



Enhance Behavioral Healthcare Through MUSC Family Tree & the MUSC R.E.A.C.H Clinics

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House Keeping Items

Hybrid Attendee's please feel free to utilize the question feature, the chat, or hand raise features during the presentation.

We ask that you wait to unmute to ask questions at the end of the presentation or to comment.

SAMHSA



Today's presenters do not have any financial disclosures but would like to recognize that their salaries and programs are funded through the Substance Abuse and Mental Health Service Administration's Center for Substance Abuse Treatment (CSAT).



SAMHSA's service grants' Notice of Funding Opportunities (NOFOs) are available at www.Grants.gov



While service grants are time limited, they are a great resource to increase treatment access to patients that otherwise may not be able to access traditional therapeutic services due to barriers such as insurance, citizenship, private-pay rates, etc.



Learning Objective

Utilize the MUSC R.E.A.C.H and Family TREE clinics

Understand their eligibility criteria

Referral processes

Broader impact of service gaps in behavioral healthcare in the Tri-County region

Outcomes



Describe connections between Trauma, Substance Use, and HIV



Understand methods to reducing disparities in mental health and substance use treatment and how to promoting equitable access to care



Understand Eligibility Criteria

R.E.A.C.H (adult substance use and trauma treatment)

Family TREE (adolescent substance use and co-occurring trauma)



Understand the evidence-based treatments used in the R.E.A.C.H and FAMILY TREE clinics



Increase Access to Care and Referrals to the MUSC R.E.A.C.H and MUSC Family TREE clinics, ensuring clients are directed to the most suitable services.



College of Medicine

Department of Psychiatry

National Crime Victims
Research and Treatment Center

R.E.A.C.H PROGRAM

- Adults (18+)
- Trauma Tx.
- W/ or W/o SUD
- W/ or W/o HIV

Family Tree Program

- Youth (12-18)
- SUD Tx.
- W/ or W/o Trauma Tx.
- W/ or W/o COD.



What is Psychological Trauma?

Risk Triad: Link Between Trauma, HIV & SUD

"3 E's": SAMHSA's Concept of Trauma



"Individual trauma results from an **EVENT**, series of events, or set of circumstances

