PCSS Medications for Opioid Use Disorders

Providers Clinical Support System

Behavioral Interventions for Social Workers for Individuals with Pain Disorders or Receiving Medication for Opioid Use Disorders

Jennifer Harrison

PhD, LMSW, CAADC

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Housekeeping

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- PCSS-MOUD aims to increase the knowledge and skills of healthcare and counseling professionals about available evidence-based treatment approaches for substance use disorder (SUD) with a particular focus on opioid use disorder (OUD). PCSS-MOUD provides free training and mentoring to practitioners on the use of medications for OUD (MOUD) and the integration of these services into mainstream health care.

Funding for this initiative was made possible by cooperative agreement no. 1H79TI086770 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.



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All disclosures have been reviewed, and there are no relevant financial relationships with ineligible companies to disclose.

All speakers have been advised that any recommendations involving clinical medicine must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in patient care. All scientific research referred to, reported, or used in the presentation must conform to the generally accepted standards of experimental design, data collection, and analysis.



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For this activity, the following relevant financial relationships were disclosed:

Jennifer Harrison	Equity Shareholder/Co-founder	Goal Scaling Solutions Inc.

All disclosures have been reviewed, and all relevant financial relationships have been mitigated.

All other individuals involved in the planning and presentation of this activity have no relevant financial relationships with ineligible companies to disclose.

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Educational Objectives

At the conclusion of this activity participants should be able to:

1. Understand the three phases of policies and practices regarding pain management in the US as well as risk for drug overdose death
2. Practice a risk assessment for opioid use disorder for individuals prior to starting opioid use
3. Familiarize yourself with withdrawal tools for opioid withdrawal (Clinical Opioid Withdrawal Scale)
4. Develop awareness of social workers role in behavioral strategies being implemented for individuals with pain management and/or opioid use disorders



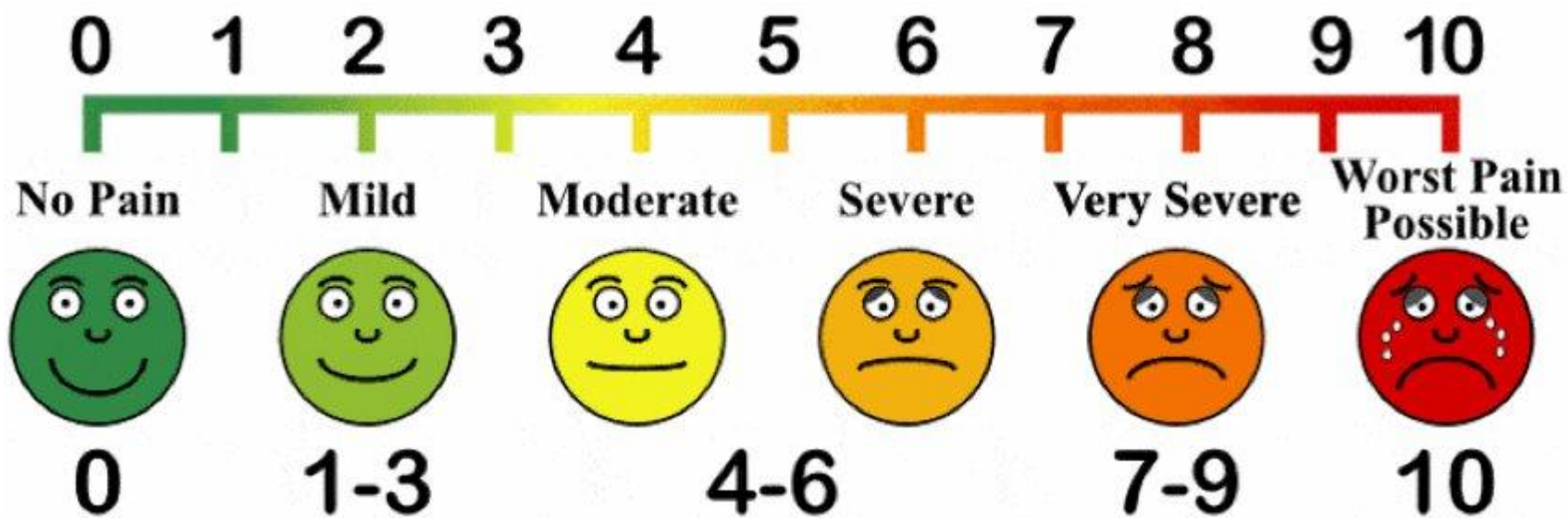
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Presenter(s)



