

# How CSBs and DVS Programs Can Help Each Other

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# What I Plan to Cover

- Overview of behavioral health (mental health and substance use disorders)
- Correlation between trauma and behavioral health concerns
- Screening, Brief Intervention and Referral
- CSB services and how to access them
- Helping your clients get the services they need
- Your Questions

# Behavioral Health Problems

- Mental health, substance use and intimate partner violence affects individuals from all walks of life - regardless of their age, income level, social status or education
- Women affected by one of these problems (substance use, a mental health disorder or domestic violence) are at increased risk to experience the others
- Poverty, lack of education and other social factors, place individuals at greater risk to experience behavioral health problems and /or have fewer resources to cope with them.

# Women Who've Experienced DV May Have Multiple Problems

- Mental Health Disorders
- Substance Use Disorders
- Co-Occurring Substance Use and Mental Health Disorders
- Experiences of Trauma
- Traumatic Brain Injury
- Developmental Disabilities



# Behavioral Health Data

## Domestic Violence

- Nearly 25 % of women have been raped or physically assaulted by a partner during their lifetime - American Psychiatric Association
- Each year approximately 1.5 million women are affected by Intimate Partner Violence (IPV) - CDC.

## Mental Health

- 13.4% of women experienced serious psychological distress in 2007 (National Survey Drug Use and Health (NSDUH), Dec 22, 2008)

