INSTRUCTIONS

(delete this slide after reading)

Ensure that your presentation meets the following requirements:

- Includes a disclosure for every presenter
- Includes references and/or citations for all research
- Is free from commercial bias (uses generic rather than trade names, no logos, balanced discussion of therapeutic options)
- Uses language that is inclusive of all members of the health care team and is non-stigmatizing
- Uses 20-point font or higher for all content (except for references)
- Does not include any content, images, or video that you don't have permission to use (eg, copyrighted images)

Connection and Integrated Care

Sara Polley, MD, FAPA, FASAM (she/her)

ASAM Annual Conference, April 27, 2025

Disclosure Information

Sara Polley, MD

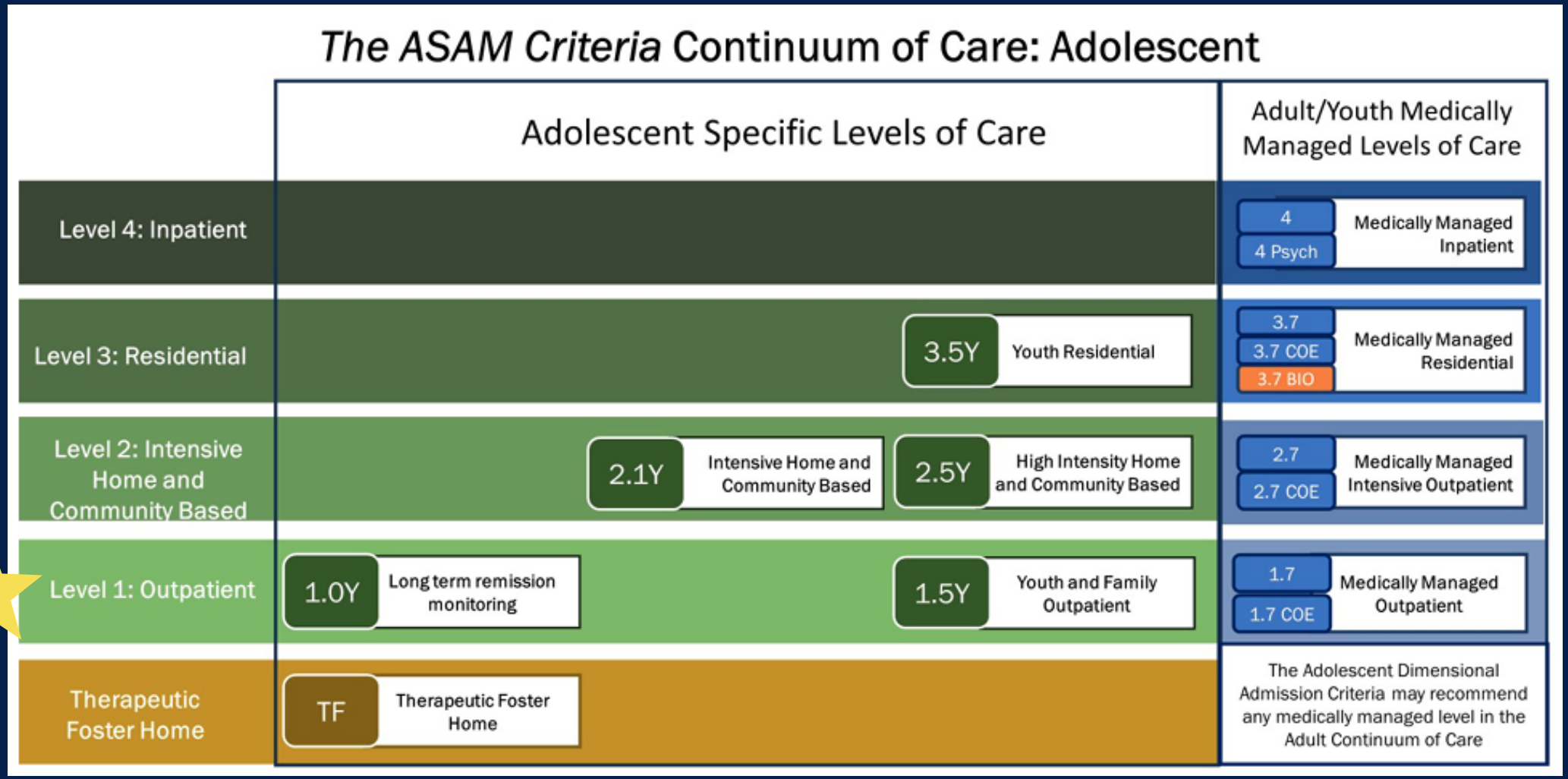
I do not have any disclosures to report.

Learning Objectives

- Fix the care system (just kidding)

- Feel validated in the experience of trying to provide evidence-based care in our current system.
- Understand the importance of creating collaborative relationships with patients, families, and professionals.
- Advocate for systemic change through joint efforts.

Practice Setting



American Society of Addiction Medicine [ASAM], in preparation)
Stallvik, M., & Nordahl, H. M. (2014).

Outpatient Practice Challenges

Ongoing or new care of patients and families who would be best suited by a higher level of care or a higher intensity of services.

Balancing retention in treatment and rapport with safety, liability, and provider energy.

No direct access to higher levels of care.

Reimbursement models for outpatient care do not incentivize accepting complex patients who require significant case management.

