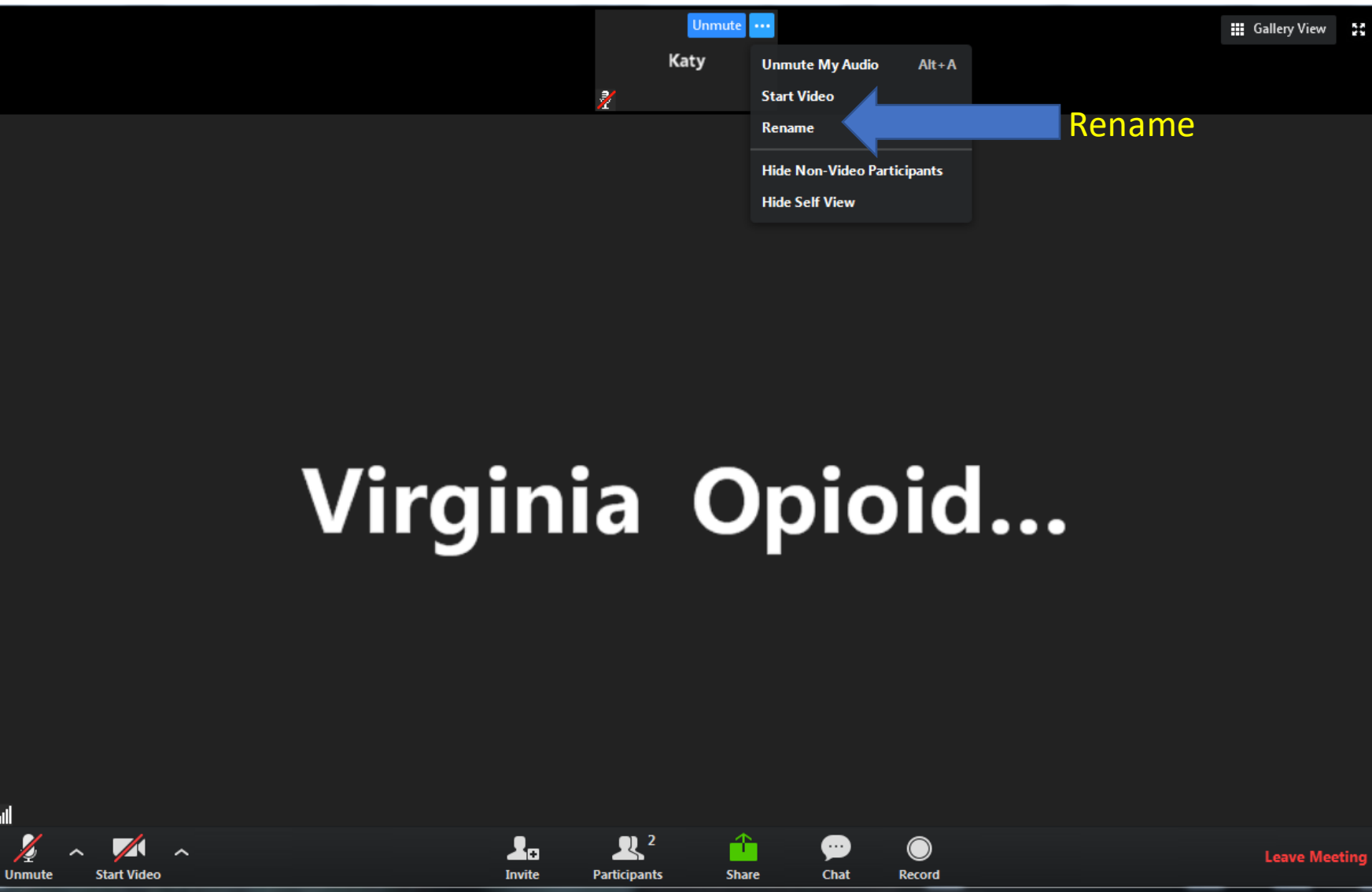


Virginia Opioid Addiction ECHO* Clinic

June 10, 2022