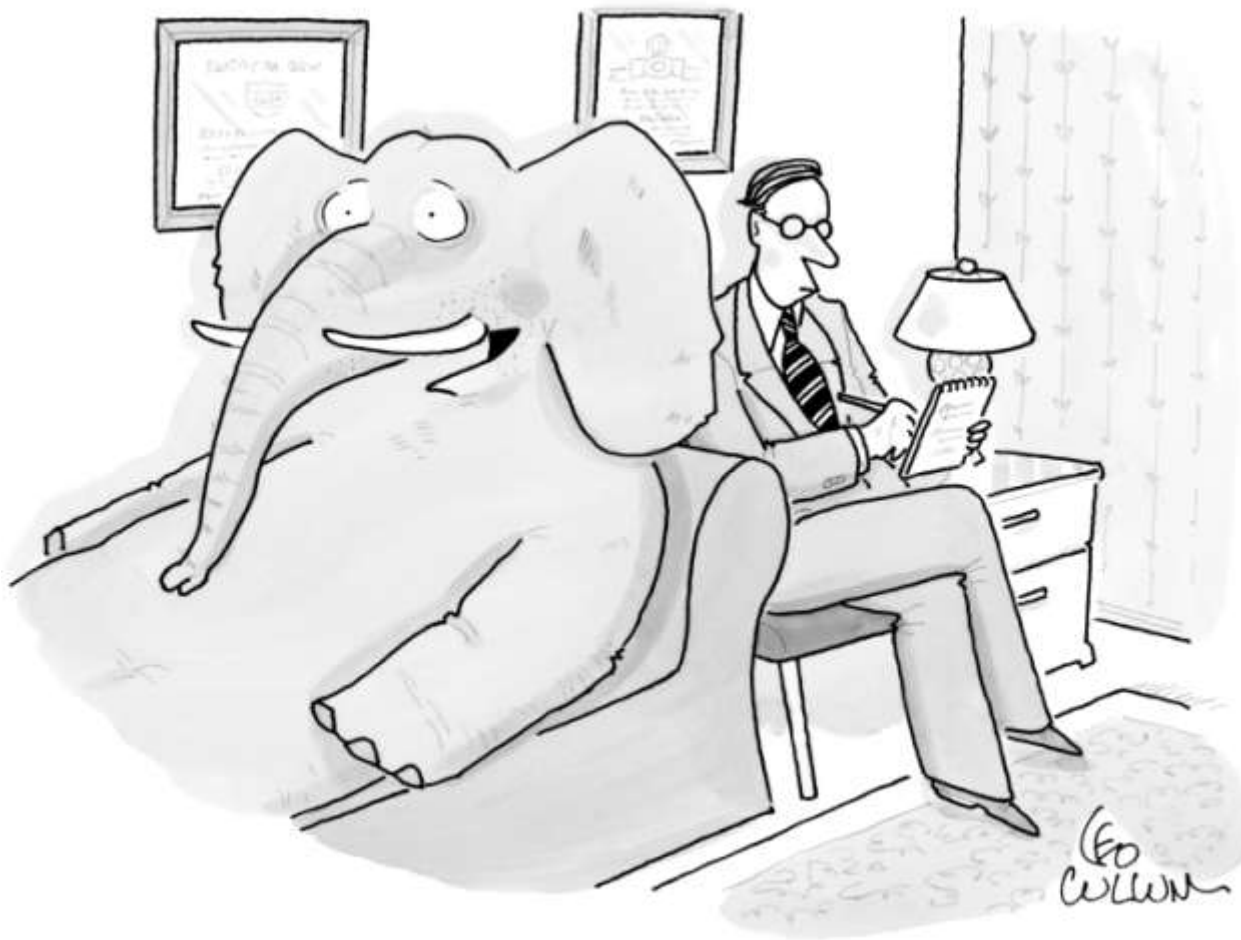
## Substance Use

- 6.2 % of all women (12 and older) and 15.7% of women 18 to 25 meet diagnostic criteria for a substance use disorder
- On average, 6.3 million women (18-49) need S.U.D. treatment each year but only 1 out of 10 receive it. Approximately 2 million of these women also have a mental health disorder.
- 55% - 91% of women in treatment for an S.U.D. have a lifetime history of trauma.

# Providers Across Disciplines:



- Tend to silo individuals and their problems and treat what they are most familiar with.
- Instead, we need to collaborate and coordinate our services



*"I'm right there in the room, and no one even acknowledges me."*

**"I'm right there in the room,  
and no one even acknowledges me."**

**When do you start to wonder if  
someone has a substance use  
problem? A mental health problem?**



# Signs & Symptoms of Behavioral Health Problems

- Feeling sad or down
- Confused thinking or reduced ability to concentrate
- Excessive fears or worries
- Extreme mood changes of highs and lows
- Withdrawal from friends and activities
- Significant tiredness, low energy or problems sleeping
- Detachment from reality (delusions), paranoia or hallucinations
- Inability to cope with daily problems or stress
- Extreme feelings of guilt
- Alcohol or drug abuse
- Major changes in eating habits
- Sex drive changes
- Excessive anger, hostility or violence
- Cutting/other self injurious behavior
- Suicidal thinking

# What are Behavioral Health Disorders?

## Mental Health Disorders

- Mood Disorders (depression, anxiety, bi-polar, PTSD)
- Personality Disorders (borderline, histrionic, dependent, narcissistic, anti-social..)
- Schizophrenia and Other Psychotic Disorders

## Substance Use Disorders

- Abuse
- Addiction

# Mood Disorders

Their primary feature is a disturbance in mood

- Mood Disorders

- Dysthymia
- Major depression
- Bi-Polar

- Anxiety Disorders

- Generalized anxiety
- panic disorder, phobias
- Obsessive compulsive disorder (OCD)
- Post Traumatic Stress Disorder (PTSD)

# Personality Disorders

- Characterized by a pervasive and enduring pattern of inner experience and behavior which is stable over time and leads to distress or impairment.
  - » Borderline
  - » Histrionic
  - » Narcissistic
  - » Dependent
  - » Anti-social

# Schizophrenia and Other Psychotic Disorders

There are various types of psychotic disorders. What they have in common is that they involve significant impairment in thinking and behaviors such as

- Hallucinations
- Delusions (erroneous beliefs that involve misperceptions of perceptions or experience)
- Disorganized speech
- Distortions in thought
- Flat affect

# Rates of Trauma

- According to studies between 60-85% of people with serious psychiatric diagnosis are trauma survivors
- Similar rates for people with histories of substance abuse, foster care, homelessness, and incarceration
- For incarcerated women, the rate is near 100%

# Trauma

- *When a external threat/experience overwhelms an individuals capacity to cope*
- Impacts on individual's psychological functioning . "Normal reaction to abnormal event". Independent of any MH disorder.
- May use substances to feel better i.e. "self medicate"
- Individual may be at risk to be re-traumatized.