Outpatient Setting Advantages

Coordination with dually-licensed outpatient therapists.

Support and training of other providers to provide co-occurring medication and psychiatric management.

Ability to walk with youth and families through an immensely powerful time of life.

Freedom to provide truly individualized care.

New Psychiatric Evaluation

Patient Tee is a 16yo female identifying patient who presents for virtual intake with her mother. The family lives in NW Minneapolis suburbs.

Details provided on paperwork:

“Opioid Disorder, PTSD from sex work, Rapes, ADHD, currently in treatment, JDC until last month.”

Psychiatric Evaluation

Tee's Medications:

Hydroxyzine 25mg three times daily as needed

Olanzapine 5mg at bedtime for 7 days

How did you find me for treatment?

"You were recommended by her primary care provider who she sees as part of the runaway program."

Psychiatric Evaluation

Goals for Initial Visit:

Create a relationship with Tee and mom
Evaluate safety
Establish level of care recommendation
Clarify current supports
Establish ability to connect (ROIs)
Understand symptoms and diagnoses
Any medication needs

Practice Parameters for the Psychiatric Assessment of Children and Adolescents, 1997 Children and Adolescents With Substance Use Disorders, 2005

Gathering History

Was in a SUD level 2.5Y setting. Was asked to leave last week due to sneaking in a THC vape twice. Is back at mainstream high school.

No current suicidal ideation. No self-injury now. Both occurred in past month. Last prior attempt was 3 years ago. Last running away was 3 months ago.

No current outpatient therapist “tried but we keep getting discharged”.

No current opioids or methamphetamine. Last use of both was 3 months ago, prior to detention. Current THC “a few times a week” and daily nicotine. Drug testing through probation.

Assessment and Plan

Diagnoses:

1. Post-Traumatic Stress Disorder
2. Attention Deficit Hyperactivity Disorder, Combined
4. Opioid Use Disorder, Severe, in early remission
5. Stimulant Use Disorder, Severe, in early remission
6. r/o Cannabis Use Disorder

Plan:

- Sending electronic ROIs
- No immediate need for ED or hospitalization.
- Discussed plan if patient leaves home.
- ASAM LOC needed 2.5/2.7
- Follow-up with me in 1-2 weeks
- Refills of current medication and discussed interest in buprenorphine and LAI naltrexone. Prescribed nasal naloxone.
- Follow-up in 2 weeks

National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use. (2015).

Communicating Plan

✓ I'd like to talk with your community provider and have the info for your probation worker, maybe your school? Okay?

✓ Let's continue current medications for now. Come back in 2 weeks?

X I recommend one of the medications we have for opioid use disorder, do you want me to tell you more?

X You would likely benefit from another partial hospitalization program for SUD and MH. What do you think?

✓ Can you refer you to one of the therapists that works with me?

King, et al. (2013)

Between Visits: Connection

Emailed with outpatient medical provider.

Spoke on the phone with MD at previous PHP program.

Messaged our SUD/MH therapist group to provide overview and find a good fit for referral.

Emailed our informal MN adolescent co-occurring providers listserv for general ideas for PHP and/or DBT programming.

Medical assistant spoke with probation case worker to establish exchange of urine drug screens.

Time Constraints

How do you have time to do all that?!

Diet Mountain Dew
Train and effectively utilize support staff
Keep running referral resources lists
Hands-on ROI process
Triage communication needs
Provide easy/safe means for providers to connect

What do you do to facilitate communication?

Connection IN Addiction Care

- Feelings of connectedness, social support networks, and healthy attachments increase recovery capital.
- Social exclusion and loneliness contribute to risk for substance use disorders, behavioral addiction, and mental health concerns.
- Special sauce of 12-Step peer support, therapeutic communities, day treatment, intensive outpatient programs, recovery high schools, recovery college dorms, continuing care groups

Clements A, et al. (2022)

Connections FOR Addiction Care

- Motivational interviewing and patient centered care benefits providers and patients.
- System barriers increase addiction provider burnout.
- Feeling meaningful and effective in our work contributes to resilience.
- Debriefing helps prevent provider overwhelm.

Bredenberg E, et al. (2023)

Tee Updates

This Year:

- Returned to complete a community PHP program.
- Engaging in individual/family therapy.
- Brief return to JDC for running away.
- On waiting list for DBT programming.
- Facilitated transition to evidence based psychotropics.
- Tee has remained opioid and methamphetamine free.
- Continued MI directed at cannabis and nicotine use.

Connection Updates

This Year:

- Increase in referrals from MN Runaway Intervention Program.
- Scheduled to provide workshops for MN RIP program regarding cannabis use in teens.
- Streamlined release and communication process for county juvenile justice communication.
- Referrals from JDC for care while patient is under their care.
- Smoother referrals and transitions of care between community youth PHP co-occurring program and clinic.
- Two new psychiatric providers working with co-occurring patients.
- Recruitment of addiction dually-licensed MH professionals.

O'Brien JR et al. (2020)

Final Takeaways/Summary

- We all do the best we can with the resources we have available to provide the most evidence-based care possible.
- Patients benefit when we incorporate time and energy to connecting with other professionals and programs either formally or informally.
- Through these relationships we can share knowledge, advocate for change, feel effective in supporting our patients, and process difficult experiences.

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