

SAMSHA • <https://www.samhsa.gov/nctic/resources>

• <https://www.samhsa.gov/capt/tools-learning-resources/trauma-adverse-childhood-experiences-implications-preventing-substance>

• Trauma Informed Care Project • <http://www.traumainformedcareproject.org>

• West Virginia Health and Human Services

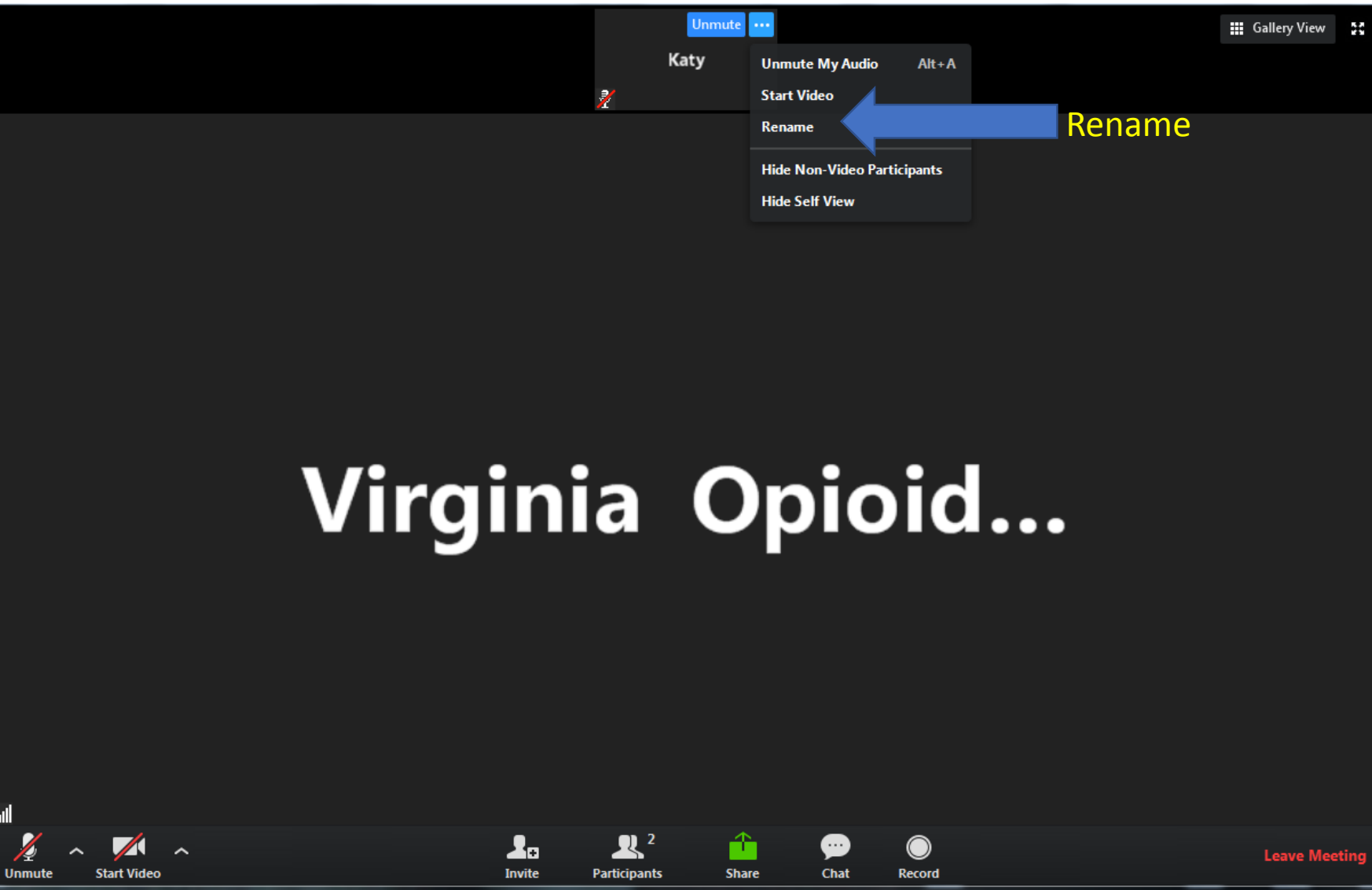
• Sweeney, A., Filson, B., Kennedy, A., Collinson, L., & Gillard, S. (2018). A paradigm shift: Relationships in trauma-informed mental health services. *BJPsychAdvances*, 24(5), 319-333. doi:10.1192/bja.2018.29