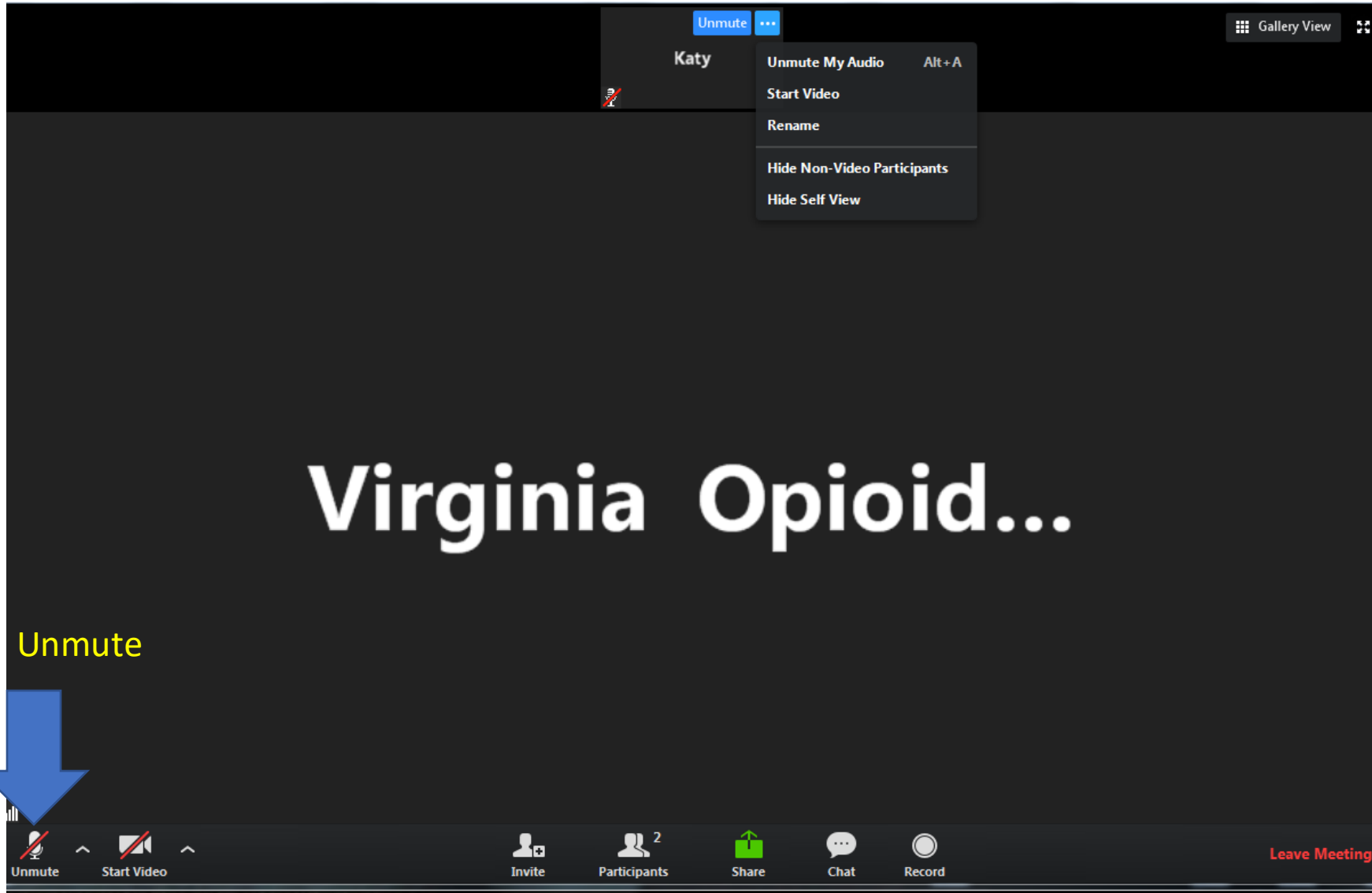
*ECHO: Extension of Community Healthcare Outcomes

