ACCEPT
Addiction & Co-morbid Conditions: Enhancing Prevention & Therapeutics

Agenda

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Session Date: Friday, November 20, 2020

Didactic Topic and Presenter:
Mindful Awareness in Body-Oriented Therapy for Substance Use Disorder

Cynthia Price, PhD,MA,LMT
Research Professor, University of Washington School of Nursing

Content Experts:
Ritu Bhatnagar, MD; Susan Mindock, CSAC; Lindsey Peterson, MS, CRC; Sheila M. Weix, MSN, RN, CARN

- 12:15 PM: Attendance text-in – Introductions
- 12:25 PM: Case Presentation
  - Presenter: Chantelle Thomas, PhD - *Executive Clinical Director for Windrose Counseling/The Manor*
- 1 PM: Didactic Presentation
  - Presenter: Cynthia Price, PhD,MA,LMT
- 1:15 PM: End of Session

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School of Medicine and Public Health
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Project ECHO
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ACCEPT
Addiction & Co-morbid Conditions: Enhancing Prevention & Therapeutics
2020-2022
Rural Perspectives of Substance Use Disorder Treatment and Prevention

Friday, November 20, 2020

Cynthia Price, PhD, MA, LMT – Didactic Presenter
Chantelle Thomas – Case Presenter

Provided by the University of Wisconsin–Madison Interprofessional Continuing Education Partnership (ICEP)

Intended Audience:

Nurses, Nurse Practitioners, Pharmacists, Physicians, Physician Assistants, Pharmacy Technicians, Psychologists, Social Workers, Patient/Caregivers, Students

Objectives:

As a result of this educational regularly scheduled series, learners will be able to:

1. Implement appropriate opioid prescribing and monitoring practices.
2. Effectively participate in office-based, collaborative management of substance use disorders.
3. Consistently provide in overdose prevention education to appropriate patients.
4. Identify the role of medication assisted therapies, such as methadone, naltrexone, and buprenorphine, and contributions of different members of the healthcare team to the management of substance use disorders.

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Ritu Bhatnagar, Planner	No relevant financial relationships to disclose	Yes	4/15/2020
Richard Crawford, Planner	No relevant financial relationships to disclose	No	4/9/2020
Paul Hutson, Planner	No relevant financial relationships to disclose	No	4/9/2020
Susan Mindock, Planner	No relevant financial relationships to disclose	No	4/6/2020

Lindsey Peterson, Planner	No relevant financial relationships to disclose	No	4/6/202
Alyssa Tilhou, Planner	No relevant financial relationships to disclose	No	4/13/2020
Sheila Weix, Planner	No relevant financial relationships to disclose	No	4/6/2020
Cynthia Price, Speaker/Author	No relevant financial relationships to disclose	No	11/10/20
Chantelle Thomas, Speaker/Author	No relevant financial relationships to disclose	No	11/3/2020

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ACCEPT

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Patient Case Presentation

***Please do not attach any patient-specific files or include any Protected Health Information.**

1. Date: 11/20/2020
2. Presenter Name: Chantelle Thomas PhD
3. Presenter Organization: University of Wisconsin-Madison School of Medicine and Public Health
4. ECHO ID: 7660
5. Have you presented this patient during this teleECHO clinic before? ☐ Yes ☒ No

6. Please state your main question for this case: Exploring the ways in which emotional awareness and literacy can be heightened by teaching somatic and internal body awareness while exploring "felt sense" and exploring the impact on future relapse risk.

Patient Demographic Information:

7. Age: 31
8. Sex: Male
9. Education/Literacy: College educated
10. Income source: Firefighter
11. Social Factors/History:

Client is a 31-year old, married, heterosexual male presented to residential treatment for severe alcohol use disorder with co-occurring anxiety, depression, and trauma history. Client has also experienced emotional dysregulation, anhedonia, low mood, intrusive memories, and flashbacks impacting client's social and personal daily functioning resulting in isolation, interpersonal conflict with wife, and maladaptive use of alcohol to cope. Prior to admission primary access point for emotions was anger and identified little to no relationship to sadness and frequently deflected with humor.

