



ccsad
Cape Cod Symposium on Addictive Disorders

Wednesday, September 8, 2021

Group A

(Exhibit Hall Opens at 12:30 PM)

2:00 – 3:30 PM Opening Keynote

151A. Can You See Us? Providing Culturally Competent Treatment for Persons of Color

Jessica Isom, MD, MPH & Zina Rodriguez, MSW

Level of Instruction: Intermediate/Advanced

The term, "I don't see color" is often used by individuals to describe their views on diversity but this phrase can be detrimental in therapeutic settings when treating persons of color. The ability for providers to "see" color allows for the development of culturally competent programming and the critical factor of developing a therapeutic alliance. Data shows that racial and ethnic minority groups are more likely to experience limited access and poor engagement in substance use disorder treatment. "Seeing color" allows providers to acknowledge and address the complexity of barriers and issues facing individuals and families in need of mental health and substance use disorder treatment. This workshop provides an overview of the prevalent issues impacting substance use disorders among minoritized communities, present information to help providers to understand cultural issues relevant to treating persons of color and examine how programs can develop processes to monitor and assess efforts to incorporate cultural competency.

4:15 – 5:45 PM Wednesday Late Afternoon Workshops

175A. Transitional Family Sculpting: Empower Clients and Families Through Creativity and Action

Judith Landau, MD, DPM, LMFT, CFLE, CIP, CAI, CRS Supported by Linking Human Systems

Level of Instruction: All

Due to the COVID-19 pandemic, the need for services for behavioral health has increased exponentially. There is a desperate need for action and creativity to counter the many months of feeling trapped and stagnant. Now is the time to help our clients and families gain a sense of control of their lives and environment.

This experiential workshop offers a technique called Transitional Family Sculpting that incorporates the here-and-now, the larger environment/ecosystem, and intergenerational and past influences of the individual and nuclear family. This method provides the springboard from the intergenerational survival strengths of the past into new times with added vigor, understanding, and resolution.

The technique can be used with couples, nuclear families, and extended families (blood or choice) along with their major support systems. It illustrates periods of successful and challenging transitions along with lessons that can be learned from them. It allows for the resolution of Transitional Conflict.

176A. Brainspotting for Trauma Treatment and Resolution

Dianna Sandoval, LPC, LAC, MA Supported by AspenRidge Recovery

Level of Instruction: Introductory/Intermediate

This workshop will introduce clinicians to a brain-based therapy that focuses on trauma treatment and resolution through the field of vision. The premise behind Brainspotting is that "where you look effects your mood". In this workshop therapist will explore the discovery and techniques used in Brainspotting. They will learn the theory and development along with the first four basic techniques for practicing. And will learn the difference between Brainspotting and EMDR as brain-based therapy along with how to integrate talk therapy and other techniques used by clinicians. Finally, clinicians will learn how to be trained as a practitioner and what it takes to become fully certified in this technique.

177A. Improving Treatment Outcome for Formerly Incarcerated Clients in SUD Treatment

Roland Williams, MAC, LAADC, NCACII, SAP, ACRPS

Level of Instruction: Intermediate

The United States incarcerates more people than any country in the world. For decades men and women with Substance Use Disorders have ended up in jails, prisons and other institutions. The impact of spending significant time incarcerated often results in maladaptive personality traits that although necessary to survive in a restricted and often abusive environment become ineffective for those seeking treatment and recovery. Many treatment providers clearly recognize the challenges that this population may present and also are aware that several of the clinical interventions that work with most clients may actually have an adverse response with these formerly incarcerated clients. This population will be presented as a specific culture with unique and recognizable characteristics, and the presentation will stress effective methods for engaging and motivating them. This presentation will allow participants to examine the implications of clinical and cultural considerations in the recovery and treatment process. We will discuss various clinical interventions including but not limited to Cognitive Behavioral Therapy, Motivational Interviewing, Relapse Prevention Counseling and appropriate confrontation that can help achieve positive treatment outcomes and improve client retention. We will examine many of the most common mistakes providers use when working with this population in addition to effective treatment strategies. We will explain the symptoms experienced by formerly incarcerated clients, particularly Post Traumatic Stress Syndrome, Post Incarceration Syndrome, and Institutional Personality Syndrome and how these syndromes can have a significant impact on the treatment process. Participants will have an opportunity to identify their own prejudices and bias as it relates to this population and determine how those bias might affect treatment outcomes. Participants will learn specific cross-cultural counseling techniques that will increase their effectiveness, competence, and confidence. By exploring methods of assisting clients and treatment providers to realign themselves and their practices we will in turn, discuss how to move past the victimization of oppression and into the healing of recovery.

