



Northwest (HHS Region 10)

ATTC Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration



Northwest ATTC presents:

Trauma-Informed Medication Supported Recovery Services

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Central City Concern (Portland, OR)





LANGUAGE MATTERS.

Words have power.

PEOPLE FIRST.

We value your feedback on our ability to provide culturally-informed and inclusive services.

Please email us at northwest@attcnetwork.org with any comments or questions you have for us!

Trauma-Informed MSR Services

Lydia Bartholow, DNP, PMHNP, CARN-AP

- Associate Director, Behavioral Health at the Blackburn Center, Central City Concern (Portland, OR)
- Psychiatric mental health nurse practitioner
- Doctoral work in trauma and substance use disorders
- Lecturer
 - Trauma-informed care
 - Harm reduction
 - Medication supported recovery



Trauma Informed MSR Services

Lydia Bartholow, DNP, PMHNP, CARN-AP



Intro

- DNP, PMHNP, CARN-AP
- Houseless Health Care Clinic Director of Behavioral Health
- Identify as being in long term recovery
- Specialty: Trauma informed care (not a trauma therapist) and Addiction Medicine

AGENDA

1. Recovery-promoting language
2. Trauma and addiction:
Understanding the
neurobiological vulnerability
3. Trauma Informed Care 101
4. Medication Supported Recovery
 1. The necessity of it
 2. How to incorporate TIC

Recovery-promoting language

Recovery Dialects	Mutual Aid Meetings	In Public	With Clients	Medical Settings	Journalists
Addict	✓	STOP	STOP	STOP	STOP
Alcoholic	✓	STOP	STOP	STOP	STOP
Substance Abuser	STOP	STOP	STOP	STOP	STOP
Opioid Addict	✓	STOP	STOP	STOP	STOP
Relapse	✓	STOP	STOP	STOP	STOP
Medication Assisted Treatment	STOP	STOP	STOP	STOP	STOP
Medication Assisted Recovery	✓	✓	✓	✓	✓
Person w/ a Substance Use Disorder	✓	✓	✓	✓	✓
Person w/ an Alcohol Use Disorder	✓	✓	✓	✓	✓
Person w/ an Opioid Use Disorder	✓	✓	✓	✓	✓
Long-term Recovery	✓	✓	✓	✓	✓
Pharmacotherapy	✓	✓	✓	✓	✓

Language matters but can change depending on the setting we are in. Choosing when and where to use certain language and labels can help reduce stigma and discrimination towards substance use and recovery.

SOURCE: Ashford, R. D., Brown, A. M., & Curtis, B. (2018). Substance use, recovery, and linguistics: The impact of word choice on explicit and implicit bias. *Drug and Alcohol Dependence*, 189, 131–138.

Why the need for this talk?

- Childhood trauma increases the risk of addiction (specifically IV drug use) in adulthood by **4600%**. [Felitti, 2004]

Neurobiological Vulnerability

- **1. Trauma ↔ Lack of prefrontal cortex activity** Arnsten, A. F., Raskind, M. A., Taylor, F. B., & Connor, D. F. (2015)

- Executive Functioning Is Responsible for:
 - ***Emotion Regulation***
 - *Inhibitory Control*
 - *Self-monitoring*
 - Paying Attention
 - Planning and organizing

Neurobiological Vulnerability

- 1. Trauma ↔ Lack of prefrontal cortex activity
- 2. **Disrupted dopamine in the NAC via prolonged stress (inflammatory mechanism)** Bloomfield *et al.* (2019) and many others

Neurobiological Vulnerability

- 1. Trauma => Lack of prefrontal cortex activity
- 2. Disrupted dopamine in the NAC via prolonged stress (inflammatory mechanism)
- 3. **Amygdala exceptionally high in opioid receptors** Zubieta, J. (2001)