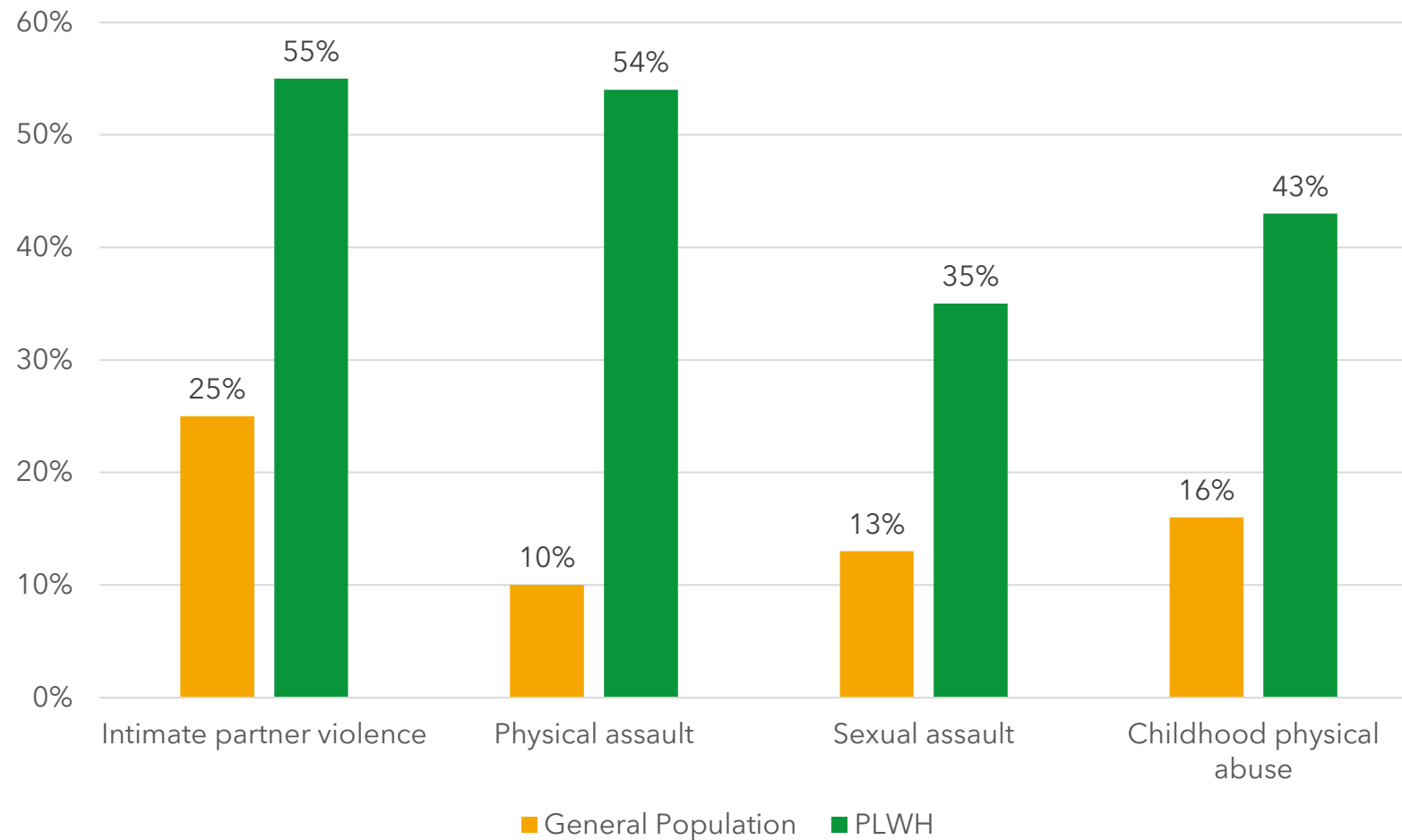


that is **EXPERIENCED** by an individual as physically or emotionally harmful or life threatening



and that has lasting adverse **EFFECTS** on the individual's functioning and mental, physical, social, emotional, or spiritual well-being."

How Common is Trauma in Adults among PWH?



Machtinger et al., 2012
Resnick et al., 1993
Tjaden & Thoennes, 2000

Impact of Post Traumatic Stress

Re-experiencing

Negative thoughts & feelings

Arousal & reactivity

Avoidance

- Avoiding people, places, or things that are reminders



Barriers to Treatment

- **Avoidance**
- **Stigma**
- **Logistical barriers**
 - Transportation
 - Language
 - Financial
 - Childcare
 - Distance to clinic

Trauma & HIV Risk

Trauma Exposure

Increases risk of HIV **Infection**:

- Healthy sexuality
- Power in relationships
- Ability to negotiate safer sex practices
- Number of sexual partners
- Substance use

Trauma & HIV Risk

Trauma Exposure

Affects Individuals with HIV:

- Engagement in care
- Worse medication adherence
- Faster disease progression
- More hospitalizations
- Worse physical health
- Higher mortality (almost 2x)
- Increased Problems related to Substance Use

Stigma and Avoidance

While individual treatment alone does not decrease stigma with HIV.

PTSD treatment may address an individual's misperceptions of perceived stigma, and prevent distress or non-adherence linked with stigma.

Measures of stigma include items that assess personalized stigma, disclosure stigma, negative self image, and public attitudes.



