



Medication Assisted Treatment Community of Practice

Case #3; Jeanine -

Jeanine is a 25-year-old divorce woman who is currently attempting to regain custody of her young child. She was early in her recovery with only approximately one month since her last use of stimulants. Three months since her last use of opioids. She was receiving Suboxone to treat opioid use disorder, participating in individual and group psychotherapy. When the Stay At Home Order was declared, the courts closed and Jeanine's court hearing for her child was cancelled. Jeanine relapsed on cocaine and methamphetamine and stopped coming to the clinic for the course of approximately one month due to feeling hopeless about getting her son back. During this time she obtained Suboxone on the street to prevent full withdrawal. Her then boyfriend, who also attends the clinic, relapsed as well. She told this writer that she had decided to return because she wanted to have her son back in her life.

Since her return to the clinic, services have been offered as a hybrid—in office appointments for medications with virtual offered in special circumstances and virtual or in person psychotherapy and/or group. She has broken up with her boyfriend, who she describes as being controlling with her behavior and who she can spend time with. She also states that she has relapsed with him multiple times. Jeanine continues to spend time with her ex-boyfriend as "friends." She has continued to use with stimulants, specifically methamphetamines, at least weekly since she returned to the program and presents as moving between Contemplation and Preparation Stages of Change with regards to stimulants.

Jeanine does not have a vehicle and relies on others for transportation, specifically her ex-boyfriend. The case manager has tried to assist her in connecting with transportation from her insurance company, but this is a struggle due to Jeanine's changing address. She is able to engage in individual counseling and finds a private location where she feels she is not overheard; however, she states that he often attempts to interrogate her about what she talked about in therapy. This has increased as he is not driving her to her appointments, when he would not see her immediately after her appointments. She also has greater difficulty with connecting with case management as she does not always have minutes or data available on her phone when she needs recovery coaching. She also has had great difficulty with connecting with recovery communities due to the Stay At Home order as they are not meeting in groups. Jeanine has one friend who is very supportive of her recovery and her sister who "doesn't get it" which results in few sober supports locally. Jeanine admits that she does not share her use with her parents until life gets very hard; they live in Massachusetts.

Questions for group:

- 1.) Effective pharmacological and therapeutic interventions for patients using stimulants? Contingency management is often effective—methods for doing this via virtual visits?
- 2.) Ways to help clients develop sober supports, natural and resources, with a Stay at Home Order in effect.
- 3.) Resource and programmatic supports for transportation and communication. What other programs when access is a problem?