# Responses to Trauma

- Hyperarousal / numbing
- Isolate or withdraw from others
- Difficulty trusting
- Anger, irritability, mood swings
- Feeling sad or hopeless
- Guilt, shame, self blame
- Anxiety, fear
- Somatic complaints
- Emotional dysregulation (difficulty tolerating, expressing or regulating emotions) e.g. may over respond to neutral cues but under respond to danger cues



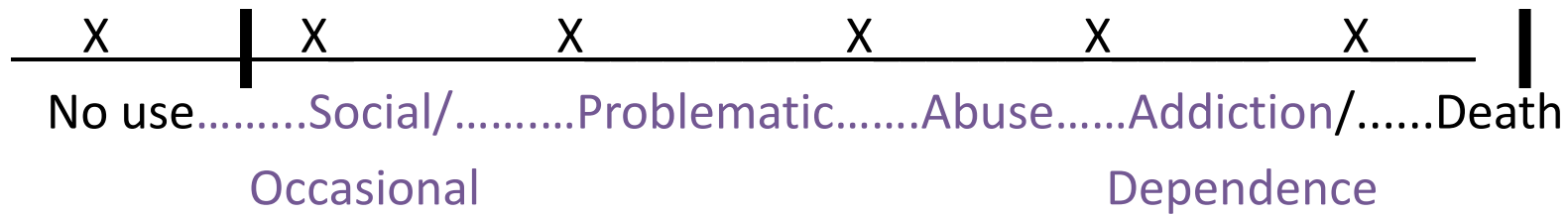
# Responses to Trauma: Fight, Flight, or Freeze

- Common human responses to a perceived threat.
- Trauma survivors may respond to the present through the lens of their past.
- Often misunderstood as “non-compliance”
- Can lead to negative or punitive reactions to people struggling for control over their bodies, minds, and selves.

# Trauma Informed Approaches

- Support the woman's coping capacity. Help her to feel safe.
- Avoid re-triggering trauma reactions or retraumatizing the woman
- Create an environment free of physical, emotional, and sexual harassment and abuse
- Help survivors manage their trauma symptoms successfully so that they are able to access, retain, and benefit from services.

# Substance Use Occurs on a Continuum



# How do you know when Substance Use is a Problem?

- Substance Use Disorders (S.U.D.) are defined by how an individual's use affects their functioning - not by how much, how often or what they use.
- **ANY drug or alcohol use during pregnancy is always a concern**



# Substance Use Disorders

- Substance Abuse

- continues to use alcohol or another mood altering substance despite experiencing negative consequences related to use.

- Addiction

- Continue to use despite significant negative consequences
- unable to control use
- Shows cognitive, behavioral, and physiological symptoms including tolerance and/or withdrawal

# Substances of Abuse Include:

- Alcohol
- Illicit drugs e.g. heroin, cocaine, marijuana, methamphetamine etc.
- Prescription medication e.g. benzodiazepines, opiates
- Over the counter medication (cough syrup, caffeine pills)
- Inhalants



# Bio-Psychosocial Model of Addiction

- Biological – seeking a desired effect
- Psychological – seeking changed feelings
- Social – access to substance

# The Disease Model of Addiction



- Addiction - a chronic, relapsing brain disease
- Characterized by compulsive drug use & drug seeking behavior
- Drugs change the brain's structure and how the brain works.

*(National Institute of Drug Abuse)*



# Characteristics of Addiction

- Primary
- Progressive
- Chronic
- Can be fatal if untreated
- Responds to treatment

# # of U.S. Women Who Use Illicit Drugs or Alcohol

	Not Pregnant	Pregnant	Recent Mothers
<b>Alcohol</b> (2002-2007 combined NSDUH data)			
15-17yrs	25.3	<b>15.8</b>	26.8
18-25yrs	62.2	9.8	41.2
26-44yrs	55.7	12.5	42.9
<b>Illicit Drug Use</b> (2004-2005 NSDUH)			
15-17 yrs	14.7	<b>12.3</b>	
18-25 yrs	16.1	7.0	
26-44 yrs	6.7	1.6	

# What Can DV Advocates Do?

- Know the signs and symptoms of behavioral health problems.
- Screen women for MH and SA problems.
- Be aware of the impact of trauma and the ways it interfaces with mental health and substance use .
- Be available to talk with women about their experiences and feelings.
- Know treatment resources in your community and how to access them.
- Develop relationships with services in your community.

# Helping Women Who Have Behavioral Health Problems

- Provide **routine screening** using a validated screening tool
- Provide a **brief intervention**; explain the risks she faces.
- **Refer** the woman for treatment
- **Offer follow-up** to provide support and ensure she completes the referral

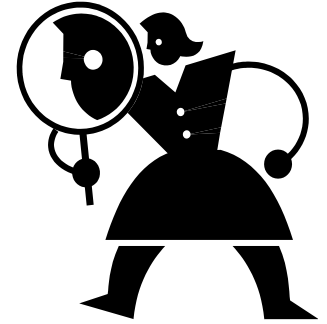
# What is SBIRT? (Screening, Brief Intervention and Referral to Treatment )

- SBIRT identifies those *at risk* of developing substance use disorders and provides brief intervention on the spot.
- SBIRT has been used by primary care, mental health, and community settings to intervene with “at-risk” substance users.
- SBIRT identifies individuals with substance use disorders and refers them to specialty care.
- The SBIRT model can also be used to identify women who may have psychological problems or who have experienced domestic violence so they can be referred to specialty care.