178A. Aligning Clinical Best Practices and Documentation with Managed Care Requirements for Improved Client Care

David Nefussy & Lisa Blanchard, LMHC Supported by Spectrum Health Systems, Inc.

Level of Instruction: Introductory/Intermediate

This is a presentation for both NEW and existing behavioral health providers to provide excellent clinical care and ensure appropriate documentation that supports ethical billing and meets medical necessity criteria. Specific

assessment, progress note, and treatment plan documentation skills and formats will be reviewed. Clear documentation that supports the charges submitted and the services provided ensure coverage in a managed care environment. The topics included are: medical necessity requirements and diagnostic codes; provider education on documentation and billing appropriate codes; documentation skills for assessment, treatment plans and progress notes to support billing; level of care criteria documentation using ASAM criteria in SUD treatment; and avoiding errors in clinical practice that may put you at risk.

179A. Addiction and Trauma Recovery: Through an IPNB Perspective

Anthony Nave, MA, MSW, EMDRIA EMDR Certified Consultant Supported by Mountainside Treatment Center

Level of Instruction: Intermediate

Johann Hari continues to advocate that the opposite of addiction is not sobriety but is connection, like Dr. Philip Flores who views addiction as an attachment disorder. For those who resonate with this viewpoint and work with clients with co-morbid disorders, such as substance use disorder and PTSD, how do you use it as part of your clinical practice? Interpersonal Neurobiology (IPNB) is the field of study that can give practitioners the framework to utilize a variety of interventions at the right time in a client's continuum of care, and the language to help clients find the certainty they can make progress. This workshop will provide an overview of IPNB, how to use the language and ideas to teach clients and families the impact addiction and PTSD have had on the brain, provide treatment teams an understanding of the overlap in treatment, and the appropriate timing of interventions.

Thursday, September 9, 2021

Group A

8:30 – 10:00 AM Thursday Morning Keynote

200A. Comprehensive Pain Recovery

Joseph G. Hobelmann, MD, MPH Supported by Ashley Addiction Treatment

Level of Instruction: Intermediate

Chronic pain is the leading reason for visits to primary care physicians and is associated with a large individual and societal burden. It not only affects one physically, but also emotionally, cognitively, and spirituality. For those with chronic, debilitating pain, comprehensive pain recovery programs have been shown to be effective in improving function and quality of life, in addition to reducing the perceived severity of the pain.

10:45 AM – 12:15 PM Thursday Late Morning Workshops

225A. Buprenorphine Maintenance: Is There an End-Point or is it Life-Long?

James Berry, MD

Level of Instruction: Intermediate/Advanced

Most patients, and many providers, launch buprenorphine treatment with the idea that buprenorphine can be easily and safely discontinued after a period of stability lasting months to years. In spite of most providers cautioning against a too hastily-thought out discontinuation, every month it seems we are faced with another patient insisting on launching a taper for all kinds of reasons: loss of insurance, other financial pressures, employment issues, pressure from family, side effects, stigma, or simply wanting to make a statement about the

progress of their recovery. In this workshop we will review the recommendations and scant literature relating to buprenorphine discontinuation.. We will review steps from induction through ongoing maintenance we can take to ensure realistic expectations for prospects of discontinuation, encourage a risk-vs-benefit discussion, and most importantly, remove barriers to remaining on buprenorphine. Finally, we will discuss specific steps for conducting a successful taper.

226A. Cognitive Behavioral Therapy: Skills Training: PART ONE

David Kahn, PhD, LPC

Level of Instruction: Intermediate/Advanced

Cognitive behavioral therapy has its roots in behavioral and cognitive psychology. It has been the most studied of therapy models and is considered an evidence-based approach for treating both mental illness and substance use disorders. It has been effective as both a stand-alone treatment and in combination with other models such as motivational interviewing, family systems, and trauma-focused models of treatment. This training will provide an overview and direct hands-on training in a variety of specific techniques (e.g. ABC Triangle, Functional Analysis of Substance Use Behaviors, common cognitive distortions/automatic thoughts of those with SUDs, Socratic Reasoning, Downward Arrow technique, Benefit/Benefit Analysis of substance use behaviors, etc.) which the training participant will be able to easily replicate in their daily substance use treatment program.

