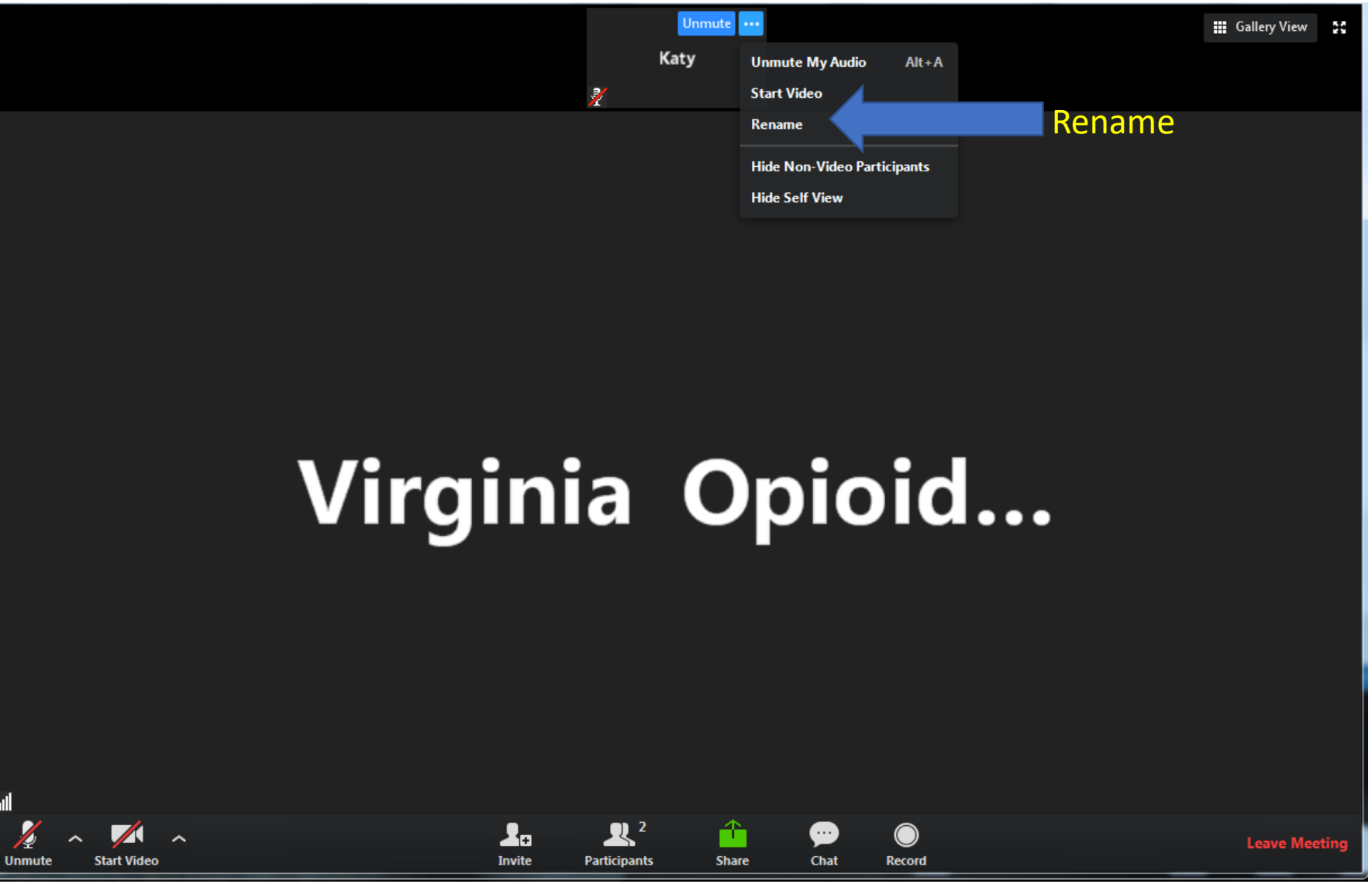
Virginia Opioid Addiction ECHO* Clinic

January 7, 2022

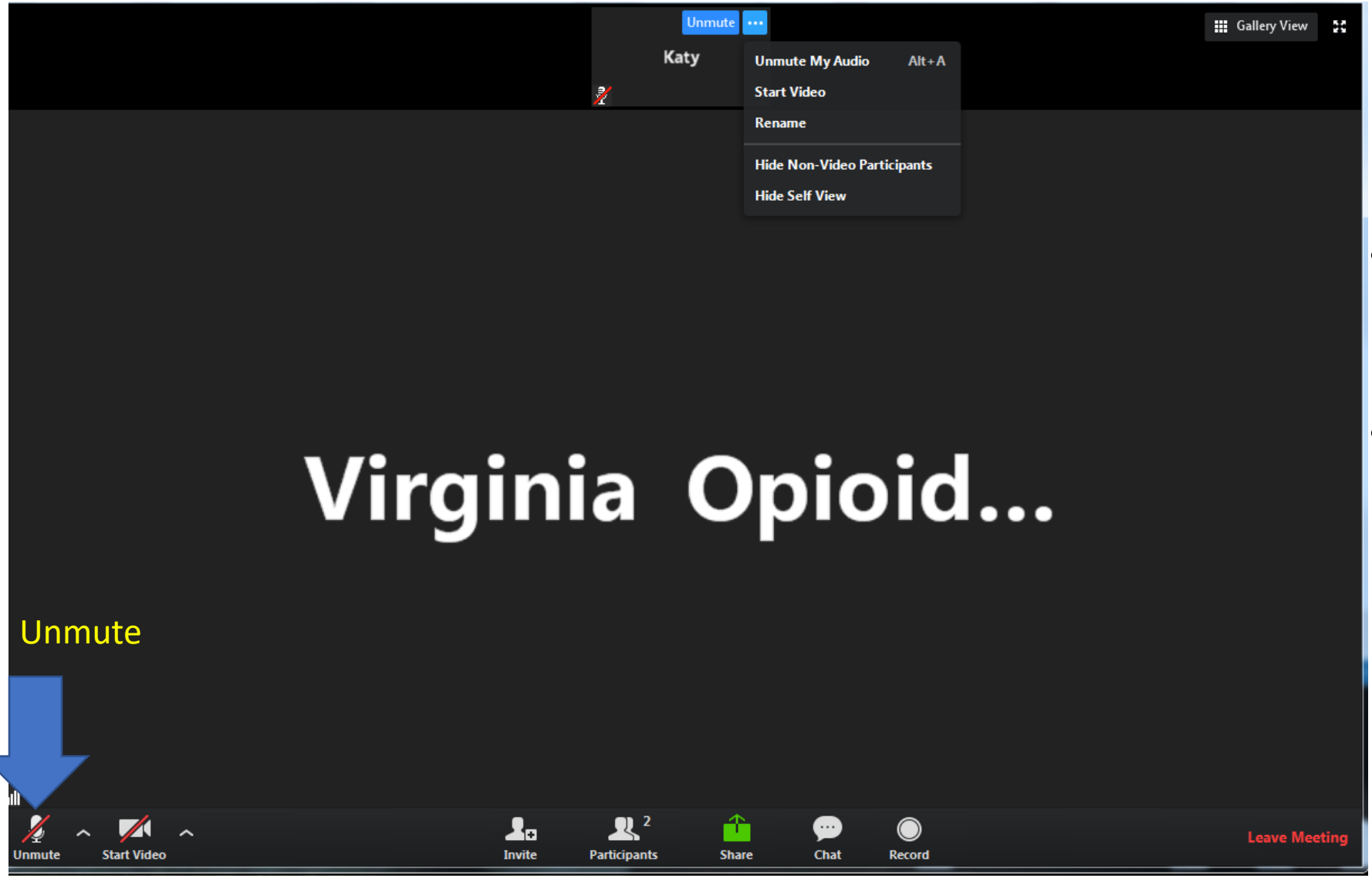
*ECHO: Extension of Community Healthcare Outcomes

