Dropping Anchor: Supporting Continuing Recovery and Overdose Prevention During the COVID-19 Pandemic

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Gabriela Zapata-Alma LCSW CADC
Presenter Information

Gabriela Zapata-Alma, LCSW, CADC
Director of Policy and Practice for Domestic Violence and Substance Use, NCDVTMH
gzapata.alma@ncdvtmh.org
US DHHS ACF FVPSA-Funded Special Issue Resource Center Dedicated to Addressing the Intersection of Domestic Violence, Trauma, Substance Use and Mental Health

- Comprehensive Array of Training & Technical Assistance Services and Resources
- Research and Evaluation
- Policy Development & Analysis
- Public Awareness
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Our Work is Informed by...

- Rights and Social Justice
- A Trauma-Informed Approach
- Survivor-Defined Approach
- Physical and Emotional Safety
- Relationship and Connection
- Hope and Resilience
- Domestic Violence and Sexual Violence Advocacy
- Cultural, Historical, and Community Context

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Learning Objectives

- Become familiar with how the current pandemic can increase risk factors for returning to substance use as well as accidental overdose.
- Increase awareness of how these risks are compounded by interruptions in access to usual sources of recovery support.
- Cultivate innovative strategies and resources to respond to these increased risks within the constraints of the current pandemic.
Storms Brewing: Increasing Risks and Reduced Resources

For People Living with Substance Use Disorders (SUDs)
Increasing Risks for People Living with SUDs
Complex Health Risks: Substance Use and Respiratory Health

- Smoking/Vaping
- Opioid Use
- Methamphetamine Use

NIDA 2020
Complex Health Risks: Substance Use and Basic Needs

Decreased access to:

- Health care
- Housing stability

NIDA 2020
Complex Health Risks: Substance Use and Incarceration

Increased risk of legal system involvement and incarceration
How does the current pandemic threaten recovery capital?

**HUMAN**
Skills, education, self-efficacy, hopefulness, personal values.

**SOCIAL**
Family, intimate relationships, kinship, social supports.

**PHYSICAL**
Physical health, safe shelter, basic needs, financial resources.

**COMMUNITY**
Anti-stigma, recovery role models, peer-led support groups.

(White & Cloud, 2008)
Complex Health Risks: Substance Use and Recovery Resources

The need to self-quarantine and/or social distance can make recovery resources even harder to access:

- Medications
- Syringe services
- Overdose prevention services/resources
- Treatment services
- Recovery support services/resources
Dropping Anchor:
Supporting Continuing Recovery During COVID-19
What have you found helpful for supporting continuing recovery during this pandemic?
In this section:

- Cognitive Behavioral Approaches to Relapse Prevention
- Coping Skills
- Continuity of Care
- Digital Tools and Resources
Cognitive Behavioral Model of Lapse/Relapse

(Marlatt & Witkiewitz, 2004)
Common Factors in Lapse

- Decreased self-efficacy
- Distressful internal states
- Isolation
- Lack of social support
- Interpersonal conflict
- Traumatic distress
- Moments for recreation / celebration
- Exposure to AOD-use situations
- … and more

(White & Ali, 2010)
How a Lapse Becomes a Relapse: Abstinence Violation Effect (AVE)

Factors that strengthen AVE:

- All-or-nothing thinking: the person believes factors contributing to relapse are beyond their control.
- Self-attribution effect: individual attributes cause of the relapse to internal weakness and personal failure.
- Negative affect and low self-efficacy may strengthen AVE.

(Hendershot, et al., 2011)
Preventing a Lapse From Becoming a Relapse

- A lapse doesn’t have to progress to a relapse.
- Negative reactions about the lapse often lead to relapse.
- Have an emergency plan ready for if lapse occurs to keep it from progressing.

(Marlatt & Gordon, 1985)
Leading up to a Lapse

Seemingly Irrelevant Decisions
A series of mini-decisions begin a chain of behaviors which set stage for lapse.

(NIAAA, 2013)
Assessing High Risk Situations

Returning to substance use tends not to be random. Assess:

- The time periods when use occurs.
- The places where substances are obtained/used.
- From/With whom substances are obtained/used.
- The external cues and internal emotional states that typically precede and accompany use.
- The anticipated/perceived benefits, function, and/or effects of the substance(s).

