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Treating co-occurring mental health and addiction during COVID-19: Considerations for telehealth

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

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ROGERS
Behavioral Health

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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. Explain three factors that need to be considered when conducting telehealth with someone who has a substance use disorder.
2. Identify two increased risks associated specifically with conducting telehealth with substance use disorder population as a result of COVID-19.
3. Identify two reasons for conducting a risk assessment with a substance use disorder patient via telehealth.

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What we'll cover in this webinar

Overview of challenges in treating mental health and addiction disorders during COVID-19

- Substance use disorder stigma
- Virtual intake differences and limitations
- Home environment considerations

Considerations for conducting telehealth treatment

- Evidence-based treatment options
- Logistics of providing care in a virtual world

Challenges treating mental health and addiction disorders during COVID-19

- Isolation and risk for overdose
- Engaging tech-savvy youth
- Drug screening

Assessment of patient needs and risk factors

- Vulnerable populations need extra support now more than ever
- Increased access to substances
- Development of new/worsening mental health and addiction-related issues due to stressors associated with the pandemic

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Overview of challenges in treating mental health and addiction disorders during COVID-19

- Substance use disorder stigma
- Virtual intake differences and limitations
- Home environment considerations

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

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Substance use disorder stigma: Stigmatizing factors to consider

Discrimination

- Ethnic/racial minority discrimination in treatment
  - Consequences vs support
  - Inappropriately discharged from care
- Telehealth specific
  - Translating empathy across a technology platform
    - Research shows that empathy is a mediating factor for treatment success among AA populations
  - Less resources to engage (no computer, no internet access, no video capabilities)
  - Essential worker
  - Financially unable to miss work

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Substance use disorder stigma: Stigmatizing factors to consider

Sexual/gender minority comorbidity of use

- Discrimination of sexual/gender minorities increases substance use in this population
- Programs often do not include comprehensive treatment to meet the needs of this population (ex: treatment may address substance use but ignore concerns specifically related to the LGBTQQI community)
- Telehealth specific
  - Patient may exhibit more difficulty reporting their gender identity
  - Depending on where you are in the country, this question is not a primary factor at intake

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Substance use disorder stigma: Stigmatizing factors to consider

Misdiagnoses due to…

- Clinician level of comfort with treating SUDs
- Perception of "moral defect" instead of medical diagnosis
- Ineffective treatment interventions
  - Lack of adequate assessment
- Telehealth specific
  - Clinicians only have patient report to rely on for initial clinical information
  - Inability to provide assessments, drug testing, etc.

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Substance use disorder stigma: Stigmatizing factors to consider

Seeking treatment (with or without telehealth)

- Less likely to seek treatment as a result of negative stigma
- Less likely to report substance use due to stigma

Stigma leads to poorer health outcomes

- Delay in receiving treatment → increased hospital visits → serious medical conditions (More on this at our next webinar)

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Virtual intake differences and limitations

Traditional intakes

- Multidisciplinary team available (nurse, psychiatrist, psychologist, therapist, dietitian, etc.)
  - Allows for flexibility if assessment takes longer
  - Provides real-time feedback/results if drug tests are administered
  - Beneficial for rapid treatment planning and intervention as needed
- Varying forms of assessment available
- Drug testing
- Protocol for intoxicated patients

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Virtual intake differences and limitations

Virtual intakes

- Specific risks increased due to telehealth
- Time delay for providing patient detoxification medications if patient needs detox
- Less accuracy in assessing if patient is currently intoxicated
  - Higher risk of patient overdose
- More challenging to obtain baseline UTOX screen
- Patient quality of care diminished
  - Time constraints due to other scheduled virtual appointments
  - Less ability to ask someone to let your patient know if you are running behind

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Home environment considerations

Family

- Is there anyone in the home with patient?
  - Possible safety issues
- Do family members in the home use substances?
  - Increased risk of relapse
- Are their children in the home?
- Does the patient have any support in their home environment?