Helpful Reminders



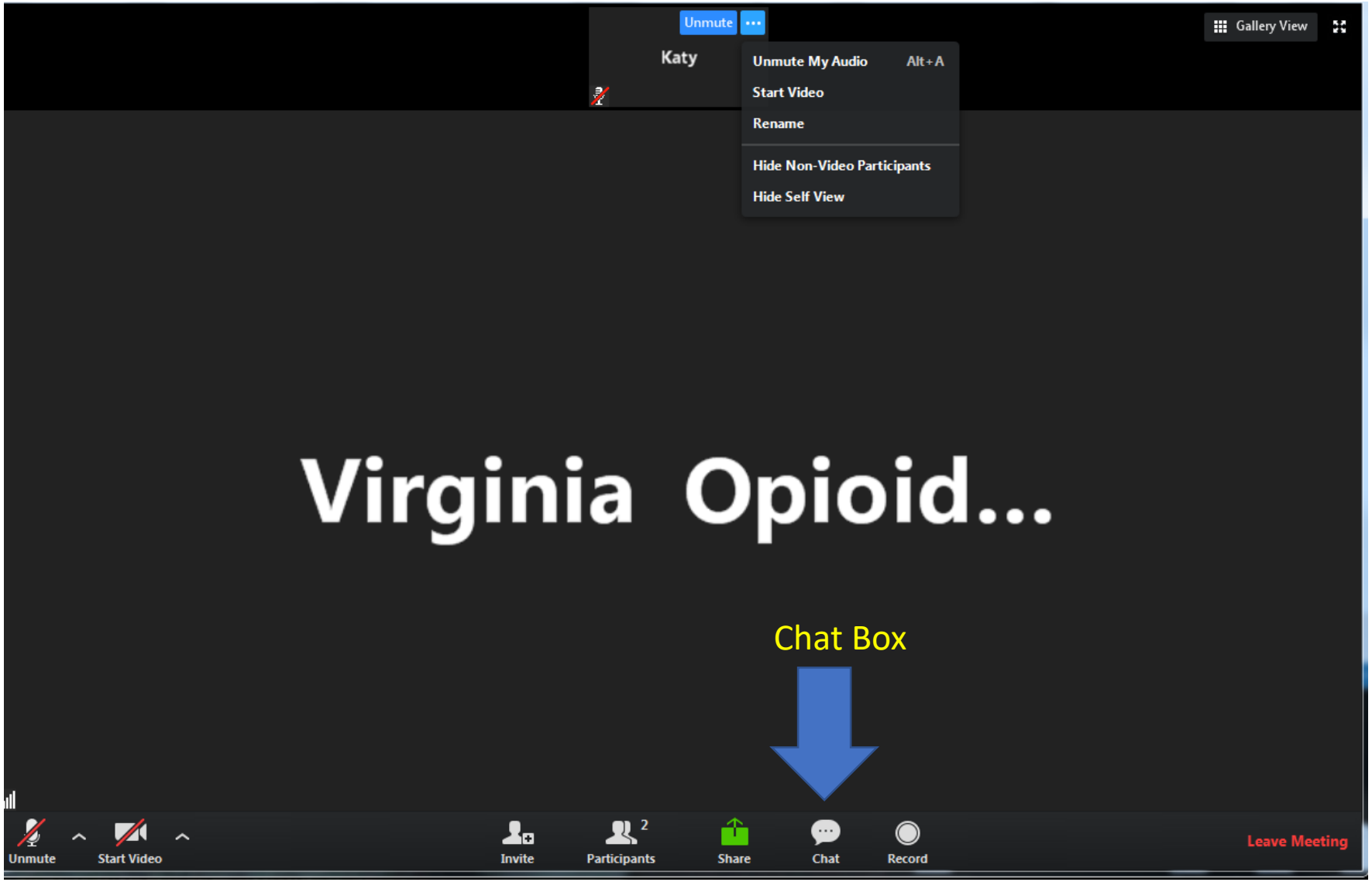
- Rename your Zoom screen, with your name and organization

Helpful Reminders



- You are all on mute please unmute to talk
- If joining by telephone audio only, *6 to mute and unmute

Helpful Reminders



- Please type your full name and organization into the chat box
- Use the chat function to speak with IT or ask questions

VCU Opioid Addiction ECHO Clinics

VCU Health
VCU School of Medicine

VDH Virginia Department of Health | VDHLiveWell.com | Virginia Department of Behavioral Health & Developmental Services

- Bi-Weekly 1 hour tele-ECHO Clinics
- Every tele-ECHO clinic includes a 30 minute didactic presentation followed by case discussions
- Didactic presentations are developed and delivered by inter-professional experts
- Website Link: www.vcuhealth.org/echo

Hub and Participant Introductions

VCU Team	
Clinical Director	Gerard Moeller, MD
Administrative Medical Director ECHO Hub	Vimal Mishra, MD, MMCi
Clinical Experts	Lori Keyser-Marcus, PhD Courtney Holmes, PhD Albert Arias, MD Salim Zulfiqar, MD Megan Lemay, MD Katie Adams, PharmD
Didactic Presentation	Anjali Ferguson, PhD, LPC
Program Manager	Bhakti Dave, MPH
Acute Telehealth Manager	Tamera Barnes, MD
IT Support	Vladimir Lavrentyev, MBA

- Name
- Organization

Reminder: Mute and Unmute screen to talk

*6 for phone audio

Use chat function for Introduction

What to Expect

I. Didactic Presentation
    I. **Anjali Ferguson, PhD**
II. Case presentations
    I. Case 1
        I. Case summary
        II. Clarifying questions
        III. Recommendations

III. Closing and questions

Lets get started!

Didactic Presentation

Disclosures

Anjali Ferguson, PhD has no financial conflicts of interest to disclose.

There is no commercial or in-kind support for this activity.

A TRAUMA-INFORMED PERSPECTIVE WITHIN THE CONTEXT OF SUBSTANCE USE

ANJALI GOWDA FERGUSON, PH.D.,
CHOR AT VCU CHILD DEVELOPMENT CLINIC

Opioid ECHO

January 7, 2022

OVERVIEW AND GOALS

01

Provide an overview of trauma symptomatology.