Client was adopted at the age of 2 by his parents was in the foster system prior to that. His birth mother was a cocaine addict and he was born addicted to cocaine as a baby, never has had a relationship with birth parents; knows nothing about his birth father. Adoptive father very detached emotionally (never seen him cry).

Client reports symptoms have steadily increased over the last two years since relocating his family to Wisconsin and the birth of his first child. Collateral sources confirm client pulled a gun and was threatening to kill himself the Sunday prior to admission after which his wife asked him to leave the home.

Upon admission, endorsed significant trauma history bullying in childhood/adolescence, being assaulted at gun point during that time, and witnessing the death of a first responder in the line of duty and many other traumatic events related to the line of duty. Scored a 0 on admission on the ACES.

With encouragement from his treatment team, client was able to identify fairly early in treatment that it feels as though a cement column runs from his head through his core and this is what protects him feeling. Identifies specifically that he drinks to numb unwanted feelings and memories. Has begun processing grief, loss, shame, guilt, and sadness with greater regularity.

12. Substance Use History:

He reports he first had alcohol when he was a senior in high school. Reports binge drinking in college when not performing/competing as a swimmer but during his 5th year of college, he began drinking heavily. States he has had periods of sobriety for years at a time but frequently encountered work-related stress which would often lead to drinking to alleviate stress. He was most recently laid off when COVID hit and then hired by his current company and broke his foot. States drinking became particularly heavy when he moved to Milwaukee two and half years ago and that he reached a breaking point two months ago when he broke his foot and was not longer able to work. He reports drinking a 1.75 bottle of vodka every 3 days, this has been his pattern for the last year (approximately 20 drinks per day). Last drink was consumed at 9am the day of admission. Blood alcohol level was recorded upon admission to be .261.

13. Consequences of Substance Use:

- Social/occupational/educational:
  - Yes, Fire-Fighter -they did not know client is in treatment. He is off of work for another 6-weeks with his foot injury. Reports he has never drank on the job. He has been a firefighter since 2008 (part time/on call.)

- Physical (including evidence of tolerance/withdrawal):

Limited withdrawal sx in our setting

14. Interventions that have been tried:

Client reports 1-2 times weekly individual therapy for the last four months (primarily CBT); he was admitted to the hospital in early October, 2020 for detox and could not maintain sobriety post discharge and in fact his drinking escalated post discharge.

15.

Current Addiction and Mental Health-related Medications:	Medical/Behavioral Health Diagnosis:
(prior to entering treatment) sertraline 150mg- depression/anxiety potassium 99mg- electrolyte support midodrine 5mg - vasovagal syncope (currently in treatment) Sertraline (began taper during tx -not currently taking) Hydroxyzine 25 mg PRN	• Vasovagal syncope • Broke ankle two months prior to entering treatment

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Vitamin B1 Melatonin Folic Acid	

16.

Patient Strengths/protective factors:	Risk factors:
• Hard-working, enjoys his work & being of service, motivated to improve his life for the sake of his newborn (18 months old), supportive and stable parental relationships	• Limited resources, significant marital conflict, profound levels of dissociation, alexithymia, limited sober network of social support

17. Labs (as indicated), include summary of urine testing or last urine drug screen results:

No abnormalities in CBC, CMP and regular urine drug screen results negative for illicit substances

18. Patient Goals/Motivations for Treatment:

Wanted to get his family back together and motivated by son (18 month old), wife strongly encouraged him to seek treatment

19. Proposed Diagnoses:

PTSD, Severe alcohol use disorder

20. Proposed Treatment Plan:

Relapse Prevention (CBT)
Mindfulness (self-awareness related to triggers)
Family/couple's therapy
Somatic Experiencing
EMDR
12 step programming

By initialing here _____ you have acknowledged that Project ECHO case consultations do not create or otherwise establish a provider-patient relationship between any ECHO clinician and any patient whose case is being presented in a teleECHO clinic.