# Virginia Opioid Addiction ECHO\* Clinic

January 4, 2019

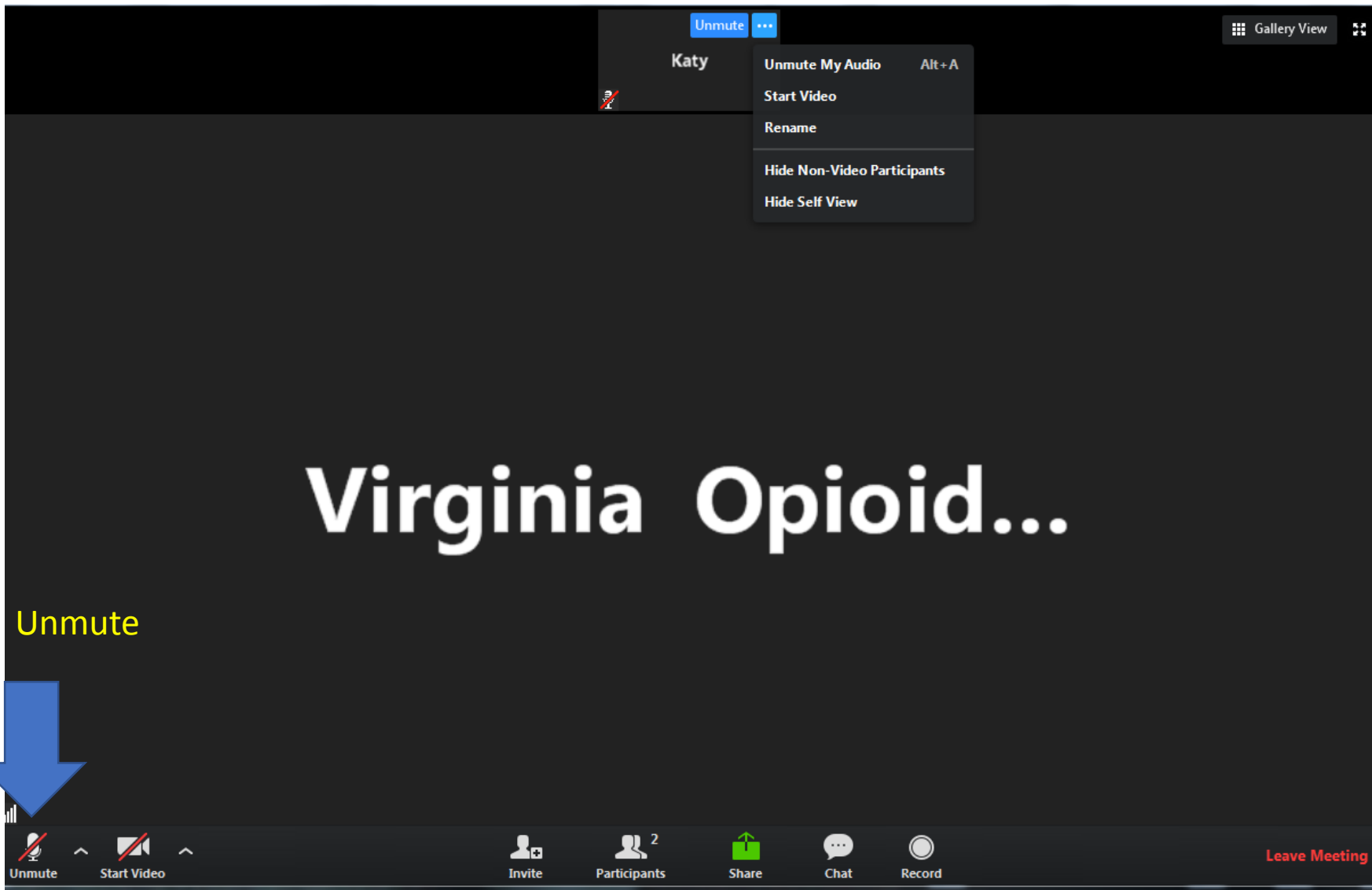
\*ECHO: Extension of Community Healthcare Outcomes