02

Review recent rates and statistics related to substance use

03

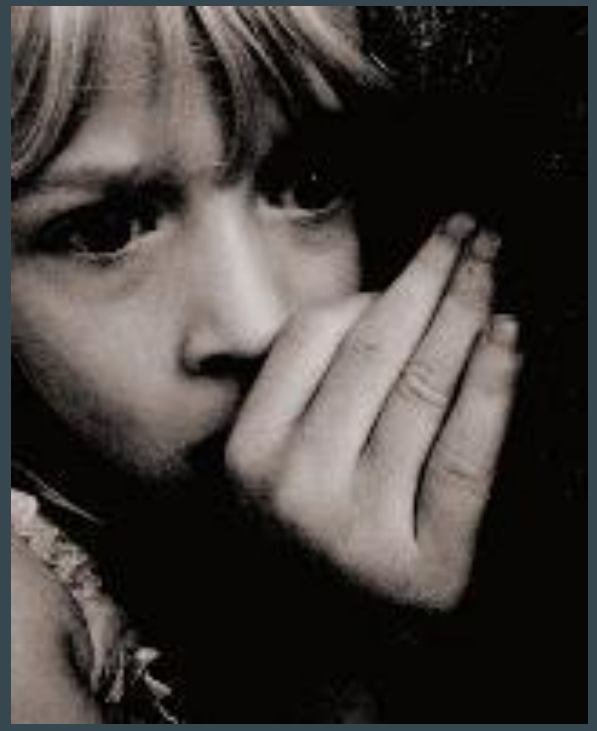
Begin understanding of intervention needs from a trauma-informed perspective

04

Discuss racial disparities and implications

TRAUMATIC EVENT

- A frightening, dangerous, or violent event that poses a threat to life or bodily integrity.”
- Witnessing a traumatic event that threatens life of a loved one can also be traumatic
- Can initiate a strong emotional and physical reaction that can persist long after the event
- Traumatic events overwhelm an individual’s capacity to cope and elicit feelings of terror, powerlessness, and out-of-control physiological responses

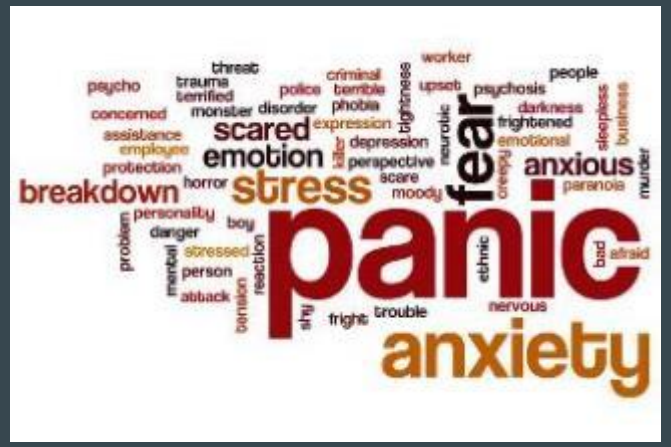


TRAUMATIC STRESS

- Traumatic Stress:
  - Exposure to multiple traumas over the course of life that develops into reactions that persist and effect daily lives.
- Reactions include:
  - emotionality
  - depression
  - anxiety
  - behavioral changes
  - difficulties with self-regulation
  - problems forming attachments
  - loss of previously acquired skills
  - attention and academic difficulties
  - Nightmares
  - poor sleep and eating habits
  - and risky behaviors

The National Child Traumatic Stress Network

TRAUMATIC STRESS CONT'D



- An individual's response to a traumatic event may have a profound effect on his or her perception of self, the world, and the future
- Traumatic events may impact the child's
  - Ability to trust others
  - Sense of personal safety
  - Effectiveness in navigating life changes/coping

WHAT EXPERIENCES MIGHT BE A TRAUMA?

- Physical, sexual, psychological abuse
- Neglect
- Family or community violence
- Sudden loss of a loved one
- Substance use disorder
- Refugee and war experience
- Serious accidents or life-threatening illness
- Military family-related stressors (e.g. deployment)
- Parental Incarceration
- Parental Mental Illness

EFFECTS OF TRAUMA EXPOSURE

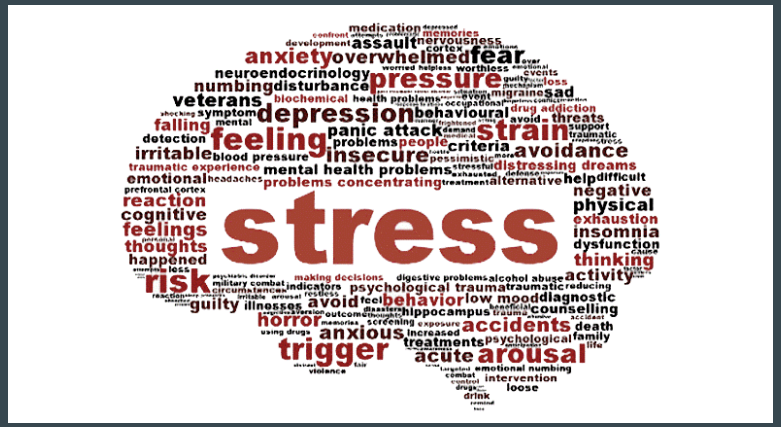
- **Attachment:** Traumatized children feel the world is unpredictable and become socially isolated. They have difficulties relating to and empathizing with others
- **Biology:** May experience problems with movement and sensation. They may exhibit unexplained physical symptoms and increased medical problems
- **Mood regulation:** Children exposed to trauma have difficulty regulating emotions and difficulties in knowing, describing, and awareness of internal feeling states

EFFECTS OF TRAUMA EXPOSURE CONT'D

- **Dissociation:** Some children experience a feeling of detachment or depersonalization
- **Behavioral control:** Traumatized children can show poor impulse control, self-harm behaviors, and aggression towards others
- **Cognition:** They often have trouble concentrating, completing tasks, or planning for future events. Some exhibit learning difficulties and delays with language development
- **Self-concept:** Traumatize children often experience low self-esteem, shame, and guilt

TRAUMA AND THE BRAIN

- Trauma can have serious consequences on brain development, brain chemistry, and nervous system development
- In ***early childhood*** trauma has been associated with reduced size of the cortex
- In ***school-age*** children trauma undermines the development of brain regions that manage fear, anxiety, aggression, and impulse control
- In ***adolescence***, trauma can interfere with the development of the prefrontal cortex



Center on the Developing Child, 2007; The National Child Traumatic Stress Network

Adverse Childhood Experiences (ACEs)

CDC and Kaiser Study (1997) that identified a relation between early childhood adversity and health outcomes

Individuals with high ACE score were at greater risk for:

- Heart disease
- Cancer
- Diabetes
- Alcoholism
- Stroke
- Lung Disease

PREVALENCE OF TRAUMA and SUBSTANCE USE

- Prior to age 16 ⅔ of US children are exposed to trauma
- Infant and Toddlers are most impacted by parental substance use causing this age group to enter welfare 2x that of other age groups
- In 2014, Medicaid patients use of opioids during pregnancy was 14.4 per 1000 live births
- Adolescent overdose rates have significantly increased and are highest for opioids
- Adolescents in rural settings are 35% more likely to misuse prescription opioids compared to those in urban populations

