

Beyond Screening: Implementing a Response to Substance Use Coercion in Clinical Practice

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Disclosure Information

Beyond Screening: Implementing a Response to Substance Use Coercion in Clinical Practice

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☀ No disclosures

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☀ No Disclosures

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☀ No Disclosures



Learning Objectives

- ☀ Describe the key tactics used in substance use coercion within intimate partner violence (IPV) relationships and their impact on recovery and treatment.
- ☀ Recognize key components of a comprehensive approach for identifying and addressing substance use coercion in clinical settings
- ☀ Utilize resources that can help support individuals experiencing SU coercion and providers aiming to support these patients

Outline

- ☀ Introduction to Substance Use Coercion and Scope of the Problem
- ☀ Recognizing and Responding to Substance Use Coercion
- ☀ Results from Substance Use Coercion Pilot Study
- ☀ Updated Toolkit and Associated Resources for Providers and Clinics

Clinical Scenario

- ☀️ 24 y/o F comes to see you in your primary care clinic, accompanied by a new partner. She has been your patient for several years and has been stable on 8-2mg buprenorphine-naloxone daily for the past six months.
- ☀️ Her last routine urine drug screen was positive for fentanyl and negative for buprenorphine. You ask her about the result and her partner jumps in immediately, telling you that she is allergic to naloxone and asks you to prescribe buprenorphine monoproduct.

Introduction

- ☀ Intimate partner violence (IPV) is a **pattern of assaultive and coercive behaviors designed to dominate and control a partner** through fear and intimidation
- ☀ May include physical, sexual, emotional, and/or economic abuse, isolation, deprivation, and stalking, as well as coercion and threats
- ☀ These behaviors result in both physical and psychological harm

IPV Has Significant Substance Use-Related Effects

- ☀ IPV increases a person's risk for substance use and opioid use disorder
- ☀ There are high rates of IPV and other trauma among people accessing substance use disorder (SUD) treatment
- ☀ Women who experience IPV are at increased risk for relapse and for opioid OD, including during pregnancy and postpartum
- ☀ Abuse targeted toward a partner's substance use (SU) is common; contributes to the development of SU conditions; and compromises treatment access and effectiveness
- ☀ Integrated approaches to IPV, substance use, trauma and mental health, are critical to the safety and recovery of people who experience IPV

Warshaw & Zapata-Alma, 2021; Warshaw & Tinnon, 2018; Engstrom, et al., 2012, Rivera et al., 2015; Holland 2021

