



**RCED
Resource
Training**

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How to Share Resources In A Helpful Way

- Use MI to determine where the participant is on the stages of change.
- Use professional language and try and move them into the action phase.
- Don't have ANY assumptions or judgement of an individual.
- Present ideas that you feel are appropriate using MI.
- **KNOW YOUR STUFF.** Make sure that you are educated about the resources you are about to share. Have the most current information and have phone numbers readily available to hand out or call on the spot.
- Realize that we plant the seed; not everyone is ready on day one.

Get to know and make connections with MH providers who provide assistance in the ED and community

- A. Make sure you are aware of organizations and what services they provide. Remember the names of provider's you work with in the ED. Use your non stigmatizing language ALWAYS'S and act professional.
- B. Stay current on the intake process of provider's so you can let participant's know what to do and what to expect. Provide printed applications or release forms for a resource before an appointment. It shows the individual you know the process and helps the provider save time ; this helps in building relationships and shows your level of professionalism .

Co-occurring issues

- A. Find organization's to work with throughout the state and neighboring states. MOST ED participant's present with co-occurring issues.
- B. Sometimes MH needs to be addressed before any SUD work can be done. Use your ED resources to let the MH professional's do their jobs. Try and stay in communication and become part of the plan for when you will be needed.

As in life we see people from all walks of life. Do your best to understand cultural differences and that often race, gender and class play a role in MH and SUD. Make sure you are the voice against stigma. Help protect this vulnerable population and show them you care.



Mental Health & Intersectionality

Phone calls and Resource Referrals

DAY 1- 10

- Check in using MI to see if there has been a change in what stage the participant is in.
- Use this as an opportunity to connect and check on resources participants have been referred to and check the status of what is going on with those referrals.
- LISTEN day 1- 10 are opportunities to help get an individual any help they may need.
- DAY one referrals are often different than day 10 as people move into the action phase , sustain recovery or you are providing harm reduction.
- Read RDP notes so you know what is going on to continue the conversation's previously had.
- Remember to promote TRSS and RC in the center as well as other resources as individuals start changing. Promote harm reduction to those who continue to lapse. ALWAYS deliver any referral in a POSITIVE professional way. (Do no harm).

HARM REDUCTION IMPORTANCE

- Make sure you know resources in your area for MAT
- Syringe Exchange
- KNOW the names of medications used to treat Alcohol Abstinence. Know who can prescribe as a MAT provider or a PCP. Know side effects and if it is injectable or oral. Make sure you are knowledgeable about medications used to treat Opiate Use Disorder (OUD). Know the differences, side effects and what treatment options look like.

Medication Assisted Treatment (MAT)

Medication-assisted treatment (MAT) is the use of medications in combination with counseling and behavioral therapies, which is effective in the treatment of opioid use disorders (OUD) and can help some people to sustain recovery. (SAMSA)

Methadone- Can be daily dosed at a “clinic” where most often the length of time to get “take home’s” is very specific and can be obtained through specific programming and attendance. This is typically a very long process and takes a certain amount of time per day to attend. Methadone prescribed by a PCP in pill form for pain is not considered MAT, but a pain management routine.

Suboxone in various forms, as you will see on the next page, is usually much easier to obtain and requires a provider or program that have a special “waiver” on their medical license. There are many options and treatment is again provided upon a plan from the program or Dr. whom writes the prescription.

- **Opioid Dependency Medications**

- Methadone, buprenorphine, and naltrexone are used to treat opioid dependence and addiction to short-acting opioids such as heroin, morphine, and codeine, as well as semi-synthetic opioids like oxycodone and hydrocodone. People may safely take medications used in MAT for months, years, several years, or even a lifetime. Plans to stop a medication must always be discussed with a doctor.

- **Methadone**

Methadone - reduces opioid cravings and withdrawal, and can blunt the effects of other opioids. Pregnant or breastfeeding women must inform their treatment provider before taking methadone.