Substances

- It may be more difficult for the patient to remove all substances from the home if there is a family member who also uses substances

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Considerations for conducting telehealth treatment

- Evidence-based treatment options
- Logistics of providing care in a virtual world

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

Q&A

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Evidence-based treatment options: Adults

Pharmacotherapy
- Cognitive behavioral therapy (CBT) and medication management
- Nicotine replacement therapy (NRT)

Cognitive behavioral therapy
- Behavioral interventions focusing on the interaction of thoughts, behaviors, feelings
- Addresses maladaptive behaviors and promotes adaptive behaviors
- Focus on developing coping strategies

Motivational enhancement therapy
- Motivational Interviewing – supplemental intervention utilized to assist patient in realizing their own level of motivation

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Evidence-based treatment options: Adults

Contingency management
- More difficult with COVID-19
- Encourage patients to identify self-care practices that will allow them to be more intentional with their time, while shifting their focus from use to activity

    Examples:
    - giving self a facial
    - trying a new in-home workout routine
    - cooking a dish they like but have not made before

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Evidence-based treatment options: Adults

Community reinforcement approach (CRA)
- Can be more beneficial during COVID to engage other members of the home
- Intended to utilize external supports and improve family relations
- Skill-based
- Therapeutic education system (TES)
    - Computer-based version of CRA

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Evidence-based treatment options: Adults

The Matrix model

- Combines various interventions (peer support groups, worksheets, individual sessions)
- Helpful in telehealth due to the various handouts
- Emphasis on relationship between patient and therapist
  - Therapist acts as a "coach"
  - Encourages patient and assists in building self-esteem/self-worth

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Evidence-based treatment options: Adolescents

Cognitive behavioral therapy (CBT)

- More emphasis placed on building skills and coping strategies other than substance use
- Continue to illuminate relationship between thoughts, feelings, and behaviors

Community reinforcement approach and family training (CRAFT)

- Focus on problem-solving
- Active coping
- Communication skills
- Prosocial engagement (build vocational skills, more family interaction)

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Evidence-based treatment options: Adolescents

Functional family therapy (FFT)

- Engages family members in therapy sessions to increase support
- Utilizes contingency management techniques (helps improve family communication, bonding, and support)
- Facilitates motivation for change utilizing MI

Multisystemic therapy (MST)

- Utilizes natural environments to address substance use in teens
- Encourages teens to utilize their healthy environments for support
  - School, church, someone safe at home, neighborhood, peers

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Logistics of providing care in a virtual world

Abstinence approach

- Difficulty tracking abstinence
  - Depending on the substance a patient is using, it may be out of their system by the time they complete a drug test
  - Make efforts to utilize random in-home testing for most accurate information
- Reduced motivation for abstinence
  - Reduction in ability to engage in out-of-home activities may increase difficulty of remaining abstinent during program
  - Work with patient to create a list of safe activities to engage in that may still be in the home
  - Discuss having them find an accountability partner or have someone in the house assist them with remaining abstinent

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Logistics of providing care in a virtual world

Harm-reduction approach

- Logistics
  - Providing accurate information regarding amount consumed may be more difficult to obtain
  - Focus more on family dynamics, environment, and motivation for use
    - Approach emphasizes change talk more than abstinence
  - Utilize worksheets to have patient track their use
    - In some cases, this can be used as an intervention

Challenges treating mental health and addiction disorders during COVID-19

- Isolation and risk for overdose
- Physiologic effects of stress and substance use
- The cost of substance use
- Engaging tech-savvy youth
- Drug screening

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

Isolation and risk for relapse/overdose

Less structure & accountability

Easier to use substances

Greater challenge to identify substance use

Increased risk for relapse & overdose

Isolation and risk for relapse/overdose

↓ Substance use

Resumed use

↑ Risk for overdose due to reduced tolerance

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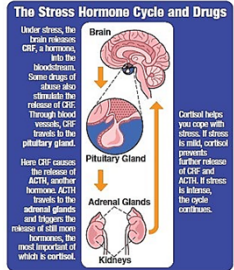### *Isolation and risk for relapse/overdose*