227A. Healing Families Impacted by Substance Use: The Importance of Education, Support and Connection

James DiReda, LICSW PhD & Maureen Cavanagh, MEd MPA

Level of Instruction: Introductory/Intermediate

This workshop serves as an opportunity to gain skills, techniques and interventions to effectively intervene with families and individuals who are impacted by substance use disorders. This training will provide an in-depth view of substance use disorders, using evidence based practices, systemic family interventions theory, including the CRAFT model as well as interactive experiences, and real life examples from participants. We will engage in professional dialogue to explore the challenges of working with families impacted by substance use. This training is designed for experienced practitioners who currently work with families and want to enhance their skills and expertise in assisting families who are struggling with the challenges that these issues present.

228A. Breaking the Cycle: First responders and Trauma

Anna Lisa De Lima, PhD, LHMC, NCC Supported by Origins Behavioral Healthcare

Level of Instruction: Intermediate/Advanced

The hazards of the first responder's job include exposure to trauma resulting in mental health issues such as PTSD, as well as substance use disorders. First responder wellness can have implications for patients, crews, families, and the community at large. Therefore, it is a social problem. This presenter will explore the realities of trauma exposure among first responders, the challenges of accepting treatment, and the concurrent treatment of cooccurring trauma, mental health, and SUDs. This presented will also consider how COVID-19 impacted first responder wellness. This presenter will share research inspired by her work with the Palm Beach County Firefighters Union. In this role, she witnessed the impact of on the job trauma exposure on firefighters and gained a unique perspective of their culture. She will describe protocols to mitigate the negative outcomes of trauma, promote growth, and increase resilience in first responders.

229A. Advancing Treatment of the Suicidal Patient: Integrative Approaches

Michael Groat, MS, PhD Supported by Silver Hill Hospital

Level of Instruction: Intermediate/Advanced

This workshop will outline the evolution of thinking about suicidality and the research that has been conducted on understanding the suicidal patient (Nock, Joiner, Jobes, Van Orden, Bryan, Linehan, etc.) We will review integrative approach using CAMS (Collaborative Assessment and Management of Suicidality) as a platform to talk about working with suicidality in an integrative, non-theory (i.e., psychodynamic, CBT, etc.) specific way. There will be an introduction to phased work on how we can work with the suicidal patient in ways that both acknowledge and respond to internal conflict (wishes to die vs wishes to live) and deficit (lack of adequate coping responses, or, ego deficits). Discussing how the building of long-term resilience requires the integration of multi-modal approaches, often including family work, community support, individual therapy, and group work.

12:15 - 1:45 PM Thursday Lunch Keynote

250A. If You Want Your Patients to Get Better...: Nutritional Psychology in Behavioral Healthcare

John Dyben, DHSc, MCAP, CMHP Supported by Origins Behavioral Healthcare

Level of Instruction: All

Mental health professionals are keenly aware that there are many factors and domains that influence psychological wellness. We often specialize in one or a few domains and leave the other areas to "specialists". One area where this is often true is the area of nutrition. Some may feel that nutrition is outside of the mental health therapist's scope and should only be addressed by a nutritionist. This workshop will not be a replacement for a trained nutritionist. It will provide a basic program of education and intervention that any mental health professional can provide to their patients to improve brain health through "macronutrient remediation". Participants will be presented with a set of tools that they can provide to patients that will empower them to improve their patient's brain health through nutritional intentionality.

2:00 - 3:30 PM Thursday Early Afternoon Workshops

251A. Behavioral Health Conditions Among Local Jail Populations *Norman*

Hoffmann, PhD Supported by Evince Diagnostics, LLC

Level of Instruction: All

Recent arrestees housed in local jails constitute a population with one of the highest rates of substance use and mental health disorders. Some of the more prevalent conditions are associated with criminal recidivism and violence. This presentation will address how prevalence information can be gathered, strategies for addressing the conditions, and how officials can use the data to inform local policies and initiatives. We will discuss the cooperation between law enforcement and treatment providers to meet the objectives of public safety and public health.

252A. Cognitive Behavioral Therapy: Skills Training: PART TWO *David*

Kahn, PhD, LPC

Level of Instruction: Intermediate/Advanced

Cognitive behavioral therapy has its roots in behavioral and cognitive psychology. It has been the most studied of therapy models and is considered an evidence-based approach for treating both mental illness and substance use disorders. It has been effective as both a stand-alone treatment and in combination with other models such as motivational interviewing, family systems and trauma-focused models of treatment. This training will provide an overview and direct hands-on training in a variety of specific techniques (e.g. ABC Triangle, Functional Analysis of Substance Use Behaviors, common cognitive distortions/automatic thoughts of those with SUD's, Socratic Reasoning, Downward Arrow technique, Benefit/Benefit Analysis of substance use behaviors, etc.) which the training participant will be able to easily replicate in their daily substance use treatment program.