OTHER SOURCES OF STRESS

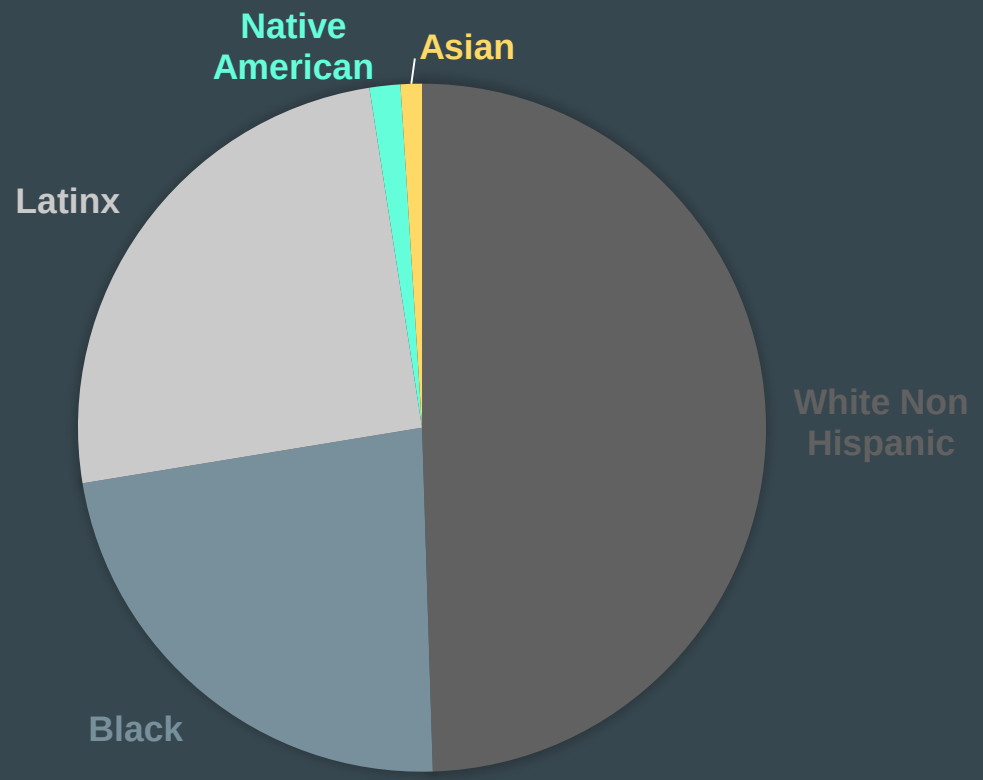
children in families exposed to substance misuse often face other stressors that challenge ability to intervene

These Include:

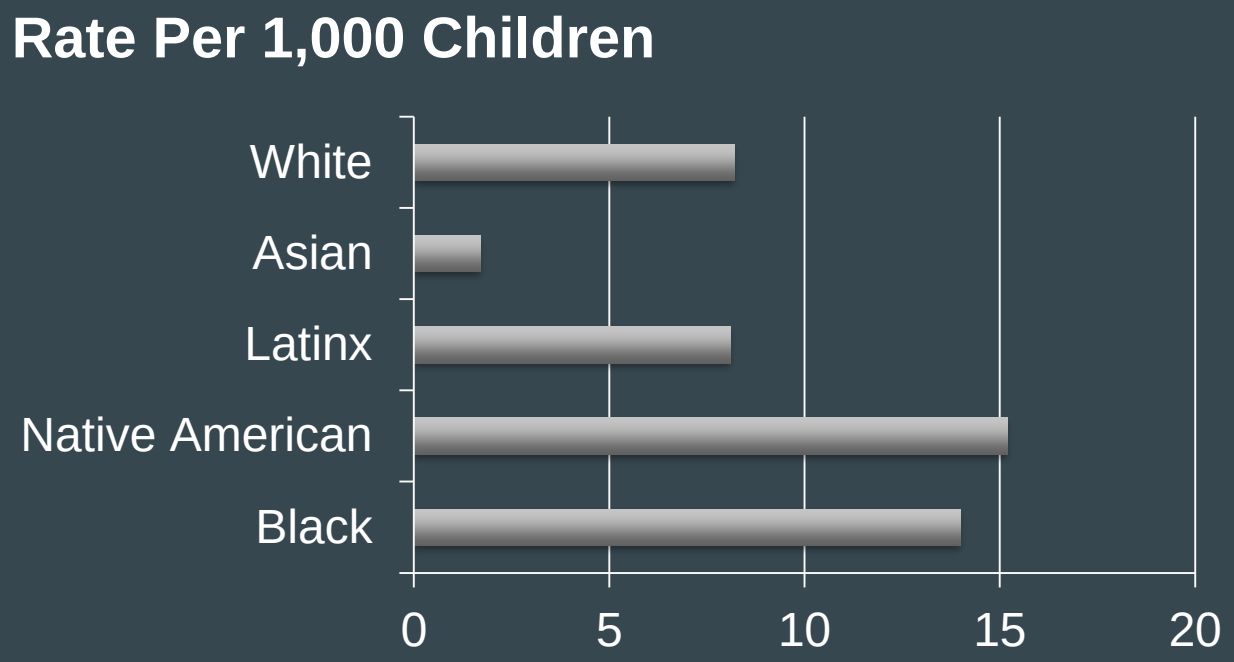
Poverty	**Neglect**
Separation from parents/siblings	Stigma
Frequent moves	Grief and loss

RACIAL DISPARITIES IN 2018 REPORTING STATISTICS

- 44.5% White
- 22.6% Latinx
- 20.5% Black
  - Native American highest at 15.2 per 1,000 children
  - Black second highest rate at 14 per 1,000 children
  - Black children 3.72x greater than White Americans

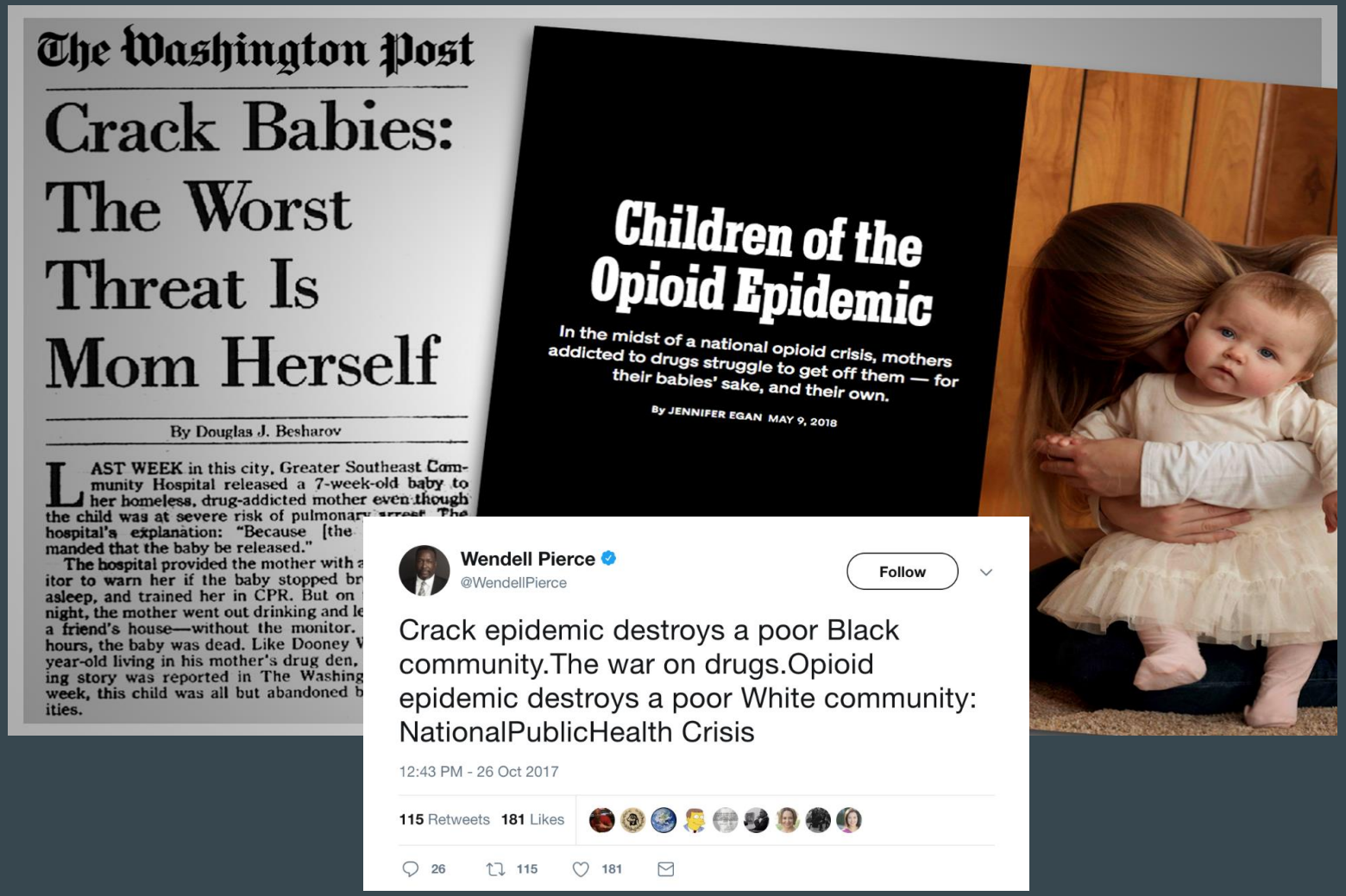


VICTIMS BY RACE



Racial Disparities in Response to Substance Use

“War” “Epidemic”