# Helpful Reminders



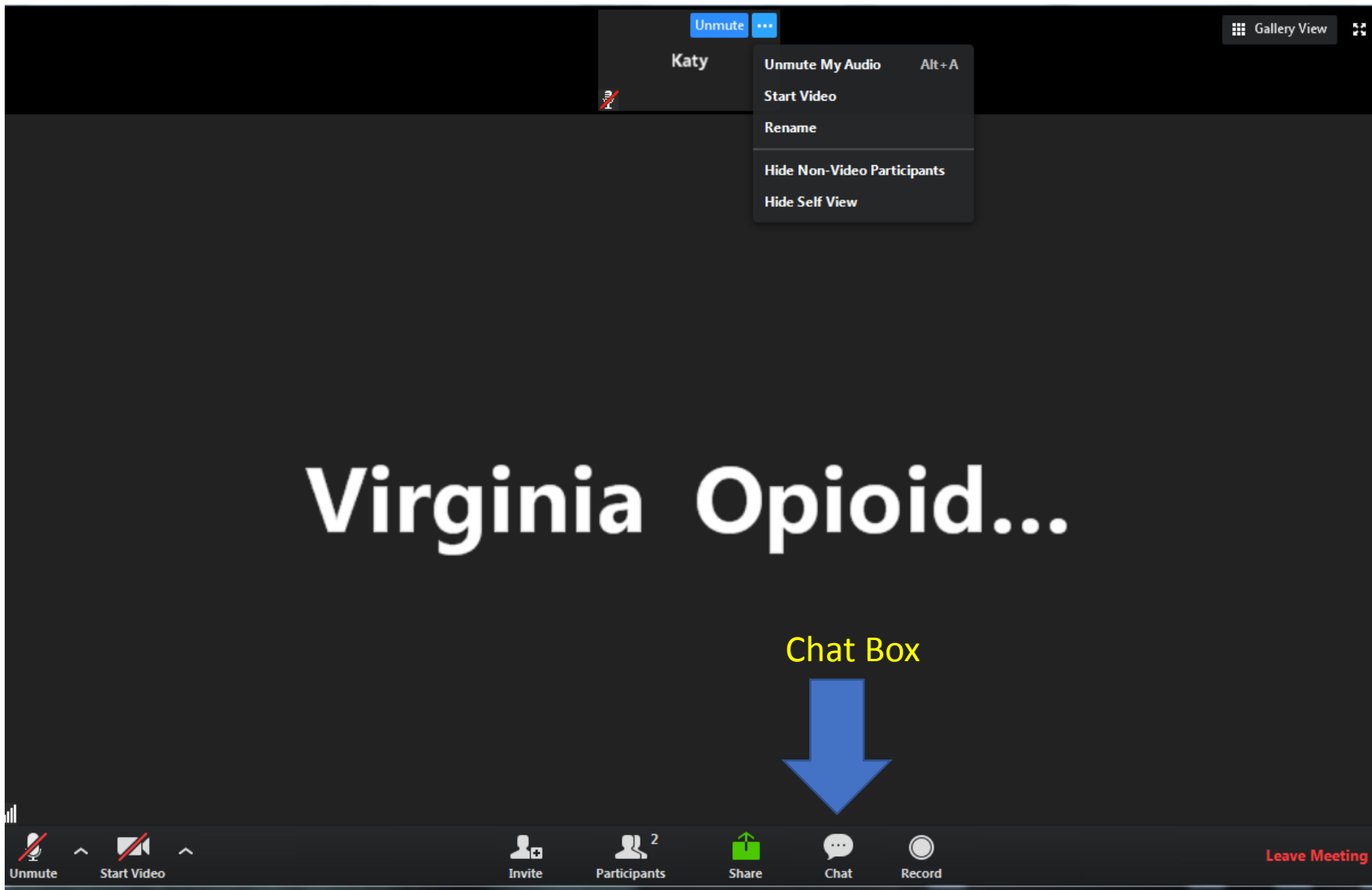
- Rename your Zoom screen, with your name and organization