# SBIRT's Core Components

- **Screening**: Administer a brief screening tool that can identify if an individual may have a substance related problem.
- **Brief Intervention**: If she screens as “at risk”, in 3-5 minutes, elicit woman’s perspective on her current use and what risks she may experience if she continues to use at her current pattern. The intervention is matched to her level of knowledge and motivation. Only bits of information are provided to supplement what she knows. No pushing or arguing is involved. Invite her to discuss again at a later visit.
- **Referral to Treatment** : Refer individuals who may need treatment and are receptive to being referred.

# Why Do We Need to Screen ?



- Many women – especially pregnant women – don't acknowledge substance use due to stigma and/or fear that they may lose custody of their children or experience other legal consequences.
- Women may be embarrassed to acknowledge emotional concerns. They may feel hopeless or may not know help is available.
- Substance use, emotional problems and intimate partner violence frequently occur together. The best way to identify women who may be affected is to routinely screen all women for these risks at periodic intervals.

# Screening Versus Assessment

## Screening:

- A set of questions you ask – not a medical test or exam
- intended to detect the possibility of a problem.
- Does not determine a diagnosis or what type of treatment is needed but can indicate whether a more in-depth assessment is needed
- Can be completed by a variety of service providers



# Screening versus Assessment

## Assessment

- Must be completed by a qualified service provider (QSP) in that field.
- In order to determine an individual's diagnosis and develop an initial treatment plan, the QSP obtains a comprehensive history of their:
  - » past and current functioning
  - » other related problems and risks
  - » social supports and motivation

# “Screening Tool”

- A brief instrument or set of questions that is intended to detect the possibility of an existing problem.
- Cannot diagnosis a problem but can indicate if a thorough assessment is needed.
- Ideally, it should be:
  - Brief and easy to use
  - Inexpensive
  - Non-intrusive
  - Tested (validated) on the population its to be used with
  - Within the expertise of a wide-range of professionals.

# Virginia's Behavioral Health Risks Screening Tool for Pregnant Women and Women of Childbearing Age

Patient's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Screener's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Reviewed by Qualified Provider: \_\_\_\_\_ Date: \_\_\_\_\_

## Behavioral Health Risks Screening Tool for Pregnant Women and Women of Childbearing Age

Women and their children's health can be affected by emotional problems, alcohol, tobacco, other drug use and violence. Women and their children's health are also affected when these same problems are present in people who are close to them. Alcohol includes beer, wine, wine coolers, liquor and spirits. Tobacco products include cigarettes, cigars, snuff and chewing tobacco.

Have you smoked any cigarettes or used any tobacco products in the past three months?	TOBACCO	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Did any of your parents have a problem with alcohol or other drug use?	PARENTS	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do any of your friends have a problem with alcohol or other drug use?	PEERS	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Does your partner have a problem with alcohol or other drug use?	PARTNER	YES <input type="checkbox"/>	NO <input type="checkbox"/>
In the past, have you had difficulties in your life due to alcohol or other drugs, including prescription medications?	PAST	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Check YES if she agrees with any of these statements in the past month, have you drunk any alcohol or used other drugs? 1. How many days per month do you drink? 2. How many drinks on any given day? 3. How often did you have 4 or more drinks per day in the last month?	PRESENT	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Check YES if she agrees with any of these statements in the past 7 days, have you: - Blamed yourself unnecessarily when things went wrong? - Been anxious or worried for no good reason? - Felt scared or panicky for no good reason?	EMOTIONAL HEALTH	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you currently or have you ever been in a relationship where you were physically hurt, choked, threatened, controlled or made to feel afraid?	VIOLENCE	YES <input type="checkbox"/>	NO <input type="checkbox"/>

**PROVIDER USE ONLY**

**Brief Intervention/Brief Treatment**

Did you State your medical concern?

Did you Advise to abstain or reduce use?

Did you Check patient's reaction?

Did you Refer for further assessment?

Did you Provide written information?

Review risk

Review substance use, set healthy goals

Review and/or administer full ASD or WEST screening

Review and/or administer PBO-9 if not pregnant / Edinburgh PDSS-15 if pregnant

Develop a follow up plan with patient.

