

# Early Recovery: Shifts in Focus

After the Acute Phases of Withdrawal are  
Over

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Opioid  
Response  
Network



**TOGETHER**  
Maine  
Substance Use Disorders  
Learning Community

# Working with communities.

- ✦ The SAMHSA-funded *Opioid Response Network (ORN)* assists states, organizations and individuals by providing the resources and technical assistance they need locally to address the opioid crisis and stimulant use.
- ✦ Technical assistance is available to support the evidence-based prevention, treatment and recovery of opioid use disorders and stimulant use disorders.

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# Working with communities.

- ✧ The *Opioid Response Network (ORN)* provides local, experienced consultants in prevention, treatment and recovery to communities and organizations to help address this opioid crisis and stimulant use.
- ✧ *ORN* accepts requests for education and training.
- ✧ Each state/territory has a designated team, led by a regional Technology Transfer Specialist (TTS), who is an expert in implementing evidence-based practices.



# Contact the Opioid Response Network

✦ To ask questions or submit a request for technical assistance:

- Visit [www.OpioidResponseNetwork.org](http://www.OpioidResponseNetwork.org)
- Email [orn@aaap.org](mailto:orn@aaap.org)
- Call 401-270-5900



# Disclosures

- ✦ There are no commercial or conflicts of interest associated with this webinar to disclose.



# Learning Objectives

After attending this workshop, participants will be able to:

Assist patients with identification of post-withdrawal symptoms and refer for management

Provide patients with education and skills regarding affect management as it pertains to recovery

Address within their scope of practice issues such as overall well being and self care including healthy nutrition



# Definitions

Early recovery: after acute withdrawal symptoms are over

Post acute withdrawal symptoms (PAWS)

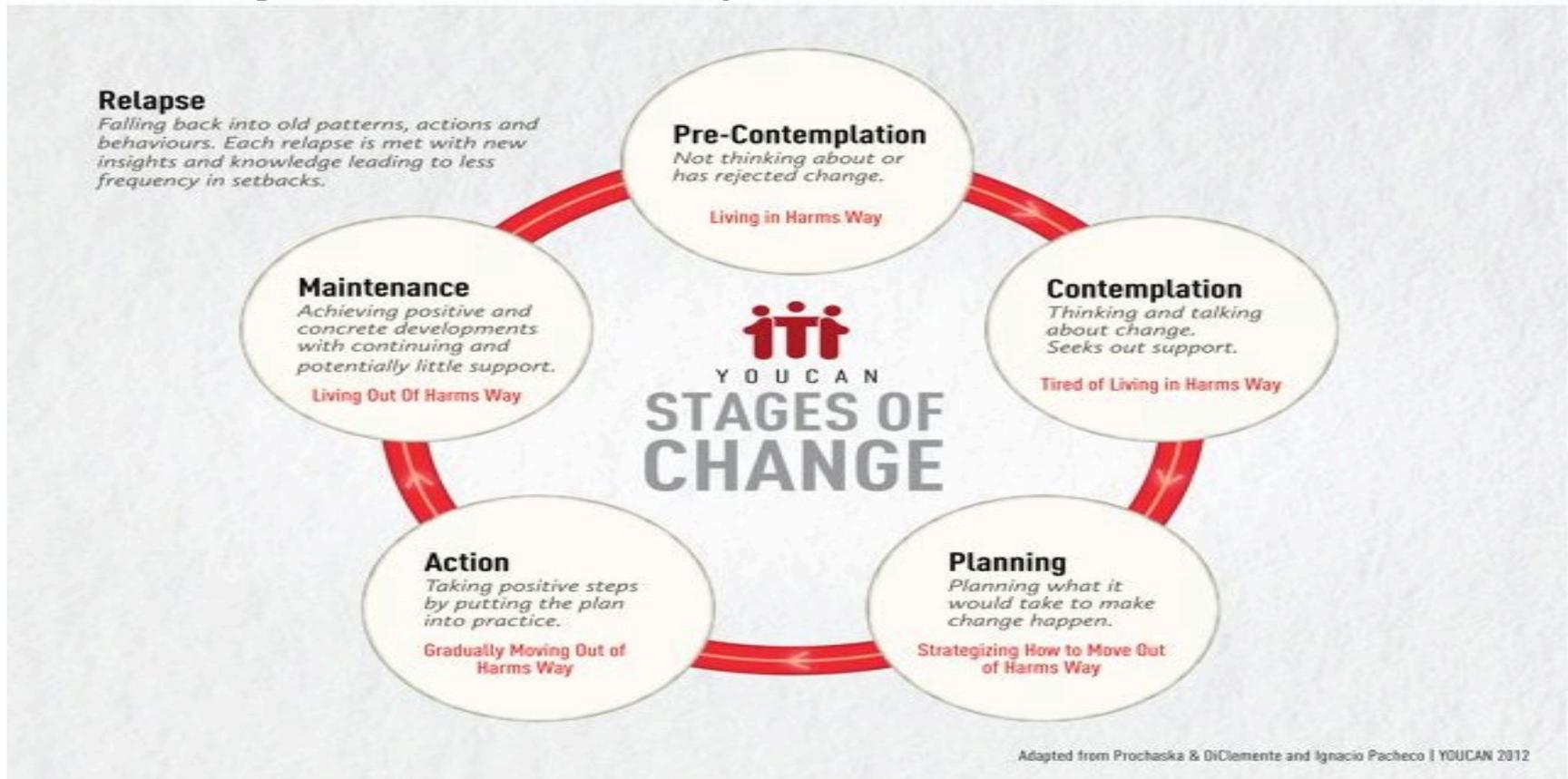
The role of emotional dysregulation in recovery