Helpful Reminders



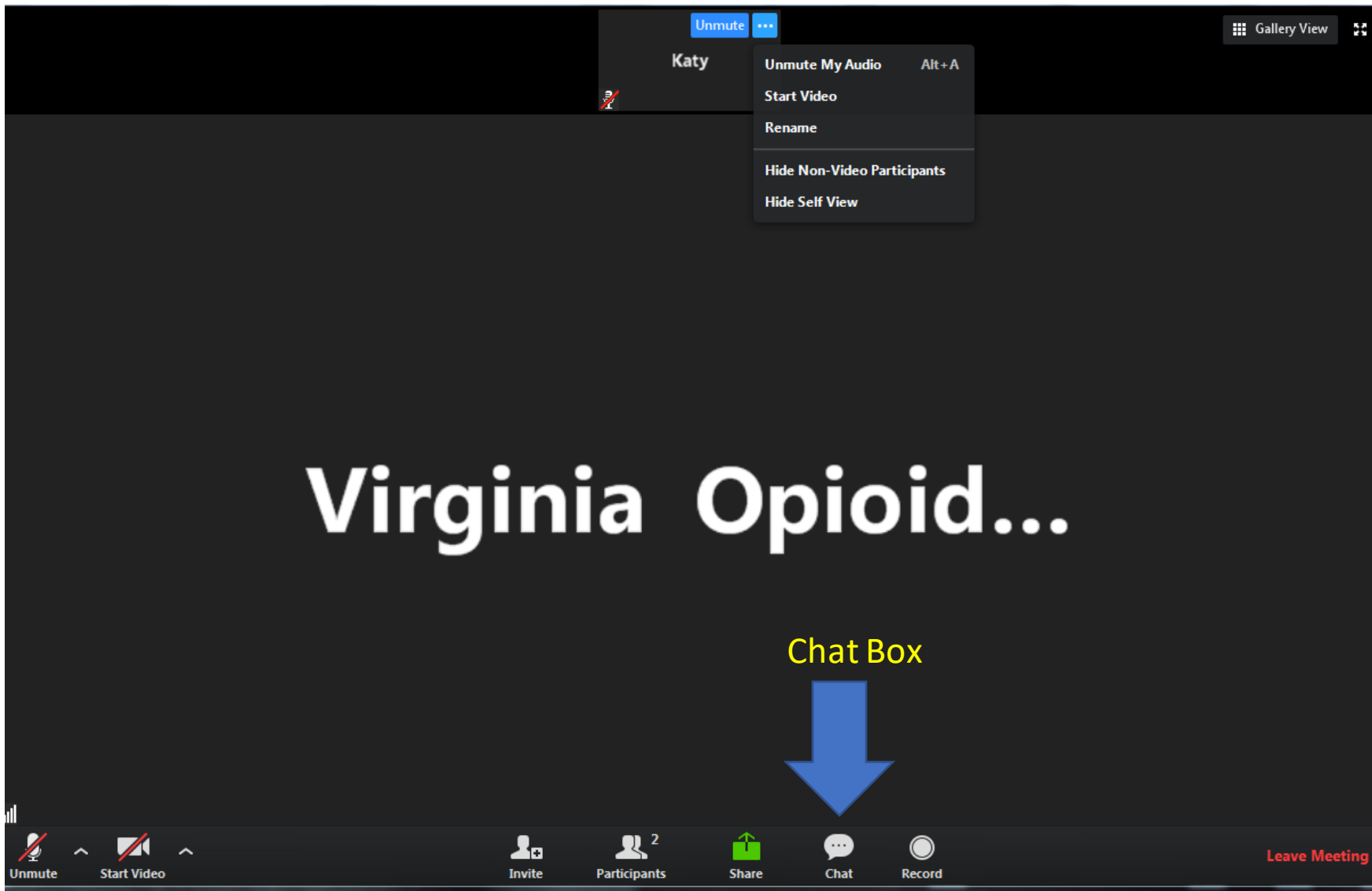
- Rename your Zoom screen, with your name and organization

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



- 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 Megan Lemay, MD Katie Adams, PharmD
Didactic Presentation	Jason Lowe, MSW
Program Manager	Bhakti Dave, MPH
Senior Program Coordinator	Laura Porter
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. Katie Coptly, LPC
- II. Case presentation
 - I. Case 1
 - I. Case summary
 - II. Clarifying questions
 - III. Recommendations
- III. Closing and questions



Lets get started!

