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SOCIAL WORK UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN





Greater Emphasis on a Proven Intervention Tool

Doug Smith has long been a proponent of motivational interviewing. He has incorporated it in his substance use treatment course at the School of Social Work since 2008—and his students have been clamoring for more instruction on the method, which engages a client’s intrinsic motivation to make behavior changes.

Thanks to a federal grant of more than \$919,000 from the Substance Abuse and Mental Health Services Administration, his students will get their wish.

Smith, associate professor and principal investigator, and **Liliane Windsor**, assistant professor, are putting the finishing touches on the curricula for a new master’s-level course called SBIRT Motivational Learning. SBIRT, which stands for Screening for Brief Intervention and Referral to Treatment, is an intervention that has been touted as a public health model for situations where social workers aren’t primarily doing addictions counseling, but encounter people who have heavy alcohol or drug use or bona fide addictions, Smith says. “Their job is to bring it up with their clients and make a competent referral or do a brief intervention,” he explains. “SBIRT is a brief adaptation of motivational interviewing as applied to situations where you have screening data on someone and you know they meet some risk criteria for alcohol or drug problems, and then you use motivational interviewing in a very brief context to refer them or to have an initial discussion about change.”

The course will be unveiled in the spring 2016 semester, and new material on motivational interviewing (MI) will be injected into two other courses, one at the master’s level and one at the bachelor’s level.

“I’ve always had it in mind to develop a longer course on motivational interviewing,” says Smith, who is a member of the Motivational Interviewing Network of Trainers, an international organization. “Now I can do that, with federal funding.”

The Power of Motivational Interviewing

Motivational interviewing was originally described by clinical psychologist William Miller in 1983. “It essentially involves a lot of reflective listening in a very specific way, a way that gets clients to talk about their reasons for changing, rather than having us tell them why they should change,” Smith explains. “We try to elicit their own motivation and have them say it out loud.” That approach is more effective, Smith says, than pushing clients to make behavior changes. Often, a client will resist that push and argue the other side. Instead, you work with them to make their own arguments for positive behavior change.

“For example, it’s common to hear people say, ‘Yeah, I know I should quit, but it’s hard,’” Smith says. “The client is telling you they have the desire, but they also know it’s really tough. So one of the ways we get them talking more about change and their reasons in that situation is a double-sided reflection,

As part of a three-year grant from the Substance Abuse and Mental Health Services Administration, the School of Social Work has begun an SBIRT Scholars Program, to run through 2019.

Doug Smith, associate professor and principal investigator for the grant, will train about 230 students on how to provide SBIRT (Screening for Brief Intervention and Referral to Treatment) and motivational interviewing to help identify and refer people for substance abuse treatment.

The skills learned through this program will be in increasing demand due to major changes in national healthcare policy.

where you say something like, ‘I know it’s going to be hard, but you’ve got some very important reasons for doing this right now.’ That’s a strategy we might use to get them talking about their personal motivation.”

Liliane Windsor notes that MI is not sufficient for people with substance use disorders. “These individuals require more intensive treatment,” she says. “But the majority of people who are having problems with substances are not quite meeting the criteria for substance use disorders; they are just using a lot more than they should. That’s the population that SBIRT targets, and it’s been found to be very effective in getting these individuals to reduce their drinking and substance use.”

Windsor explains the relationship between MI and SBIRT: “Motivational interviewing is the theoretical framework, and SBIRT is a specific intervention approach that relies a lot on the motivational interviewing framework,” she says.

Motivational interviewing, Smith says, does not introduce new skills to social workers as much as it shows them an effective way to use the skills they have. “It’s a lot of skills that social workers learn in their basic interviewing classes, but what’s different about it is how it’s put together to really pay attention to what clients say about change,” he says. “To give a lay definition of what motivational interviewing is, it’s a very non-confrontational, empathic intervention where we work with people to talk themselves into change.”

Varied Applications

One of the beauties of MI and SBIRT is they can be used in diverse situations. “It’s not relevant just for those students interested in the field of substance abuse,” Windsor says, “but for students in a variety of settings—in schools, hospitals, general healthcare settings, anywhere you have an opportunity to be screening and finding if people are using more substances than they should, and then you can intervene in a quick and effective manner to help reduce their risk.”