253A. Invisible Loyalties: Uncovering The Transgenerational Impact of Addiction.

Aaron Olson, CMHC, SUDC Supported by Cirque Lodge

Level of Instruction: Introductory/Intermediate

This session will provide clinicians the opportunity to deepen their understanding of the transgenerational transmission of substance use disorders and associated traumas. The various forms of epigenetic, psychological, and spiritual transmission of trauma will be explained to broaden clinicians understanding how these traumas cross generations, impacting individuals and family regulatory behaviors. An interactive demonstration of the use of genograms as a tool for clinicians as they support clients in understanding their families unique experience of substance use and unhealthy coping strategies. The contextual therapy concept of "invisible loyalties" completes the workshop as clinicians demonstrate how unresolved traumas from past generations unconsciously exert influence into the clients world. This understanding will support clients to engage in their treatment in a more compassionate and comprehensive manner, therefore, increasing the likelihood of a more complete treatment experience.

254A. 2020 Workplace Adaptations having a Long-Term Impact

Linda Fensler, MS, CEAP

Level of Instruction: Advanced

We are in the middle of a National Health Crisis that has demanded we minimize face-to-face contact. Necessity breeds innovation, so clinicians and providers are turning to online connections and digital aids to treat individuals with drug and alcohol use disorders.

The presenter will share outcome data, testimonials and recent findings regarding the effectiveness of treatment innovations and recently developed educational tools.

Fensler will analyze digital and online connections and testimonials, to measure effectiveness and ease of use. By reviewing the experiences of patients, treatment centers and interventionists we will measure outcomes, to see how they compare with face-to-face interaction. This presentation will provide a forum to discuss the effectiveness of digital innovations and online methods in the treatment and aftercare of people with substance use disorders.

255A. Families, Trauma, & Addiction: Insights from Medical Family Therapy and Treatment of Chronic Disease

Michael Barnes, PhD, MAC, LPC Supported by Foundry Treatment Center - Steamboat

Level of Instruction: All

What would happen to our treatment outcomes if we were to really treat addiction like the chronic disease that we say it is? This presentation will apply lessons learned from how chronic disease is treated in integrated medical environments, through the lens of medical family therapy, and through the lens of transgenerational and family system trauma theory. The goal will be for attendees to consider the need for a paradigm shift in how families are incorporated into the addiction treatment process. Attendees will learn about the phases of the chronic disease process and the developmental tasks for families in each phase. Dr. Barnes will discuss clinical implications and briefly introduce a family system, family-centered clinical program for treating families who are struggling to deal with addiction. The ultimate goal of this model will be to include the client in family services in order to create family healing.

4:15 - 5:45 PM Thursday Late Afternoon Workshops

275A. Reconceptualizing Internet Gaming Disorder and Gaming Disorder Through Motivation and Cognitive-Behavioral Factors

Ezra Lockhart, PhD ABD, MHlthSc(DD), CAS, CDCS, CAC II

Level of Instruction: Intermediate/Advanced

Strong academic debate calls into question the clinical validity of problematic online gaming behaviors given the APA's proposed Internet gaming disorder and the WHO official gaming disorder. It is postulated that clinical validity is confounded by (a) varied terminology for problematic online gaming behaviors; (b) theoretical underpinnings; (c) misclassification of symptomology; (d) misidentification of predictors; (e) low cross-cultural generalizability, validity, and reliability; (f) multiple non-standard assessment tools; (g) lack of diagnostic relevance; and (h) potential erroneous pathologizing of normal behaviors. Multiple authors have commented on the broader medical, public-health, societal, and rights-based ramifications for not addressing this issue of confounded clinical validity.

This presentation is predicated on the integration of the Online Gameplay Motivations Theory and the CognitiveBehavioral Model of Pathological Internet Use to describe and explicate the complexity by capturing the motivation, maladaptive cognitions, behavioral symptoms, life stressors, exposure to technology, and situations cues that contribute to this phenomenon.

