**Morris County Psychological Association**

51 South St, Suite 1

Morristown , NJ 07960

(973) 539-5600

www.mcpanj.com

***President Treasurer Program Chairperson***

Michael Zito, Ph.D. Sarah Dougherty. Psy.D. Jayne Walco, Ph.D.

***President-elect* *Secretary NJPA Representative***

Nancy Sidhu, Ph.D. Hayley Hirschmann, Ph.D. Morgan Murray, Psy.D.

***Past President Webmaster Membership***

Randy Bressler, Psy.D. Francine Rosenberg, Psy.D. Melissa Klika, Psy.D.

***Student Representative***

Kristina Golovina

**Janaury 10, 2018 Program – 9:30-10:30am**

**Kristine DeJesus, Psy.D.** presents:

**Understanding the Opioid Epidemic: Clinical Applications for Psychologists**

**Meeting announcements by Current President, Mike Zito:**

-Welcome and brief introduction of the current board

-Remember to renew on line so you get in the upcoming directory

-recently approved online voting so will send out vote for bylaw updates soon.

-MCPA is celebrating it’s 30th bday this month so please help yourselves to a slice of bday cake this morning for the occasion

-Susan Neigher asking for judges for student papers in the spring. She is also looking for an internship for a doctoral student at St. E’s whose internship fell apart. If anyone has any leads/ideas that can help please contact her directly.

-Morgan Murray said NJPA is looking for members for a list serve committee so more people are doing less work to decrease the burden on individuals. Let him know if you are interested. Nicole Rafanello is going to chair the committee.

-Jayne Walco gave an explanation of the new CE process and introduced the speaker (the link to pay and then get CEU is: psychologynj.org/morris-jan and then certificates are emailed 1-2 weeks after the link closes)

**Presenter Bio:**

Dr. Kristine De Jesus is a graduate of Rutgers Univ. where she studied Psychology and Puerto Rican studies. She has a Masters of Art in Org. Behavior and earned her Doctorate in Clinical Psychology from the California School of Professional Psychology. She is the founder of the Wellness Cooperative, a Life and Recovery Coaching practice based in Rahway, where she provides education and coaching for people in recovery from alcohol and drugs. Dr. De Jesus is also the Coordinator of the alcohol and other drugs program at Montclair State Univ. where she co-authored NJ’s first Heroin Risk Reduction Plan for a college population in NJ. She serves as the co-chair of the Monclair State Univ. Advisory Committee on Alcohol and other drugs, is the co-chair of the NJ higher Education Consortium on alcohol and drugs and serves as a board member of the national youth recovery foundations.

**Overview of talk:**

In 2015, over 2 million people in the United States of America experienced an Opioid Use Disorder that involved either prescription opioid based pain relievers or heroin. (ASAM, 2016).  While most people with Opioid Use Disorder will not present to a private practice therapist as a first line of treatment, it is not uncommon that clients presenting for therapy may have a co-morbid substance use disorder. The shift in racial and class demographics related to Opioid Use Disorder has altered the way society deals with this issue moving from criminalization and incarceration to a medical model utilizing the schema of treating a chronic illness.  Therefore, it is increasingly likely that people with a diagnosed (or undiagnosed) Opioid Use Disorder will be presenting for treatment by mental health professionals. This program will present the modern history of the opioid use and the “opioid epidemic” in the USA, the incidence of Opioid Use Disorder to other Substance Use Disorders, and an outline of the methods of evaluating and providing supports for clients presenting with an Opioid Use Disorder.

**Objective 1:**Describe the modern history of the opioid use and the “opioid epidemic” in the USA.

-first wave was in early 1800’s – the China Trades = the importing of opium to the US and mostly to the west coast. Then, 30% of the Asian pop in the use were seen

-late 1800’s morphine began to be used for pain management

-Bayer foundation found heroin to be “wonderdrug” – primarily used for pain and as cough suppressant

-1920 addictive nature of Heroin became better understood and illegal in 1924

-2nd wave of opiod use in the US:

-late 1970’s heroin became male urban problem and increased

-seen as urban problem and was addressed in US via incarceration

-good related movie to watch called “13th” about the 13th amendment

-1980’s with rise of AIDS, harm reduction strategies used to manage risks associated with use

Over 49,000 people died from an opioid\* related death in 2016

Over 64,000 people died from an overdose related death in 2016

Over 88,000 people died from an alcohol related death 2016

-3rd wave – mid 1990’s oxycontin hit the market and was said to be “non-addictive/ not have serious medical side effects”

-pain management became a measureable outcome with growth of Managed Care so became important to make patients comfortable

-largely euro-american phenomenon and **treatment** was government sponsored intervention to address opiod use

**Objective 2:**Discuss the incidence of Opioid Use Disorder to other Substance Use Disorders

-people from every race, ethnicity, religion, and age have been effected by the “opiod epidemic” but Euro-Americans have been hit harder than any demographic

-increase in prescriptions related to injury and to younger and younger people

-access to healthcare (or lack of)

People from every race, ethnicity, religion, and age have been effected by the “opioid epidemic”, however Euro-Americans have been hit harder than any demographic.

Theories for why this is include:

Doctors are more likely to prescribe opioids to Euro-Americans than to people of color

Increase of prescription related to injury

Easy access to prescription medication

Access to healthcare (or lack their of)

**Objective 3:**Outline the methods of evaluating and providing supports for clients presenting with an

Opioid Use Disorder in recovery

-not a new problem to the US nor is general substance abuse

-substance use disorder all about pain (physical, emotional, both…)

-people diagnosed with anxiety and depression are twice as likely to have a co-occurring substance use disorder

-Factors to consider when deciding on whether to see someone for therapy verses refer to a rehab or IOP for Substance Use Disorder treatment :

Appropriate level of care  
 Experience working with people with a Substance Use Disorder Comfort working client in your work setting  
 Support to work with a client with a Substance Use Disorder  
 Knowledge of resources  
 Treatment team or collaboration with other professionals

Recommended Related Media:

-Movie on available on Netflix called:  ***"13th"*** (click below for trailer)

<https://www.youtube.com/watch?v=V66F3WU2CKk>

-60 Minutes Episode Aired on Oct 10th, 2017 (click below)

<https://www.cbsnews.com/news/ex-dea-agent-opioid-crisis-fueled-by-drug-industry-and-congress/>

Also, see full slideshow from presentation on our website (mcpanj.com) under event materials, for more details.

\*Respectfully submitted

by Hayley Hirschmann, PhD

MCPA Secretarty