DSM 5 Criteria for Substance Use Disorder

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A use disorder is characterized by maladaptive use resulting in repetitive consequences over the previous 12 months. A minimum of 2-3 criteria is required for a mild substance use disorder diagnosis, while 4-5 is moderate, and 6-7 is severe (American Psychiatric Association 2013)

1. Taking the substance in larger amounts and for longer than intended
2. Wanting to cut down or quit but not being able to do it
3. Spending a lot of time obtaining the substance
4. Craving or a strong desire to use
5. Repeatedly unable to carry out major obligations at work, school, or home due to use
6. Continued use despite persistent or recurring social or interpersonal problems caused or made worse by use
7. Stopping or reducing important social, occupational, or recreational activities due to opioid use
8. Recurrent use in physically hazardous situations
9. Consistent use despite acknowledgment of persistent or recurrent physical or psychological difficulties from using
10. *Tolerance as defined by either a need for markedly increased amounts to achieve intoxication or desired effect or markedly diminished effect with continued use of the same amount. (Does not apply for diminished effect when used appropriately under medical supervision)
11. *Withdrawal manifesting as either characteristic syndrome or the substance is used to avoid withdrawal (Does not apply when used appropriately under medical supervision)

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Mindful Awareness in Body-Oriented Therapy (MABT) for Substance Use Disorder

Cynthia Price, PhD MA LMT

Research Professor, UW School of Nursing

Director, Center for Mindful Body Awareness

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Today's Presentation

- Mindful Awareness in Body-oriented Therapy (MABT)
- Research Findings
  - Women in IOP for SUD
  - Men and Women in MAT for OUD
- Integrating a body awareness focus in your clinical work
- Q & A

Interoception

Interoception*

- Processing of sensory input
- Homeostatic function, mostly unconscious

Interoceptive Awareness**

- Conscious attention to inner body sensations

*Craig, A. (Bud). Interoception: the sense of the physiological condition of the body. *Current opinion in neurobiology.* 2003;13(4):500-505.

**Farb, N., Daubenmier, J., Price, C., Gard, T., Kerr, C., Dunn, B., Klein, A., Paulus, M., Mehling, W. (2015). Interoception, Contemplation, and Health. *Frontiers in Psychology,* 6:763.

Teaching and Learning Interoceptive Awareness

Fundamental to mindfulness-based approaches

Not often explicitly taught in mindfulness–based programs

Individualized support often needed to develop interoceptive awareness skills

Reduces dissociation from the body:

- Increases physical awareness (tension/pain/stress)
- Increases emotional awareness
- Increases awareness of link between physical sensations and emotional sensations
- facilitates emotion regulation

MABT

- Involves psychoeducation, touch-based coaching, and mindfulness
- 8 week manualized protocol
- Involves home-based practice

Three Stages

Stage 1: Body Literacy → Identification/Awareness

Stage 2: Interoceptive Awareness Exercises → Access

Stage 3: Mindful Body Awareness Practice → Develop Sustained Attention and Somatic Reappraisal