Addressing Self Care



# Early Recovery

Recovery is a non-linear process



# Shifts in Focus

Once acute withdrawal symptoms are over, the focus of treatment may shift to address other issues:

Other continued substance use

Clearer mental health diagnosis

Broader area of functioning including self care



# CASE I

A patient who came to you for assistance with their opioid use disorder has stabilized on buprenorphine, but continues to use THC and tobacco daily along with weekly snorted cocaine.

Is this person in recovery? How do you address the continued substance use in the face of their having come to you for opioid use only?

Stages of change?



# Management of Ongoing Substance Use

Education

Impairment assessments

Harm reduction

Contingency Management

Motivational Interviewing

Ongoing (re)assessment of mental health conditions

Level of care?\*

\*Mee-Lee 2013



# CASE II

Patient is using methamphetamine regularly but not using opioids.

ADAPT-2 study

\*Trivedi, 2021



# POST ACUTE WITHDRAWAL SYMPTOMS

Not an official medical diagnosis

Cluster of psychological and mood related symptoms that are certainly contributory to return to use

Including anxiety, depression, stress, and sleep complaints.

it is important to understand what the diagnostic terms mean to the patient

Providers can provide ongoing assessment, management and education, find natural ways to cope while avoiding abusable medications

Haskell, 2022 Bondi et al, 2018 Caputo, 2020



# CASE III

Patient who is on 200mg of methadone and complains of severe ongoing withdrawal symptoms including nausea and sweating at night.

No evidence of patient having rapid metabolism.

How would you approach this patient?

What else might be occurring here?



# The Role of Emotional Dysregulation in Recovery

Effects of substance use on the brain can persist for long periods of time

Just wanting to feel “normal”

Triggers can come in a variety of forms and are often not recognized as such

Emotional dysregulation may contribute to cognitive impairments\*

\*Murphy et al 2012



# Approaching Emotional Dysregulation

Dialectical Behavioral Therapy For Substance Abusers (DBT-s)\*

Cognitive Behavioral Therapy

Again, ongoing (re) assessment of mental health conditions and knowing when to refer

\*Dimeff et al 2008



# CASE IV

Patient who carries multiple psychiatric diagnoses and who is on several psychotropic medications complains that since being abstinent from all substances, psychiatric symptoms are worse and that medications are “no longer working”

How would you approach this patient?



# Addressing Self Care

What is self care as we see it vs how our patients understand it?

## Examples:

Nutrition: Basic assessment of patients' understanding of healthy nutrition, bearing in mind their living situation

When might a referral to a nutritionist be needed?

Sleep : Bidirectional situation and related to mental health conditions, as well

Sleep problems can be a trigger for return to use

Non-medication sleep improvement techniques

When to make a referral to psychiatry



# Quick Sleep Tips

## Follow these tips to establish healthy sleep habits:

Keep a consistent sleep schedule. Get up at the same time every day, even on weekends or during vacations

Set a bedtime that is early enough for you to get at least 7-8 hours of sleep

Don't go to bed unless you are sleepy

If you don't fall asleep after 20 minutes, get out of bed. Go do a quiet activity without a lot of light exposure. It is especially important to not get on electronics

Establish a relaxing bedtime routine

Use your bed only for sleep and sex

Make your bedroom quiet and relaxing. Keep the room at a comfortable, cool temperature

Limit exposure to bright light in the evenings

Turn off electronic devices at least 30 minutes before bedtime

Don't eat a large meal before bedtime. If you are hungry at night, eat a light, healthy snack

Exercise regularly and maintain a healthy diet

Avoid consuming caffeine in the afternoon or evening

Avoid consuming alcohol before bedtime

Reduce your fluid intake before bedtime



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# Additional Resources

NIDA CTN DI website: <https://www.drugabuse.gov/nidamed-medical-health-professionals/ctn-dissemination-initiative>

Overdose Prevention Education for Clinicians Treating Patients for an Opioid Use Disorder – Video from NIDA’s Center for the Clinical Trials Network

Screening Tools for Adolescent Substance Use <https://www.drugabuse.gov/nidamed-medical-health-professionals/screening-tools-resources/screening-tools-adolescent-substance-use>

Reducing the Risks of Fentanyl in the U.S.

University of Vermont CORA

[https://uvmcora.org/wp-content/uploads/2021/12/Contingency-Management\\_Resource\\_Guide.pdf](https://uvmcora.org/wp-content/uploads/2021/12/Contingency-Management_Resource_Guide.pdf)

PODCAST on ADAPT-2 Study <https://reachmd.com/programs/cme/evolving-pharmacologic-intervention-for-methamphetamine-use-disorder-a-focus-on-adapt-2/12907/>



# Questions?



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**Thank You  
We Welcome Your  
Feedback**

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