Jennifer Harrison, PhD, LMSW, CAADC is a social worker, chemical addictions counselor, and professor in the School of Social Work at Western Michigan University. Her primary areas of research include behavioral health workforce development, evidence-based practice implementation, and outcome measurement. Dr. Harrison is the Co-PI with colleagues from social work, counseling, and occupational therapy for over $7.5 MM in federally funded workforce development grants focused on the interprofessional workforce, I-PEER, MY-PROUD, and SUPPORT. She has researched and received foundation and state grant support for the implementation of outcome measurement in clinical and educational practice and with colleague Dr. Ann Chapleau has co-developed a secure digital application using Goal Attainment Scaling called Goal Scaling Solutions,Inc. Her research scholarship is published in national and international journals and texts including Social Work Research, American Journal of Occupational Therapy, Community Mental Health Journal, Substance Use &Misuse, the International Journal of Teaching in Business, and Criminal Justice and Behavior. Dr. Harrison is a member of the Michigan Fidelity Assessment and Support Team (MiFAST) and has served on several work groups to develop tools with SAMHSA and Pew Research Trust. Dr. Harrison recently completed a Fulbright Specialist appointment with Profesia Labs in Slovakia integrating Motivational Interviewing for supported employment for individuals with disabilities.

Speaking of pain management



Wong, D. L., & Baker, C. M. (1988). *Wong-Baker FACES Pain Rating Scale* [Database record]. APA PsycTests.

https://doi.org/10.1037/t05330-000

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Pain Symptoms

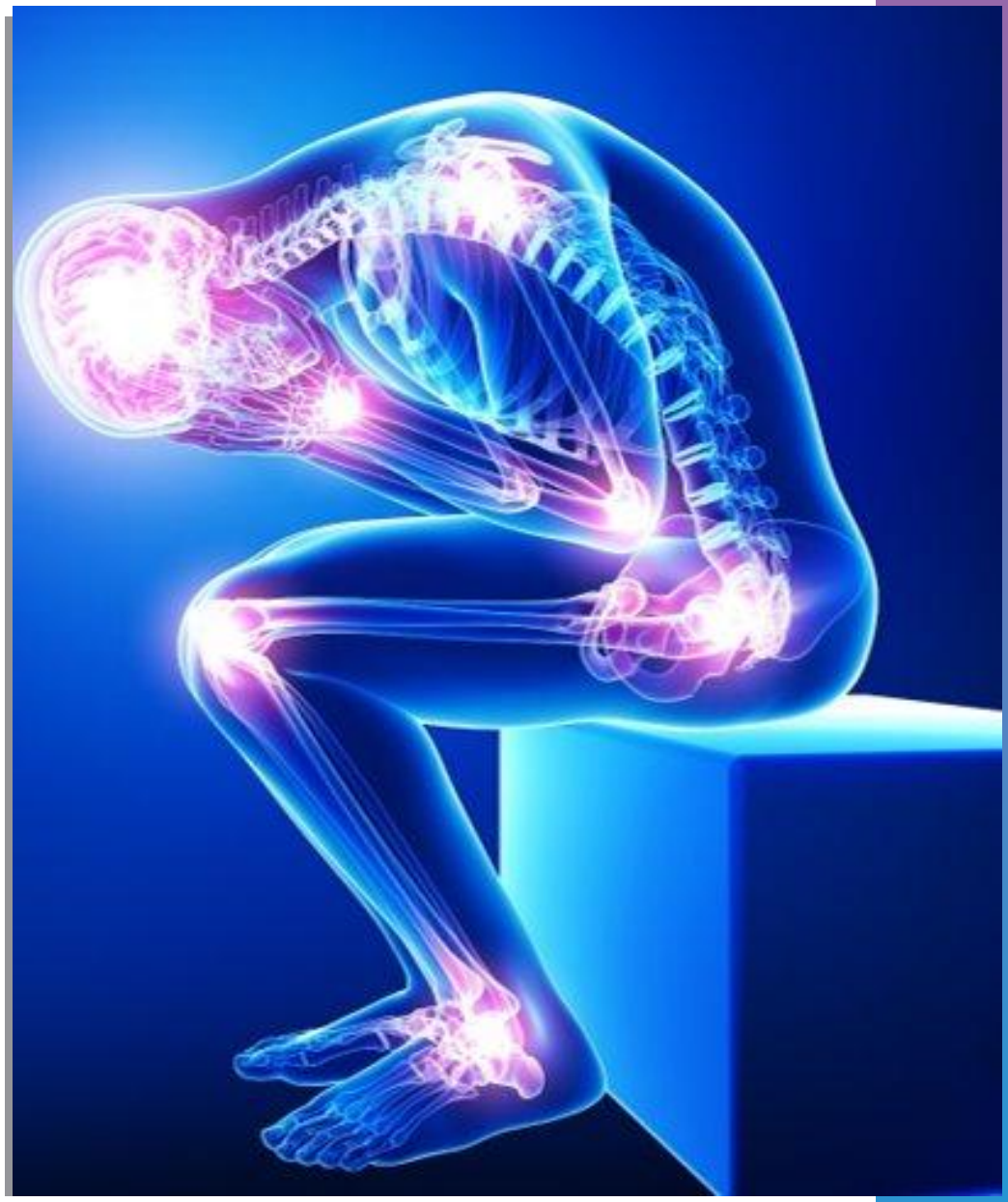
- Elevated HR
- Rapid Shallow Breathing
- Muscle tightening or “bracing”
- Blood vessel constriction/Elevated BP
- Counterpoint to “relaxation”

