



# Medication Assisted Treatment Community of Practice

## Case #2: Kacey –

Kacey is a 30-year-old female who currently participates in the Medication Assisted Treatment program at Amoskeag health. Kacey is diagnosed with Opioid Use Disorder (moderate) on maintenance therapy, Major Depressive Disorder, Generalized Anxiety Disorder and Other Specified Personality Disorder. Kacey's last reported use of opiates was early February; she reports use of THC regularly. Kacey has a 9 year old daughter, she splits time between her house and her fathers. She lives in an apartment with her brother and a close friend, who both have a history of a substance use disorder as well.

Following Kacey's reoccurrence in early February, it was recommended by the team for her to participate in DBT skills training. She reports a history of return to use that is triggered by difficulty with emotional regulation. Along with medication management and weekly talk therapy, Kacey has also been actively participating in DBT therapy with a clinician weekly.

At the start of the pandemic, Kacey and her partner of two years separated. She describes her relationship with her ex – partner as 'toxic', many domestic violence situations were reported by Kacey. She also lost her two serving jobs, but successfully applied for unemployment. Kacey had gone from working two jobs and attending appointments regularly, to being forced to isolate at home due to the pandemic. Kacey has voiced much difficulty coping with the end of her relationship and has reported increased cravings due to isolation/boredom, but reports that she has not used opiates. She also transitioned to home schooling her daughter, which she reported caused increased stress.

Kacey was seen in the office for five live DBT visits before transitioning to telehealth appointments, her counselor provided her with print outs to use at home. She has voiced that the DBT skills training has been a bit more difficult for her since switching to telehealth; she will be completing the first module with her counselor soon. Kacey has continued to attend weekly talk therapy with her primary counselor, this seems to be working well for her. Although telehealth appears to be suited well for Kacey, she has mentioned that it has been difficult to sustain sobriety without the accountability of the utox screens.

Due to the impacts of the pandemic, Kacey began reading self – love and coping strategy breakup books, as well as journaling. Her DBT counselor has noted that she has successfully been making connections with what she has learned through DBT and the skills she is learning in the books she is reading. Kacey is open to using different treatment modalities and supports that appear to be supporting her mental health and substance use disorders, but she continues to express anger in relation to the ending of her relationship. She frequently voices negative self-talk, and is angry at herself for staying in the relationship as long as she did. It appears that Kacey is stuck in this one place of the breakup and is having a difficult time taking the next step forward in coping.

## Questions –

1. How can we best support/assist Kacey in moving forward in the coping process of her breakup while in the midst of a pandemic?
2. What are some strategies to use to normalize taking responsibly without having the accountability of utox screening?