Didactic Presentation



Disclosures

Katie Copty, LPC has no financial conflicts of interest to disclose.

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



Identification, Assessment, and Referral of Unsafe Relationships at Home

Katie Copt, LPC

Take Care of Yourself!



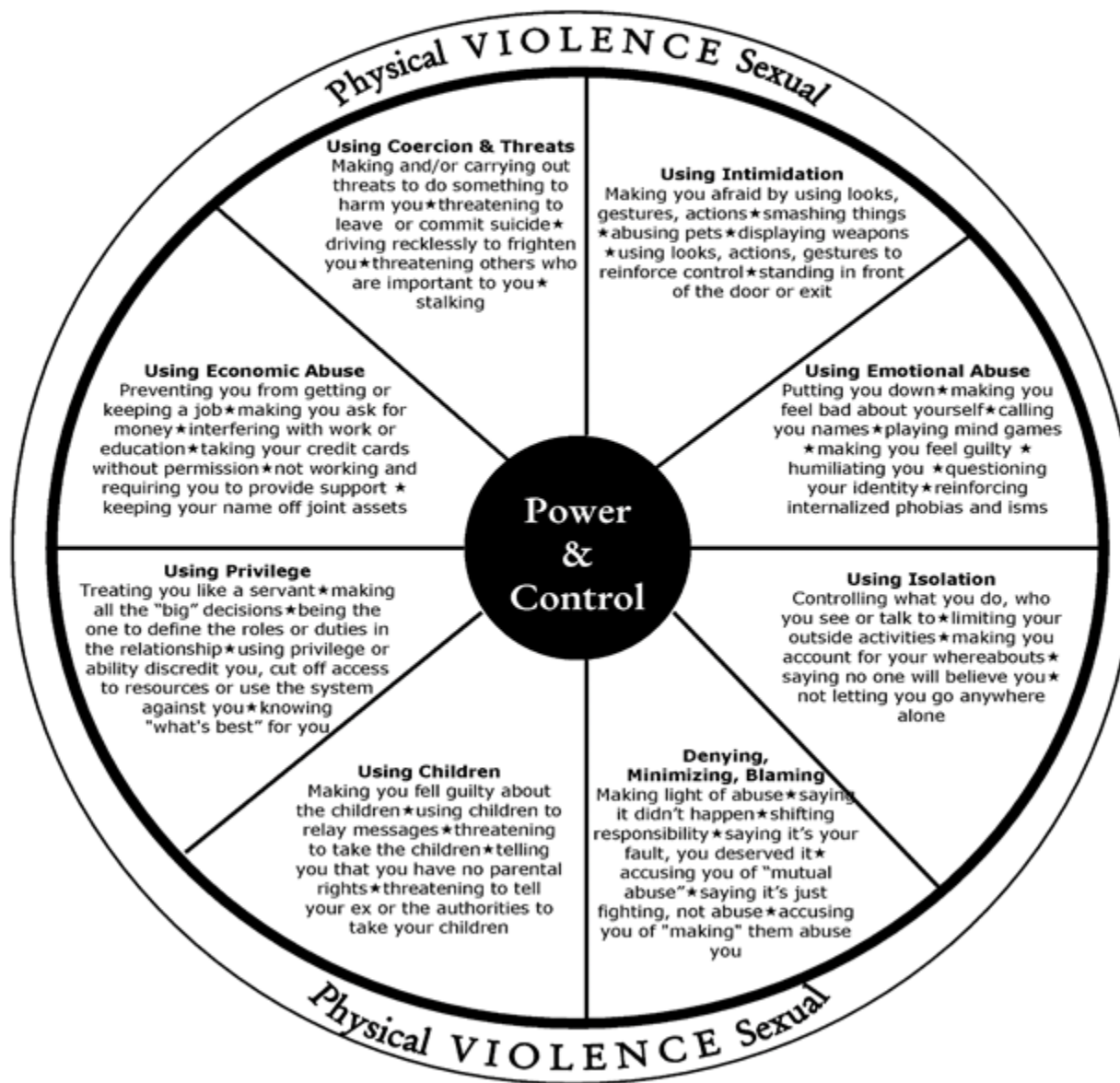


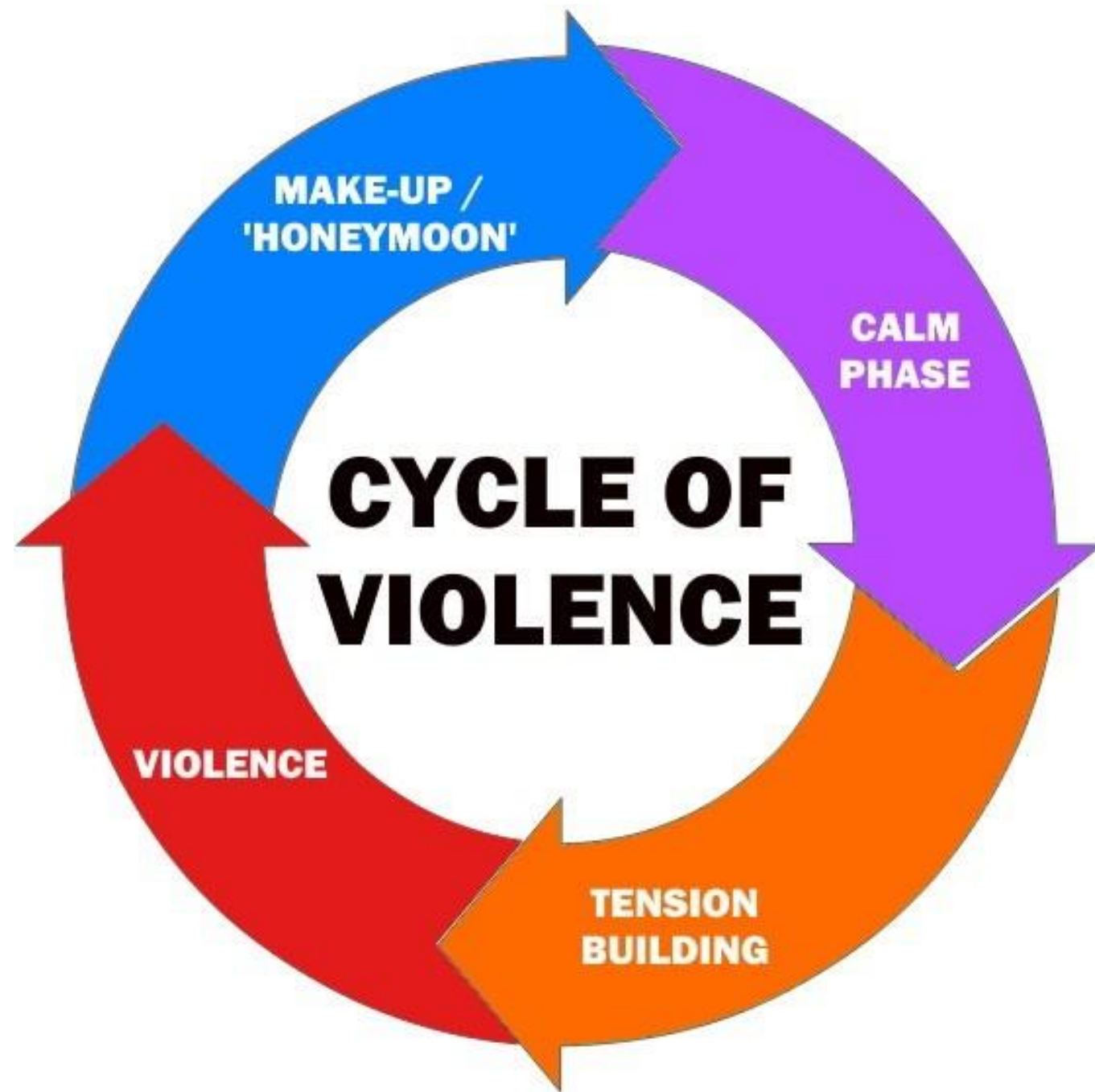
Identification

- Intimate Partner Violence (IPV): an ongoing pattern of power and control in romantic relationships
- 1 in 4 women and 1 in 10 men experience sexual violence, physical violence and/or stalking by an intimate partner during their lifetime with 'IPV-related impact' such as being concerned for their safety, PTSD symptoms, injury, or needing victim services*.
- Domestic violence incidents increased by 8.1% after pandemic-related lockdowns in 2020 (Council on Criminal Justice, 2021)