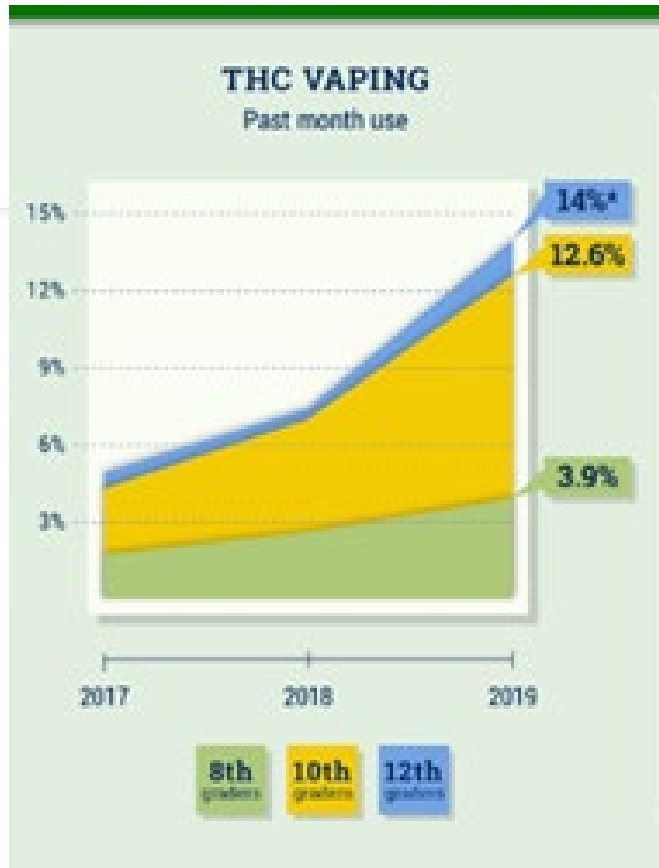


So how does trauma and substance use affect Teens?

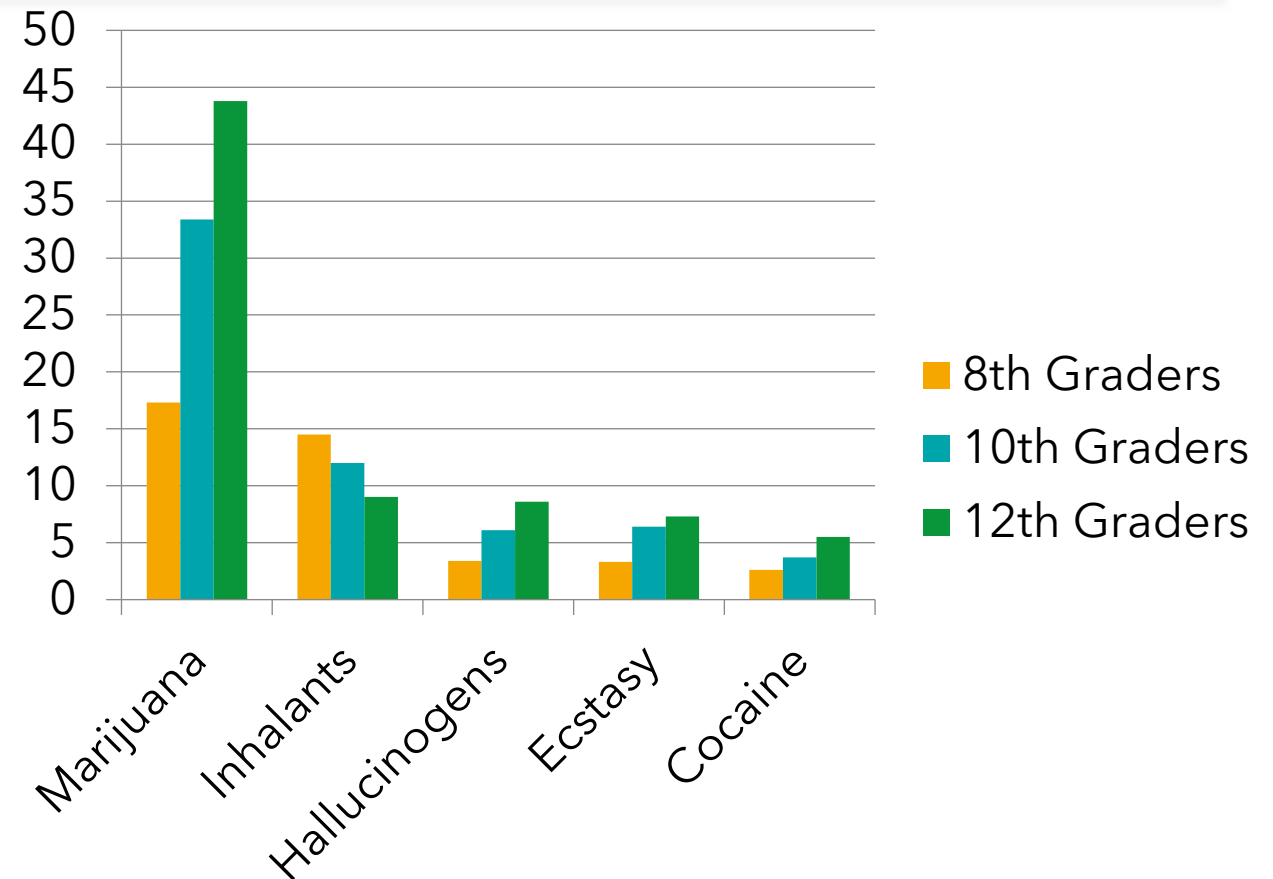
Monitoring the Future (MTF)

- Nationwide school-based survey of substance use-related behaviors completed on an annual basis since 1975
- The 2013 MTF survey encompassed ~41,700 8th-, 10th-, and 12th-grade students in 389 secondary schools nationwide.