Chronic pain is a significant risk factor for developing opioid use disorder (OUD). Among adults receiving long-term opioid therapy for chronic pain, prevalence estimates range from 23.9%–26.5% for any prescription opioid use disorder and 5.2%–9.0% for moderate to severe OUD using DSM-5 diagnostic criteria

Dowell, D., Ragan, K. R., Jones, C. M., Baldwin, G. T., & Chou, R. (2022). CDC Clinical Practice Guideline for Prescribing Opioids for Pain - United States, 2022. *MMWR. Recommendations and reports : Morbidity and mortality weekly report. Recommendations and reports*, *71*(3), 1–95. https://doi.org/10.15585/mmwr.rr7103a1

Moderate to severe pain interference in daily activities was associated with a 41% relative increase in the risk of developing prescription opioid use disorder at 3-year follow-up.

Blanco, C., Wall, M. M., Okuda, M., Wang, S., Iza, M., & Olfson, M. (2016). Pain as a Predictor of Opioid Use Disorder in a Nationally Representative Sample. *The American journal of psychiatry*, *173*(12), 1189–1195. https://doi.org/10.1176/appi.ajp.2016.15091179



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Now what about opioids…for pain and as a substance of abuse



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Overdose Deaths

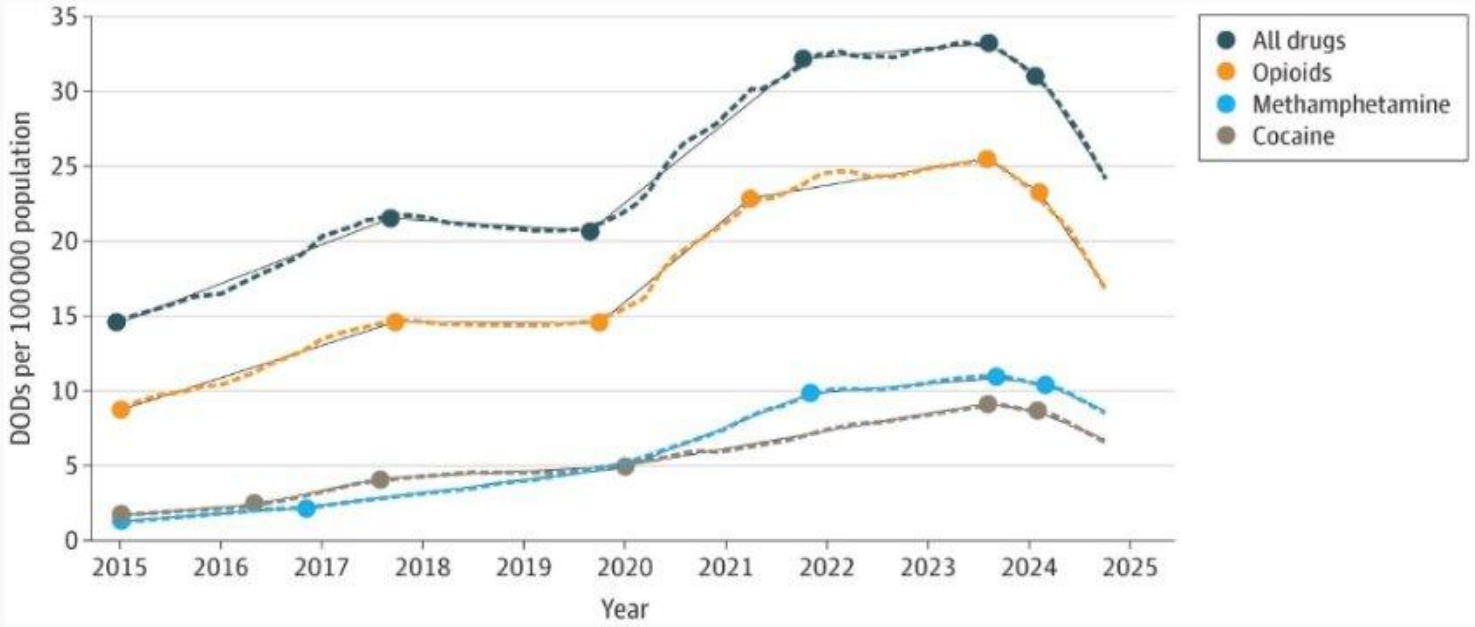


Figure 1. Joinpoint Analysis of Drug Overdose Death (DOD) Rates

Decline in US Drug Overdose Deaths by Region, Substance, and Demographics. JAMA Netw Open. June 1, 2025.