- Interplay between mental health and substance use issues
- Increased stress, anxiety, and depression associated with increased risk for substance use
- Disasters/pandemics affect all members of society

www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/managing-stress-anxiety.html

https://www.nytimes.com/2020/04/07/opinion/coronavirus-mental-health.html

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Physiologic effects of stress and substance use

The Stress Hormone Cycle and Drugs

Under stress, the brain releases CRF, a hormone, into the bloodstream. Some drugs of abuse also stimulate the release of CRF. Through blood vessels, CRF travels to the pituitary gland.

Here CRF causes the release of ACTH, another hormone. ACTH travels to the adrenal glands and triggers the release of still more hormones, the most important of which is cortisol.

Cortisol helps you cope with stress. If stress is mild, cortisol prevents further release of CRF and ACTH. If stress is intense, the cycle continues.

Scholastic & NIDA, 2007.

- Acute and chronic effects of mental health and substance use
  - Cardiovascular system
  - Nervous system
  - Immune system
  - Endocrine system

- Disaster/Pandemic
  - 9/11
  - COVID-19

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The cost of substance use

UN News

COVID-19 causes some illegal drug prices to surge, as supplies are disrupted worldwide

"…Drug shortages are increasing the number of intravenous users who are also sharing injection equipment – all of which carry the risk of spreading diseases like HIV/AIDS, hepatitis C and COVID-19 itself."

https://news.un.org/en/story/2020/05/1063512

NIH National Institute on Drug Abuse
Advancing Addiction Science
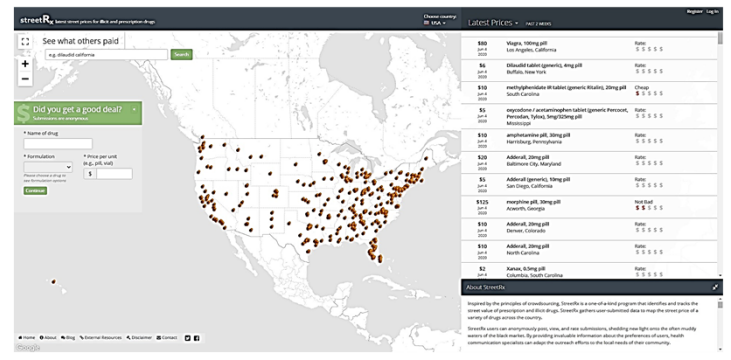
- Substance abuse costs the U.S. over $600 billion annually.

- Incalculable impacts on families, communities.

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Engaging (tech) savvy youth

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Engaging (tech) savvy youth

- Recovery apps
- Contingency management
- Check-ins with text, video chat
- Know the lingo, speak their language

NIDA – Opioid Facts for Teens

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Engaging (media) savvy youth

Many great, free resources available to youth, families, and treatment teams to educate on the harmful effects of substance use.

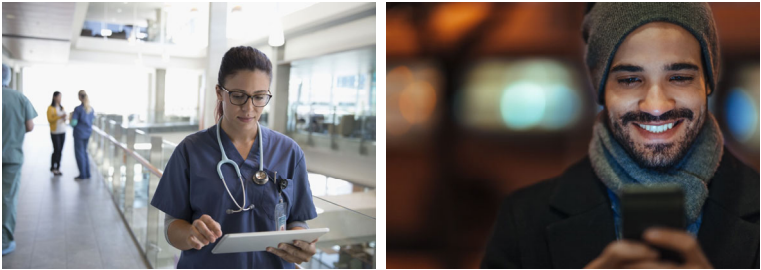drugabuse.gov   drugabuse.gov   drugabuse.gov   samhsa.gov