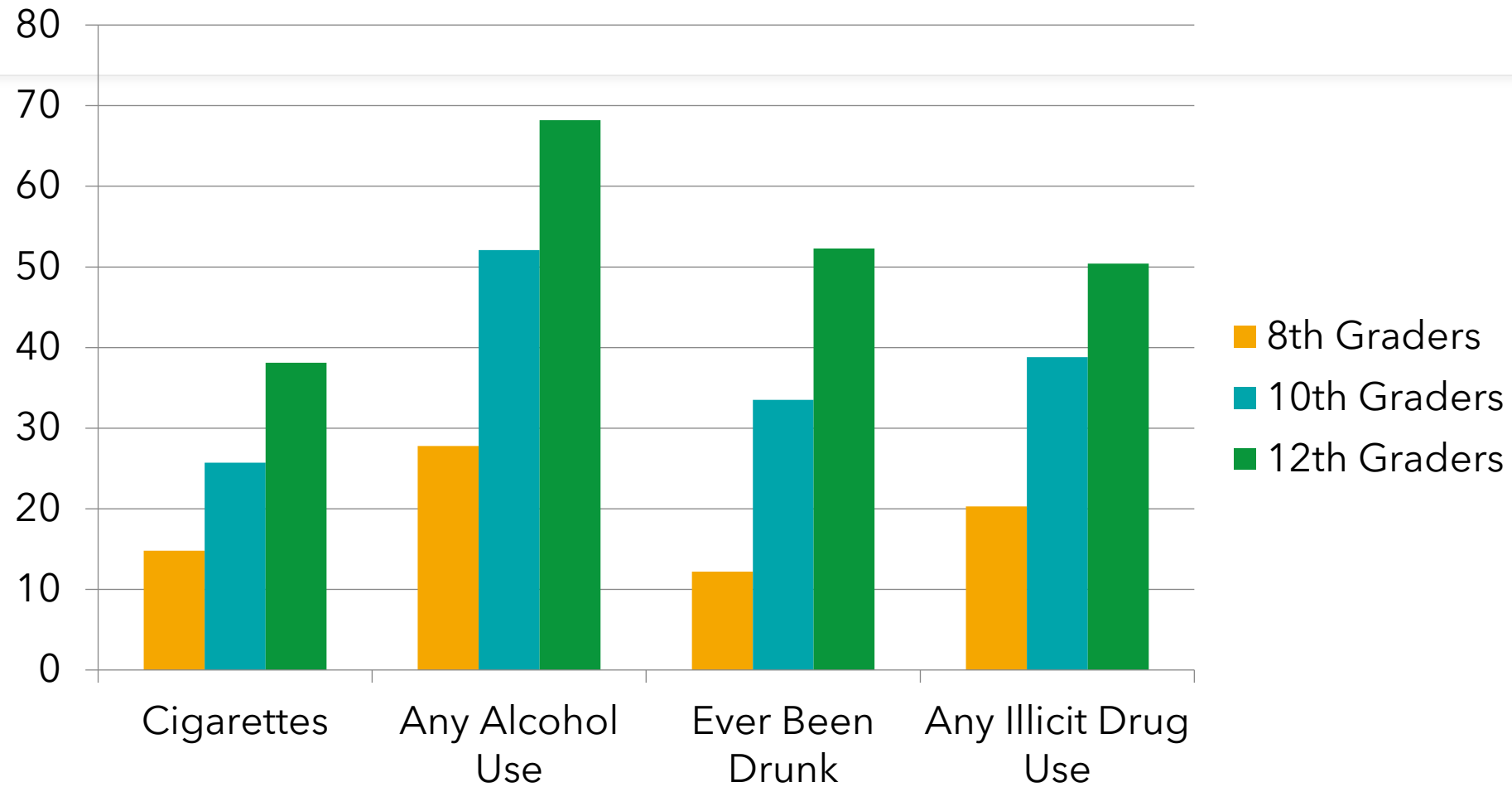
Lifetime Substance Use



***2018 – 2019 INCREASE IS THE SECOND LARGEST ONE-YEAR JUMP EVER TRACKED FOR ANY SUBSTANCE IN THE 45-YEAR SURVEY HISTORY (NICOTINE VAPING WAS THE LARGEST FROM 2017 – 2018)**

