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FOR HEALTH SERVICE PSYCHOLOGISTS

TRANSLATING RESEARCH TO PRACTICE

Today's Webinar Will Begin Promptly at 2pm ET

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Helping Clients With Substance Use Recovery Goals During COVID-19

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Please review our webinar guidelines for frequently asked questions:
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1 CE Credit, Instructional Level: Intermediate

1 Contact Hour (New York Board of Psychology)

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Licensed clinical psychologist and professor of psychology at the University of North Carolina Wilmington. Her clinical and research interests are at the intersection of adverse childhood experiences and mental health problems. She is interested in reducing health disparities and targeting developmental processes that foster lifelong health. She is a licensed clinical addiction specialist and has an appointment at Duke University Medical Center. She is a proud member of the NR Board.

Nora Noel, PhD



Professor of Psychology, Licensed Clinical Psychologist (North Carolina and Rhode Island) and a Certified Clinical Supervisor (North Carolina Substance Abuse Professional Certification Board). She teaches courses in the area of drug and alcohol abuse and treatment. She has a special interest in diversity and women's issues in these areas. Dr. Noel does research on alcohol, caffeine and health, supported by grants from the National Institutes of Health. She has numerous peer-reviewed publications and research conference presentations.

Disclosures/Conflicts of Interest

- The presenters have no conflicts of interest to disclose.

Learning Objectives

1. Analyze negative changes related to substance use that are clinically significant during the pandemic.
2. Identify evidence-based assessment and treatment protocols for pandemic-related stressors pertaining to substance use.
3. Describe cultural implications and co-occurring issues pertaining to substance use recovery that may be exacerbated during the pandemic.

References

- Center for Substance Abuse Treatment. (2015) *Substance abuse treatment and family therapy*. Treatment Improvement Protocol (TIP) Series, No. 39. HHS Publication No. (SMA) 15-4219. Rockville, MD: Substance Abuse and Mental Health Services Administration. <https://store.samhsa.gov/product/TIP-39-Substance-Abuse-Treatment-and-Family-Therapy/SMA15-4219>
- National Institute on Drug Abuse. (2018). *Principles of drug addiction treatment: A research-based guide (3rd ed.)*. Bethesda, MD: National Institutes of Health; U.S. Department of Health and Human Services. <https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition>
- Substance Abuse and Mental Health Services Administration. (2018). *Finding quality treatment for substance use disorders*. <https://store.samhsa.gov/product/Finding-Quality-Treatment-for-Substance-Use-Disorders/PEP18-TREATMENT-LOC>
- U.S. Department of Health and Human Services, Office of Minority Health. National culturally and linguistically appropriate services standards. <https://www.thinkculturalhealth.hhs.gov/clas/standards>

Increased Substance Use in Past Year of COVID

- Since pandemic began, alcohol use and other substance use increased in US:
 - Tobacco
 - Marijuana
 - Stimulants
 - Depressants
 - Opiates
 - Other Substances

Increased Substance Use in Past Year

Pandemic-Related Factors

- COVID-related problems with employment
 - Working from Home
 - Underemployment
 - Loss of employment
- Frontline workers during COVID (e.g., health care or restaurant)
 - increased risk, hours, & stress
- Social isolation
 - Less interaction with outside social entities (e.g. religious groups)
 - Loss of stress-relieving activities (e.g., going to the gym, playing music together)

Increased Substance Use in Past Year

Pandemic-Related Concerns

- **Family Concerns**
 - Providing health care
 - Your own health care
 - Worry about loved ones far away
- **Child-care Concerns**
 - Children who are now home 24/7
 - Supervision of child's education
- **Women & Underrepresented Groups**
 - Family / Child factors especially impactful
 - Chronic underemployment before COVID

Increased Substance Use in Past Year

Pandemic-Related Substance Use

- All of these factors/concerns raise risk of hazardous use
 - **Stress & Burnout** - increased
 - **Loneliness** - little social support
 - **Worry** – e.g., loved ones’ health problems, child educational loss
 - **Sadness** – e.g., deaths related to COVID, loss of job/business

Therapists' Concerns About Pandemic Substance Use

- Therapists (might have own stress and burnout)
 - Need to be aware of clients' use
- Substance use can exacerbate
 - Suicidal/homicidal thoughts and behavior
 - Increased impulsivity (“Liquid courage”)
 - Accidents
 - Health neglect (medical care, nutrition)
 - Child or elder abuse/neglect
- Who needs to be assessed for hazardous use?