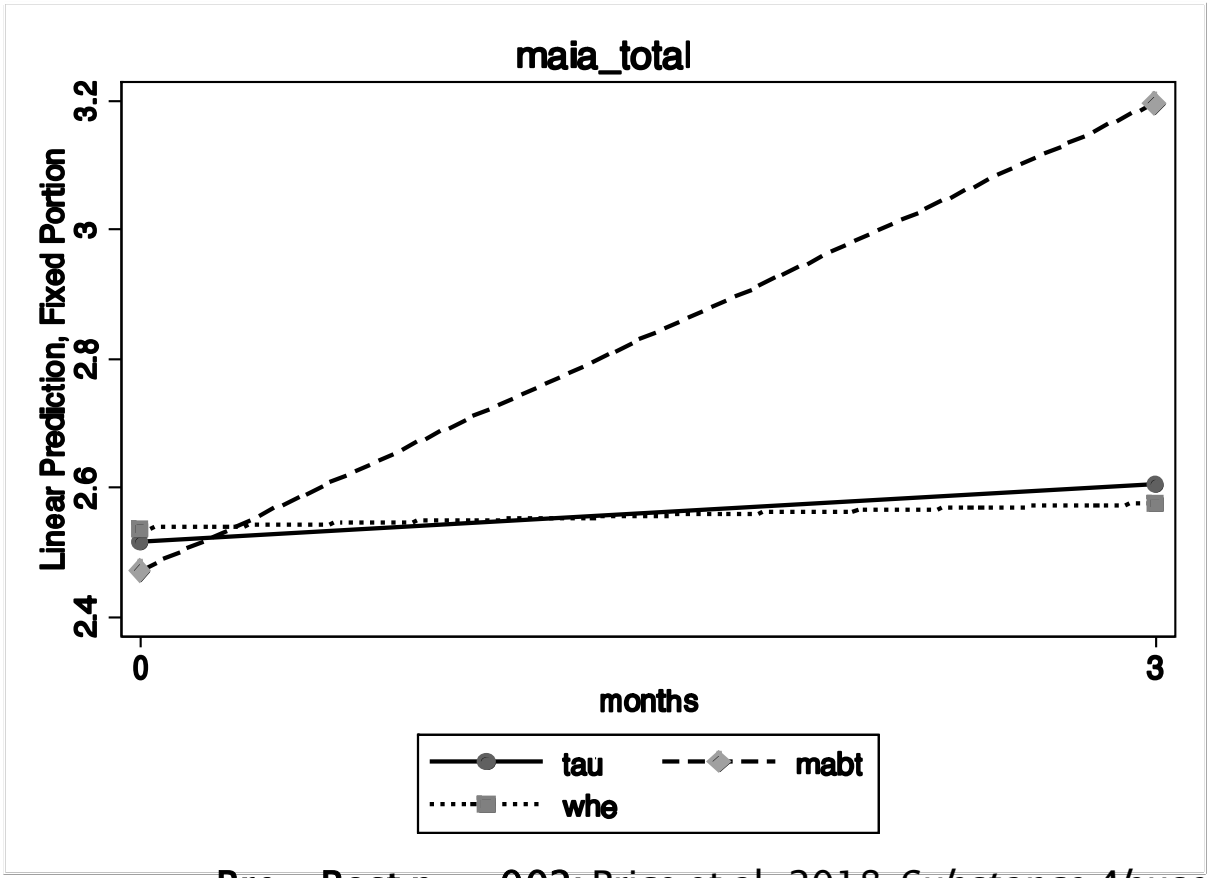
*Price, C. & Hooven. C. (2018). Interoceptive Awareness Skills for Emotion Regulation: Theory and Approach of Mindful Awareness in Body-oriented Therapy (MABT). *Frontiers in Psychology,* 9:798. doi: 10.3389/fpsyg.2018.00798.

Background: How is MABT relevant for SUD?

Negative affect and stress are identified primary risks of relapse post-treatment (McCabe et al., 2016; Sinha, 2007)

Dysregulated emotion is linked to interoceptive dysfunction in SUD and thought to influence negative SUD treatment outcomes (Paulus & Stewart, 2014; Sinha & Li, 2007)

There are high levels of interpersonal trauma (physical/sexual abuse and neglect as children and exposure to violence as adults) among this population. Extensive trauma is often accompanied by disconnection from the body as a way to cope with emotional and physical pain.



Pre – Post p = .002; Price et al, 2018 *Substance Abuse*

Group x Time 0 –12 Months p < .001: Price et al., 2019 *Drug and Alcohol Dependence*

- When I bring awareness to my body I feel a sense of calm
- I can use my breath to reduce tension
- When I am caught up in thoughts, I can calm my mind by focusing on my body
- When I feel overwhelmed I can find a calm place inside