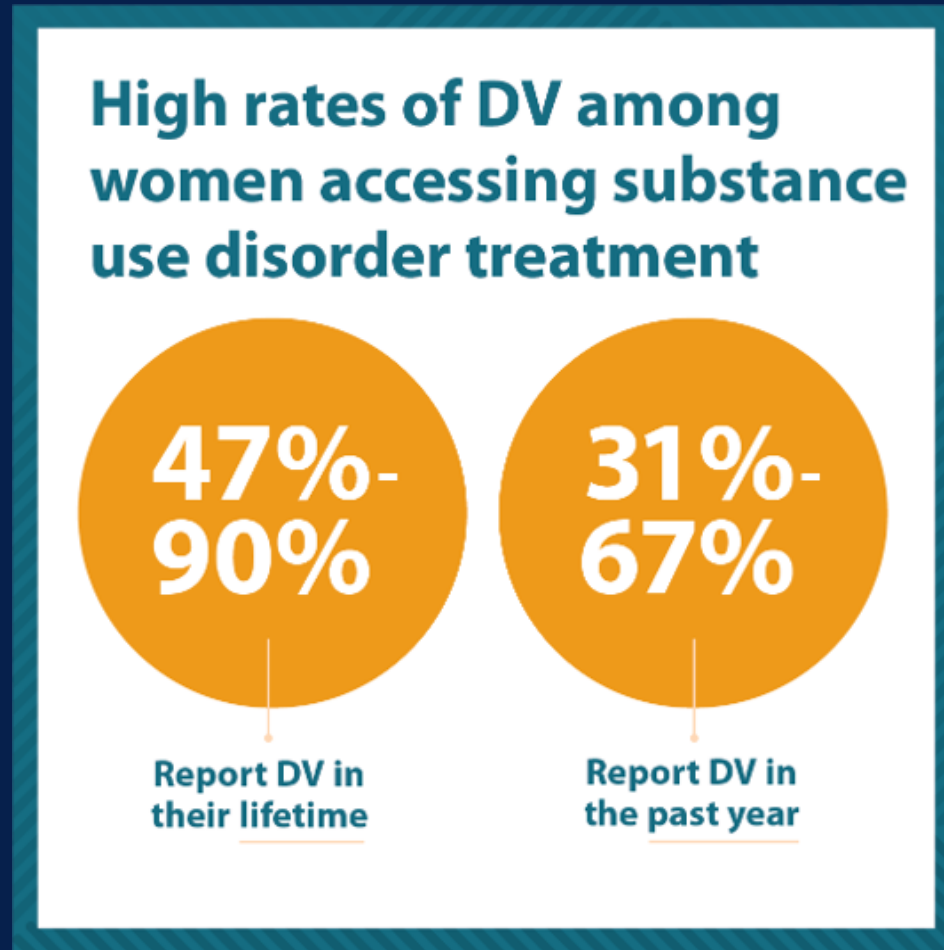


IPV Has Significant Substance Use Effects



IPV is Prevalent Among People Accessing SUD Treatment

90% of women accessing services in a methadone clinic had experienced IPV



Less well recognized are the ways people who abuse their partners engage in coercive tactics targeted toward a partner's use of substances...



Warshaw et al., 2014

Substance Use Coercion Survey

National Domestic Violence Hotline and NCDVTMH Survey

N=3,224

26%	Ever used substances to reduce pain of partner abuse?
27%	Pressured or forced to use alcohol or other drugs, or made to use more than wanted?
15.2%	Tried to get help for substance use?
60.1%	If yes, partner or ex-partner tried to prevent or discourage you from getting that help?
37.5%	Partner or ex-partner threatened to report alcohol or other drug use to someone in authority to keep you from getting something you wanted or needed?
24.4%	Afraid to call the police for help because partner said they wouldn't believe you because of using, or you would be arrested for being under the influence?



Substance Use Coercion Survey: Qualitative Findings

**Coerced
use**

**Treatment
Interference**

**Recovery
Sabotage**

**Threats to
Report or
Discredit**

**Sexual
Coercion**

**Opioid-
Specific
Coercion**

Substance Use Coercion Survey: Qualitative Findings

☀ Coerced Use

- Initiated into using
- Pressured to use with partner, unable to refuse
- Manipulated or threatened into using
- Drugged by partner
- Subjected to drug-induced debilitation

☀ Treatment Interference or Recovery Sabotage

- Prevented from attending meetings or treatment
- Transportation/childcare withheld
- Harassed into leaving
- Medications controlled
- Substances kept in home after treatment
- Forced to watch partner use
- Escalating violence if tried to cut down or stop

Substance Use Coercion Survey: Qualitative Findings

☀ Threats to Report or Discredit

- Reported to judges, CPS, police, probation officers, employers
- Made false allegations
- Abusive partner leveraging stigma to discredit and benefiting from resulting isolation