The Washington Post

Crack Babies: The Worst Threat Is Mom Herself

By Douglas J. Besharov

LAST WEEK in this city, Greater Southeast Community Hospital released a 7-week-old baby to her homeless, drug-addicted mother even though the child was at severe risk of pulmonary arrest. The hospital's explanation: "Because [the ... manded that the baby be released."

The hospital provided the mother with a ... itor to warn her if the baby stopped br... asleep, and trained her in CPR. But on ... night, the mother went out drinking and le... a friend's house—without the monitor. ... hours, the baby was dead. Like Dooney ... year-old living in his mother's drug den. ... ing story was reported in The Washing... week, this child was all but abandoned b... ities.

Children of the Opioid Epidemic

In the midst of a national opioid crisis, mothers addicted to drugs struggle to get off them — for their babies' sake, and their own.

By JENNIFER EGAN MAY 9, 2018

Wendell Pierce
@WendellPierce

Follow

Crack epidemic destroys a poor Black community.The war on drugs.Opioid epidemic destroys a poor White community: NationalPublicHealth Crisis

12:43 PM - 26 Oct 2017

115 Retweets 181 Likes

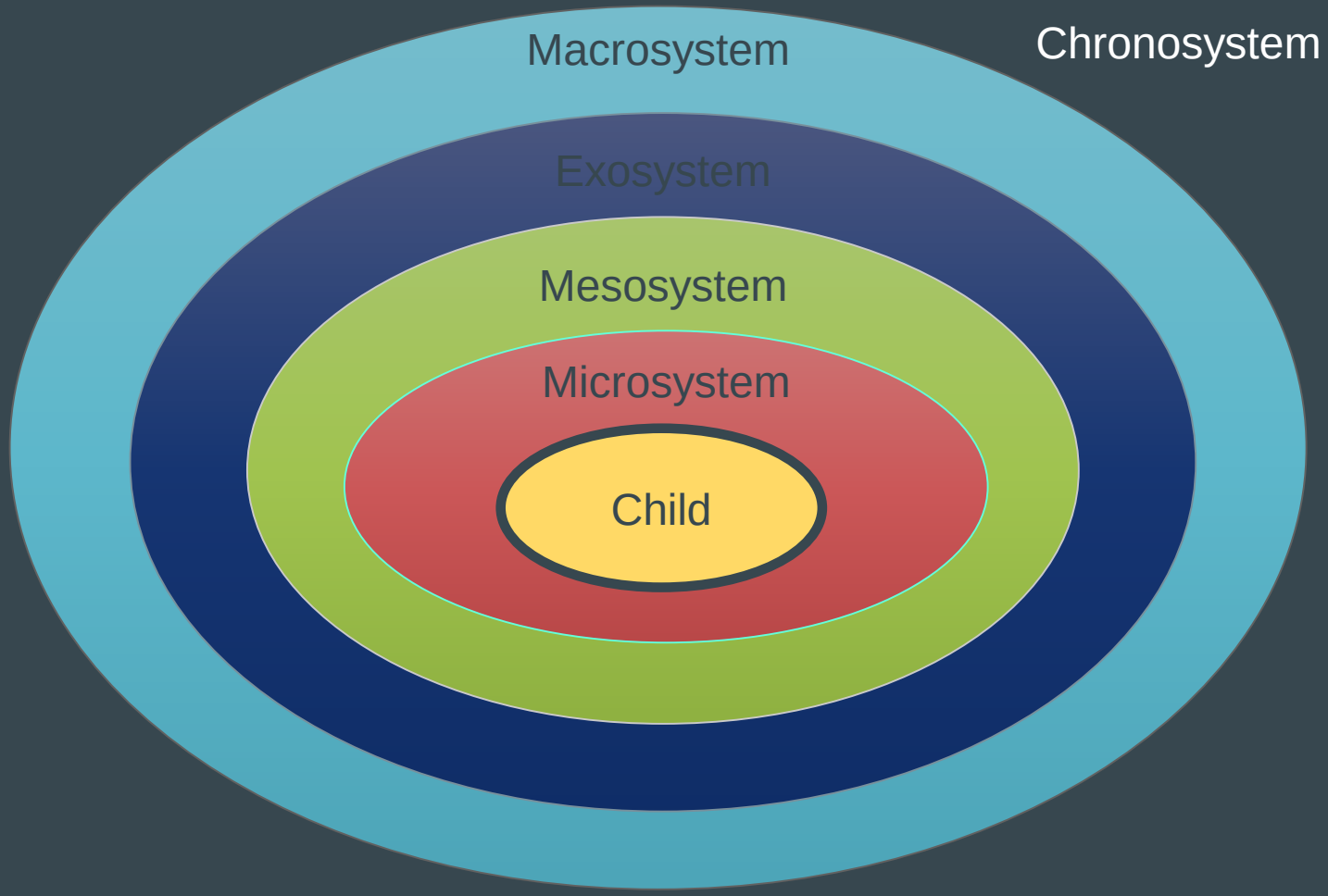
26 115 181

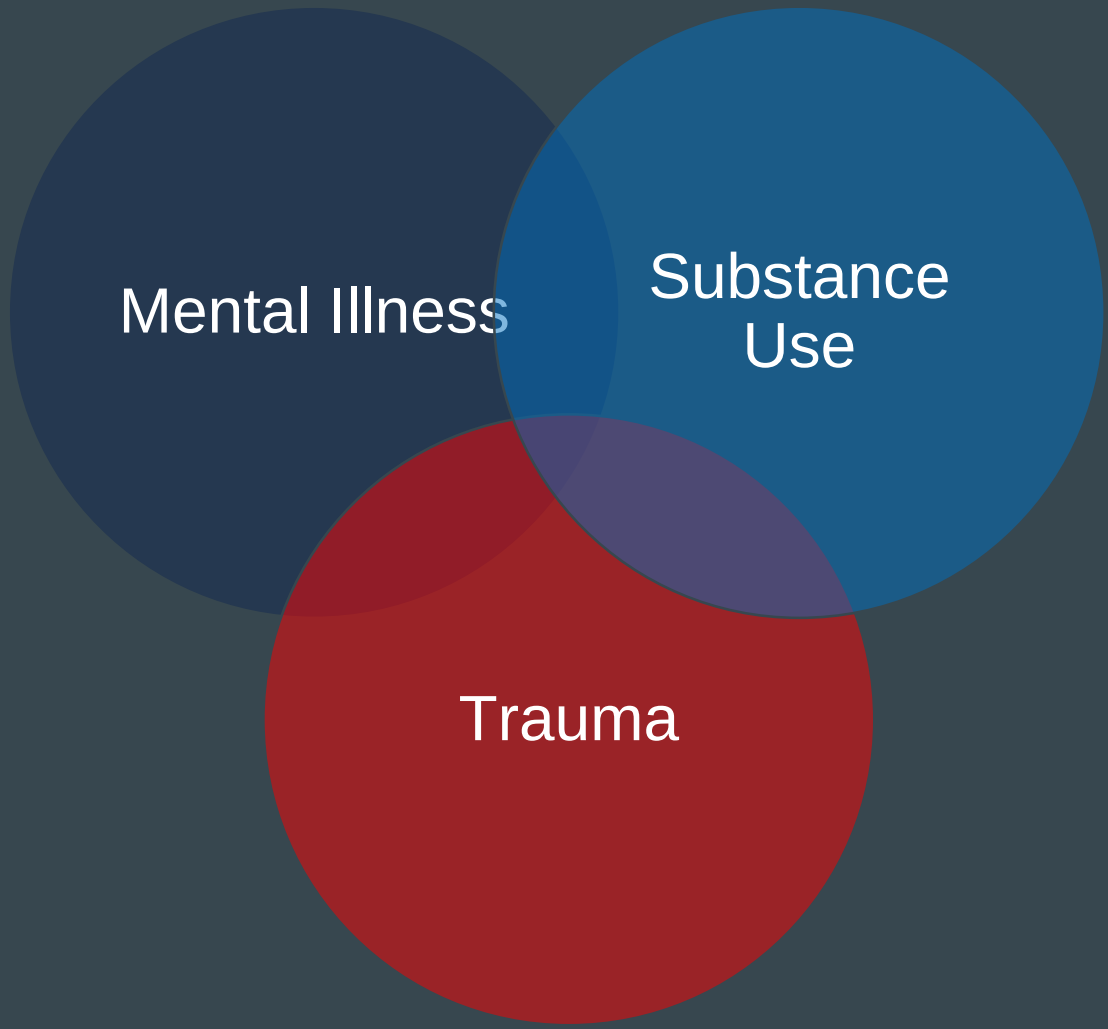
THE CHALLENGE IN TREATMENT

- Traumatic experiences are inherently complex
- The child/individual continually appraises the danger and provides moment-to-moment responses
- Caring for children who have experienced trauma can leave us feeling:
  - Confused
  - Frustrated
  - Unappreciated
  - Angry
  - Helpless
- These processes when involving substance use can be life-long and therefore should be considered a chronic disease treatment

D'Amico, 2017; The National Child Traumatic Stress Network

BIOECOLOGICAL MODEL





D'Amico, 2017

TRAUMA-INFORMED CARE

- Recognize the impact of trauma
- Help the family feel safe
- Help the family understand and manage overwhelming emotions
- Help the family understand and modify problem behaviors
- Help the family focus on strengths
- Be an advocate for the child/family
- Take care of yourself

The National Child Traumatic Stress Network

ENHANCE FAMILY WELL-BEING

- Build resilience in families as they are a critical part of protecting children from harm
- Provide trauma-informed education and services to parents and caregivers
- When you understand what trauma is and how it has affected the child, it becomes easier to:
  - Communicate
  - Help improve behavior
  - Reduce risk of compassion fatigue
  - Become a more effective caregiver

Additional Treatment Considerations

- Resources are needed to address the complex family histories, community challenges, and emotional distress
- Specialized programs are for pregnant and parenting women with opioid use and trauma that allow parent and child to stay together.
- Address barriers to mental health and addiction treatment, such as waiting lists, lack of parity enforcement, inadequate networks, shortage of expert providers, and lack of Medicaid coverage
- Increase prevention efforts with screenings and safe-drop off programs
- Move away from punitive approach to reduce stigma in help-seeking and use

Thank you!

A TRAUMA-INFORMED PERSPECTIVE WITHIN THE CONTEXT OF SUBSTANCE USE

ANJALI GOWDA FERGUSON, PH.D.,
CHOR AT VCU CHILD DEVELOPMENT CLINIC

Opioid ECHO

January 7, 2022

Questions?

Case Presentation #1
Heather Stone, PhD, LCSW

- 12:35-12:55 [20 min]
  - 5 min: Presentation
  - 2 min: Clarifying questions- Spokes
  - 2 min: Clarifying questions – Hub
  - 2 min: Recommendations – Spokes
  - 2 min: Recommendations – Hub