Smith adds that SBIRT is being used “anywhere where you have access to a population who may be using substances that are affecting their health. So really it’s used best in situations where you want to do screening.”

He gives the example of a private practice social worker who has had several sessions with a client who complains of depression and anxiety. The client begins to talk about his drinking.

“SBIRT opens the door to that motivational interviewing,” Smith says. “You use motivational interviewing to approach them about maybe considering making changes in their drinking or drug use. So I call SBIRT an opportunistic intervention. When you identify there may be a problem with alcohol or drug use, it may involve a brief screening, maybe as few as five questions about drinking, and then using motivational interviewing to help them talk through their ambivalence about making changes or getting additional treatment. So that’s an example of when you might be prompted to use SBIRT.”

While SBIRT is specific to alcohol and drug screening and intervention, MI has a wide application. “It can be used any time there’s normal reluctance about behavior change,” Smith says. “So anything that people are ambivalent about doing. I did a study on exercise adherence, with people who have MS, trying to encourage them to exercise more. It’s been used in health and wellness areas, like eating more vegetables, monitoring your sugar intake, following a heart disease recovery regimen. There are all kinds of applications. It grew out of the addictions field, but it has proliferated into a lot of areas of health behavior change.”

Ultimate Value of The Training

The training will be of value to students, professionals, substance users, and, ultimately, society.

“Most people with alcohol or drug problems never get treatment,” Smith says. “We’re training people to be front-line, early identification worker, who are able to identify and build additional motivation and make referrals for individuals that may never get treatment.”

“Motivational interviewing is very consistent with social work values on treating people with dignity and respect and being client-centered. Historically, people with alcohol addictions or drug problems have been treated very inhumanely in terms of berating them and using punitive models of change. So I think it’s a really social-work friendly intervention that is consistent with social work values.”

**INTERESTED IN
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ABOUT SBIRT
TRAINING?**
Alumni and field
agencies can also
benefit from SBIRT
training. For additional
information, please
contact Doug Smith
at smithdc@illinois.edu



Poised at the Crossroads



At the intersection of social work and healthcare, says **Janet Liechty**, associate professor, is a huge opportunity for the social work profession, arising from healthcare reform taking place across the country.

But the profession needs to act quickly to capitalize on that opportunity.

“We’re at a crossroads,” says Liechty. “Healthcare is changing, and new roles are being carved out for people to do more behavioral health consulting in the hospitals and clinics, so we’ll see more integrated care in primary care and acute care settings.

“Social work can fulfill those needs, but other professions are also gearing up and wanting that territory. Social work is already in the hospitals, and we are so well situated to offer this. We know the system, we can scale up fairly quickly, but we need to be on the ball.”

Helping the profession—and Illinois social work students—be on the ball is a five-year Social Work HEALS grant from the Council on Social Work Education and the National Association of Social Workers Foundation. Over the next five years, 20 social work students (10 BSW, 10 MSW) will receive a \$4,000 scholarship and up to \$1,500 in conference travel (a total of \$110,000 over the duration).

Each scholar will be matched with a mentor and will attend a healthcare policy conference in Washington, DC. The HEALS program focuses on healthcare social work scholarship and leadership—something that is direly needed, says Liechty. “We need leadership at policy levels, we need practitioners and researchers writing books and articles, and developing demonstration programs,” she says. “It’s a massive opportunity to scale up and be part of that reform, and I think we’re the best prepared to do so, but we need to educate the healthcare system that social workers are the best for these newly emerging roles. And then we need to be training more people to be ready to step into these roles.”

The HEALS grant was highly competitive, says Liechty, the principal investigator for the project. Illinois was one of 10 schools selected across the nation for the grant.

“They were looking for strong programs that were offering good training and that could be model programs to encourage more schools of social work to open up specializations in health care,” Liechty says. “This grant is about making sure our social workers are being trained to think like leaders and innovators and contribute in meaningful ways in the conversations about healthcare reform.”

Liechty believes social workers deserve to be at the forefront of healthcare changes. “We have the strongest training background to address the social determinants of health, to work with systems of care and to work with linking patients to care in communities,” she says. “It’s what we do and what we have been doing for the past 100 years.”



Being a Change Maker in Medical Social Work



When **Erin Vanderwater** graduated with a BS in anthropology and religion, she wanted to be a change maker. She just didn't know how, or where.