Working with Clients During COVID Who Already Have a SUD Diagnosis

- Less likely someone notices increased use
 - Less “supervision”
 - Fewer immediate negative consequences
- May terminate or stop attending regularly
 - Loss of connection
 - Difficult to access (even with telehealth)
- MAT might be unattainable
 - Or too expensive / lower priority due to COVID
- Self-Help groups have changed
 - 1) Might be easier to access (video meetings)
 - 2) Less personal interaction
 - 3) Concerns about confidentiality

Working with Clients During COVID

With Another Mental Health Problem

- Hazardous use may start during COVID
- Medications for other problems expensive and less available
- Alcohol, tobacco may be less expensive and more available
- Alcohol use regarded as socially acceptable for stress-relief
- Alcohol use promoted as a replacement for enjoyable activities

Warning Signs and What to Assess for SUD During COVID

- Hazardous use is on a continuum:
 - For some, a small amount of use may be acceptable (e.g., Zoom wine and cheese with others)
 - For others, with even a small increase, risks predominate
 - Use of large amounts (binges) or a steady high use can be problematic
- Illicit substances can become dangerous from a health and legal standpoint

Warning Signs and What to Assess with Telehealth During COVID

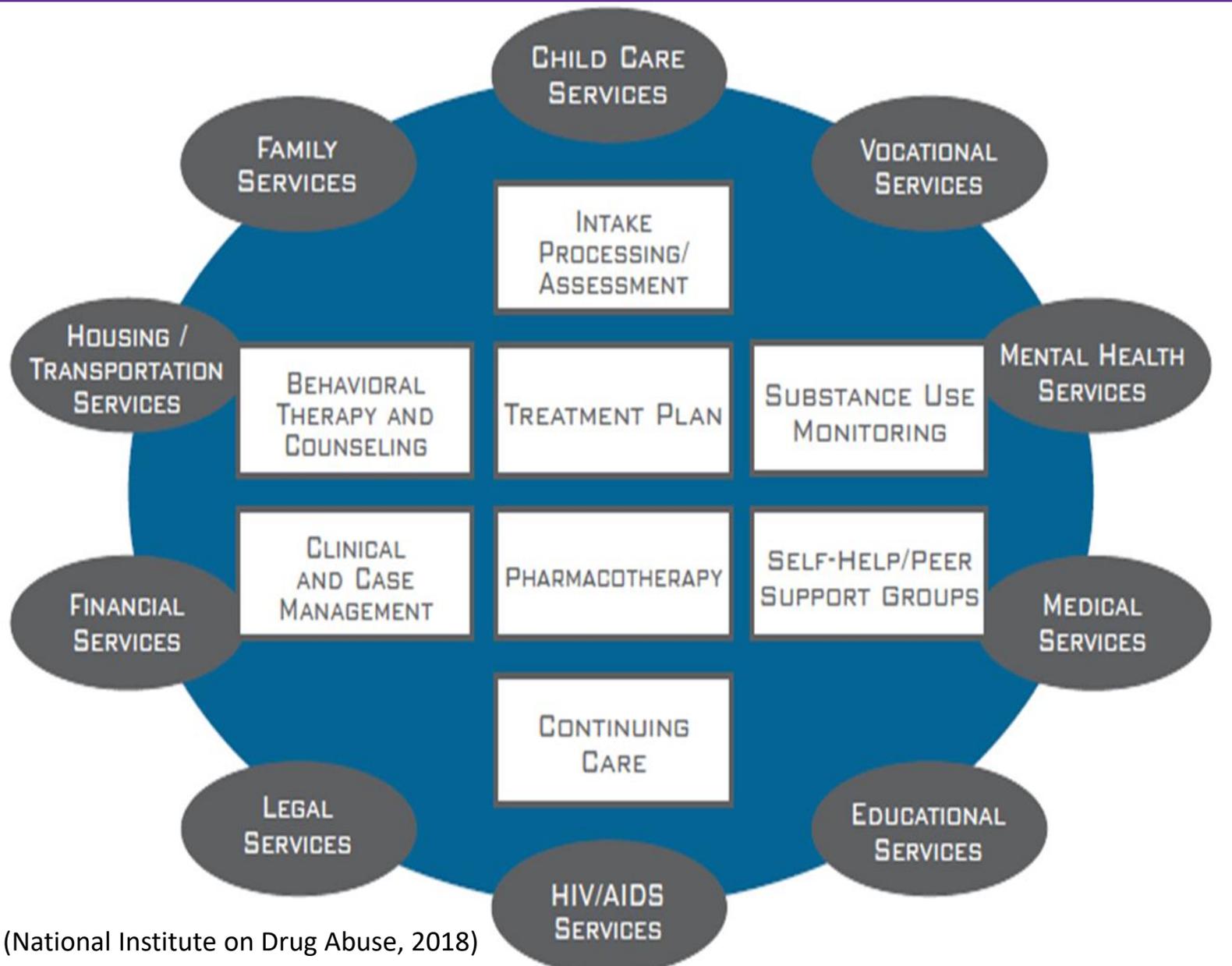
- Self-Reports & Collateral (if available):
 - Heavier use or emphasis of use (attentional bias)
 - Activities limited to substance use (or by substance use)
 - Discontinuance of other medications
 - Increased accidents or anger problem
 - Emotional loss of control
 - Blackouts or cognitive difficulties
- **Clinician observation during session** (even in telehealth)
- Biological evidence (if possible)

