


Treating co-occurring mental health and addiction during COVID-19: Cultural and community factors

Gabrielle Jones, PhD, Sean LeNoue, MD, and Michelle Maloney, PhD, LPC, CAADC, CRPS

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Disclosures

Gabrielle Jones, PhD, Sean LeNoue, MD, and Michelle Maloney, PhD, LPC, have each declared that s/he does not, nor does his/her family have, any financial relationship in any amount occurring in the last 12 months with a commercial interest whose products or services are discussed in the presentation. Drs. Jones, LeNoue and Maloney have each declared that s/he does not have any relevant non-financial relationships. Additionally, all planners involved do not have any financial relationships.

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Learning objectives

Upon completion of the instructional program, participants should be able to:

1. Identify three ways a patient's cultural background can impact their treatment outcomes.
2. List two pharmacotherapeutic interventions for opioid use disorder in alignment with COVID-19 limitations/regulations.
3. Explain two ways to utilize telehealth to build community.

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What we'll cover in this webinar

Cultural implications that may impact treatment outcomes

- Socioeconomic factors
- Access to care and cultural norms surrounding substance use
- Vulnerable populations

Pharmacotherapeutic interventions for the treatment of substance use disorders

- Logistics of providing safe, informed, and evidence-based treatment via telehealth
- Highlight treatment options
- Address monitoring concerns for medication compliance and relapse prevention

Utilizing telehealth to build community for recovery

- Virtual meetings
- Improved access to recovery content and support

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Cultural implications that may impact treatment outcomes

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 Please use the Q&A feature to send your questions to the moderator.

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Please note that the following slides are general considerations based on research findings.

These considerations may not apply to every person who identifies with the specified subgroup.

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Culturally responsive care

Awareness of ones' cultural identity

- Telehealth specific
 - May require more detailed questions during assessment
 - Can provide insight to other aspects of their substance use
 - Apprehensiveness to treatment
 - Function of substance use behavior
 - Motivation for change

(Vaeth et al., 2017)

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Vulnerable populations

Race/ethnic background considerations

- African American communities
 - Psychosocial stressors
 - Racism
 - Post-Traumatic Slave Syndrome (PTSS)
 - Intergenerational trauma
 - Pre-existing health conditions/disparities
 - Lack of community/increased isolation

(Swann et al., 2020; Williams et al., 2016)

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Vulnerable populations

Race/ethnic background considerations

- Latinx American communities
 - Broad set of communities within the Latinx population
 - Language barriers
 - Between clinician and patient
 - May impact rapport building and clinician comprehension
 - Can reduce success of recovery and induce lack of patient/client cohesion
 - Gender roles
 - May impact level of use and “appropriateness” of use
- Lack of community/isolation in recovery

(Llamas et al., 2020; Moreno et al., 2020)

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Vulnerable populations

Race/ethnic background considerations

- Native American communities
 - Ceremonial use
 - Community bonding/connection/spirituality
 - Perception of risk regarding use
 - May be lower depending on environment
- More research needs to be done
 - Limitations
 - Misidentified
 - Reservation restrictions

(Unger et al., 2020)

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Vulnerable populations

Race/ethnic background considerations

- Asian American communities
 - Broad set of communities within the Asian population
 - Less research
 - Possibly due to holistic approach to treatment
 - Lack of trust in the mental health system
 - Many variations in the communities
 - Substance of choice variations, cultural variations/considerations
 - Substances identified in research
 - Tobacco, cannabis, amphetamines, and opioids

(Chun, 2020; Mukherjee et al., 2020)

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Vulnerable populations

Sexual orientation considerations

- Race and gender minority intersectionality
 - Increased risk for discrimination
 - Health disparities
 - Similar to those of other communities depending on their race/ethnicity
- Important to treat the whole person
 - Take into consideration their various identities
 - Assess if health factors are a priority

(Swann et al., 2020)

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Vulnerable populations

Socioeconomic status considerations

- Finances
 - Lack of financial resources to receive treatment
 - Difficulty obtaining drug tests
 - Appointment frequency = increased cost
 - COVID-19 may have cost them their job
 - Financial issues can contribute to increased presence of mental health issues and increase in substance use behaviors to cope

(Vaeth et al., 2017)

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Vulnerable populations

Socioeconomic status considerations

- Living environment
 - Family members needing a place to stay due to COVID-19
 - Lack of privacy/confidentiality
 - Isolation due to COVID-19
 - Living alone, higher risk for relapse/overdose
 - Lack of accountability from sober peers or support groups
 - Homelessness
 - Inability to pay rent due to COVID-19 layoffs, leading to homelessness and increased mental health issues and increased substance use
 - Possible increase in higher risk substance use

(Martinez et al., 2020)

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Vulnerable populations

Socioeconomic status considerations

- Employment status
 - Negatively impacts recovery outcomes
 - Becomes psychosocial stressor
 - Substance use/mental health treatment less of a priority
 - Unemployment → financial instability → homelessness
- Education level
 - Also linked to increase in psychosocial stressors
 - Difficulty obtaining a job
 - Geographic location has a large impact on how this effects patients
 - Telehealth can be helpful in cost-reduction → cheaper than in person visits