"I started working as a receptionist in Christie Clinic," she says. "I fell in love with the medical field." Not long after, a good friend in the MSW program at Illinois told her about medical social work.

"I had no idea that was a field," Vanderwater says. "I looked into it, and after reading the job description, I said, yep, that's me."

Vanderwater, who graduated in December, interned with Carle Hospice. As part of her work, she organized Camp Healing Heart, a day camp for children ages 5 to 17 who have lost someone close to them. Fifty-eight children showed up for the camp. Prior to the camp, Vanderwater called a parent of each child to learn information that would help her and the other volunteers successfully interact with the child.

"I helped match each kid with a volunteer buddy," she says, "and I also facilitated a group and did lots of planning and behind-the-scenes work."

Her internship confirmed she wants to do medical social work, she says. "You can only be told so much what it's like to work with clients," she explains.

"In an internship, you get to experience working with clients, looking up resources that you don't know about, because every community has different resources. You also experience working with people in the psycho-social realm, doing emotional therapy with them. You can learn it in theory but you don't know how to do it until you truly do it."

Vanderwater is a natural for medical social work because of her love of working in hospitals and clinics. "Everyone has to use the hospital," she says. "Everyone gets sick. Being in a hospital is scary. I love working with people in that vulnerable place, and telling them it's okay, there's help for what you're going through, there are resources for you when you go home."

"I like coming alongside a person or a family and guiding them through that process."

Vanderwater was in the first cohort of HEALS Scholars; she and the other HEALS scholars flew to Washington, D.C. to participate in a healthcare policy summit. "We are trying to advocate to get social workers a bigger role in the medical setting," she says. "Social work has an important role to play in the future of healthcare."

As for her own future, Vanderwater wants to help develop the field of social work in a primary care setting. "My medical roots were in that setting," she says, "and I'm passionate about the emerging field of integrated healthcare, where mental health is handled in the primary care setting."



Leading Teams, Managing Change, Making an Impact



Marilyn Oertley, MSW '79, always wanted to work in a medical setting. And, she says, she enjoys developing high-performing teams and managing change.

That is exactly what she has done over a 35-year career in social work.

Oertley has developed and led teams, supervised managers and allied disciplines, created new programs, and managed a lot of direct service change over the years, primarily for OSF Saint Francis Medical Center in Peoria, Illinois. Along the way, she has garnered a National Association of Social Workers (NASW) Lifetime Achievement Award, an NASW Social Worker of the Year Award, and an Outstanding Field Instructor Award from the University of Illinois.

Her feelings toward the university are reciprocal. "I choose to take field placement students from the University of Illinois," says Oertley, who received her bachelor's degree and MSW from Illinois. "For my advanced field placements, I find students from Illinois are best prepared to hit the ground running."

Oertley currently serves as director of multidisciplinary care for ambulatory services at OSF Saint Francis. She also has a second term as a governor-appointed member of the Social Work Examining and Disciplinary Board for the Illinois Department of Financial and Professional Regulation.

She began her professional career at OSF in a social service staff position and rose to director of social service. She now manages two sites and eight medical and behavioral health programs, three of which she developed as administrative initiatives.

Oertley has seen a lot of changes over her career. "When I started in the '70s," she says, "it was me and one other social worker in the hospital. Now we have more than fifty social workers here at the medical center. And social work's scope will grow exponentially moving forward, both in inpatient and outpatient care."

The Affordable Care Act is partially responsible for that growth. "OSF is an accountable care organization," Oertley says, "which means we are obligated to manage regional populations of patients within their communities. Healthcare service delivery is now a continuum of care that includes patient maintenance and support in the home to prevent hospital readmission."

When Oertley began her career, few people in medical settings understood what social workers did, she says.

"But the paradigm has really shifted," she notes. "Now we're seeking social workers, and we can't find enough. Social workers are being sought throughout healthcare settings as mid-level providers."

"Besides having sound clinical skills and ethical integrity," she says, "students need to understand the business of social work. As healthcare evolves into population management, they will need to develop the ability to use metrics to track and trend service delivery."

A PROVEN RECORD

All of Oertley's departments rank in the highest staff satisfaction tier at OSF Saint Francis Medical Center.