Moderate drinking for non-pregnant women is one drink per day. Women who are pregnant or planning to become pregnant should not use alcohol, tobacco, illicit drugs or prescription medication other than as prescribed.

# Other Screening Tools

- Substance Use (for women)
  - 4P, 5 Ps, T-Ace or TWEAK
- Mental Health
  - PHQ 2, PHQ 9, BECK Depression Scale
- Substance Use and Mental Health
  - GAIN, UNCOPE

# Brief Intervention



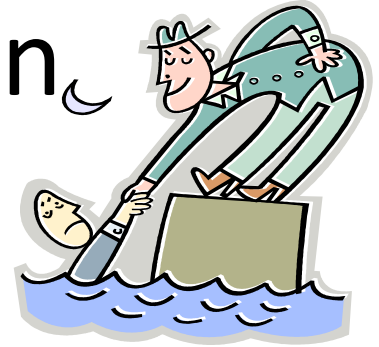
- SBIRT incorporates Motivational Interviewing (MI), a technique that helps build motivation.
- MI is based on the belief that:
  - People are ambivalent about change and continue harmful behaviors because of their ambivalence.
  - MI helps people resolve their ambivalence and increase their motivation to change.
  - Motivation for change can be fostered by an accepting, empowering, and safe atmosphere

# Principles of Motivational Interviewing (MI)

- Empathy (provide support)
- Develop Discrepancy (encourage them to question their behavior)
- “Roll with Resistance” (don’t argue)
- Support Self-efficacy (empower)

No matter whether you’re addressing substance use, intimate partner violence or a mental health concern, the same MI principles apply.

# Can a Brief Intervention Really Help?



- Brief interventions can trigger change.
- 1 or 2 sessions can yield much greater change than no counseling.
- A little counseling can lead to significant change.
- Brief interventions can yield outcomes that are similar to those of longer treatments.

# Step 1: Provide Feedback

- **Your job :**
  - Deliver feedback! – that's all you need to do!
  - Let the individual decide where to go with it.
  - If she does not admit to a problem, acknowledge and compliment her efforts.
  - If you encounter resistance, respond in a non threatening manner



# Step 2: Listen and Understand

- Ambivalence is normal
- You know individuals are starting to think about change when they make statements that indicate they see the issue as a problem
- Summarize what you heard her say.
  - **Say it again so she hears it twice.**

# Step 2: Listen and Understand

There are several techniques you can use to help individuals look at their motivation to change.

- *“Weighing the pros and cons”*
- *“Importance and Confidence Scales”*
- *“Readiness Ruler”*

# Step 3 Refer for Services

- Virginia's 40 CSBs provide public services for individuals with mental health and substance use disorders as well as developmental disabilities.
- Mental health and/or substance abuse services may also be available through other community agencies and local treatment providers.
- DMAS and many insurance providers cover treatment for substance use and mental health disorders.
- CSBs accept Medicaid, FAMIS, FAMIS Plus and FAMIS MOMS, 3<sup>rd</sup> party reimbursement and offer sliding fee scales.

# CSB Treatment Availability

- All CSBs are required to provide substance abuse treatment services to pregnant and parenting women; however, services vary from CSB to CSB depending on resources and other community services
  - Project LINK (14 CSBs)
  - Other CSBs may have specialized women's programs
- Pregnant SA women must be seen within 48 hours of their request.
- Mental health services and services for other substance using women may be more difficult to access.

# CSBs May Offer

- Individual and Group Therapy
- SA Case Management
- MH Case Management
- Women's Groups
- Trauma services (e.g. TREM, Seeking Safety....)
- SA Intensive Outpatient Program (IOP)
- Motivational Enhancement Therapy
- Crisis Stabilization
- SA Detox/Residential (usually by referral)
- Psychiatric Assessment , medication management
- Medically Assisted Treatment (MAT) e.g methadone, buprenorphine

# To Locate Services for Behavioral Health Concerns

- To find a CSB go to:  
<http://www.dbhds.virginia.gov/SVC-CSBs2009.asp#lo>
- For Medicaid, FAMIS or FAMIS MOMS members – you may also contact the appropriate managed care organization if enrolled in managed care to locate a service provider. For fee-for-service members, Magellan will be available December 1, 2013.