*Smith, S.G., Zhang, X., Basile, K.C., Merrick, M.T., Wang, J., Kresnow, M. & Chen, J. (2018). *The national intimate partner and sexual violence survey: 2015 data brief - updated release*. Atlanta: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

Power and Control Wheel







Warning Signs of IPV

- Observing tension or conflict in interactions between the person and their partner
- A partner who seems overly involved in the person's treatment
- Unexplained bruising or injuries
- Lack of a social support system outside of the relationship
- Hypervigilance– jumpiness, nervousness



Effects of IPV on Mental and Physical Health

- C-PTSD
- Depression
- Anxiety
- Chronic Pain
- Substance Use



Co-Occurrence of IPV and Substance Use

Substance use as a way to cope with the trauma of abuse

Substance use coercion in IPV relationships



Co-Occurrence of IPV and Substance Use

-A study of women who attended a methadone clinic found that 90% had experienced IPV in their lifetime (Engstrom, El-Bassel, Gilbert, 2012)

-In a longitudinal study of women attending a methadone clinic, those who reported previous IPV were approximately three times as likely to report subsequent frequent heroin use, as compared to women who did not report experiencing earlier IPV (El-Bassel, Gilbert, Wu, et al. 2005).



Substance Use Coercion in IPV Relationships

- Abusive partners may use force, threat, or manipulation
- Coercing someone into using drugs to create vulnerability and dependence
- Undermining a survivor's attempts to achieve or maintain sobriety
- Using the stigma of substance use/abuse as a tool to maintain power and control over a survivor's other relationships or in the legal system
- Supplying a survivor with drugs to keep them trapped in the cycle of addiction



The Substance Use Coercion Survey

- **26.0%** reported using alcohol or other drugs as a way to reduce the pain of their partner or ex- partner's abuse.
- **27.0%** said that a partner or ex-partner had pressured or forced them to use alcohol or other drugs, or made them use more than they wanted.
- **15.2%** reported that, in the last few years, they tried to get help for their use of alcohol or other drugs; of those, **60.1%** said that a partner or ex-partner had tried to prevent or discourage them from getting that help.
- **37.5%** said that a partner or ex-partner had threatened to report their alcohol or other drug use to someone in authority to keep them from getting something they wanted or needed (e.g., custody of children, a job, benefits, or a protective order).
- **24.4%** reported being afraid to call the police for help because their partner said they wouldn't believe them because they were using, or that they would be arrested for being under the influence of alcohol or other drugs.



Considerations in Assessment of IPV

- Requires some creativity and flexibility
- Establish safety, trust, and rapport
- Integrate education on IPV
- Offer empathy and validation
- Motivational Interviewing & Stages of Change
- Safety planning



Assessment

Potential questions to ask:

- Do they have concerns about their partner interfering with their treatment in any way? (if yes, do they need any support figuring out how to protect themselves and their recovery?)
- Have they ever been hit, slapped, shoved, or physically hurt in other ways?
- Do they feel like they are being controlled by their partner, or that their partner is jealous?
- Do they have a safe place to go if they decide to leave the relationship?



Safety Risk Assessment

-Questions to assess for increased risk of lethality:

- Has the physical violence increased in frequency or severity over the past year?
- Does your partner own any weapons/firearms?
- Have you recently left the relationship?
- Have they threatened to kill you?
- Have they ever tried to choke/strangle you or block your breathing?