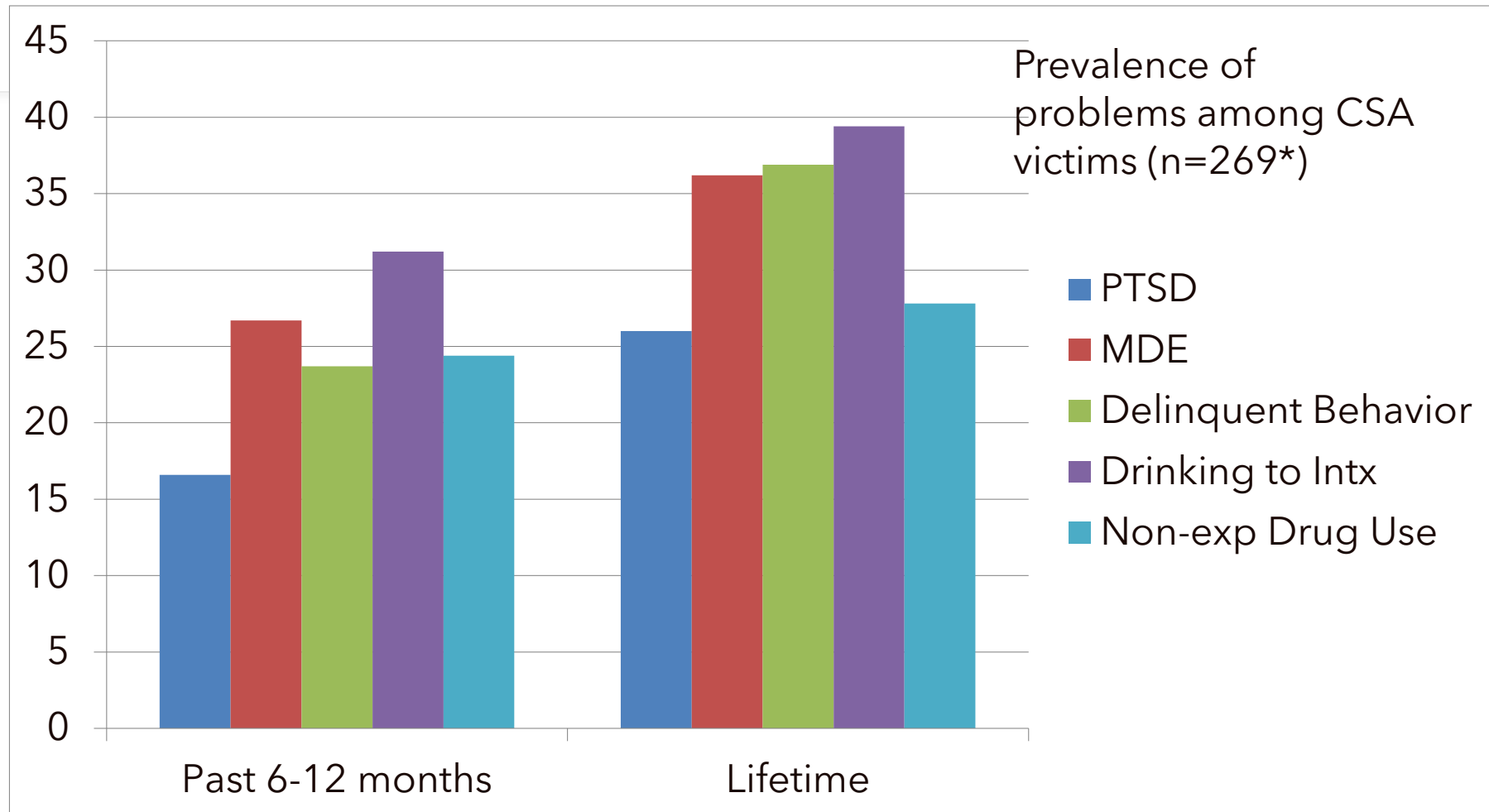


Lifetime Substance Use



Johnston et al., 2014

Outcomes of Child Sexual Abuse (CSA)