276A. The Evidence for Evidence-Based Trauma Treatment: Whether and When to Modify Treatment Approaches

Jonathan Green, PhD

Level of Instruction: Introductory/Intermediate

Many providers and facilities in our industry conduct a variety of treatments to address trauma and post-traumatic stress disorder (PTSD), from psychodrama to Eye Movement Desensitization and Reprocessing (EMDR) Therapy. While it is important for providers to offer clients treatments that may best fit their particular struggles, problems arise when providers find the need to modify treatment protocols, as there is limited guidance and evidence on how best to make these modifications. This presentation will familiarize providers with those treatment protocols that are evidence-based for the treatment of trauma and PTSD and will discuss the common evidence-based principles seen in all effective trauma treatments. Additionally, this session will help providers to better understand how these evidence-based principles can be integrated into their existing practices. Finally, common myths about popular trauma treatment approaches will be discussed.

277A. Integrating Substance Use Disorder and Eating Disorder Treatment

Mary Anne Roy, PsyD, CCS Supported by Crossroads

Level of Instruction: Intermediate

This workshop will provide participants with knowledge to integrate addiction and eating disorder treatment through a trauma responsive lens. When these disorders co-occur, it is not uncommon when receiving treatment for one disorder for symptoms of the other disorder to increase. The Substance Abuse and Mental Health Services Administration has noted that as eating disorder symptoms increase in severity, so do the number of substances used. Research indicates that 35-40% of clients with a substance use disorder also have a co-occurring eating disorder and 50% of clients with an eating disorder misuse alcohol and illicit drugs. Due to the high rate of commonalities between symptomatology, family systems, trauma and treatment approaches, it is important for healthcare providers to work collaboratively to ensure treatment is integrated. Participants will learn to assess substance use disorders when a co-occurring eating disorder is present, determine appropriate level of care and apply evidenced based interventions.

278A. Improving Successful Outcomes through Implementing Measurement-Based Care

Antoinette Giedzinska, PhD Supported by Sierra Tucson

Level of Instruction: Intermediate/Advanced

Measurement-based care (MBC) continues to gain traction in the behavioral health care industry necessitating therapeutic practices to use objective patient data to track the impact of care and treatment progress. Progress and outcomes data derived through standardized instruments informs treatment goals and objectives, monitors individual progress, and informs decision-making related to individual treatment plans. Such data are also used innovatively to add personalized meaning to patient insight, improvement, and strengthen therapeutic alliance. MBC is key to reducing treatment failure by identifying patients who are not progressing. At the organizational level, aggregated data can provide a repository of progress and outcomes data to further support quality assurance, fidelity management, and practice outreach. This presentation will explore measurement-based care from the theoretical, individual, and systemic perspective, and provide basic how-to steps for successful implementation.

279A. Resolving Resistance through Understanding and Dealing with Ambivalence

Linda Buchanan, PhD, Med, CEDSS Supported by Walden Behavioral Care

Level of Instruction: Intermediate/Advanced

Resistant, Oppositional, Borderline, Unmotivated. We often use such terms to describe patients who, despite expressing a desire to change, repeatedly reject our help. This workshop offers an alternative interpretation of resistance as Pathological Ambivalence (PA) that is rooted in early experience, biological functioning, and psychological narrative. These factors result in the development of strong but conflicting needs (such as wanting connection and fearing rejection) that can slow down, confuse or even halt the therapeutic process. This workshop will offer specific strategies that enable the patient to resolve the ambivalence from within thus minimizing the likelihood that the therapy will become the target of the ambivalence. These include DBT, CBT, ACT, Motivational Interviewing and Narrative Therapy to name a few. Case examples and experiential learning will also be utilized to educate the participants to sidestep power struggles, projections and splitting and to empower clients to resolve ambivalence from within.

Friday, September 10, 2021

Group A

(Exhibit Hall Closes 12:15 PM)

8:30 - 10:00 AM Friday Morning Keynote

300A. Suicide, Depression and Addiction - It's a complicated relationship

Jaime Vinck, MC, NCC, LPC, CEIP Supported by Recovery Ways & Tena Moyer, MD Supported by Sabino Recovery

Level of Instruction: Intermediate

We are in the midst of a global suicide phenomenon. The rise of suicide turns a dark mirror on modern culture and our mental health system. The desperation of so many individuals of all demographics can be hidden behind smiling social media photos and cute emoticons. How do so many who seemingly "have it all" die by suicide? Suicide, depression, and addiction have a very close an interconnected relationship impacting professionals, veterans, musicians, and a myriad of other individuals. Utilizing film and video, we will explore causes, theories, and treatment approaches for those who struggle with suicidal ideations and their family members.