(UN, 2007)
Managing Lapses

- Overdose prevention education and planning
- Counteract the Abstinence Violation Effect through psychoeducation and planning ahead:
  - What would the person find helpful if they experience a lapse?
  - How could we be supportive?
- Ask about the circumstances surrounding prior lapses and incorporate this information into continuing recovery planning
  - Expand coping skills
  - Teach Value-Based Avoidance
Value-Based Avoidance

<table>
<thead>
<tr>
<th>Value</th>
<th>Risk</th>
<th>Action Plan</th>
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<tbody>
<tr>
<td>High</td>
<td>Low</td>
<td>Go for it</td>
</tr>
<tr>
<td>Low</td>
<td>High</td>
<td>Avoid long-term</td>
</tr>
<tr>
<td>High</td>
<td>High</td>
<td>Avoid short-term</td>
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</table>

(Turner, Welches, & Conti, 2013)
Responding to a Lapse

1. Remain neutral (verbal & non-verbal)
2. Express gratitude for open communication
3. Affirm commitment to recovery
4. Attend to any negative emotions (minimize shame)
5. Frame as an opportunity to learn more about self, one’s recovery needs, and refine recovery plan
6. With permission, explore circumstances (behavior chain)
7. Incorporate insights into continuing recovery plan and/or treatment plan
8. Consolidate commitment to recovery
Reframing a Lapse

- Involves learning not to view lapses as a “failure” or lack of “willpower.”
- Attribute lapse to predictable and potentially controllable events rather than personal failures and character flaws.
- Involves education about the relapse process – helping to navigate through ongoing efforts to sustain change.

(Marlatt et al., 2002)
Supporting Skill Development

- The “how” of change
- Skills support people to reach their goals
- Skills must be clearly linked to goals
- Meaningless without the “why” (intrinsic motivation)
Managing Cravings: The Five D’s

- Drink Water
- Deep Breathe
- Delay
- Do Something
- Discuss
Managing Cravings: Mindfulness

- **Identify & defuse** the craving experience (both physiological and psychological)
- Cravings tend to peak and then diminish within 5-10 minutes
- Cravings WILL subside regardless of use
- Use reinforces cravings

(Mueser et al., 2003)
Managing Cravings: Urge Surfing

Three basic steps:

1. **Mindfulness**: turn your attention inward, notice how and where in your body you sense the craving.

2. **Focus** on an area within your body where you are experiencing the urge. Nonjudgmentally describe the sensations to yourself as you notice them. Shift your focus to different areas of your body, one at a time, describing the sensations where you experience the craving.

3. **Ride** out the craving, releasing tension with each breath. Continue to practice mindfulness, observing the craving until it subsides.

(Bowen, Chawla, & Marlatt, 2011; NIAAA, 2013)
Craving Management Planning

Develop a plan for managing cravings
Partner to make a list of soothing behaviors that feel realistic and helpful across multiple situations.

- Keep it in an accessible place.
- Role play consulting the list, and selecting and practicing the soothing behavior.
- Some activities may work well and others may not. Help the person re-evaluate and revise regularly.

(Mueser et al., 2003)
- Continuity of Care
- Digital Tools and Resources
Ensure Continuity of Care

- Remain open and available
- Sanitary practices and personal protective equipment
- Continue new treatment admissions (when there is capacity)
- Frequent and accessible communication
- Assertive engagement
- Collaborate with service providers
Ensure Medication Access

- Support continuity of care and uninterrupted access to medications used in mental health and/or substance use recovery.

- Methadone: states can apply for blanket exceptions to allow 28-day take-home for clients who are stable and 14-day take-home for clients who do not meet ‘stable’ criteria. Plan for curb-site pick up and/or home delivery for those who must self-quarantine.