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Drug screening

- New challenges for drug screening during pandemic
- Consider screening as an opportunity to recognize individual's hard work in recovery
- Relapse is part of recovery
- Consider different methods for screening

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Drug screening

- Urine drug screening oftentimes the preferred method for testing
- Consider partnering with local labs, primary care providers, or other resources during COVID
- Challenges of fidelity monitoring during COVID-19

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Drug screening

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Drug screening

Addiction Professional
THE OFFICIAL NEWS SOURCE OF NCAD

Remote Drug Screening Gains Acceptance During Pandemic

May 22, 2020

Tom Valentino, Senior Editor

The COVID-19 pandemic has forced providers to develop creative adaptations to activities usually conducted in person, from moving group therapy sessions to telehealth platforms to building an onsite grocery store for residential patients.

Add drug screenings to the list services now being conducted remotely.

In late April, the American Society of Addiction Medicine published guidance on patient care in response to the pandemic. Noting that "requiring patients to present to a healthcare facility to provide urine or saliva samples for drug testing may be more harmful than beneficial" given current events, ASAM recommended in its document that substance use disorder treatment providers explore alternatives to their standard operating procedures. This includes pausing testing for low-risk patients, identifying alternative means for obtaining information about medication adherence, and exploring options for drug testing at a distance.

https://www.psychcongress.com/article/remote-drug-screening-gains-acceptance-during-pandemic

- No test is 100% reliable or accurate
- Clinical judgment and rapport remain essential
- Evolving technology
- The future is now

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Assessment of patient needs and risk factors

- Support for vulnerable populations
- Increased access to substances
- Development of new/worsening mental health and addiction-related issues due to stressors associated with the pandemic

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

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Support for vulnerable populations

Telehealth risk assessment

- Vulnerable populations
  - Increased risk of intoxication and need for detox
  - Lack of resources available to provide drug test/screen
    - No transportation
    - Minimal funds due to COVID-19 unemployment
    - Internet access/technology issues
  - What to do in these situations
    - See what your agency has to offer regarding financial support
    - Be flexible with patient, use the phone instead of computer for intakes
    - Identify emergency contact and identify if others are in the home to assist if needed

Increased access to substances

COVID-19 pandemic

- Created deliverable alcohol from restaurants in some states
- Companies like "Eaze" and "Drizzly" conduct home deliveries of alcohol and/or cannabis
- Buying alcohol from the store
  - Higher risk of ""buying in bulk" and having access at home all day every day
- Fewer options for activities
  - Playing sports, attending events
  - Increases likelihood of use due to "boredom"

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Development of new/worsening symptoms due to stressors associated with the pandemic

Mental health disorders

- Depression
  - Home isolation and inability to socialize with others may increase depressive symptoms
  - Increase in alcohol use also increase in depressive symptoms (cyclical pattern develops)
- Anxiety
  - Fear of "getting COVID"
  - Increase in substance use to reduce anxiety symptoms

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Development of new/worsening symptoms due to stressors associated with the pandemic

Substance use disorders

- Increased risk of comorbidity
  - Increase in substance use to manage other mental health symptoms
- Minimal ways to engage with others
  - Virtual happy hours promote connection but increase risk for those with substance use disorders
  - Difficulty with working through technology to participate in community meetings
    - Clinicians can provide resources to patients regarding virtual community meetings and assist patients in working through their technology to connect with other sober groups

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Five key take-home points

1. Support for vulnerable populations is critical
2. Increased access to substances with challenges in detection
3. Development of new/worsening mental health and addiction-related issues due to stressors associated with the pandemic
4. Challenges are opportunities for change
5. Telehealth technologies are the future of treatment

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Time for questions and answers...

Q&A

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Where to get additional information...

https://www.coronavirus.gov

https://www.nih.gov/health-information/coronavirus

https://www.psychiatry.org/

https://www.asam.org/Quality-Science/covid-19-coronavirus

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About the presenters....

Gabrielle Jones, PhD, is a 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.

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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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