*Danielson et al., 2010

Trauma and Substance Abuse

- Child sexual abuse victim: >2x to develop alcohol or hard drug abuse
- Child physical abuse victim: >1.5x to develop alcohol/marijuana abuse
>3x to develop hard drug abuse
- Children who witness violence: >2.5x to report alcohol abuse
4x to report marijuana or hard drug abuse
- Children with PTSD diagnosis: >2x to report marijuana or hard drug abuse

Substance Use Disorders (SUDs) - DSM5-TR

- Larger amounts or for longer than the you meant to
- Wanting to cut down or stop but can't
- Spending a lot of time -- use of the substance
- Cravings and urges, Impaired daily tasks
- Continuing to use, even when problems in relationships
- Giving up important activities
- Using substances again and again, even when dangerous
- Continuing to use, even physical or psychological problems caused or worsened by the substance
- Tolerance (needing more=same effect)
- Withdrawal symptoms

2-3 sxs =mild SUD
4-5 sxs = moderate SUD
6+ sxs=severe SUD

Individual Clinics

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R.E.A.C.H PROGRAM

- Adults (18+)
- Eligibility
- EBI
- How to Refer

Family Tree Program

- Youth (12-18)
- Eligibility
- EBI
- How to Refer

The Family Tree Program Overview

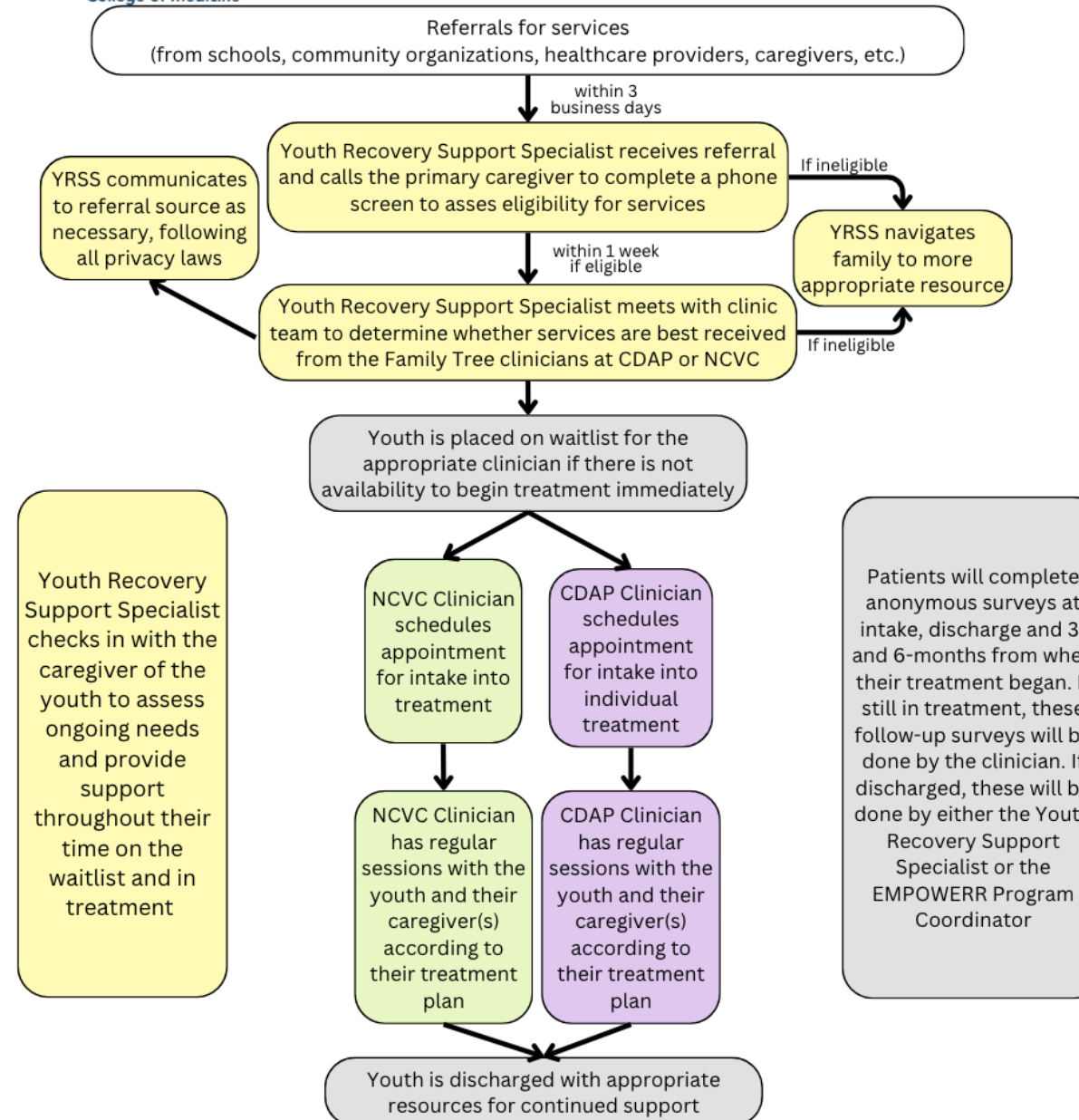
*Substance use
treatment program*

Short-term

Outpatient

*Adolescents
(ages 12-18)*

*With and without co-
occurring mental illness
and/or trauma*



Two Branches of Family Tree

Substance use **with** co-occurring trauma symptoms

- Risk Reduction through Family Therapy (RRFT)
- Treats trauma symptoms and mental health disorders alongside substances use

Substance use **without** co-occurring trauma symptoms

- Motivational Enhancement Therapy
- Cognitive behavioral therapy
 - Treats substance use alongside mental health disorders

Family Tree Team

SUD Clinician + Trauma, Carly Polk, MA, LPC & Erin Bisca, MA, LPC

Meets with youth and children with mild problematic substance use and moderate to severe trauma history.

SUD Clinician, Michaela Buckhannon, LISW-CP (S) & Ciara Robinson, MA

Works with youth and children facing moderate to severe problematic substance use alongside co-occurring disorders (e.g., ADHD, depression, anxiety).

Youth Recovery Support Specialist, Tiarra Deleston

Provides wraparound and recovery support to adolescents and their families.

Program Coordinator, Kayla Visser