  - 5 min: Summary - Hub

Reminder: Mute and Unmute to talk
*6 for phone audio
Use chat function for questions

Main Question

Knowing how to engage pt and keep in treating trauma without pushing the patient beyond her window of tolerance. Treating the stimulant use disorder once Opiate use is managed. And keeping patient safe when she is not going to higher level of care as needed.

Demographic Information

49yo white female having a high school education and training as an optometrist during a period of incarceration. Unemployed; however she sold products online. Currently incarcerated. Prior to this Period of incarceration, pt Was living with elderly mother who was a significant trigger of her trauma history.
She had two adult children who were supportive but frustrated by her relapses; she had a lot iguilt about how her SU affected her parenting; yet

Background Information

DX: OUD; PTSD (complex- developmental); Bipolar II. Stimulant use disorder.

First treated with morphine shots as a child (spinal menangitis) when she had leg braces tightened; she learned then that she liked how she felt. She first misused opiates at age 21 after her gall bladder was removed; in the mid 1990's she had complications and multiple surgeries to make correction from a botched gastric bypass. She was prescribed methadone and oxycodone at high amounts for a period of 15 years. She was caught selling prescriptions, so her provider cut off of her prescriptions and began using heroin in 2015. After a period of incarceration she was released and started using again in summer 2019.

Pt was referred to our program by her PCP to whom she went for help in the summer of 2020. She had been treated with zoloft for years which she took inconsistently. She had started but never engaged in therapy as she would be triggered talking about her family hx(mother schizophrenia was emotionally and physically abusive; 2 older brothers sexually abused her) She had had 5 inpatient hospitalizations after suicide attempts by overdose. Two were so severe that she was in comas (in one she bit off a part of her tongue and was in a coma for 1 mos)

Previous Interventions

OBOT- group- psych meds(did not like abilify but did well with latuda) suboxone-
We tried to get her to sublocaide to help b/f she was going to have to go in to custody to help her adjustment. But she couldn't be consistent prior to when she was supposed to turn herself in.
Interpersonal therapy & EMDR;

Plan for Future Treatment/ Patient Goals

Relieved that Patient is alive. She disappeared when she was supposed to turn herself in to authorities; we got an ECO. I believe she will come back when released.
She sent word through another patient that she is in custody; but we also got a request for records.
I would want to do more EMDR; we were only able to use for a couple more recent car accidents... not for the developmental trauma.

Other Relevant Information

While she was in tx with us, she was able to stop opioid use but struggled not to use stimulants. We encouraged higher level of care many times... she would say, "lif I'm not clean next week , I'll check myself in but she never did." At that time we did not have peers or a contingency management intervention/ extra group for stimulant use disorders... we would hope that might help.

Reminder: Main Question

Knowing how to engage pt and keep in treating trauma without pushing the patient beyond her window of tolerance. Treating the stimulant use disorder once Opiate use is managed. And keeping patient safe when she is not going to higher level of care as needed.