# Important Information

- Services, intake processes and waiting times vary from CSB to CSB.
- Pregnant substance using women always have treatment priority.
- Women with mental health problems and non parenting SA Women may have longer waits.
- Many CSBs offer trauma informed and trauma specific services.
- Federal Confidentiality Regulations ( 42 CFR, HIPAA) affects communication with other service providers.

# Federal Confidentiality Regulations:

## 42 CFR 2

- Protects the privacy and security of mental health and substance abuse records.
- Applies to federally-assisted specialized alcohol or drug abuse programs providing treatment, diagnosis, or referral for treatment.
- Requires a valid written signed release of Information(specifies exactly what can be released to who and for how long).
- Any recipient of the information is subject to the rule and may not disclose the information except as permitted by the rule.
-



# 42 CFR 2

- The client must provide consent in writing to allow **any** disclosure of information (a few exceptions apply) .
- Without a valid release, programs cannot reveal that the client is, has been or has applied for substance abuse treatment. It restricts the release of the patient's identity and other identifying information.
- When providing protected information, providers must include a statement cautioning the recipient against re-disclosing the information.
- Minimum necessary rule applies – any disclosure must be limited to the information necessary to carry out the purpose of the disclosure.

## ***42 CFR Part 2* – What is it?**

- A subpoena alone is not sufficient to release information. It must be accompanied by a court order issued by a judge in accordance with *42 CFR*.
- An arrest or a search warrant also is not sufficient to release information.
- The penalty to the individual for releasing information without permission is \$500 for the first offense and not more than \$5,000 for each subsequent offense.

# ***42 CFR Part 2***

## **What's a "Valid Release"?**

A release of information must include:

- Patient's name
- Name of program or provider making disclosure
- Purpose of the disclosure
- Who is to receive the information
- The specific information to be released
- That the patient understands they can revoke their consent – either orally or in writing
- Date or condition when release expires (if patient does not revoke consent prior to expiration date)
- Date of Consent
- Patient's Signature

# ***42 CFR Part 2* – Exceptions**

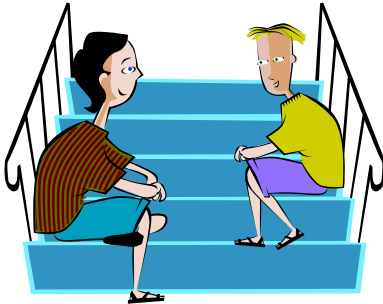
- Providers may share information without a release
  - If they believe the individual is suicidal or homicidal
  - In order to report suspected child abuse or neglect
  - In the event of a medical emergency
- Information can be disclosed to law enforcement if a crime is threatened or committed against a program or provider.

# Working with CSBs

- Find out who is responsible for coordinating women's services.
- Learn what services the CSB provides and how to access them.
- Let the CSB know what services your program provides & your participants' needs
- Identify ways to educate one another regarding your respective services, needs and constraints.



# When making a referral



- **Explain the referral process and the importance of sharing information**
- **Explore and address questions or concerns she has about the referral. EX: What should she expect? How will it affect her relationship with you?**
- **Discuss confidentiality. Have her sign a release so you can share information. Ask her to sign a release with the new provider as well.**
- **Help her make the appointment. Provide encouragement and support.**
- **Follow up to see if she received necessary services. Continue to provide encouragement and support.**

# Other Things You Can Do

- Learn more about behavioral health disorders
- Find out what resources are available in your community
- Learn more about motivational interviewing. Develop M.I. skills. These skills can help you implement voluntary services.

# Motivational Interviewing

- **Motivational Interviewing**

<http://www.motivationalinterview.org>



# SBIRT Resources

- To learn more about the SBIRT model:  
<http://www.sbirt.samhsa.gov>
- Web based instruction on the SBIRT model  
<http://www.sbirttraining.com>
- DBHDS's webpage on screening women:  
<http://www.dbhds.virginia.gov/Screeners.htm>

# Additional Resources:

## Information & Referral Services

- 2-1-1Virginia is the states Information and Referral System which collects, maintains and disseminates information on health and human services to the citizens of the Commonwealth.



# Other Helpful Information

- **Federal Confidentiality Regulations** regarding substance abuse treatment (42CFR)

<http://www.samhsa.gov/HealthPrivacy/docs/SAMHSAPart2-HIPAAComparison2004.pdf>

- **Virginia laws regarding perinatal substance use**

[www.dbhds.virginia.gov/documents/scrn-pw-VA-Legislation-Subst-Use-Preg.pdf](http://www.dbhds.virginia.gov/documents/scrn-pw-VA-Legislation-Subst-Use-Preg.pdf)

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