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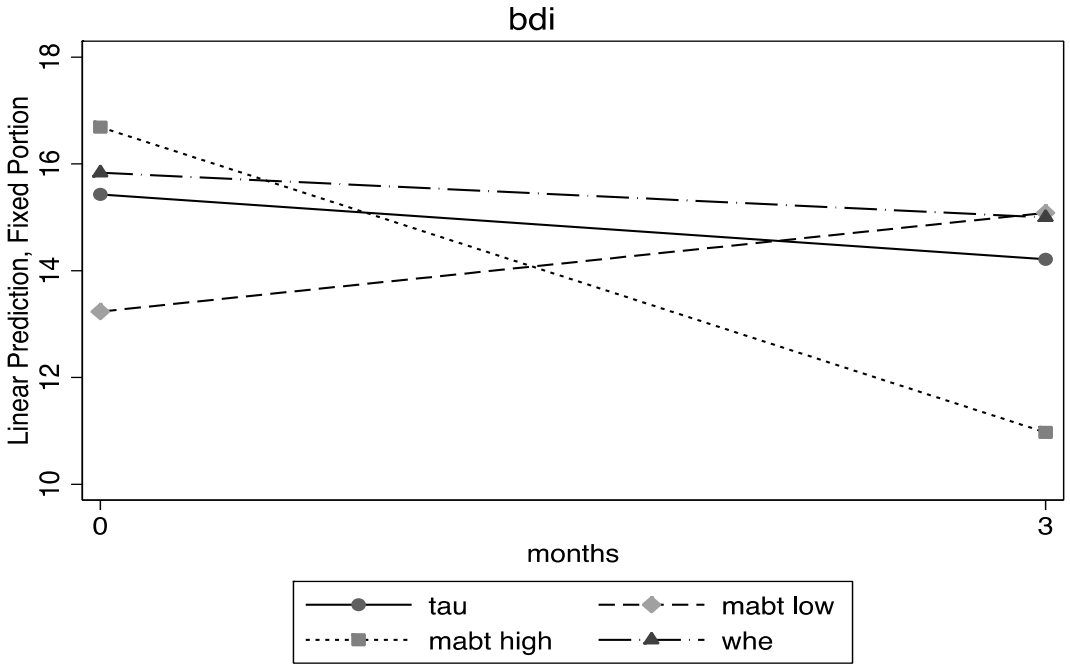