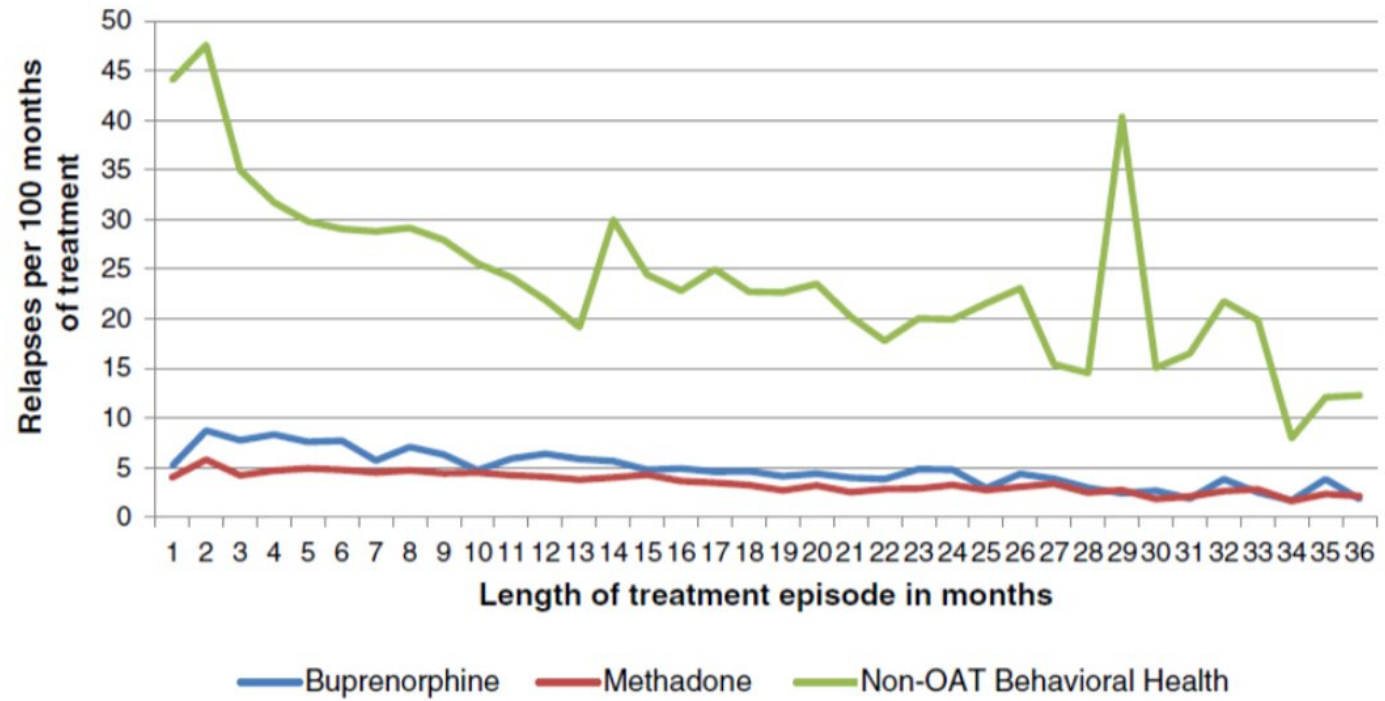
Trauma Informed Care 101

SAMSHA's guiding principles:

- Safety.
- Trustworthiness & transparency.
- Peer support.
- Collaboration & mutuality.
- Empowerment & choice.
- Cultural, historical & gender issues.

The Necessity of Treatment

R.E. Clark et al. / Journal of Substance Abuse Treatment xxx (2015) xxx-xxx



Safety

- Immediate Access to MSR
 - Dispel the notion that people need to “prove” a desire to recover
- Prioritize home inductions
- Ensure continuation of medication despite behavior congruent with a SUD
- Give as many options as possible when asking for urine drug screens

Trustworthy- ness & Transparency

- Ensure continuation of medicine
- Provide clear and consistent expectations about the program

Peer Support

- Peers are the only true expert in addiction and recovery
- Peers help us reframe and reground into the client experience
- Utilize as translators for both the team and the client, specifically around access to medicine

Collaboration and Mutuality

- Trust your clients
 - Low barrier to Mono-product medicine
 - Low barrier to refilling medicine x 1.
- Become Skilled at hard conversations where power is disproportionate

How to build Collaboration and Mutuality: Talking Points

- For the symptomatic client:
“I’m so glad you are here today and that you are safe”
- For the a-symptomatic client:
“You are doing so well. It’s really amazing to watch. What do you think is allowing your success?”
- For the client with non-prescribed substances in the urine:
“I noticed XYZ in your urine results. What’s up with that?”
- For the difficult conversations:
“Your safety is my biggest priority today”
 - Avoid referring to policy
 - Avoid referring to their symptoms in any way other than symptoms

Empowerment & Choice

- Build programs that can be individualized based on ASAM criteria and patient preference
- Offer low barrier access to OAT

Cultural, Historical and Gender Issues

- Recognize trauma as not solely individual; systemic and cultural trauma
- Tuskegee translated into MMT in the early years of provision

References

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Contact Info

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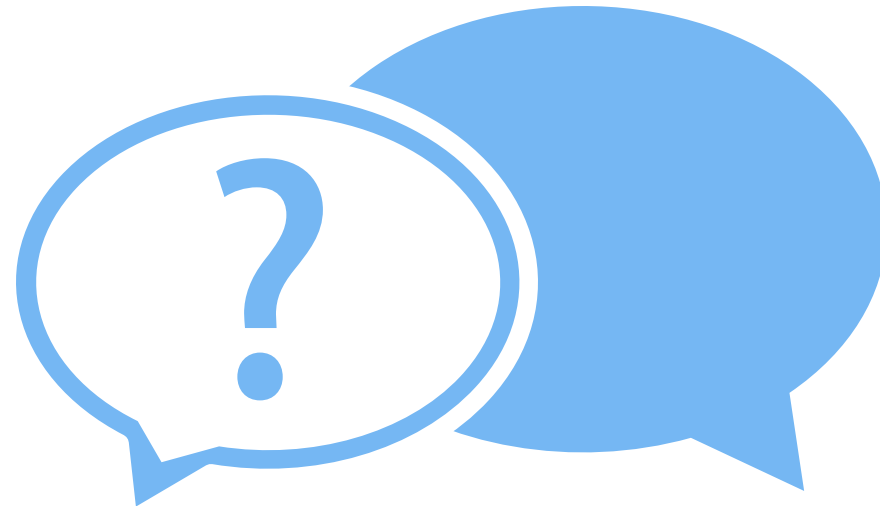


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Upcoming Events

Join us for our next webinar!

IMPACT: team-based care approach to providing addiction-focused consults in a hospital setting

Honora Englander, MD
December 18, 2019, 12-1pm





gracias cảm ơn bạn धन्यवाद 고맙습니다
 شڪرا جزىلا salamat благодарю вас 谢谢
 Dziękuję Ci **Thank** ευχαριστώ
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 ありがとうございました спасиби mahalo