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Anderer S. (2026). As US Overdose Deaths Drop, Researchers Search for Explanations. *JAMA*, *335*(8), 656–657.https://doi.org/10.1001/jama.2026.0553

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What drugs are accounting for overdoses

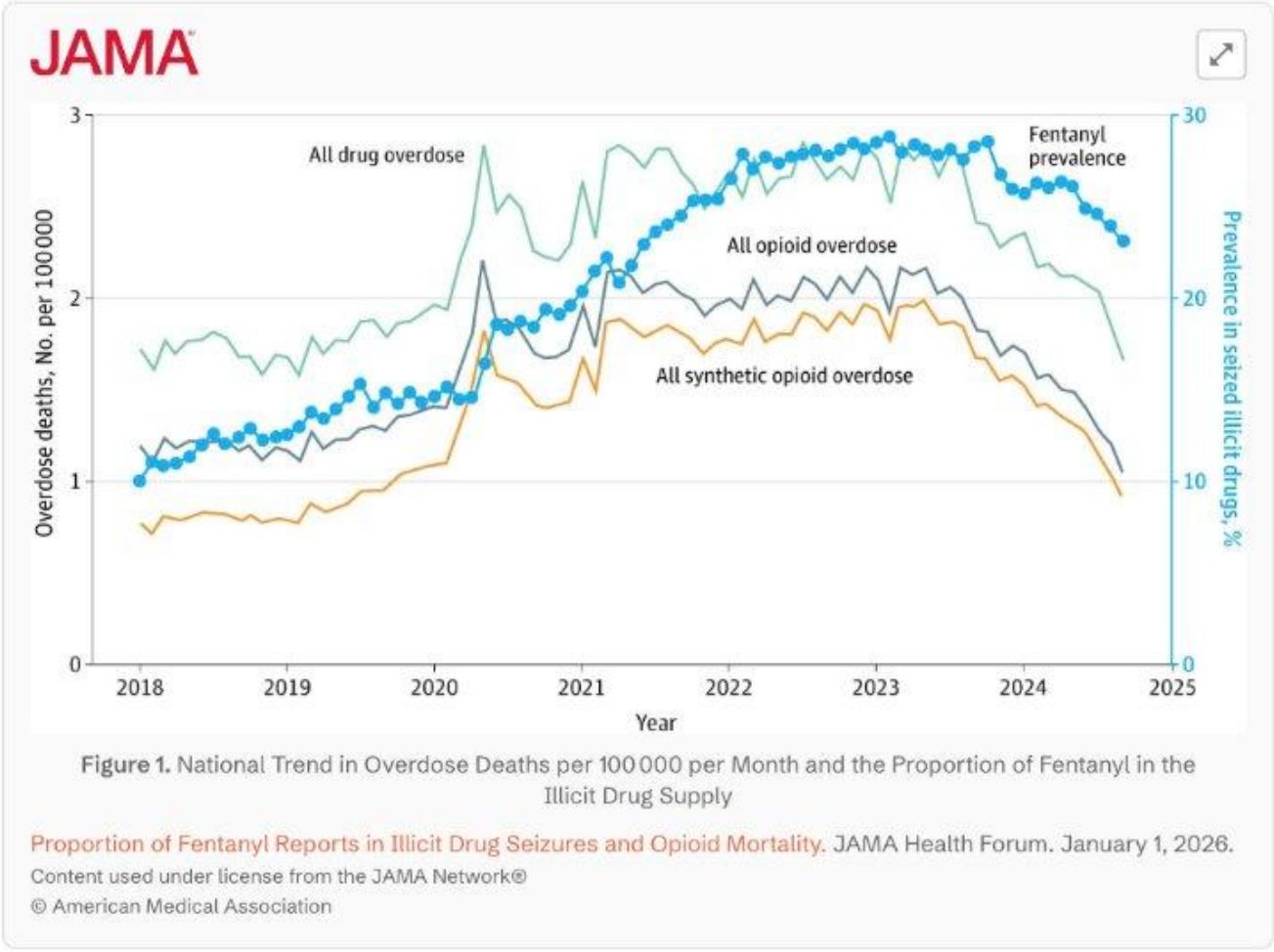


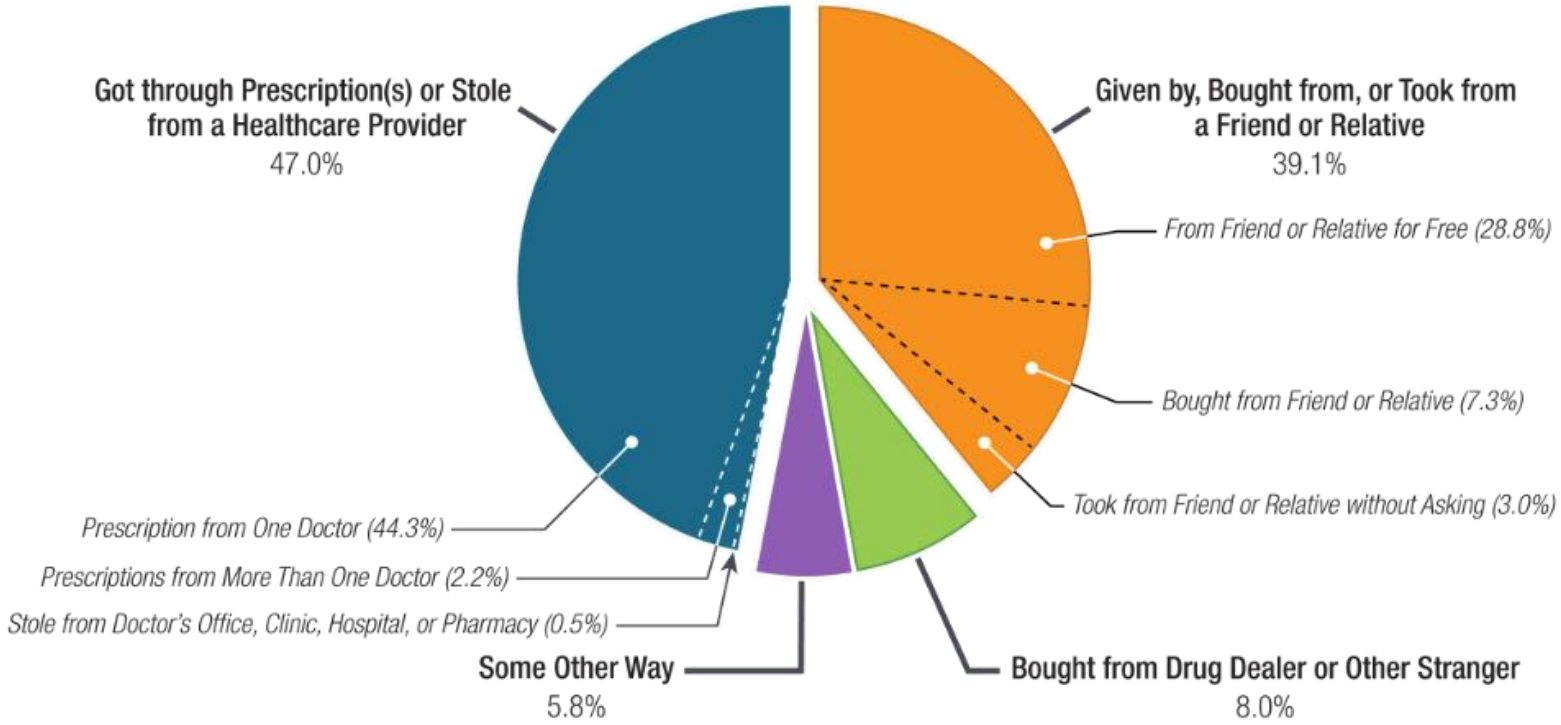
Figure 1. National Trend in Overdose Deaths per 100 000 per Month and the Proportion of Fentanyl in the Illicit Drug Supply

Proportion of Fentanyl Reports in Illicit Drug Seizures and Opioid Mortality. JAMA Health Forum. January 1, 2026.

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Anderer S. (2026). As US Overdose Deaths Drop, Researchers Search for Explanations. *JAMA*, *335*(8), 656–657.https://doi.org/10.1001/jama.2026.0553

Source where Prescription Pain Relievers Were Obtained for Most Recent Misuse: Among People Aged 12 or Older Who Misused Prescription Pain Relievers in the Past Year (NSDUH, 2023)