Offers programmatic assistance to community partners to support the Family Tree program and manages data for grant-related activities.

Program Director, Carla Kmett Danielson, Ph.D.

Founding Director of the EMPOWER Program and the developer of Risk Reduction through Family Therapy (RRFT)

Modality	Overview	Number of Sessions
<i>Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)</i>	Structured, evidence-based treatment effective in reducing trauma-like symptoms, depression, and anxiety, and it promotes resilience and healthy coping strategies	12 - 16 sessions
<i>Cognitive Behavioral Therapy (CBT)</i>	Evidence-based approach that focuses on the relationship between thoughts, feelings, and behaviors	12 - 20 sessions
<i>Motivational Enhancement Therapy (MET)</i>	Counseling approach designed to help individuals increase their motivation to change problematic behaviors, particularly in the context of substance use based on the principles of motivational interviewing (MI)	4 - 5 sessions
<i>Risk Reduction through Family Therapy (RRFT)</i> <i>MUSC's Own Dr. Carla Danielson</i>	This model emphasizes the role of the family in supporting recovery and mitigating risk factors associated with substance use and trauma	12 - 20 sessions
<i>Substance Misuse Education</i>	Informs individuals, families, and communities about the risks and consequences associated with substance use.	



Treatment

RRFT is **not** intended for:

- No known trauma history or substance use
- Severe cognitive disabilities
- Severe, acute psychiatric conditions
- Lack of support systems

RRFT is intended for:

- Experience traumatic event(s)
- Co-occurring mental health issues
- Past or current substance use
- Other risky behaviors

What makes us unique?

Meeting the Clients Needs

- Grant-funded
- Eliminating barriers
- Interpreter services

Making Referrals

- <https://redcap.link/familytree>
- QR Code at the end

What is the R.E.A.C.H Clinic?

- R.E.A.C.H stands for **R**esiliency, **E**ngagement, **A**ccess for **C**o-occurring **H**IV/SUD/PTSD.
- The R.E.A.C.H Clinic will help address mental health care disparities in our shared patient population through trauma/substance use screening, and more importantly, provision of outpatient PTSD and/or co-occurring Substance Use Treatment as well as related HIV care as needed (e.g. referrals to Pre-exposure Prophylaxis (PrEP), HIV testing, and Post-exposure prophylaxis (PEP)).