(Vaeth et al., 2017)

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Vulnerable populations

Access to care considerations

- Transportation
 - Similar to SES considerations, patient's employment status may hinder their ability to transport themselves to an office
 - Increases difficulty of obtaining blood work for specific medications or drug tests
 - Considerations regarding car sharing among family members
- Technology
 - Lack of adequate or any internet access/bad connection
 - No computer, only phone

(Vaeth et al., 2017)

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Vulnerable populations: Telehealth solutions

Within a company

- Identify if there are financial resources or transportation vouchers to assist patients
- Inform colleagues of patient technology issues
- Alternate between in-person visits and virtual visits
- Attempt to consolidate in person visits (patient can see all providers at that visit)

Individually

- Engage in case-management with patient → this assists in recovery and relapse prevention
- Conduct job searches together virtually by screen sharing
- Provide patient with handouts and worksheets to do as homework to keep them engaged
- Encourage virtual recovery meetings

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Overall, it is important to take cultural factors into consideration while engaging in substance use treatment with vulnerable populations.

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Pharmacotherapeutic interventions for the treatment of substance use disorders

- Logistics of providing safe, informed, and evidence-based treatment via telehealth
- Highlight treatment options
- Address monitoring concerns for medication compliance and relapse prevention



Please use the Q&A feature to send your questions to the moderator.

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General considerations

- Start with a thorough assessment of symptoms and issues
- Motivation for treatment/change
- Why now?
- Voluntary vs. court-mandated vs. other
- Risk factors for relapse, morbidity/mortality
- Level of care
- Support / Accountability
- Risk of intervening vs. not
- Treat mental health and substance use disorders **CONCURRENTLY**

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General considerations

- Stigma
- Cultural considerations
- Plan for long-term plan of recovery
- COMMUNITY

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Treatment of different substance use disorders

Start with psychotherapy

- Cognitive behavioral therapy (CBT)
- Dialectical behavioral therapy (DBT)
- Motivational interviewing (MI) / Motivational enhancement therapy (MET)
- Family therapy
- Contingency management (CM), positive reinforcement
- Twelve-step facilitation (TSF)

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Treatment of different substance use disorders

- For moderate to severe substance use disorders, may consider medication in conjunction with intensive psychotherapy services (gold standard)
- FDA-approved medication treatment options for the following disorders:
 - Alcohol use disorder
 - Opioid use disorder
 - Tobacco / Nicotine use disorder

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Recovery medications: Alcohol use disorder

- **Naltrexone** (reduces cravings)
 - Opioid Receptor Antagonist
 - Oral and long-acting injectable formulation
- **Acamprosate** (reduces cravings)
 - Modulates GABA_A Receptors and NMDA Receptor Antagonist
 - Dosed three times daily
- **Disulfiram** (reaction)
 - Inhibits Acetaldehyde Dehydrogenase
 - Produces reaction in response to alcohol use/exposure

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Recovery medications: Opioid use disorder

- **Naltrexone**
 - Full Opioid Receptor Antagonist
 - Oral and long-acting injectable formulations
- **Buprenorphine**
 - Partial Opioid Receptor Agonist
 - Oral and long-acting injectable formulations
- **Methadone**
 - Full Opioid Receptor Agonist
 - Must be prescribed at a federally monitored/regulated dispensary

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Recovery medications: Tobacco / Nicotine use disorder

- **Nicotine replacement therapy (NRT)**
 - Patch
 - Gum/Lozenge
 - Inhaler
- **Bupropion**
 - Nicotinic Receptor Antagonist
- **Varenicline**
 - Nicotinic Receptor Agonist

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Recovery medications

- No current FDA-approved medications for the treatment of the following substance use disorders:
 - Cannabis use disorder
 - Stimulant / Amphetamine use disorder
 - Stimulant / Cocaine use disorder

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Monitoring for success

Drug screen testing

- Urine or salivary testing
- Salivary point of care/instant screening during telehealth

Contingency management

- Positive reinforcement
- Rewards for engaging in pro-social activities, negative drug screens, attending appointments

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Duration of medication treatment?

Complex question / issue...Or is it?

- Risk / benefit analysis
- Long-term treatment with recovery medications (buprenorphine, methadone) often yields greater periods of sobriety

FIGURE 1. Trajectories of averaged days of opioid use over 55 months. (Hser et al., 2017)

Duration of medication treatment?

- “Patients should take buprenorphine as long as they benefit from it and wish to continue.”
- Neurobiologically-based medical illness
 - Analogous to diabetes or other medical illnesses

(Abuse, 2019)

Treating co-occurring issues

- **Mental health**
- **Physical**
 - Consider sexually transmitted infections (STIs)
 - Hepatitis B, Hepatitis C, HIV/AIDS
 - Birth control
 - Dental health
 - Nutrition

Utilizing telehealth to build community for recovery

- Virtual meetings
- Improved access to recovery content and support

Please use the Q&A feature to send your questions to the moderator.