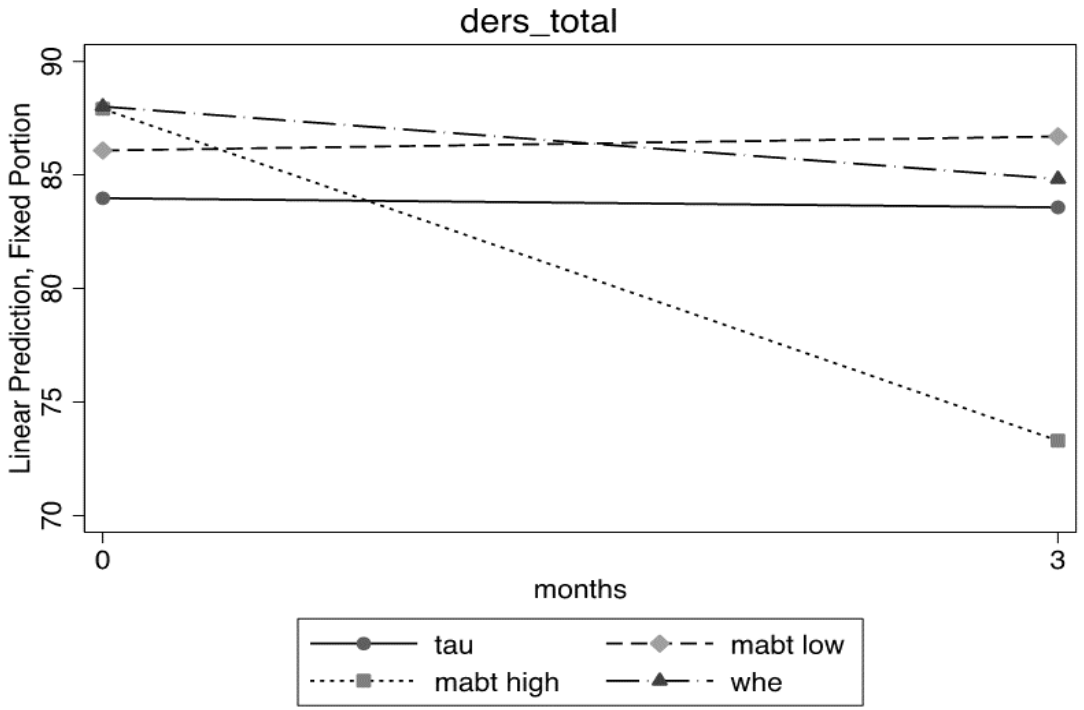
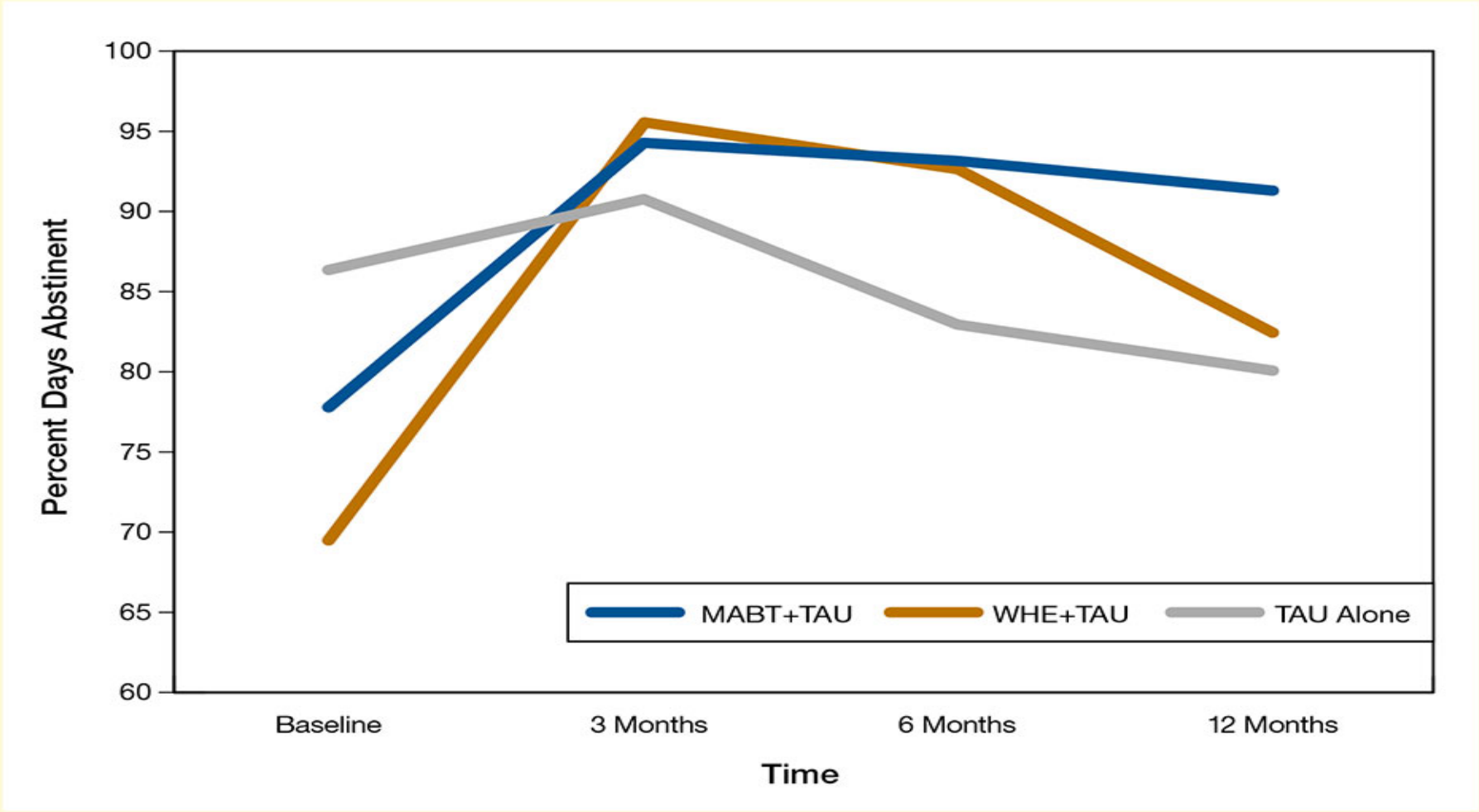


