and treatment of ADHD, and the side effects of medications used to treat it. Dr. Dodson reviewed the multitude of challenges for individuals with ADHD such as academic, employment and relationship issues; and the pharmacological difficulties of treating adults with comorbid ADHD and substance use disorders.

Nathaniel Ellison from the Learning Effectiveness Program at the University of Denver (DU), the support program at DU for students with learning disabilities (LDs), discussed the importance of self-advocacy skills for individuals with LDs. He emphasized the need for each person to recognize the strengths they have because of their LD (rather than despite the learning disability) and to view their difference as an asset.

Marcas Soura, from Eye to Eye a national organization that strives to improve the life of people with LDs, offered an additional personal and professional perspective on ADHD. Soura, diagnosed with dyslexia and ADHD at an early age, outlined elements that are key to mitigating the increased risk of substance abuse and ensuring the overall success of individuals with LDs. The development of metacognition, academic or work-related accommodations, creating allies in the community and reducing stigma are all critical factors in personal empowerment and self-acceptance. With that self-acceptance comes a lower risk for comorbidity of substance use disorders.
The ACE Study can make a difference

Attendees at the annual awareness event shared their thoughts and provided feedback to the keynote by Dr. Felitti, demonstrating the power of the ACE Study findings and his presentation.

The entire presentation from Dr. Felitti was eye opening, but I was most impressed by how asking a simple question of “How did this event affect you later in life?” can lead to improved patient outcomes. It is very powerful that something so seemingly small and brief as provider acknowledgement and acceptance of traumatic events can make a difference.

WHAT THE STUDY COULD APPLY TO OUR
WORK AT PAS
Looking at the ACE Study through the SBIRT lens, this information could be valuable to share with healthcare providers who might be resistant to implementing SBIRT due to perceived obstacles, such as time and resources, and a lack of understanding of benefits. For all programs, it would be useful to examine how the data can inform program planning and how the ACE questionnaire can be used as an additional tool and resource. Many factors need further investigation before integration of the ACE Studies into our programs, such as how ACE work is impacted by policy and what policies support ACE implementation. One barrier to promoting the use of the ACE questionnaire with SBIRT is that it’s not currently reimbursable. Two immediate implications for SBIRT is the addition of the ACE questionnaire on LinkingCare.org and pilot clinical studies at the Basalt Clinic.

— Brit Reimann

WHAT SOCIETY VIEWS AS THE “PROBLEM” IS OFTEN THE “SOLUTION” FOR THOSE WITH HIGH ACE SCORES.

1) All patient’s should be routinely screened for adverse childhood experiences;
2) A childhood trauma may be relevant to both serious illness and vague somatic complaints; and
3) Appropriate approaches to treatment must include dealing with childhood trauma. It is confounding that little or nothing is being done to address the results of this study, especially with the depth of the relationship between trauma and addictions. I was surprised at the taboo nature and the resistance in the system to talk about these issues. Secrecy and shame is perpetuated by NOT asking these basic 10 questions from the ACE Study, which is natural and makes so much sense to me. It was interesting to me that a “yes” answer to a childhood trauma question was not weighted more than any other affirmative answer in the questionnaire; and that it asks if this has happened to you one time (not repeatedly). I think of all the children that are abused, assaulted, beaten, repeatedly throughout their lives. If anything, the results underestimate the effects of ACE on health.

HOW THE STUDY COULD APPLY TO OUR
WORK AT PAS: Certainly the ACE questionnaire can provide a more complete picture in our “trauma informed care.” We could have the clients complete the question survey and check in with them following the ACE guidelines.

— Donna Strickland

WHAT THE STUDY COULD APPLY TO OUR
WORK AT PAS
Program staff could be mindful of the ACE study findings when working with clients with substance use disorders, mental health diagnoses, chronic physical health issues and anti-social behaviors. The ACE results could be useful to help us better understand their needs.

— Cynthia Kwack

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A patient interview. I am trying to figure out a way to make that matter for my patients. One question that remained after the presentation was prompted by a comment from my daughter. I am curious why some individuals with adverse childhood experiences are forever scarred and others view those experiences as vital to shaping who they are today in a positive way. Why does that happen to some people but not to more?

— Jane Klein

REFLECTION The presentation was excellent—in content, delivery and relevance to practice. The scope of the implications in the ACE study for life-long issues were compelling and challenging, especially in taking some type of steps to consider the assessment and evaluation suggestions presented. I would like to know how to effectively market the information to a wide variety of audiences who could benefit from knowing this information.

— Sara Jarrett

REFLECTION The study results were particularly interesting about the relationship between obesity and sexual abuse, as well the significant impact of divorce, and also the differences that exist in the experience of death of a family member versus abandonment of one. I was struck by the comparison of animal and human behavior when a parent dies. In the wild, when the mother dies, the animal offspring will rather quickly die, while humans tend to be destructive after the abandonment of their mother or father.