Virtual support meetings: Prior to COVID-19

Social network sites

- Exposure to role models
- Explore recovery motivation
- Enhance self-efficacy

InTheRooms.com – 2017 study

- 430,000 registered users as the end of 2016
- Demographics include average age 50.8 years old, female and Caucasian
- Participation evenly divided between once/twice per month, several times a week, and once a week for about 30 minutes per day
- Impact of abstinence

(Bergman, Kelly, Hoepfner, Vilsaint & Kelly, 2017)

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Virtual support meetings: Opportunities

Rapid utilization/acceptance of virtual support communities

- Exploration for individuals in early stages of change
- Reduced some reasons of non-attendance – transportation, time, fear
- Social anxiety
- Trying various community-based groups

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Virtual support meetings: Efficacy

Early efficacy studies

- Discussion platforms – interaction between type of support, participant's role and self-efficacy
- Anonymous online posts –
 - the agony of withdrawal and screaming cravings,
 - psychological roller coaster during withdrawal and recovery
 - use of coping skills and other strategies that help in recovery

(Liu et al., 2020; Mason et al., 2018; Worley & Krishnan, 2019)

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Virtual support meetings: Challenges

Reduced access to in-person support

- Closing of recovery drop-in, peer run recovery centers
- No ability to socialize/connect or get peer support – *"the meeting after the meeting"*
- Feeling a lack of support over zoom
- The inability to fully be present
- *"Doing online meetings are not the same as going to a meeting"*
- 48% reported fear of contracting COVID as top concern over social isolation
- Be cognizant of return or start of other addictive behaviors, such as internet and gaming

Other opportunities for support

- Being a good neighbor

(Covid-19 pandemic, 2020; Sun et al., 2020)

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Five key take-home points

1. Consider adjusting your approach to meet the needs of your patient
2. Conduct in-depth assessments to ensure you are treating the whole person
3. Recovery medications may be appropriate for some mod/severe substance use disorders. Utilize psychotherapy/skills-building concurrently with recovery medications.
4. Drug screening should be viewed as monitoring for success. 😊
5. Involvement in recovery support meetings remain a critical component to treatment and ongoing recovery.

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Resources: Online meetings

How it Works (Chapter 5, Alcoholics Anonymous) https://www.aa.org/assets/en_US/en_bigbook_chapt5.pdf

There is a Solution (Chapter 2, Alcoholics Anonymous) https://www.aa.org/assets/en_US/en_bigbook_chapt2.pdf

More About Alcoholism (Chapter 3, Alcoholics Anonymous) https://www.aa.org/assets/en_US/en_bigbook_chapt3.pdf

The Twelve Traditions of Alcoholics Anonymous https://www.aa.org/assets/en_US/smf-122_en.pdf

A Vision for You (Chapter 11, Alcoholics Anonymous) https://www.aa.org/assets/en_US/en_bigbook_chapt11.pdf

Understanding Anonymity https://www.aa.org/assets/en_US/p-47_understandinganonymity.pdf

Keeping Crosstalk at Bay <https://www.aacle.org/keeping-crosstalk-bay/>

A.A. Internet Guidelines https://www.aa.org/assets/en_US/mg-18_internet.pdf

An introduction to the A.A. Recovery Program https://www.aa.org/assets/en_US/p-1_thisisaa1.pdf

For Newcomers https://www.aa.org/assets/en_US/p-24_newcomerask.pdf

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Resources: Recovery apps

I Am Sober iamsobers.com

Sober Grid sobergrid.com

Pink Cloud gopinkcloud.com

AA Meeting Guide meetingguide.org


SMART Recovery smartrecovery.org/new-addiction-recovery-web-app

Recovery Elevator recoveryelevator.com/sobriety-tracker

Daily Bread odb.org

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Time for questions and answers...



The graphic features two overlapping speech bubbles, one light blue and one dark blue, positioned above the text 'Q&A' in a large, bold, blue font. A yellow horizontal bar is located at the bottom of the slide.

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Where to get additional information...


 <https://www.coronavirus.gov>


 National Institutes of Health
Turning Discovery Into Health
<https://www.nih.gov/health-information/coronavirus>


 <https://www.psychiatry.org/>

 American Society of
Addiction Medicine
<https://www.asam.org/Quality-Science/covid-19-coronavirus>

About the presenters...


Gabrielle Jones, PhD, is a licensed clinical psychologist and clinical supervisor at Rogers Behavioral Health's San Francisco East Bay location who specializes in treating adolescents and adults with mental health and co-occurring disorders.


Sean LeNoue, MD, is a child/adolescent, adult, and addiction psychiatrist at Rogers Behavioral Health in Nashville. In his practice, Dr. LeNoue focuses on the treatment and prevention of co-occurring mental health and substance use disorders in adolescents and adults.


Michelle Maloney, PhD, LPC, CAADC, CRPS, is the executive director of addiction recovery services at Rogers Behavioral Health. Dr. Maloney is a licensed professional counselor with a specialization in addiction medicine and co-occurring treatment among adults and adolescents.

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