How Identifying as Multiracial Impacts Health

KNOWLEDGE IS POWER

It's important for healthcare providers to know a person's race, Tabb Dina says, because that understanding impacts critical healthcare decisions.



Karen Tabb Dina has spent several years researching the health care problems associated with inadequately identifying the specific races of multiracial people. One problem is the numbers are growing and are difficult to pin down.

“The rate of interracial marriages has steadily increased since 1967 when it became legal to marry someone of a different race,” says Tabb Dina, an assistant professor in the School. “So the number of children have increased from these interracial families.”

But no one can agree on exactly how many multiracial people are in the US. “That’s part of the problem,” she says. “The census says we have about 3 percent, but there are arguments that we’re at 7 percent, and new research out of the Pew Center says we could be upward of 16 percent.”

It’s important for healthcare providers to know a person’s race, Tabb Dina says, because that understanding impacts critical healthcare decisions. She points to the case of a blonde eight-year-old boy whose medical symptoms eluded diagnosis. “It was a life and death situation,” she says. “After exhausting all options, in speaking to the parents, doctors learned the child was mixed race. This led to a diagnosis of sickle cell anemia.”

The changing demographics of the US necessitate a change in how race is reported, Tabb Dina says. “If we’re not surveilling these populations properly, how are we going to know what their needs are? We could miss a lot of opportunities for prevention.” Racial identity is used not only to make healthcare decisions, but to understand healthcare patterns.

“More and more people are starting to choose two or more races,” she says. “So how do they fit into existing patterns of health problems? Those are problems that we need to address. It takes years to understand the patterns and to make clinical decisions, but we’re not fully capturing this change in the demographic.”

Tabb Dina has conducted three studies on the issue, and has found that people who change from one race category to multiple race categories report better health over time. She also discovered that minorities are less likely to access health care. Her third finding, while still under review, indicates that “multiracial” cannot be used as a single group. “We count 36 races,” she says. “If you’re using one group, ‘multiracial,’ you’re going to mask a lot of problems, because the group is too heterogeneous.”

The topic is of vital importance to social workers, she adds. “As social workers, we’re often advocates, so it’s beneficial for us to understand the heterogeneity within groups and how there might be more explanation to what we’re seeing,” she explains. “More social workers are now involved in integrated healthcare settings. This information will help us be better and more useful advocates.”



CPRD Joins School of Social Work

The School of Social Work and the Center for Prevention Research and Development (CPRD)—are forging a relationship based on common missions, complementary skills, and the opportunity to learn from and strengthen each other, says CPRD Director **Peter Mulhall**.

For almost 30 years, CPRD had been a part of the Institute of Government and Public Affairs on campus. The Center addresses applied research and evaluation studies, with a focus on state and community prevention systems, school reform and education, and child and family programs.

CPRD serves as the external evaluator and benchmark analyst for the Illinois Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program that targets improved birth and early childhood outcomes in the Illinois disadvantaged communities. The MIECHV program is funded by a grant from The Health Resources and Services Administration (HRSA).

CPRD will officially join the School of Social Work during the spring 2016 semester, and it should benefit both sides, Mulhall says.

“The Center is an excellent addition to the School and will help us achieve our mission and goals,” says, **Wynne Korr**, Dean of the School of Social Work. “Their presence will provide opportunities for more students to engage in community-based research and to develop partnerships with faculty.”

CPRD brings strengths in their staff, in working in a competitive grant environment, in diversity of content knowledge, and in research development capacity. And both social work students and faculty should benefit from CPRD’s data sets, Mulhall says. “We plan to engage faculty in their research, because we have some high technology systems, as well as engage students in internships and research experiences,” he notes. “We have large numbers of qualitative and quantitative data that can be used. Whether it’s a research class or they want to do something on mental health, students could look at data to improve their statistical and analytical skills.”

Mulhall says the experience students gain through the partnership with CPRD will sharpen their research skills and help them in their profession as they move forward.

Korr agrees. “CPRD’s presence will expand opportunities for undergraduates to participate in research on programs and services for vulnerable populations,” she says. “Doctoral students may find opportunities to work on projects that could lead to dissertation research opportunities.”

“Along with our Children and Family Research Center, CPRD will help us move toward our goal of forming a Center of Excellence in child behavioral health.”

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