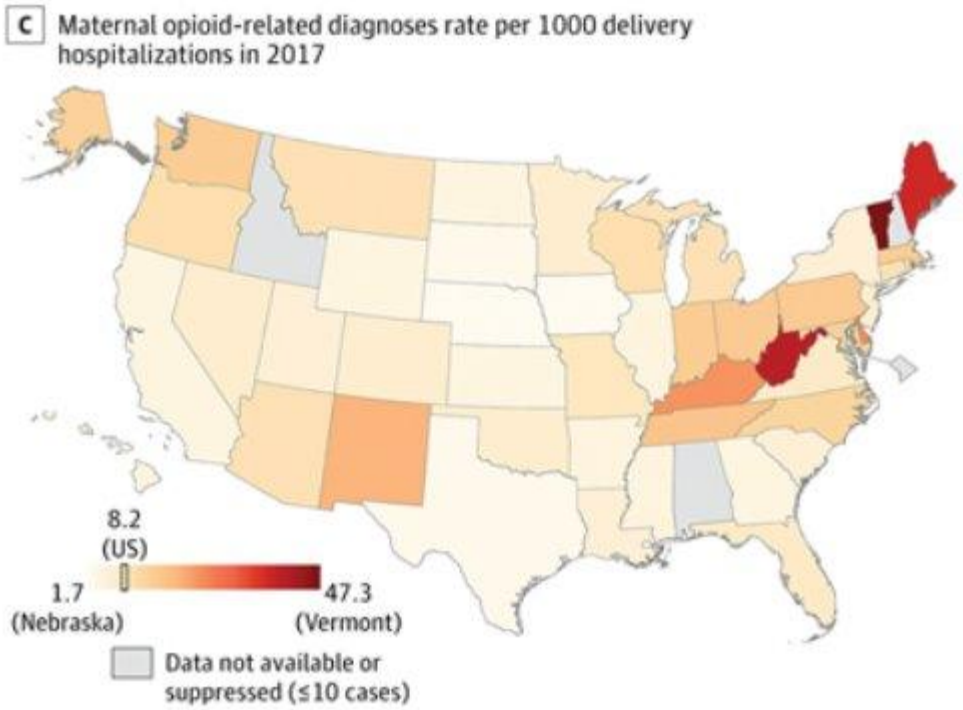


8.6 Million People Aged 12 or Older Who Misused Prescription Pain Relievers in the Past Year

Substance Abuse and Mental Health Services Administration. (2024). *Key substance use and mental health indicators in the United States: Results from the 2023 National Survey on Drug Use and Health* (HHS Publication No. PEP24-07-021, NSDUH Series H-59). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/data/report/2023-nsduh-annual-national-report

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Impact on parents and infants



- Maternal opioid use disorder (OUD)and neonatal abstinence syndrome(NAS)/neonatal opioid withdrawal syndrome (NOWS) both increased dramatically over the past 25 years, with maternal opioid-related diagnoses rising from 1.1 per 1,000delivery hospitalizations in 2000 to8.2 per 1,000 in 2017.

- Emerging data from some states show a decline in NOWS rates between 2017 and 2021, though rates vary widely across US geographic regions

Hirai, A. H., Ko, J. Y., Owens, P. L., Stocks, C., & Patrick, S. W. (2021). Neonatal Abstinence Syndrome and Maternal Opioid-Related Diagnoses in the US, 2010-2017. *JAMA*, *325*(2), 146–155. https://doi.org/10.1001/jama.2020.24991

Mascarenhas, M., Wachman, E. M., Chandra, I., Xue, R., Sarathy, L., & Schiff, D. M. (2024). Advances in the Care of Infants With Prenatal Opioid Exposure and Neonatal Opioid Withdrawal Syndrome. *Pediatrics*, *153*(2), e2023062871. https://doi.org/10.1542/peds.2023-062871

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Assessing Opioid Risk

Opioid Risk Tool

This tool should be administered to patients upon an initial visit prior to beginning opioid therapy for pain management. A score of 3 or lower indicates low risk for future opioid abuse, a score of 4 to 7 indicates moderate risk for opioid abuse, and a score of 8 or higher indicates a high risk for opioid abuse.

Mark each box that applies	Female	Male
Family history of substance abuse		
Alcohol	1	3
Illegal drugs	2	3
Rx drugs	4	4
Personal history of substance abuse		
Alcohol	3	3
Illegal drugs	4	4
Rx drugs	5	5
Age between 16—45 years	1	1
History of preadolescent sexual abuse	3	0
Psychological disease		
ADD, OCD, bipolar, schizophrenia	2	2
Depression	1	1
Scoring totals		

Cheatle M, Compton P, Dhingra L, Wasser T, O'Brien. (2019). Development of the Revised Opioid Risk Tool to Predict Opioid Use Disorder in Patients with Chronic Non-Malignant Pain. *Journal of Pain*. 20 (7): 842-851. https://nida.nih.gov/nidamed-medical-health-professionals/screening-tools-resources/opioid-risk-tool-oud-ort-oud

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Education for people about pain

- Understanding the medications that are opiates and labeling them correctly
- Discuss responsible use and disposal of medications
- Describe difference between acute and chronic pain treatment
- Introduce non-medication treatments
- Clients as partners in their own health care

National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Health Sciences Policy; Committee on Pain Management and RegulatoryStrategies to Address Prescription Opioid Abuse; Phillips JK, Ford MA, Bonnie RJ, editors. (2017) Pain Management and the Opioid Epidemic: Balancing Societal and Individual Benefitsand Risks of Prescription Opioid Use. Washington (DC): National Academies Press (US); Jul 13. 2, Pain Management and the Intersection of Pain and Opioid Use Disorder. Availablefrom: https://www.ncbi.nlm.nih.gov/books/NBK458655/

Assessment of Opioid Withdrawal

APPENDIX 1
Clinical Opiate Withdrawal Scale

For each item, circle the number that best describes the patient's signs or symptom. Rate on just the apparent relationship to opiate withdrawal. For example, if heart rate is increased because the patient was jogging just prior to assessment, the increase pulse rate would not add to the score.