# 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 1.5 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 in substance use disorder
- Website Link: [www.vcuhealth.org/echo](http://www.vcuhealth.org/echo)

# Hub Introductions



VCU Team	
Clinical Director of Addiction Medicine at VCU	Mishka Terplan, MD, MPH, FACOG, FASAM
Administrative Medical Director ECHO Hub and Principal Investigator	Vimal Mishra, MD, MMCI
Clinical Expert	Lori Keyser-Marcus, PhD Courtney Holmes, PhD
Didactic Presentation	Courtney Holmes, Ph.D.
Program Manager	Bhakti Dave, MPH
Practice Administrator	David Collins, MHA
IT Support	Vladimir Lavrentyev, MBA

# Spokes/ Participant Introduction

- Name
- Organization



## What to Expect

- I. Didactic Presentation
  - I. Trauma Informed Care and Treating Those Experiencing Opioid Addiction
  - II. Courtney Holmes, PhD
- II. Case presentations
  - I. Case 1
    - I. Case summary
    - II. Clarifying questions
    - III. Recommendations
  - II. Case 2
    - I. Case summary
    - II. Clarifying questions
    - III. Recommendations
- III. Closing and questions



Lets get started!

Didactic Presentation



# Trauma Informed Care and Treating Those Experiencing Opioid Addiction

Courtney Holmes, Ph.D., LPC, LMFT, CRC, NCC

“Childhood trauma is both the cause and the consequence of the present opioid crisis and is, in fact, the most important public health issue of our time.”

- Frank Kros, president of The Upside Down Organization in Baltimore

Today we will:

- Define trauma
- Discuss effects of trauma
- Discuss Trauma-Informed Care

# Poll question 1

How often do you consider traumatic experiences or trauma reactions in treatment of patients:

- Not often
- Once in a while
- Most or all cases

# What is Trauma?

- It results from exposure to an incident or series of events that are emotionally disturbing or life-threatening with lasting adverse effects on the individual's functioning and mental, physical, social, emotional, and/or spiritual well-being.
- **Experiences that may be traumatic include:**
  - Physical, sexual, and emotional abuse
  - Childhood neglect
  - Living with a family member with mental health or substance use disorders
  - Sudden, unexplained separation from a loved one
  - Accidents (e.g., vehicle)
  - Military service, active combat
  - Witnessing violence
  - Poverty and discrimination
  - Institutionalized racism and historical oppression
  - Violence in the community, war, or terrorism

# Understanding Trauma

- It is not just the diagnosis of Post-Traumatic Stress Disorder (PTSD); Nor does everyone who experienced trauma meet criteria for PTSD
- Trauma can be a single event or a series of events compounded over time
- Reaction to the same event can be different from person to person (no two people will experience trauma the same way)
- Trauma reactions can occur immediately or have a delayed onset, effects can be short- or long-term
- Traumatic events are often based on power-over relationships resulting in feelings of loss of control, loss of personal voice



# ACE (Adverse Childhood Experiences)

ACEs are strongly related to the development and prevalence of a wide range of health problems throughout a person's lifespan, including those associated with substance misuse.

ACEs include:

- Physical abuse
- Sexual abuse
- Emotional abuse
- Physical neglect
- Emotional neglect
- Intimate partner violence
- Mother treated violently
- Substance misuse within household
- Household mental illness
- Parental separation or divorce
- Incarcerated household member

# What we know...

- ACEs are common
- ACEs cluster (e.g., people report more than one)
- ACEs are positively correlated with a myriad of health, social and behavioral problem across the lifespan
- People are resilient – support and relationships matter!



# Impact of trauma

- Social
- Emotional
- Behavioral
- Relational
- Health



## What are the long-term effects of trauma on health?

The original **ACE Study** asked people to indicate the number of traumatic events they had experienced prior to age 18 and provided them with a corresponding “ACE score.” Compared to people with no ACEs, individuals with an ACE score of four or more were approximately:



**2 times**

as likely to smoke



**2.5 times**

more likely to have sexually-transmitted infections



**4 times**

more likely to have chronic obstructive pulmonary disease



**7 times**

more likely to consider themselves an alcoholic



**10 times**

as likely to have injected street drugs



**12 times**

as likely to have attempted suicide

(Source: *Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults*)

# Poll question 2

Does your workplace integrate Trauma Informed Care practices:

- yes
- no
- maybe?