- Buprenorphine can now be prescribed via telephone-based evaluation to new and existing clients.
Increase Contact and Ways to Connect
Resource: Behavioral Health During a Pandemic

Pandemic Response Resources (ATTCs)
https://attcnetwork.org/centers/global-attc/pandemic-response-resources

A wealth of resources, including:
- Guide to using text messages in SUD Tx
- Telephone and online support groups
- Mobile apps as clinician extenders
- Best practices in telemental health

Also check out: www.fadaa.org/page/COVID-19
Connecting with Community Recovery Support

- **In The Rooms** [www.intherooms.com](http://www.intherooms.com)
- **Soberistas** [https://soberistas.com](https://soberistas.com)
- **The Tribe: A free wellness support online community**
  [https://support.therapytribe.com/addiction-support-group](https://support.therapytribe.com/addiction-support-group)
- **Your Recovery is Important: Virtual Recovery Resources (SAMHSA)**
  [www.samhsa.gov/sites/default/files/virtual-recovery-resources.pdf](http://www.samhsa.gov/sites/default/files/virtual-recovery-resources.pdf)
Get Techy: Free Recovery Apps

- COVID Coach (VA)
- SoberTool
- In The Rooms
- SoberGrid
- rTribe
- Smiling Mind
- Liberate Meditation
  created by and for people of color
Pause (please return in 5 minutes)
Overdose

Image Source: Harm Reduction Coalition
“Drug Deaths in America Are Rising Faster than Ever”

Drug Overdose Deaths, 1980-2016

*2016 we lost 63,600 individuals (CDC)
*2017 we lost 72,000 individuals (CDC)
*2018 we lost 67,367 individuals (CDC)


Drug Overdose Deaths, 1980-2016

- Peak Car Crash Deaths (1972)
- Peak HIV Deaths (1995)
- Peak Gun Violence Deaths (1993)

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Overdose is the Leading Cause of Accidental Death in the U.S.

Overdose Death Rates Involving Opioids, by Type, United States, 1999-2018

- Any Opioid
- Other Synthetic Opioids (e.g., fentanyl, tramadol)
- Heroin
- Commonly Prescribed Opioids (Natural & Semi-Synthetic Opioids and Methadone)

https://wonder.cdc.gov/
Comparison of Drug Caused Deaths in Florida (2016-2018)

Historical Overview of Fentanyl Occurrences in Florida Deaths, both present and cause of death (2004-2018)

Historical Overview of **Cocaine** Occurrences in Florida Deaths, both present and cause of death (2004-2018)

2018 Medical Examiners Commission Drug Report; Florida Dept. of Law Enforcement.  
Historical Overview of Methamphetamine Occurrences in Florida Deaths, both present and cause of death (2004-2018)

2018 Medical Examiners Commission Drug Report; Florida Dept. of Law Enforcement.
Evidence-Supported Opioid Overdose Prevention

- Medication Assisted Treatment
- Naloxone Distribution
- Overdose Prevention Centers
  - Exist in many countries across Europe as well as Canada, Australia, and more; do not exist in U.S.

Image source: Harm Reduction Coalition
We can help!

We can help by:

- Encouraging open, person-centered conversations about alcohol and other substance use
- Learning about risk factors for overdose
- Learning what an overdose looks like and what to do if someone may be overdosing
- Providing overdose prevention education
- Engaging people in overdose prevention planning
- Helping people access naloxone
Overdose: Risk Factors

Image source: Harm Reduction Coalition
How does the current pandemic increase overdose risk?
Overdose Risk Factors: Social Determinants of Health

- People experiencing housing instability
  - OD found to be a leading cause of death (Bagget, 2012)

- People experiencing incarceration
  - OD found to be a leading cause of death (Binswanger, 2013)

- People in treatment for Opioid Use Disorder
  - Detox was found to pose a higher risk for OD than no treatment (Strang, 2003)

- People living with HIV/AIDS
  - Found a 74% higher incidence of overdose (Green, 2012)
Overdose Risk Factors: What about DV/SA?

Survivors of DV/SA

Preliminary findings from an ongoing study led by Louisa Gilbert, PhD (Columbia University) has found that experiencing DV/SA increases risk of overdose.

- Women who experienced DV/SA (particularly physical and/or sexual violence) were 61% more likely to overdose.

- Only 6% of women who use drugs and identify needing DV services were able to access DV services.