Patient's Name:_____ Date and Time ____/____/____:_____

Reason for this assessment:_____

Resting Pulse Rate: _____beats/minute *Measured after patient is sitting or lying for one minute* 0 pulse rate 80 or below 1 pulse rate 81-100 2 pulse rate 101-120 4 pulse rate greater than 120	**GI Upset**: *over last 1/2 hour* 0 no GI symptoms 1 stomach cramps 2 nausea or loose stool 3 vomiting or diarrhea 5 multiple episodes of diarrhea or vomiting
Sweating: *over past 1/2 hour not accounted for by room temperature or patient activity.* 0 no report of chills or flushing 1 subjective report of chills or flushing 2 flushed or observable moistness on face 3 beads of sweat on brow or face 4 sweat streaming off face	**Tremor** *observation of outstretched hands* 0 no tremor 1 tremor can be felt, but not observed 2 slight tremor observable 4 gross tremor or muscle twitching
Restlessness *Observation during assessment* 0 able to sit still 1 reports difficulty sitting still, but is able to do so 3 frequent shifting or extraneous movements of legs/arms 5 unable to sit still for more than a few seconds	**Yawning** *Observation during assessment* 0 no yawning 1 yawning once or twice during assessment 2 yawning three or more times during assessment 4 yawning several times/minute
Pupil size 0 pupils pinned or normal size for room light 1 pupils possibly larger than normal for room light 2 pupils moderately dilated 5 pupils so dilated that only the rim of the iris is visible	**Anxiety or Irritability** 0 none 1 patient reports increasing irritability or anxiousness 2 patient obviously irritable or anxious 4 patient so irritable or anxious that participation in the assessment is difficult
Bone or Joint aches *If patient was having pain previously, only the additional component attributed to opiates withdrawal is scored* 0 not present 1 mild diffuse discomfort 2 patient reports severe diffuse aching of joints/muscles 4 patient is rubbing joints or muscles and is unable to sit still because of discomfort	**Gooseflesh skin** 0 skin is smooth 3 piloerrection of skin can be felt or hairs standing up on arms 5 prominent piloerrection
Runny nose or tearing *Not accounted for by cold symptoms or allergies* 0 not present 1 nasal stuffiness or unusually moist eyes 2 nose running or tearing 4 nose constantly running or tears streaming down cheeks	Total Score _____ The total score is the sum of all 11 items Initials of person completing assessment: _____

Score: 5-12 = mild; 13-24 = moderate; 25-36 = moderately severe; more than 36 = severe withdrawal

This version may be copied and used clinically.

Journal of Psychoactive Drugs Volume 35 (2), April - June 2003

Source: Wesson, D. R., & Ling, W. (2003). The Clinical Opiate Withdrawal Scale (COWS). *J Psychoactive Drugs*, 35(2), 253–9.

Wesson, D. R., & Ling, W. (2003). The Clinical Opiate Withdrawal Scale (COWS). J Psychoactive Drugs, 35(2), 253–9.

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Medications for OUD



https://nida.nih.gov/videos/medications-opioid-use-disorder-video

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Re-definition of successful treatment

- Independently self-manage pain and maximum functioning
  - At least 30% improvement in pain scores and functional measures
- Avoidance of bad outcomes from treatment
- Use of interventions that work and legitimize that the pain is real

….what does this look like for social workers?

Cohen, S. P., Vase, L., & Hooten, W. M. (2021). Chronic pain: an update on burden, best practices, and new advances. *Lancet (London,England)*, *397*(10289), 2082–2097. https://doi.org/10.1016/S0140-6736(21)00393-7



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Reducing risk of overdoes with OUD

Medications for opioid use disorder (MOUD), particularly methadone and buprenorphine, substantially reduce overdose risk in people with OUD.

Multiple risk factors increase overdose risk, including:

- **polysubstance use** (mixing opioids with benzodiazepines, stimulants, or alcohol),
- **low tolerance** after periods of abstinence or incarceration,
- **variable drug quality/potency** in the unregulated supply, and
- **using opioids alone** without bystanders present

Blanco, C., & Volkow, N. D. (2019). Management of opioid use disorder in the USA: present status and future directions. *Lancet (London,England)*, *393*(10182), 1760–1772. https://doi.org/10.1016/S0140-6736(18)33078-2

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Coming alongside to recognize both sides



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PCSS-MOUD Steering Committee

- PCSS-MOUD is led by the American Academy of Addiction Psychiatry (AAAP), in collaboration with a coalition of national professional and healthcare organizations.

Learn more about the Steering Committee and its partner organizations: **https://pcssnow.org/about/steering-committee/**



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PCSS-MOUD Mentoring Program

- Designed to offer general information to clinicians about evidence-based clinical practices in prescribing medications for opioid use disorder (MOUD).
- Supported by a national network of providers with expertise in addictions, pain, and evidence-based treatment, including MOUD.
- Three mentoring options are available to meet your needs.
- No cost to participate.