# Trauma-Informed Approach

- According to SAMHSA's concept of a trauma-informed approach, "A program, organization, or system that is trauma-informed:
  - *Realizes* the widespread impact of trauma and understands potential paths for recovery;
  - *Recognizes* the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
  - *Responds* by fully integrating knowledge about trauma into policies, procedures, and practices; and
  - Seeks to actively resist *re-traumatization*."

# SAMHSA's Six Key Principles of a Trauma-Informed Approach

- A trauma-informed approach reflects adherence to six key principles rather than a prescribed set of practices or procedures. These principles may be generalizable across multiple types of settings, although terminology and application may be setting- or sector-specific:
  - Safety
  - Trustworthiness and Transparency
  - Peer support
  - Collaboration and mutuality
  - Empowerment, voice, and choice
  - Cultural, Historical, and Gender Issues

# Trauma-Specific Interventions

- Trauma-specific intervention programs generally recognize the following:
  - The survivor's need to be respected, informed, connected, and hopeful regarding their own recovery
  - The interrelation between trauma and symptoms of trauma such as substance abuse, eating disorders, depression, and anxiety
  - The need to work in a collaborative way with survivors, family and friends of the survivor, and other human services agencies in a manner that will empower survivors and consumers



Services can retraumatize trauma survivors, particularly where they are based on ‘power-over’ relationships and there is a lack of trust. Re-traumatization in the health system can prevent positive outcomes

Traditional Paradigm	Trauma-Informed Paradigm
Clients are sick, ill, or bad	Clients are hurt and suffering
Client behaviors are bad and need to be punished or stopped	Client behaviors are survival skills developed to live through trauma but do not fit in everyday society
Clients can change if they have the motivation	Clients need support, trust, and safety to decrease maladaptive behavior
Goal is to manage or eliminate behavior	Goal is to provide opportunities to heal from trauma
Staff should come to work at their best everyday and perform to management expectations	Leaders need to create a strong institutional culture to combat trauma and stress associated with work with traumatized clients – system of care invests in healing trauma



# Shifting reactions

Survivor Behavior	Traditional view	TIC view
Gets mad “easily”	Anger problem, always wants his/her way	Understanding that anger stems from other emotions like fear.
Does not follow the rules or your suggestions for treatment	Seeks attention, challenges authority, disobedient	Pushing boundaries, testing for trustworthiness, seeking support, self-sabotage
Has boundary issues, seeks attention	Is manipulating	Needs reassurance and support, needs boundaries



# Public Safety and TIC

- Public safety is also moving to a more trauma-based approach
- One example of a popular program is West Virginia's "Handle with Care", which began in 2013 during the opioid epidemic
- Law enforcement is trained to provide the school or child care agency with a simple "heads up" when a child has been identified at the scene of a traumatic event (e.g. overdose, domestic violence, etc.).
- The school implements individual, class and whole school trauma-sensitive curricula so that traumatized children are "Handled With Care". If a child needs more intervention, on-site trauma-focused mental healthcare is available at the school.

# Practical Interventions for your practice

- Understand what trauma is and how it impacts human development
- Screen clients for trauma
- Make referrals for mental and behavioral health
- Talk with administrators about introducing a trauma-informed approach into your agencies



# References

- SAMSHA
  - <https://www.samhsa.gov/nctic/resources>
  - <https://www.samhsa.gov/capt/tools-learning-resources/trauma-adverse-childhood-experiences-implications-preventing-substance>
- Trauma Informed Care Project
  - <http://www.traumainformedcareproject.org>
- [West Virginia Health and Human Services](#)
- Sweeney, A., Filson, B., Kennedy, A., Collinson, L., & Gillard, S. (2018). A paradigm shift: Relationships in trauma-informed mental health services. *BJPsych Advances*, 24(5), 319-333.  
doi:10.1192/bja.2018.29

# Case Presentation #1

Diane Boyer, DNP



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

# Case Presentation #1

## Diane Boyer, DNP



Requesting assistance with (check all that apply):

☒ Diagnosis ☒ Medications ☐ Non-medication treatments ☐ Other

Please state your MAIN QUESTION for this patient case:

In patient with poly substance abuse including AOUD who has been abstinent of opioids for two years, while without access who was offered Naltraxone moving to Vivitrol and refused. Started Suboxone (at different agency) and not doing well on Suboxone . What is next step?