Case Studies

- Case studies
  - Submit: www.vcuhealth.org/echo
  - Receive feedback from participants and content experts
  - Earn **$100** for presenting

The success of our telehealth program depends on our participants and those who submit case studies to be discussed during clinics. We recognize the following providers for their contributions:

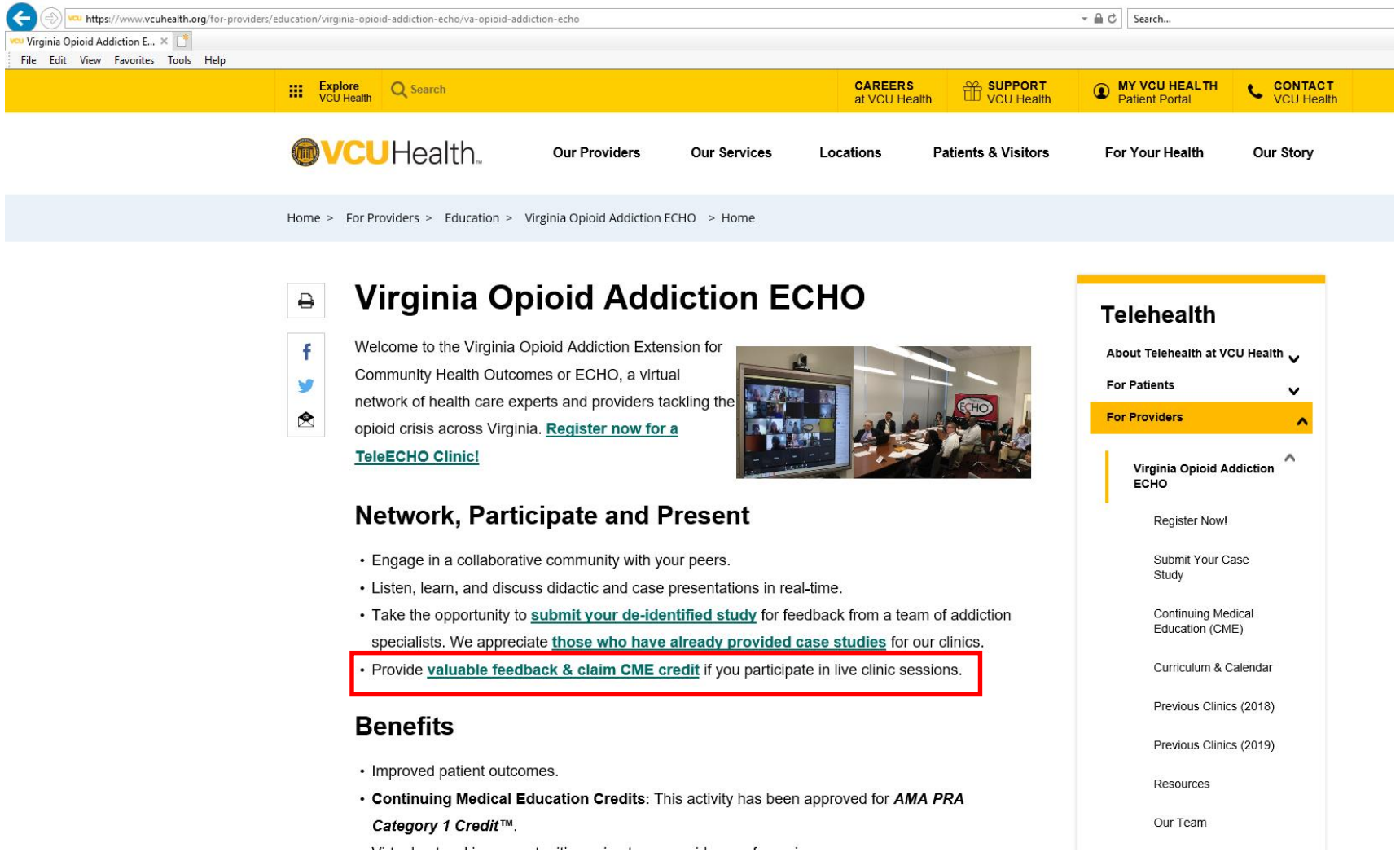
- **Ademola Adetunji, NP** from Fairfax County CSB
- **Tara Belfast-Hurd, MBA-PA** from Department of Behavioral Health and Developmental Services
- **Michael Bohan, MD** from Meridian Psychotherapy
- **Ramona Boyd, NP** from Health Wagon
- **Diane Boyer, DNP** from Region Ten CSB
- **Melissa Bradner, MD** from VCU Health
- **Kayla Brandt, B.S.** from Crossroads Community Service Board
- **Candace Fletcher, PharmD Candidate** from Hopkins Medical Association
- **Susan Cecere, LPN** from Hampton Newport News
- **Kimberly Dexter, DNP** from Hampton Newport News CSB
- **Candace Fletcher, PharmD** from Hopkins Medical Association
- **Michael Fox, DO** from VCU Health
- **Shannon Garrett, FNP** from West Grace Health Center
- **LaShawna Giles, MSW** from Hampton Newport News CSB
- **Sharon Hardy, BSW, CSAC** from Hampton-Newport News CSB
- **Kara Howard, NP** from Southwest Montana Community Health Center
- **Sunny Kim, NP** from VCU Health
- **Heidi Kulberg, MD** from Meridian Health
- **Thokozeni Lipato, MD** from VCU Health
- **Caitlin Martin, MD** from VCU Health
- **Jennifer Melilo, FNP** from Chesapeake Integrated Behavioral Health
- **Dawn Merritt, QMHP** from Eastern Shore CSB
- **Maureen Murphy-Ryan, MD** from AppleGate Recovery
- **Faisal Mohsin, MD** from Hampton-Newport News CSB
- **Jeromy Mullins, PharmD Candidate** from Hopkins Medical Association
- **Stephanie Osler, LCSW** from Children's Hospital of the King's Daughters
- **Davina Pavie, QMHP** from Hanover County CSB
- **Winona Pearson, LMSW** from Middle Peninsula Northern Neck CSB
- **Jennifer Phelps, BS, LPN** from Horizons Behavioral Health
- **Crystal Phillips, PharmD** from Appalachian College of Pharmacy
- **Jashanda Poe, MA** from Rappahannock Area CSB
- **Tierra Ruffin, LPC** from Hampton-Newport News CSB
- **Manhal Saleeby, MD** from VCU Health Community Memorial Hospital
- **Jenny Sear-Cockram, NP** from Chesterfield County Mental Health Support Services
- **Elizabeth Signorelli-Moore, LPC** from Region 1 CSB
- **Amber Sission, QMHP** from Eastern Shore CSB
- **Daniel Spencer, MD** from Children's Hospital of the King's Daughters
- **Linda Southall, QMHP** from Alleghany Highlands CSB
- **Cynthia Straub, FNP-C, ACHPN** from Memorial Regional Medical Center
- **Saba Suhail, MD** from Ballad Health
- **Michelle Tanner, LPC** from Hanover County CSB
- **Barbara Trandel, MD** from Colonial Behavioral Health
- **Bill Trost, MD** from Danville-Pittsylvania Community Service
- **Art Van Zee, MD** from Stone Mountain Health Services
- **Ashley Wilson, MD** from VCU Health
- **Sarah Woodhouse, MD** from Chesterfield Mental Health
- **Susan Mayorga, BA, CBIS** from Community Health Center of the New River Valley
- **Jordan Siebert, Peer Recovery Specialist** from Daily Planet Health Services