*Danger Assessment (J. Campbell, 2019) dangerassessment.org



Safety Planning

- Have a bag packed and hidden in a safe place with a change of clothes, set of keys, copies of important documents, other essentials
- Identify trusted social supports
- Save phone numbers for local domestic violence agencies/hotlines
- Discreetly save money or open a separate bank account
- Connect to local DV agencies for help with safety planning and accessing services



Referral

Local Resources:

EmpowerNet- the “hub” for Central Virginia’s DV/SV agencies

24/7 hotline- call or text 804-612-6126

-These agencies offer free counseling, case management, court advocacy, emergency shelter



Referral

National Resources:

National Domestic Violence Hotline– 1-800-799-SAFE or text “start” to 88788

National Center on Domestic Violence, Trauma, and Mental Health

Q&A



Questions?

Case Presentation

Faisal Mohsin, MD

- 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

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Use **chat** function for questions

Main Question

How do you help this patient getting into recovery when she doesn't seem motivated?

or where do we go from here?



Demographic Information

30 yr. single, unemployed Caucasian female with OUD and polysubstance use disorder. Lives with her mother. Several year history of iv heroin use.

Currently on probation with an active case open for possession. Court date coming up.

Background Information

Hepatitis C

Juvenile Diabetes. Insulin Pump.

BMI=17.2

Generally non-compliant with treatment.

Prescribed Suboxone 12/3mg in the morning and 8/2mg in the evening. Reports little to no cravings at this dose.

Takes Seroquel 200mg in the evening for sleep. Insists it's the only medicine that helps her insomnia.

Does not come to scheduled appointments. Does not answer her phone when called. Goes into voicemail or voicemail is often full. According to mother, almost never home. If she does come, usually arrives late and always in a hurry to leave.

Frequently missing her wrappers. Usually runs out of her Suboxone days before her next visit or reports having misplaced some of her strips.

UDS. Consistently FTY+, OPI+, Bup+ and often COC+. Typical response, "I used 3 days ago".

Has never provided a BUP+ only sample. Some days, unable to provide sample.

Former BF was also a heroin user who died last year from an overdose.

At her last visit last week, presented with cellulitis right hand. Two weeks before, it was the left arm. Has not gone to her PCP or Urgent Care as recommended.

Previous Interventions

We have a release for her mother. Whenever she misses her appointment, we contact her mother to notify of missed appt and given info regarding her next appt.

Mother often threatens to evict her from house if she is still using.

Although has been referred for behavioral therapy, does not engage. No involvement with self help/ 12 step programs.

Wants to be referred for residential intensive treatment. Specifically wants to be referred to one program in the community that is relatively new. Waiting for a 'bed to open up'. No beds available since months.

Peers specialists have been assigned.

Reportedly poor control of her blood sugars.

Plans for Future Treatment/ Patient's Goal

Trying to get her into remission.

Harm Reduction?

Other Relevant Information

Had informed the nurse several weeks ago that the only reason she was coming here was because of the dictates of her probation officer and mother. Has stated she likes using and has no intentions of stopping.

Main Question (repeated)

How do you help this patient getting into recovery when she doesn't seem motivated?

or where do we go from here?



Case Studies

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

Thank You



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:

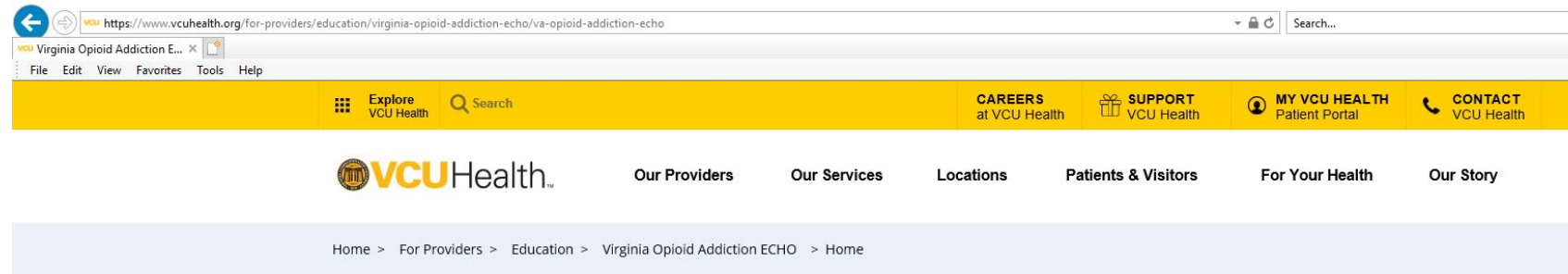
- **Ademola Adetunji, NP** from Fairfax County CSB
- **Tara Belfast-Hurd, MBA-PA** from Department of Behavioral Health and Developmental Services
- **Michael Bohan, MD** from Meridian Psychotherapy
- **Ramona Boyd, NP** from Health Wagon
- **Diane Boyer, DNP** from Region Ten CSB
- **Melissa Bradner, 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
- **Shokoufeh Dianat, DO, MAS** from Virginia League from Planned Parenthood
- **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
- **Heather Stone, PhD, LCSW** from Central Virginia Health Services of Petersburg
- **Cynthia Straub, FNP-C, ACHPN** from Memorial Regional Medical Center
- **Saba Suhail, MD** from Ballard 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