### Patient Case - Demographic Information

Sex:

☐ Male ☒ Female

Age:

30

Current Living Situation

Women's Sober Living house

Education/Literacy:

☒ Less than high school diploma ☐ High School Degree/GED ☐ Some College ☐ Associate Degree  
☐ Bachelor's Degree ☐ Grad School or Higher

Employed

☐ Yes ☒ No

# Case Presentation #1

## Diane Boyer, DNP



### Behavioral History

Does patient have social support or any significant social history?

☒ Yes ☐ No

If Yes please explain:

Raised by mother

Patient Strengths/Protective Factors

Sports participation in ninth grade  
Appears well put together

Potential Barriers to Patient Care (i.e. disability, family history of substance abuse, etc.)

family hx SUD

Any cultural factors that may have an impact on this patient's situation?

☐ Yes ☒ No

Current Substance Use

Most recently Alcohol daily at least sixpack with hx of some withdrawal

# Case Presentation #1

## Diane Boyer, DNP



---

Any substance use history?

☒ Yes   ☐ No

---

If Yes please explain:

Hx of Opioid and Methamphetamine dependence. Also, use of crack cocaine, benzos and bath salts. Drug use starting in early adolescence.

---

Have any Behavioral Interventions been tried?

☒ Yes   ☐ No

---

If Yes please explain:

Individual and group, has hard time participating

---

Medication History

Topomax  
Intuniv  
Wellbutrin

# Case Presentation #1

## Diane Boyer, DNP



---

Any comorbidities?

☒ Yes   ☐ No

---

If Yes please explain:

GAD  
ADHD, vs PTSD

---

Any Medications Tried for Relapse Prevention?

☒ Yes   ☐ No

---

If Yes please explain (Specify):

Offered Naltraxone and refused  
Suboxone currently

---

Any Labs (including urine) ?

☒ Yes   ☐ No

---

If Yes please explain (as indicated):

Has been treated for Hep C  
Urines were negative for all 12 substances prior to starting Suboxone



# Case Presentation #1

## Diane Boyer, DNP



---

Is the patient involved in any Prescription Monitoring Program?

☒ Yes   ☐ No

---

If Yes please explain pertinent findings:

None

---

Proposed Diagnoses

Opioid Use disorder  
Alcohol Use disorder

---

Does the patient have goals for treatment?

☒ Yes   ☐ No

---

If Yes please explain:

Success in Intensive outpatient substance abuse group

---

Proposed Treatment Plan

Evaluate for problems with Suboxone -

**REMINDER: Please ensure that NO patient specific identifiable information (PHI) is included in this submission. Please read, sign, and click SUBMIT when completed.**

# Case Presentation #2

## Jennifer Phelps, LPN



- 12:55pm-1:25pm [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

# Case Studies and Feedback

- Case studies
  - Submit: [www.vcuhealth.org/echo](http://www.vcuhealth.org/echo)
  - Receive feedback from participants and content experts
- Opportunity to formally submit feedback
  - Survey: [www.vcuhealth.org/echo](http://www.vcuhealth.org/echo)
  - Overall feedback related to session content and flow?
  - Ideas for guest speakers?

## Access Your Evaluation and Claim Your CME



- [www.vcuhealth.org/echo](http://www.vcuhealth.org/echo)
- To claim CME credit for today's session

# Access Your Evaluation and Claim Your CME



Browser address bar: <https://www.vcuhealth.org/telehealth/for-providers/education/va-opioid-addiction-echo>

Navigation: File Edit View Favorites Tools Help


VCU Health

Our Providers Our Services Locations Patients & Visitors For your Health Our Story

Home > Telehealth > For Providers > Education > Virginia Opioid Addiction ECHO

## 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.
- 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™**.
- Virtual networking opportunities using two-way video conferencing.
- No cost to participate.
- If unable to attend a live clinic session, [learn how to access the CME website](#) to view the recording and claim credit.