Not yet published, 2019 presentation by Dr. Gilbert
Overdose Risk Factors

- Using alone
- Prior overdoses
- Erratic pattern of use
- Mixing substances (any)
- Using opioids with central nervous system depressants
- Physical health vulnerabilities
- Not ‘testing’ the dose
- Pattern of impulsivity
- Quality of substances
- History of suicidality, self-injury, depression or depressed mood
- Recent period of abstinence
- Route of administration
- Not having an overdose prevention plan
- Seeks profound intoxication
Practice: Identify Overdose Risk Factors

Kellie recently called seeking counseling services after experiencing physical abuse from her current partner. She shares with the intake specialist that she uses opioid pills and cannabis daily, and is prescribed benzodiazepines for anxiety that she usually takes 1-2x/week but finds she’s taking them daily recently because of heightened anxiety. She has a history of suicide attempts and depression.
Practice:
What Risks Did You Notice?

Kellie recently called seeking counseling services after experiencing physical abuse from her current partner. She shares with the advocate that she uses opioid pills and cannabis daily, and is prescribed benzodiazepines for anxiety that she usually takes 1-2x/week but finds she’s taking them daily recently because of heightened anxiety. She has a history of suicide attempts and depression.
Recognizing and Responding to Potential Opioid Overdose

Image Source: Harm Reduction Coalition
Signs of Opioid Overdose

- trouble walking or talking
- won’t wake up
- difficulty breathing, gurgling sounds, or unusual snoring
- cold, clammy skin
- grey, purple or blue lips or nails
- tiny pupils
Intoxication vs. Overdose

**Profound Intoxication**
- Can be aroused (responds to stimuli, such as sternal rub)
- Speech is slurred
- Breathing (>8x/min)

**Overdose**
- Unresponsive to stimuli
- Can open eyes but not speak
- Breathing slowly or not at all
- Less than 8x/min
- May hear choking, gurgling or snoring sound
- Blue/gray lips and/or fingertips

It can take **HOURS for a person to overdose… or seconds (fentanyl)**.
Responding to a Potential Opioid Overdose

Naloxone is available as:
- intramuscular injection
- auto-injector
- nasal spray

Naloxone is available at many pharmacies with and without a doctor’s prescription.

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<tr>
<th>Opiate Overdose Evaluation</th>
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<tr>
<td>S</td>
<td>• Stimulation</td>
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<td>C</td>
<td>• Call an ambulance</td>
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<td>A</td>
<td>• Airway</td>
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<td>R</td>
<td>• Rescue breathing</td>
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<td>E</td>
<td>• Evaluate</td>
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<td>M</td>
<td>• Muscle injection</td>
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<tr>
<td>E</td>
<td>• Evaluate again</td>
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Post-Overdose Support

Continue to support the person until first responders arrive and/or for up to 4 hours after the overdose. Naloxone can wear off and the person can overdose again. Prevent them from using more substances.
Seek Medical Attention

- Medical support is needed.
- Naloxone wears off, and the person could still be at risk.
- There could be other drugs in their system that contribute to overdose.
- Naloxone only works for opioids.
- Good Samaritan overdose laws exist in FL.

Image source: Harm Reduction Coalition

Overdose Prevention: Opioids and Stimulants

- In 2017, opioids were present in 75% of overdoses related to cocaine and in 50% of overdoses related to methamphetamine. (Kariisa, 2019)

- Mixing substances increases overdose risk.

- Opioids may be present in stimulants (and other substances) that a person is using without their knowledge.

- Naloxone is only effective in reversing overdoses due to an opioid.
Fentanyl Testing

Testing for the presence of fentanyl helps people to make more informed choices about their use of substances, supporting safer use including overdose prevention.

Krieger et al. 2018

Image: DanceSafe.org
Preventing and Responding to Overamping: Stimulants

Some things that can help prevent overamping:

- Drinking water
- Eating food
- Sleeping
- Breathing exercises
- Soothing activities, such as taking a warm shower or getting fresh air

COVID-19 Stimulant Use and Harm Reduction by Higher Ground Harm Reduction, Reynolds Health Strategies, Harm Reduction Coalition, and Vital Strategies.
Overamp Prevention: Stimulant (not opioid related)

Severe Signs & Health Issues

- Difficulty breathing
- High blood pressure
- High body temperature
- Extreme agitation/anxiety
- Hallucinations
- Chest pains
- Seizures
- Stroke
- Irregular heart rhythm

Pittman 2005
Severe Signs of Overamp: Stimulants (not opioid related)

What can we do if someone is experiencing severe overamping signs or health issues?