Why is R.E.A.C.H Necessary?

- A Community Needs Assessment was conducted and various barriers of care were identified including:
 - **Transportation**
 - **Language**
 - **Financial**
 - **Childcare**
 - **Distance to clinic.**
- *Approximately 11.9% in SC are without health insurance, higher than the national rate (10.1%), with more individuals living in poverty (15.3%) compared to the US (12.7%). SC has been labeled in the EHE (End HIV Epidemic) priority jurisdictions, ranking the 9th highest incidence and 12th highest prevalence rate of HIV in the U.S..*



Addressing Barriers

- R.E.A.C.H is fully grant-funded by SAMHSA and therefore there is **no cost** incurred by clients.
- R.E.A.C.H utilizes MUSC's interpretation services to ensure that language is not a barrier to treatment.
- Clinicians offer therapy in office, in the community, or via telehealth.
- Clinicians also offer evening appointments to clients.
- R.E.A.C.H works with community partners such as MUSC ID, Roper RW, MUSC Women's Clinic, and DPH to get clients access to HIV/STI testing and care if needed.

Who should be referred to R.E.A.C.H?

- Adults
 - Experienced trauma
 - Mild – moderate substance use
 - Have HIV or are at increased risk for contracting HIV.



REACH Clinic Team

- Program Director – Dr. Cristina Lopez, Phd.
- Program Coordinator – Shalamar Boyd
- Program Evaluator
- Post-Doc Intern
- Clinician(s)
- Clinical Supervisor

R.E.A.C.H Clinic Flow

- Program Coordinator receives referral and reaches out to client to schedule a 45–60 minute phone assessment.
- Program Coordinator reviews phone assessment with the Clinical Team who decides the client's appropriateness for the clinic.
- Appropriate for Services
 - PC reaches out to client schedules SBIRTs and Consents
 - Forwards documentation to Clinician for intake to be received
- Clients are ineligible we commonly refer to a more appropriate provider

Ineligibility for REACH services

- Medicare
 - Although clients do not pay for our services, because we are federally funded, we cannot see Medicare clients. Medicaid, private insurance, or no insurance is okay.
- No trauma
 - Client does not endorse a trauma. Even if they engage in problematic substance use or have sexual health needs, our evidence-based treatments are for trauma symptom reduction
- Severe substance use
 - Clients that need inpatient or medication assisted detox are inappropriate as we are unable to provide that level of care.
 - Clients with mild to moderate use who are unwilling to agree to abstain from using at least 2 hours prior and 2 hours post treatment session.
- Distance
 - Although we provide telehealth treatment, if there are safety concerns, distance may make a client ineligible.

Eligibility Example

Client A

- Black Heterosexual Female aged 35
- HIV- / has had multiple STIs
- Occasionally drinks alcohol
- Trauma: DV survivor

Client B

- White Homosexual Male aged 50
- HIV+ / medication adherence
- Daily meth user
- Trauma: HIV diagnosis & homelessness

Modality	Overview	Number of Sessions	Practice in Between?
<i>Cognitive Processing Therapy (CPT)/CPT-Life Steps</i>	<p>Focuses on trauma and/or HIV experiences rather than discussing details of trauma (no trauma narration)</p> <p>Life-Steps: help you manage medication and appointments related to HIV care</p>	12: 60- 90 minute sessions	Yes
<i>Prolonged Exposure (PE)</i>	Focuses on tackling avoidance related to trauma through talking about the trauma (imaginal exposure) and completing tasks outside of session to address avoidance (in-vivo exposure)	8-15: 90 minute sessions	Yes
<i>Concurrent Treatment of PTSD and Substance Use Disorders Using Prolonged Exposure (COPE)</i>	PE but with substance use components in each session	12: 90 minute sessions	Yes
MUSC's own Dr. Sudie Back			
<i>Written Exposure Therapy (WET)</i>	<p>Focuses on trauma through 30 minute writing sessions about the trauma experience</p> <p>Adaptions for HIV: writing a narrative on contracting HIV or knowledge of positive result</p>	5: 60 minute sessions	No



Wrap Up

- Outcomes – symptom reduction for clients
- Reach Clinic
 - Operating for less than one year
 - Received 97 referrals
- Family tree clinic
 - Operating for four years
 - Received 308 referrals

How to Refer? **Questions?**

R.E.A.C.H

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FAMILY TREE

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