Claim Your CME and Provide Feedback

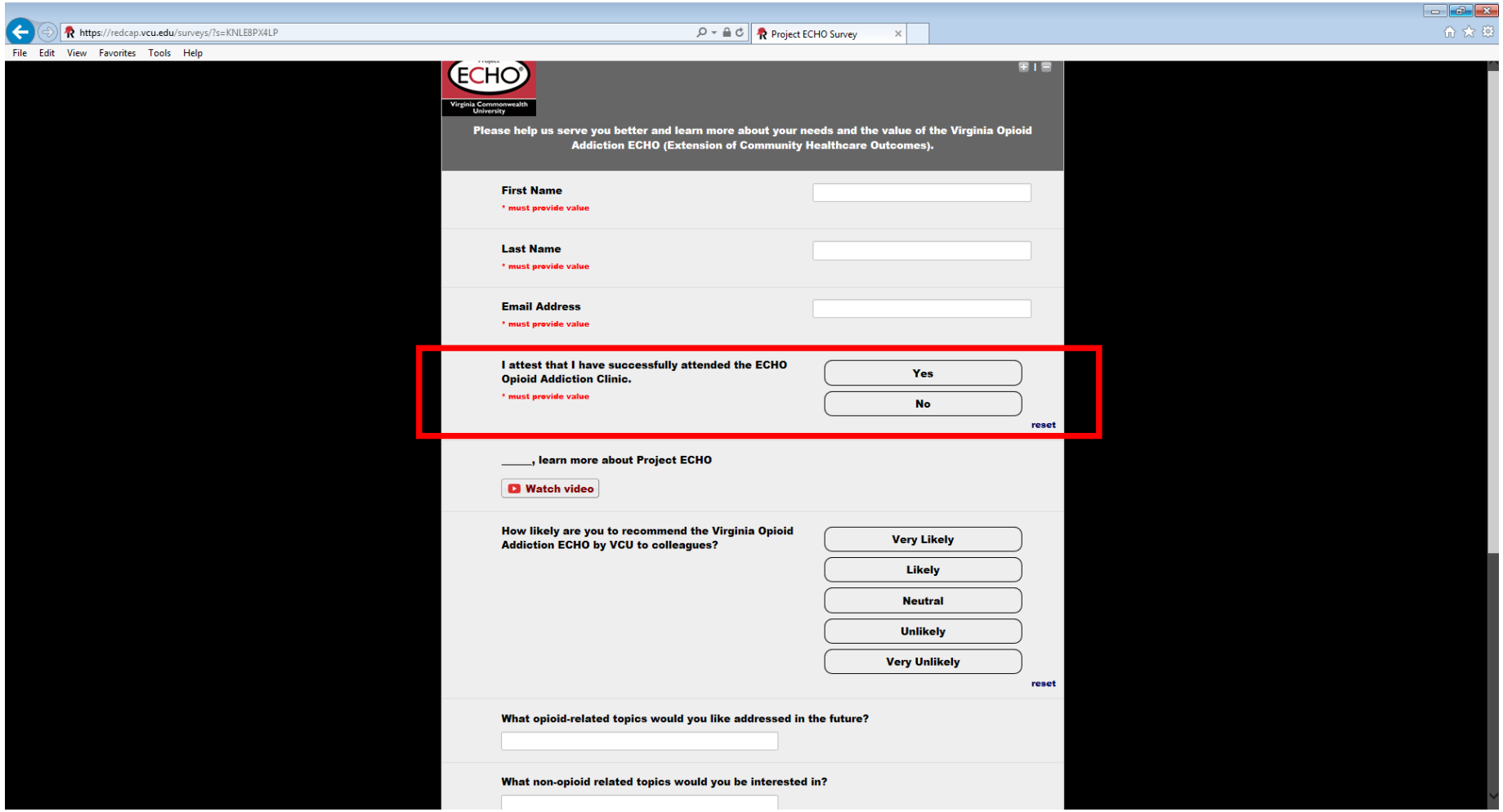
- www.vcuhealth.org/echo

- To claim CME credit for today's session
- Feedback
  - Overall feedback related to session content and flow?
  - Ideas for guest speakers?

Access Your Evaluation and Claim Your CME



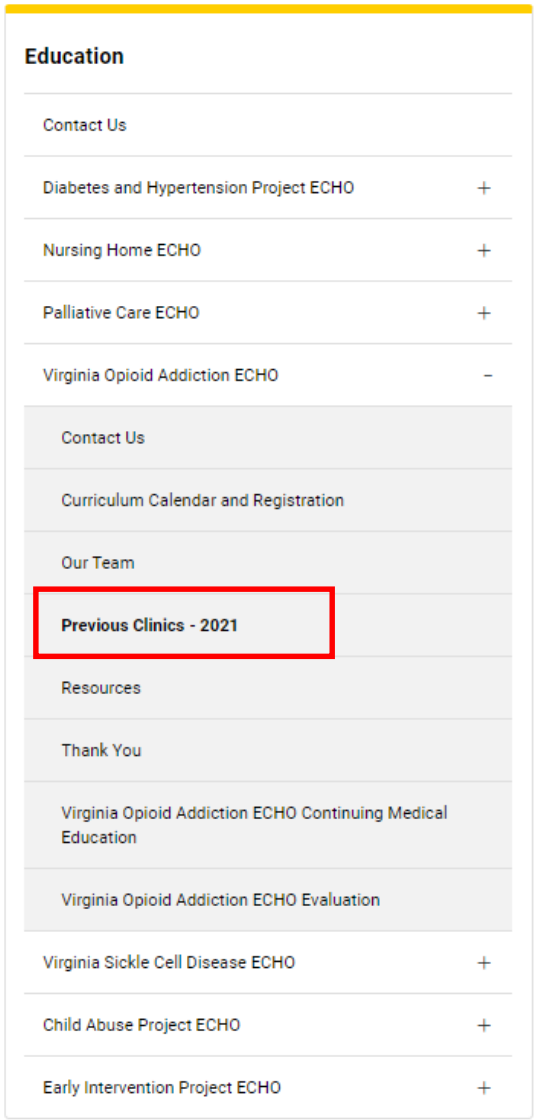
Access Your Evaluation and Claim Your CME



Access Your Evaluation and Claim Your CME

- www.vcuhealth.org/echo
  - To view previously recorded clinics and claim credit

Access Your Evaluation and Claim Your CME



Previous Clinics - 2021

Review topics we covered in previous Virginia Opioid Addiction ECHO clinics.

January 15, Buprenorphine Taper
Presented by Masaru Nishiaoki, MD

- View Presentation
- View Video

January 29, Panel Discussion: COVID and Chronic Conditions
Panelists: Albert Arias, MD, Alex Krist, MD and Katherine Rose, MD

- View Presentation
- View Video

February 12, Grief Impacting Recovery
Presented by Courtney Holmes, PhD

- View Presentation
- Video Video

February 26, Virginia Drug Court System
Presented by Melanie Meadows

- View Presentation
- View Video

March 12, COVID and Recovery: Panel Discussion
Presented by Tom Bannard, MBA Omri Morris, CPRS Raymond Barnes, CPRS Erin Trinh, CPRS

- View Presentation
- View Video

March 26, Effects of Pharmacology on Cognitive Function
Presented by Gerry Moeller, MD

- View Presentation
- View Video
- View Resource

April 9, PropER Clinic and SUD Virtual Bridge Clinic: Linking Patients from ED to PCP and SUD Care
Presented by Taruna Aurora, MD and Brandon Wills, MD

- View Presentation
- View Video

VCU Virginia Opioid Addiction TeleECHO Clinics

Bi-Weekly Fridays - 12-1:30 pm

Mark Your Calendar --- Upcoming Sessions

Jan 21:	Treating Adolescent SUD	TBD
Feb 4:	Cannabis Induced Psychosis	TBD
Feb 18:	Behavioral Health Treatments for Co-Occuring Disorders	TBD

Please refer and register at vcuhealth.org/echo

Project ECHO®
Virginia Commonwealth University

THANK YOU!

Reminder: Mute and Unmute to talk
*6 for phone audio
Use chat function for questions

VCU