**Seek emergency medical attention**

- There is no single medication to reverse a stimulant overdose (like naloxone can for opioid overdose); emergency medical care is needed.
- Emergency medical care focuses on treating and/or preventing heart attack, stroke, and organ shut-down.

NIDA 2018
Health Promotion Strategies for Stimulant Use

- HIV and Hepatitis-C prevention/treatment
- Reproductive healthcare, safer sex materials, and condom negotiation
- Supporting eating/nutrition and hydration (particularly prior to using and while coming down)
- Routine healthcare
- Access to behavioral healthcare
What **NOT** to do during an overdose

- **DO NOT** put the individual in a bath. They could drown.
- **DO NOT** put ice on them. They could go into shock.
- **DO NOT** induce vomiting or give them something to eat or drink. They could choke.
- **DO NOT** give medications, over-the-counter drugs, stimulants, street drugs, caffeine, or vitamins (other than naloxone). They don’t help.
- **DO NOT** try to walk them around in hopes of waking them up. This doesn’t work and just wastes time.
- **DO NOT** leave the person to “sleep it off.”
- **DO NOT** run away – seek medical attention.
Trauma-Informed Follow Up

- Follow up with the person who overdosed. Neutralize shame, support overdose prevention planning.
- Provide emotional support for anyone who was involved in responding to the overdose.
- Follow up with staff - create space for checking in and accessing support.
- Honor those whom we’ve lost to overdose.
Providing Overdose Education

Image source: Harm Reduction Coalition
In order for opioid overdose education to be effective, the person must be able to access a naloxone kit and share the information with their support networks.

Overdose cannot be reversed by the person experiencing it.
Who Can Provide Overdose Education?

With the proper training and support, any one of us can be prepared to offer overdose education and distribute naloxone.

Medical expertise is not required.

Research has found that overdose education and response provided by laypeople (i.e. non-medical) is an important tool in preventing fatal overdoses. (Rowe et al., 2015)
Key Steps in Overdose Education

Build Trustworthy Relationships

- Develop a relationship that keeps the door open for discussing substances no matter where the person is in their own process (i.e. ‘meet them where they are’).
- Provide nonjudgmental and non-coercive education around overdose risk and prevention.
Non-Coercive Information Sharing 1

**ELICIT - PROVIDE - ELICIT**

- What are some things you’re already doing to increase your safety?
- Sometimes people experience _____, what’s been your experience?
- What do you think about ______?
- If you were to try doing something differently, how might you go about it?
Non-Coercive Information Sharing 2

**ELICIT - PROVIDE - ELICIT**

In a compassionate, non-stigmatizing, and person-centered manner, we can provide information and/or feedback:

- *Would it be alright if I shared some information about _____ with you?*
- *I have information on _____ that you might find relevant. May I share it with you?*
Non-Coercive Information Sharing 3

ELICIT - PROVIDE – ELICIT

Reaction:
- What do you think about that?
- How does that fit in with your experience?

Additional Questions:
- What else might be helpful to know?

Next Steps:
- What do you think you’ll do?
- How would you like to move forward?
Key Steps in Overdose Safety Planning

Support individuals to...

- Create an overdose prevention plan
- Access *naloxone* on an ongoing basis
- Recognize risk factors and strategize around how to mitigate these factors
- Know tolerance changes with frequency and amount used
- **Start low and go slow** especially when their pattern of use has recently changed or is erratic
- Avoid mixing substances, especially downers
- Avoid using alone
- Keep a naloxone kit nearby when using
In Your Naloxone Kit

**Required items:**
- Naloxone (2 doses)
- Written instructions on recognizing, responding to, and reversing overdose.

**Optional items:**
- Rescue Breathing Mask
- Rubber Gloves
- Alcohol Pads
NALOXONE ACCESS

- Naloxone availability decreases fatal overdoses and does not increase rates of use.
- Prescribers can prescribe naloxone without any additional waiver.
- Pharmacists can dispense naloxone without a prescription from another medical professional in every state and D.C. (PDAPS 2017).
- May be available through your local public health administration and/or harm reduction organization.
Resource: I Save Florida

I Save Florida Overdose Prevention  www.isavefl.com

- Access naloxone
  - Request through website and will be directly mailed
- Become a naloxone distribution site
- Get trained on naloxone and overdose response

HOW TO USE NALOXONE

The medication can be given by intranasal spray, intramuscular (into the muscle), subcutaneous (under the skin), or intravenous injection.