Assessments of Amounts Used and Consequences During COVID

- Self-reports can be valid, but requires some skill on the part of the clinician, especially with telehealth.
 - Non-judgmental style
 - Consider confidentiality
 - Orient client and ask permission for reports
- Assess frequently — make substance use assessment routine in telehealth
- Time-Line Follow Back Method for specific amounts on specific days
 - Be careful of specific amounts (use examples)
 - Look for patterns of use

Treatment Considerations

Full Spectrum of Treatment and Services



(National Institute on Drug Abuse, 2018)

What is possible during COVID?

**This is the dawning of
the age of Aquar—
... Harm
Reduction**



Kate Nooner, Lab Photo 2018

Encouraging Virtual Support for SUD Recovery & Prevention

- Empathize with initial awkwardness
- Benefits of virtual vs. face-to-face
- Treatment programs and support have embraced virtual
- Try something new!

Need for Services During COVID & Beyond

- Access to physical necessities
- Medical care
- Mental health and trauma treatment
- Parenting and child development education
- Child care
- Social services, social support
- Family therapy and health education
- Continuing aftercare programming

When SUD Treatment Is Unavailable During COVID

- **Be familiar with care for online options**
 - Substance Abuse & Mental Health Services Administration – hotlines - [samhsa.gov](https://www.samhsa.gov)
- **Provide contacts for virtual 12-step meetings**
 - Smart Recovery – local online meetings - [smartrecovery.org](https://www.smartrecovery.org)
- **While waiting for optimal treatment**
 - Help develop safety plans
 - Plan regular contact
 - Suggest lower/alternate levels of care

Cultural Competency During COVID in SUD Treatment

Culture is central during COVID:

- Race/ Ethnicity
- Age
- Gender / Gender Identification
- Geographical location
- Sexual orientation
- Religion

Positive change with community-based values, traditions, and customs

Culturally Relevant Treatment During COVID

Culturally relevant SUD treatment should:

- Be compatible with roles, values, & beliefs
- Identify and remove barriers to treatment
- Address language needs
- Consideration of access to care
 - Online difficult for many
- Be focused on social unit

(Kim, 2017; Guerrero, 2017; Center for Substance Abuse Treatment, 2014)

Gender-Specific Components

- **Unique Considerations for Women**

- Childhood Trauma
- Domestic Violence
- Childcare Responsibilities
- Co-occurring mental health problem

- **Treatment Model for Women**

- Community support services
 - www.sobermomsquad.com
- Consideration of online access / apps
 - Twenty-four Hours a Day
 - I Am Sober

Post-Treatment Expectations with COVID

- Recovery “one day at a time” – COVID mantra
- Relapse
 - Increased hopelessness / loss due to COVID
- Ongoing support post-COVID
 - Economic, vocational, housing, parenting, medical, and social supports
 - Re-engagement in the recovery process, should relapse occur
 - Supporting recovery

(National Institute on Drug Abuse, 2018)

“Healthy Busy” During COVID for Recovery & Self-Care

- Continue to connect virtually – including meetings
- Expect some restlessness / irritability
- Maintain structure in healthy daily routines
- Practice mindfulness / meditation
- Spend time with animals / pets
- Get outside if weather permits / exercise
- Video chat / phone / *appropriate* social media

Q&A With Drs. Nooner & Noel



- Dr. Sammons will read select questions that were submitted via the Q&A feature throughout the presentation.
- Due to time constraints, we will not be able to address every question asked.