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Make the connection

Diet, exercise, smoking and substance use are the main factors affecting wellness. Substance use may be the one thing you’re not asking about. Asking the right questions gives you the right information. Connecting substance use with health, SBIRT is a small investment with large returns, both in costs and improved health. Interactive SBIRT training is available online at SBIRTrmmentor where you can access and complete training on your own schedule. Make the connection with SBIRTrmmentor.

www.CMECorner.com/SBIRTrmmentor
303.369.0039 x245

SBIRT – Screening, Brief Intervention and Referral to Treatment

Pe er Assistance Services has been working for more than a year in a collaborative effort with MedRespond and NORC at the University of Chicago to develop SBIRTrmmentor, the online SBIRT training platform for healthcare professionals that went live in May.

SBIRTrmmentor is an interactive, online training using streaming media to teach the SBIRT practice through engaging simulated interactions. SBIRTrmmentor integrates MedRespond’s technology with the training curriculum of Peer Assistance Services and NORC into a streamlined training experience, allowing healthcare professionals to receive SBIRT training credits, cost-effectively and conveniently.

“We launched SBIRTrmmentor with the Colorado Nurses Association (CNA) in May and expect other state nurses associations to adopt the training,” says Peer Assistance Services CEO Elizabeth Pace. “Standardized alcohol screening is widely acknowledged as an efficient and cost-effective approach to reducing risky drinking, and its health effects. SBIRT makes the connection between risky drinking and health and wellness for the healthcare professional and the individual. We’re pleased the online training is being promoted by CNA to streamline training, improve healthcare and the health of Coloradans.”

MEDRESPOND
A leader in the development of healthcare training and coaching software, MedRespond integrates computational linguistic and search technologies with streaming media, MedRespond’s patented technologies streamline healthcare communications, maximize patient satisfaction and minimize healthcare support costs.

NORC AT THE UNIVERSITY OF CHICAGO
An independent research organization headquartered in Chicago with offices in Washington D.C., Atlanta, Boston, and San Francisco, a nationwide field staff and international research operations, NORC collaborates with government agencies, foundations, educational institutions, nonprofit organizations and businesses to provide data and analysis to support informed decision making in key areas including health, education, crime, justice, energy, security and the environment.
n Wednesday, May 1, Peer Assistance Services presented the first event of the 2013 Education Series—the Annual Awareness Event “Hope, One Life at a Time” at the Denver Art Museum. The evening featured a keynote address from Vincent Felitti, MD. Dr. Felitti is a clinical professor of medicine at the University of California; fellow of The American College of Physicians; senior editor of “The Permanente Journal;” and on the international editorial board of the Swiss medical journal “Trauma und Gewalt.” Co-principal investigator of the internationally recognized “Adverse Childhood Experiences Study” (ACE), Dr. Felitti, presented the results of the analysis of more than 17,000 adults, revealing a powerful relationship between our emotional experiences as children and our health as adults—both physical and mental, including substance use and related medical conditions. He emphasized how the study defied the conventional belief that time does not heal all wounds because people translate traumatic emotional childhood experiences into organic disease later in life. One does not just “get over” something, even 50 years later. Dr. Felitti shared other insights from the ACE Study such as its relevance to healthcare costs, and the possible application of the results to everyday healthcare practice and behavioral health prevention, intervention and treatment.

**POLICY BREAKFAST WITH DR. FELITTI**
The day following the Annual Awareness Event Peer Assistance Services hosted a policy breakfast with Dr. Felitti. Understanding that adverse childhood experiences measured in the studies influence the health and well-being of adults, PA S invited stakeholders from diverse areas to discuss how the ACE Study could inform policy, workforce development and programs and practice. Experts from public health, corrections, public safety, healthcare, research, substance use and mental health prevention, intervention and treatment, and the legislative and policy arenas contributed to the conversation about relevant next steps to accelerate the usage of the ACE studies to make a difference in the lives of Coloradans.
ABOVE: ASHKEZA BAKALAZI, BRETT KESSLER, COLLS JOHNSON, JR., MAURINE CAPEY, CARLA GARCIA

BELLOW LEFT: LAURA RIVERA, PALLAVI VISHVANATHAN, KATE SMILES

BELLOW RIGHT: DORINDA ROBBINSON, MIAKIA BANKS, LYNN KOSICK, ANITA HOFFMAN

ABOVE: PAS BOARD PRESIDENT DAVID STUHR

ABOVE: DAVID RENIWES, CATRON KIDZIEK

ABOVE: PATRICK FOX, LENYA ROBBINSON, STAN PAPROCKI

BELLOW: ANTHONY WELCH, JANE FOLGAR, FREDDIE JOHNSON, PAULA WOODSTROM

ABOVE: SHALEY SANDER, BILL FREDRICK, SHANNON SIECOU

ABOVE: JEANNIE RITTER, ELIZABETH FACS

ABOVE: STANDING, JENNIFER FLICK, LYNN KOSICK, KARA RYCE, BRUCE TRAB, SHARALY, CYNTHIA KOSICK, PAUL OGRABEY, JERRY STABE

BELLOW: MEGAN HARRIS, LEE ANN ADIEN

ABOVE: STEVE ROBBINSON, COLLEEN JOHNSON, JR., MARYANN MARQ, LEE"

ABOVE: JEANNE RITTER, ELIZABTH FACS

Below, standing, JENNIER FLECK, LYNN KOSICK, KARA RYCE, BRUCE TRAB, SHARALY, CYNTHIA KOSICK, PAUL OGRABEY, JERRY TRABE

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