Depresssion (BDI) and Difficulty in Emotion Regulation (DERS): Pre to Post Intervention

Price et al, 2018 *Substance Abuse*

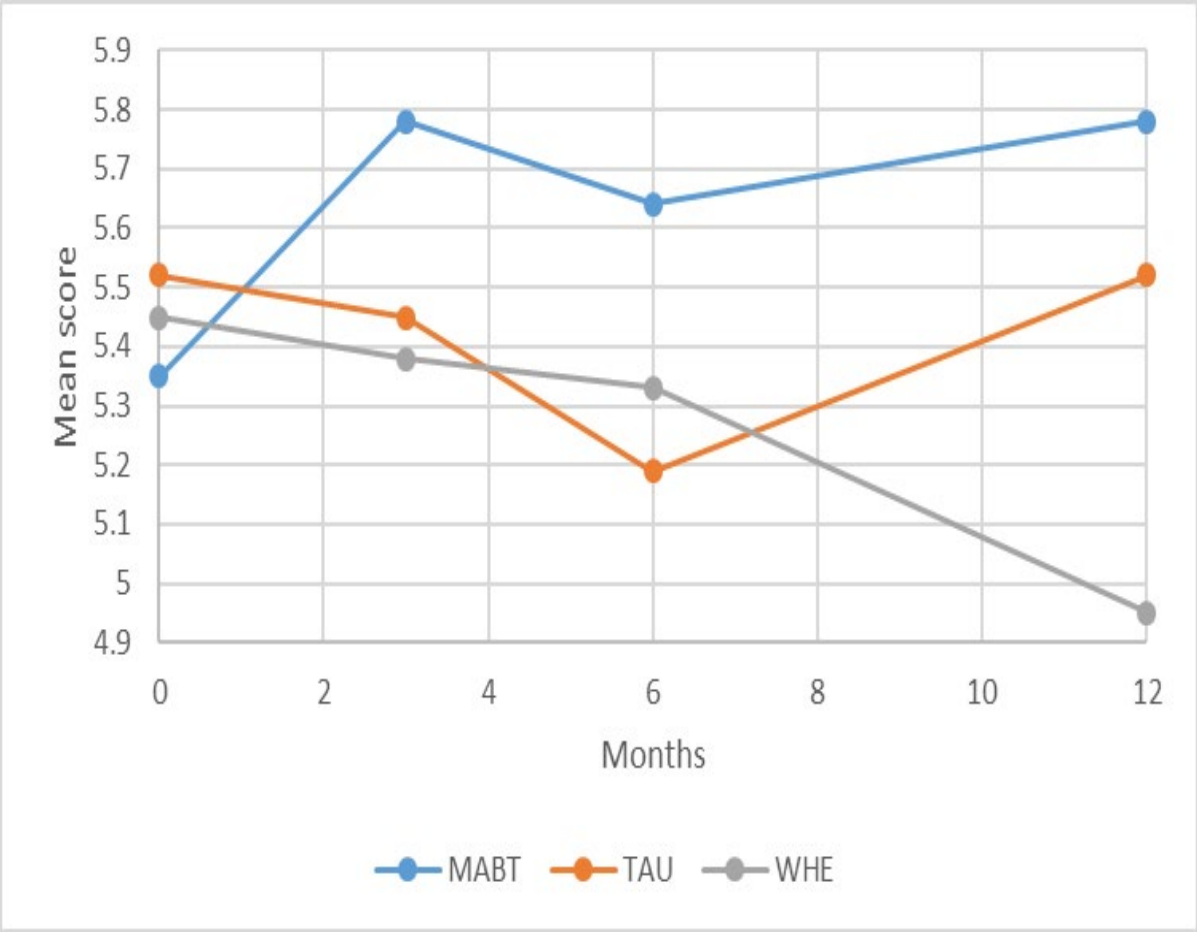


Change in Substance Use Over 12 months (N=187)



Adapted from Price et al. 2019. Permission for use of data provided by Dr. C.J. Price.