### Telehealth

- About Telehealth at VCU Health
- For Patients
- For Providers
  - Education
    - Virginia Opioid Addiction ECHO
    - Register Now!
    - Submit Your Case Study
    - Continuing Medical Education (CME)
    - Curriculum & Calendar
    - Resources
    - Our Team
    - Contact Us
  - Telehealth Programs

# 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](http://www.vcuhealth.org/echo)
- To view previously recorded clinics and claim credit

# Access Your Evaluation and Claim Your CME



Browser address bar: <https://www.vcuhealth.org/telehealth/for-providers/education/va-opioid-addiction-echo>


Navigation menu: File Edit View Favorites Tools Help

VCU Health logo and navigation links: Our Providers Our Services Locations Patients & Visitors For your Health Our story

Breadcrumbs: Home > Telehealth > For Providers > Education > Virginia Opioid Addiction ECHO

## 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.
- 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™**.
- Virtual networking opportunities using two-way video conferencing.
- No cost to participate.
- If unable to attend a live clinic session, [learn how to access the CME website](#) to view the recording and claim credit.

### Telehealth

- About Telehealth at VCU Health
- For Patients
- For Providers**
- Education
  - Virginia Opioid Addiction ECHO
  - Register Now!
  - Submit Your Case Study
  - Continuing Medical Education (CME)
  - Curriculum & Calendar
  - Resources
  - Our Team
  - Contact Us
- Telehealth Programs



# Access Your Evaluation and Claim Your CME



vcu Virginia Opioid Addiction ECHO | x

← → ↻ 🏠 🔒 https://www.vcuhealth.org/telehealth/for-providers/education/virginia-opioid-addiction-echo-continuing-medical-education ☆ ⌚ ⓘ ⋮

Apps 📧 Inbox (4,464) - b.dave 📧 REDCap 📧 Mail - Bhakti.Dave@vcu 📧 ECHO Registration - i vcu Virginia Opioid Addi

Explore VCU Health 🔍 Search

CAREERS at VCU Health 📁 SUPPORT VCU Health 👤 MY VCU HEALTH Patient Portal 📞 CONTACT VCU Health

VCUHealth. Our Providers Our Services Locations Patients & Visitors For Your Health Our Story

Home > Telehealth > For Providers > Education > Virginia Opioid Addiction ECHO | Continuing Medical Education

## How to Receive CME Credit

- Watch video under [Curriculum & Calendar](#).
- While in CME website, under Content and Tests tab, click "Test" to sign in and take quiz.
- Once signed in, click the "My CME" or "My CE" button.
- Click on the appropriate option to view that information.
  - **Evaluations and Certificates** – This option allows you to view evaluations that need to be completed for existing activities you have attended and also allows you to view, print or email certificates for activities you have already completed an evaluation for in CloudCME. **This is where you will claim credit, fill out evaluations, and download your certificates.**

Please contact VCU Health CME directly with any problems or questions at (804) 828-3640 or [cmeinfo@vcuhealth.org](mailto:cmeinfo@vcuhealth.org)

- From this screen you can access the following additional options:
  - **Profile** – allows you to view, edit and update your CloudCME profile. Your profile in CloudCME determines your credit eligibility and ensures your institution has the correct information for reporting and accreditation purposes.
  - **Transcript** – allows you to view, print and email your transcript. You can also append certificates and/or a transcript from a different organization to your CloudCME transcript.
  - **Registrations and Receipts** – allows you to view, print or email receipts for registrations

### Telehealth

About Telehealth at VCU Health ▾

For Patients ▾

**For Providers ▴**

**Education ▴**

- Virginia Opioid Addiction ECHO
- Register Now!
- Submit Your Case Study
- Continuing Medical Education (CME)
- Curriculum & Calendar
- Resources
- Our Team
- Contact Us

Telehealth Programs ▾

## VCU Virginia Opioid Addiction TeleECHO Clinics

Bi-Weekly Fridays - 12-1:30 pm

### **Mark Your Calendar --- Upcoming Sessions**

01/04	Trauma Informed Care and Treating Those Experiencing Opioid Addiction	Courtney Holmes, PhD
01/18	Syringe Exchange	Mishka Terplan, MD

Please refer and register at [vcuhealth.org/echo](https://vcuhealth.org/echo)

THANK YOU!