- Evzio Auto-Injector
- Narcan
- Generic Intramuscular
- Generic Intranasal

www.isavefl.com/naloxone.shtml
Resources: Harm Reduction and Overdose Prevention

- Overdose Prevention Worksheet (Harm Reduction Coalition)

- COVID-19 Guidance for Bridge Programs and MAT Services (Public Health Institute)
  www.bridgetotreatment.org/covid-19
Naloxone Info & Resources

- Harm Reduction Coalition Overdose Prevention and Naloxone Manual

- Chicago Recovery Alliance Website:
  [https://anypositivechange.org/](https://anypositivechange.org/)

- SAMHSA 2016 toolkit:

- For prescribers and pharmacists:
  [Prescribetoprevent.org](http://Prescribetoprevent.org)
Resources: Harm Reduction and Overdose Prevention 2

COVID-19 Guidance for People Who Use Drugs and Harm Reduction Programs (Harm Reduction Coalition)

Practicing Harm Reduction in the COVID-19 Outbreak (Vital Strategies)

COVID-19 Guidance for People Who Use Substances (Yale Program in Addiction Medicine, Global Health Justice Partnership, and Crackdown, adapted from 3D Research)
https://yale.app.box.com/v/COVID19HarmReductionGuidance
References


Stay connected and find out about future offerings

www.nationalcenterdvtraumamh.org/newsletter-sign-up/
Gabriela Zapata-Alma LCSW, CADC
Director of Policy and Practice for Domestic Violence and Substance Use

P: 312-726-7020
TTY: 312-726-4110
gzapata.alma@ncdvtmh.org
www.nationalcenterdvtraumamh.org

Twitter: @ncdvtmh
Additional Resources

www.NationalCenterDVTraumaMH.org
Resources for Mental Health and Substance Use Treatment and Recovery Support Providers

At the National Center on Domestic Violence Trauma & Mental Health (NCDVTMH), one of our priorities is to support collaboration between the domestic violence (DV) field and the mental health and substance use disorder treatment and recovery fields. Our work is designed to enhance system responses to survivors of intimate partner violence (IPV) who are experiencing the mental health and substance use-related effects of IPV and other lifetime trauma. A 2012 study conducted by NCDVTMH in partnership with the National Association of State Mental Health Program Directors (NASMHPD) found that the majority of states who participated had a strong interest in further coordination and/or training on these issues. The information that follows is intended to support mental health and substance use disorder treatment and recovery support providers in their work with survivors of IPV and their children. You will find toolkits, best practice guidelines, webinars, research reviews, and policy briefs to help inform your practice. These can be found below under:

» Research on the Intersection of Domestic Violence, Substance Use and Mental Health
» Responding to IPV in the Context of Mental Health and Substance Use Treatment and Recovery
Coercion Related to Mental Health and Substance Use in the Context of Intimate Partner Violence: A Toolkit for Screening, Assessment, Brief Counseling in Primary Care and Behavioral Health Settings
SAVING LIVES: Meeting the Needs of Intimate Partner Violence Survivors Who Use Opioids
RESEARCH AND POLICY BRIEF | MAY 2019

By:
Heather Pfefiys, MA
Sally Schneirer, MPA
Rachel White-Domain, JD
Cerith Whestaw, MD

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Tools for Transformation: Becoming Accessible, Culturally Responsive, and Trauma-Informed Organizations

An Organizational Reflection Toolkit

Carole Warshaw, MD, Erin Tinnon, MSW, LSW, and Cathy Cave
April 2018

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Thank You!
Question & Answer