Resting RSA : 0 –12 Months (N=187)



Group x Time p=.03

MABT vs. TAU p <.001

Price, Thompson, Crowell, et al., 2019 *Drug and Alcohol Dependence*

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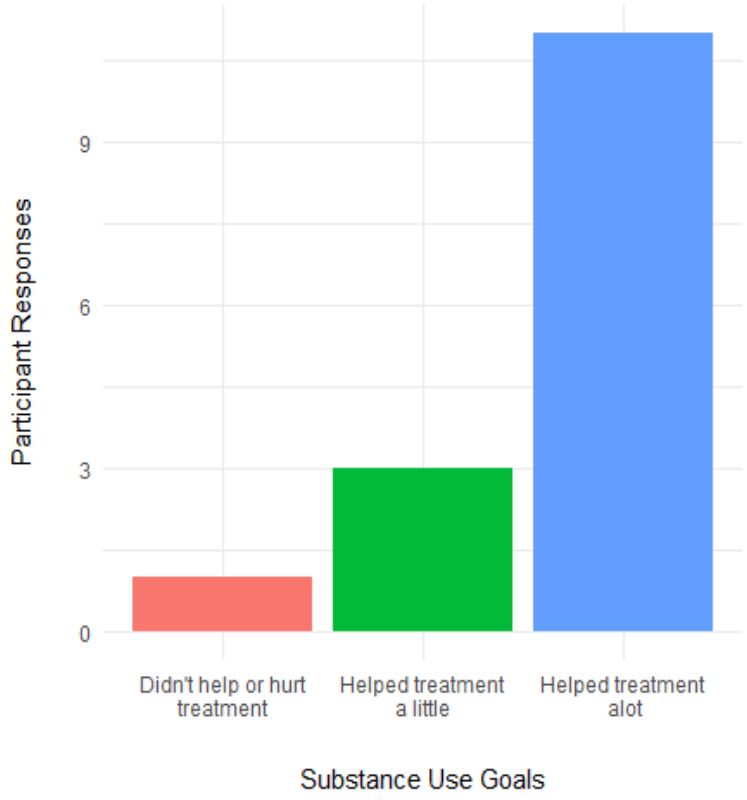
Heal Initiative Study funded by NCCIH: Interoceptive Training as an adjunct to MAT for OUD

- 2 group randomized controlled trail (N = 330)
  - Assigned to usual care or usual care + MABT
- Delivered at community primary care clinics offering buprenorphine for OUD treatment
- Nurse Care Manager Model program
- 2 urban clinics and 1 rural clinic
- Participants followed for 1 year, 5 assessments

- To date: 94 participants enrolled
  - 60% male; 40% female; 50% have chronic pain; median age = 44

Preliminary Data MABT for OUD: Responses from post-intervention survey (n =15)

Did the MABT program help or hurt your treatment, or your ability to meet your substance use goals?



Themes: Impacts on Treatment and Recovery

- Increased capacity to cope with distress, including cravings (5), pain (3) and negative affect (7)
- Feeling better: positive in attitude (2), commitment to recovery (3), and overall well-being (9)
- More self-awareness (5)

Integrating Body Awareness in Clinical Care: What can you do?

- Focus on present-moment experience (emotions, sensations, body awareness) in clinical interactions.
- Guide client in a body scan to promote awareness of internal experience.
- Ask client about how body feels when they express emotional distress (to promote linkages/integration).
- Ask client how they feel emotionally when they express physical distress (to promote linkages/integration).
- Focus on simple sensations in body for grounding/centering (e.g. feet on ground, butt on chair) to help someone calm when they are escalated.
- Suggest take home practices to promote body awareness.
- Refer to class and/or therapist to promote body awareness practice in daily life.