10:45 AM - 12:15 PM Friday Late Morning Workshops

325A. Program-level Barriers to Addiction Treatment Initiation & Engagement: Cutting the Red Tape & Rolling out the Red Carpet

Steven Proctor, PhD

Level of Instruction: Intermediate

Despite increased rates of substance use and overdose deaths, only 10% of Americans with a substance use disorder (SUD) receive appropriate treatment. According to the latest National Survey on Drug Use & Health (SAMHSA, 2020), 40% of people with SUD who do not receive treatment report that they are "not ready to stop using" and another 42% do not receive treatment due to stigma, which underscores the need for greater adoption of harm reduction approaches. Among patients who access care, few remain in treatment for the recommended duration. Strategies to enhance treatment initiation and engagement have traditionally focused on patient-level factors (e.g., interventions designed to "motivate" the patient), and often neglect the critical role that treatment programs and their philosophies play. The extant research literature will be reviewed with a particular focus on programmatic, structural, cultural, and other program-level barriers. Implications for program policies and routine practice will be discussed.

326A. Demographics, Trends, and Assessment of the LGBTQ+ Population

Todd Connaughty, MA, LPCC, LADC, Supported by Pride Institute

Level of Instruction: Intermediate

The session will begin with an overview of the APA Standards of Care to include current acceptable practice of LGBTQ+ terminology and language to build the foundation in learning to provide culturally competent care. This will move the attendees into education and explanation of the minority stress model and the intersectionality's of LGBTQ+ identities. Minority stress and other marginalized identities often lead to higher rates of substance use,

mental health disorders, and trauma within the LGBTQ+ community. Statistics to support the higher rates of cooccurring disorders will be supported by presentation of SAMHSA's 2015 National Study, "Sexual Orientation and Estimates of Adult Substance Use and Mental Health." The current demographics and trends of LGBTQ+ individuals seeking treatment will be reviewed and studied as well as attendees will receive education on the use of a culturally competent assessment specifically created and formed to assess the needs of the LGBTQ+ identified individual.

327A. Disappointment and the Fear of Hope: From Theory to Research

Ross Ellenhorn, PhD, LICSW Supported by Ellenhorn

Level of Instruction: Intermediate

We live in a dangerous age for therapies, in which what was once a form of care that depended on the insight and contemplation of the clinician, has become a set of practices, learned from books. This talk returns us to where the best training happens: shifting the way clinicians think about their clients away from a cluster of symptoms to be fixed by techniques, but as meaning-making animals (which they are). Fear of hope, which has now been scientifically validated, gives clinicians insight into symptoms often categorized as "depression," "anxiety," "fear of failure" and even "attachment disorder." It offers science in service of contemplation, helping clinicians see differently regarding their clients, in a more human-based, rather than pathology-oriented way. This approach to learning and training is invaluable in a world in which clinicians are increasingly treated as mechanics, with set skills aimed to fix particular illnesses. Most specifically, it helps clinicians identify a particular meaning-making process in individuals that appear as lacking motivation or refusing help, and it does so without linking these processes to pathology.

328A. Multiple Pathways To Recovery

Jonathan De Carlo, CAS & Ian Gershman, MBA, MA, CHC, CADC Supported by C4 Consulting

Level of Instruction: Introductory/Intermediate

Recovery is an evolving and individualized journey. For each person, there is a different definition to recovery. Multiple pathways exist, whether we recognize them or not. The term harm reduction denotes the vestige of approaches to recovery other than traditional abstinence-based models. This presentation will focus on discussing progressive and modern approaches to developing recovery from multiple pathways (not just harm reduction). We will present historical definitions to recovery, wherein participants will collaborate to produce a sufficient contemporary definition to recovery. Participants will explore the history of addiction and treatment perspectives on the evolution of multiple pathway practices. Participants will discuss standards of treatment for multiple pathways of recovery and explore how to integrate a multiple pathways perspective into all continuums of care. Considerations from agency level to individualized practice will be addressed to integrate multiple pathways for sustainable recovery.

329A. Medications for Opioid Use Disorder: Benefits, Challenges, and Public Health *Jake*

Nichols, Pharm.D., MBA

Level of Instruction: All

This workshop will identify the clinically relevant pharmacological characteristics of specific medications utilized in the treatment of patients with substance abuse. In addition, the clinical use of buprenorphine and methadone in outpatient treatment of opioid dependence will be discussed. Recent developments of research and Harm

Reduction approaches in the use of Naloxone will be examined. The related topic of pain management in patients receiving buprenorphine, buprenorphine/naloxone, methadone and vivitrol will also be presented.