- **Buprenorphine** - Like methadone, buprenorphine reduces opioid craving and withdrawal, and can blunt the effects of other opioids. The following buprenorphine products are FDA approved for the treatment of OUD:

Generic Buprenorphine/naloxone sublingual tablets, Buprenorphine sublingual tablets (Subutex), Buprenorphine/naloxone sublingual films (Suboxone), Buprenorphine/naloxone sublingual tablets (Zubsolv), Buprenorphine/naloxone buccal film (Bunavail)

Buprenorphine implants (Probuphine) Buprenorphine extended-release injection (Sublocade)

- **Naltrexone** - Naltrexone works differently than methadone and buprenorphine in the treatment of opioid dependency. If a person using naltrexone relapses and uses the abused drug, naltrexone blocks the euphoric and sedative effects of the drug it prevents feelings of euphoria.

Aside from medications used for treating alcohol withdrawal syndrome, other meds may be used with recovery programs to help to treat Alcohol Use Disorder.

Disulfiram (Antabuse) Disulfiram inhibits an enzyme used to metabolize alcohol and causes very unpleasant effects when even small amounts of alcohol are consumed. When used as prescribed, to help a person stop drinking, these effects may begin to be felt as soon as 10 minutes after consuming alcohol and include anxiety, headache, flushing of the face, sweating, blurred vision, nausea, and vomiting. Typically, effects can last for 1 hour or more. Through its aversive reaction with alcohol, disulfiram is used to discourage continued drinking behavior.

Naltrexone (Vivitrol, Revia) Originally used in treating individuals with opiate use disorders, naltrexone was approved in 1994 by the FDA as treatment for alcohol dependence. Although the precise way naltrexone works to decrease drinking behavior isn't entirely understood, reports from patients who've successfully been treated with the drug suggest that its effects include reducing the urge or desire to drink, helping them stay abstinent and interfering with their desire to continue drinking if they have a sip of alcohol. Naltrexone may cause liver damage when taken in large doses and should not be given to patients with hepatitis or liver disease.¹³

Acamprosate (Campral) Used alongside counseling and social support, acamprosate is thought to restore a balance in the central nervous system between the glutamate and gamma-aminobutyric acid (GABA), excitatory and inhibitory neurotransmitters, respectively. Acamprosate does not prevent symptoms of alcohol withdrawal and may not be effective in those who have not stopped drinking alcohol, drink it in large amounts, or abuse other substances.

Virtual Recovery Programs Online and Skype

- Alcoholics Anonymous: www.aa-intergroup.org
- Cocaine Anonymous: www.ca-online.org
- In The Rooms: www.intherooms.com
- Marijuana Anonymous: www.ma-online.org
- Narcotics Anonymous: www.na.org/meetingsearch
- Reddit Recovery: www.reddit.com

Check with other Centers to find out when they are holding other types and varieties of recovery meetings online. Many center's offer an online group "Support Group" or several through out the week.

Try and promote local centers efforts to reach those who need support. This will also help you make connections with people at other centers so if a "Warm Handoff" is ever needed you might have a contact person already VS just recommending the center.



Make sure to try and offer basic needs

Don't forget to research states that are close to you, as they often will take VT Medicaid

- Valley Vista Braford 802-222-5201
- Serenity House 802-446-2640
- Brattleborro Retreat 802-257-7785
- Teen Challenge 802-635-7807

Recovery Housing

- This is a very SMALL list of Recovery Housing

Almost every county in Vermont has sober living options. Check your area and make connections to find out about the application process and what the programs rules are and what they cost. Pre-print applications and information about the programs to give out to participants in the ED or in follow up RC meetings and / or refer to in call logs.



Vermont Foundation of Recovery

Lake Street, Saint Albans Men's House

Lincoln Street, Essex Men's House

Suburban Square, South Burlington Women's House

Lyman Ave., Burlington Men's House and Transitional Apartments

87 Elm St., St. Johnsbury Men's House

360 Maple St., Apt 1., Morrisville Women's House

Barre – Coming soon!