Virginia Opioid Addiction ECHO

Welcome to the Virginia Opioid Addiction Extension for Community Health Outcomes or ECHO, a virtual network of health care experts and providers tackling the opioid crisis across Virginia. [Register now for a TeleECHO Clinic!](#)



Network, Participate and Present

- Engage in a collaborative community with your peers.
- Listen, learn, and discuss didactic and case presentations in real-time.
- Take the opportunity to [submit your de-identified study](#) for feedback from a team of addiction specialists. We appreciate [those who have already provided case studies](#) for our clinics.
- Provide [valuable feedback & claim CME credit](#) if you participate in live clinic sessions.

Benefits

- Improved patient outcomes.
- **Continuing Medical Education Credits:** This activity has been approved for **AMA PRA Category 1 Credit™**.

Telehealth

- About Telehealth at VCU Health ▾
- For Patients ▾
- For Providers ▴
- Virginia Opioid Addiction ECHO ▴
 - Register Now!
 - Submit Your Case Study
 - Continuing Medical Education (CME)
 - Curriculum & Calendar
 - Previous Clinics (2018)
 - Previous Clinics (2019)
 - Resources
 - Our Team

Access Your Evaluation and Claim Your CME



https://redcap.vcu.edu/surveys/?s=KNLE8PX4LP Project ECHO Survey

File Edit View Favorites Tools Help

ECHO
Virginia Commonwealth University

Please help us serve you better and learn more about your needs and the value of the Virginia Opioid Addiction ECHO (Extension of Community Healthcare Outcomes).

First Name
* must provide value

Last Name
* must provide value

Email Address
* must provide value

I attest that I have successfully attended the ECHO Opioid Addiction Clinic.
* must provide value

Yes

No

reset

_____, learn more about Project ECHO

Watch video

How likely are you to recommend the Virginia Opioid Addiction ECHO by VCU to colleagues?

Very Likely

Likely

Neutral

Unlikely

Very Unlikely

reset

What opioid-related topics would you like addressed in the future?

What non-opioid related topics would you be interested in?

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



Education

Contact Us

Diabetes and Hypertension Project ECHO

+

Nursing Home ECHO

+

Palliative Care ECHO

+

Virginia Opioid Addiction ECHO

-

Contact Us

Curriculum Calendar and Registration

Our Team

Previous Clinics - 2021

Previous Clinics - 2022

Resources

Thank You

Virginia Opioid Addiction ECHO Continuing Medical Education

Virginia Opioid Addiction ECHO Evaluation

Virginia Sickle Cell Disease ECHO

+

Child Abuse Project ECHO

+

Early Intervention Project ECHO

+

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](#)

VCU Virginia Opioid Addiction TeleECHO Clinics

Bi-Weekly Fridays - 12:00 - 1:00PM

Mark Your Calendar --- Upcoming Sessions

June 24: *Cognitive Behavioral Therapy*
Jarrod Reisweber, MD

July 8: *Considering Supervised Consumption Sites in the US*
Beau Kilmer, PhD

July 22: *Buprenorphine Home Induction*
Brandon Wills, MD & Theresa Davis, FNP

Please refer and register at vcuhealth.org/echo

THANK YOU!

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