For more information visit:
https://pcssNOW.org/mentoring/

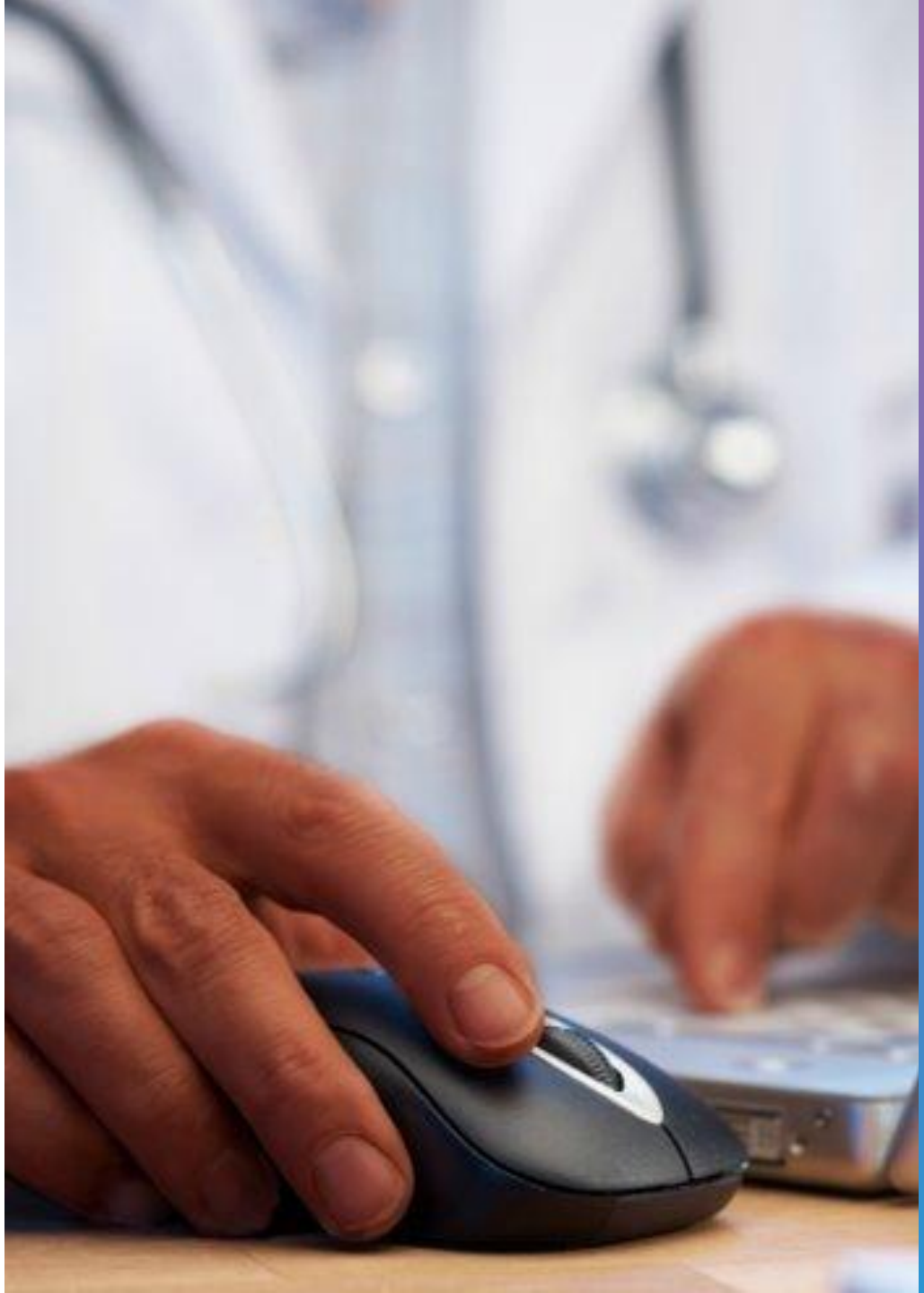
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1: Discussion Forum

- An online discussion forum moderated by addiction specialists where health professionals can post questions and receive answers from clinical experts and other colleagues.

Register here at no cost!

For more information visit:
https://pcssNOW.org/mentoring/



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2: Ask a Clinical Question

- A simple and direct way to receive an answer related to Substance Use Disorder, Opioid Use Disorder, and other related topics. Designed to provide a prompt response to clinical questions via email.

Submit your clinical question

For more information visit:
https://pcssNOW.org/mentoring/



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3: One-on-One Mentoring

- Provides individualized, one-on-one guidance via email, phone, or in-person (if feasible), to discuss specific clinical issues. Members are “matched up” with one of our mentors in their region. This is the most in-depth of the three PCSS-MOUD mentoring tools. Please contact **pcssmentoring@aaap.org** to receive a mentor request form.

Browse our Mentors

For more information visit:
https://pcssNOW.org/mentoring/



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