☀ Substance Use-Related Sexual Coercion

- Coerced or forced sex
- Pressure to use

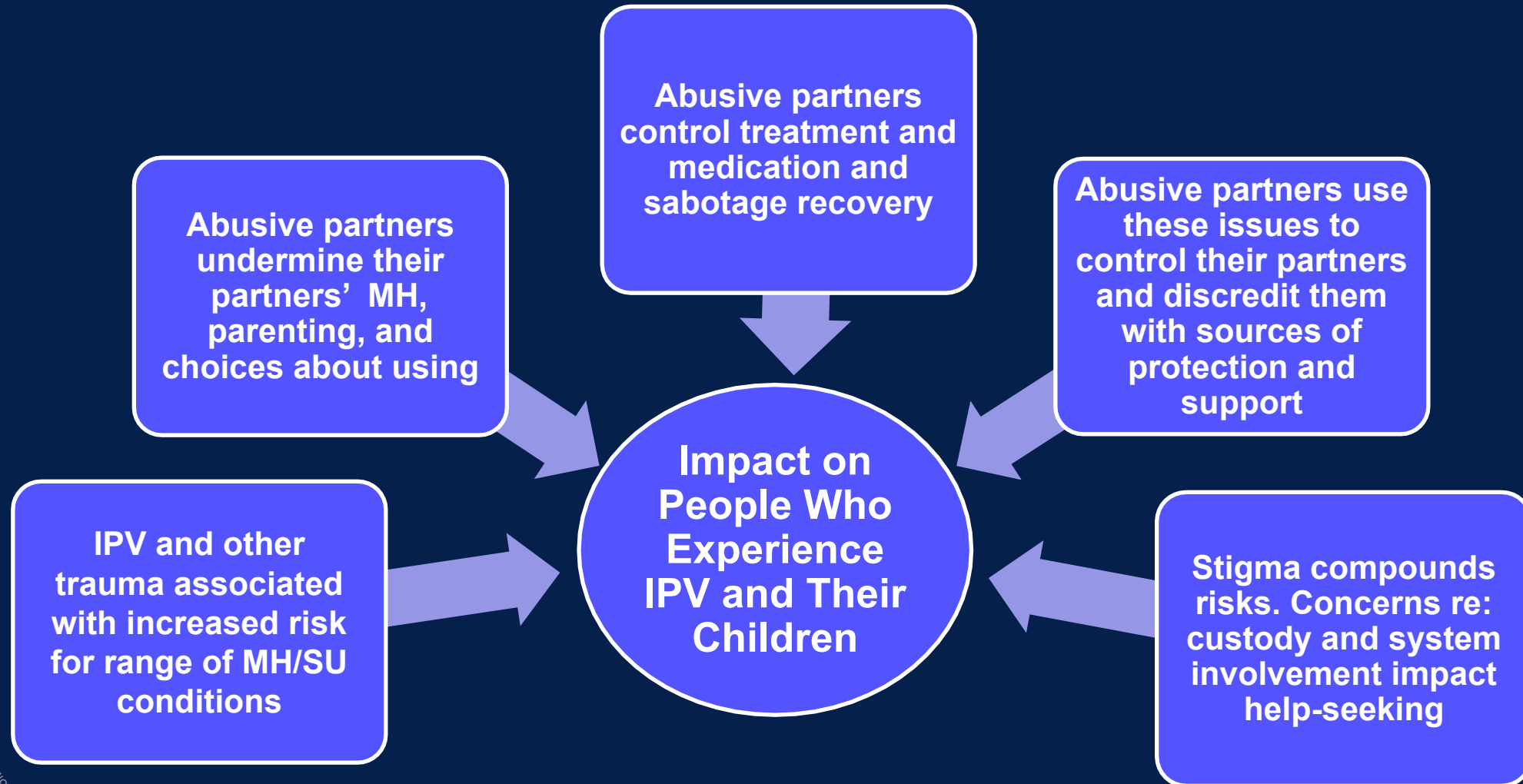
☀ Abusive partner blaming abuse on their partner's substance use



Substance Use Coercion and Opioids

- ☀ Introducing partner to opioids and controlling supply
- ☀ Threatening to put a partner into withdrawal
- ☀ Coercing partner to engage in illegal activities
- ☀ Forcing partner to use unsafely
- ☀ Injuring partner to obtain pain meds
- ☀ Sabotaging treatment
 - Stalking at regular MOUD appointments; Keeping a partner from meeting Tx requirements; Controlling or diverting meds
- ☀ Using opioid history as threat and tactic of control: Custody, CPS, LE, housing, jobs, public benefits, probation/parole; planting drugs

Trauma, IPV, and MH/SU Coercion: Complex Picture



Outline

☀ Introduction to Substance Use Coercion and Scope of Problem







➡ **Recognizing and Responding to Substance Use Coercion**

☀ Results from Substance Use Coercion Pilot Study

☀ Updated Toolkit and Associated Resources for Providers and Clinics

Red Flags for Substance Use

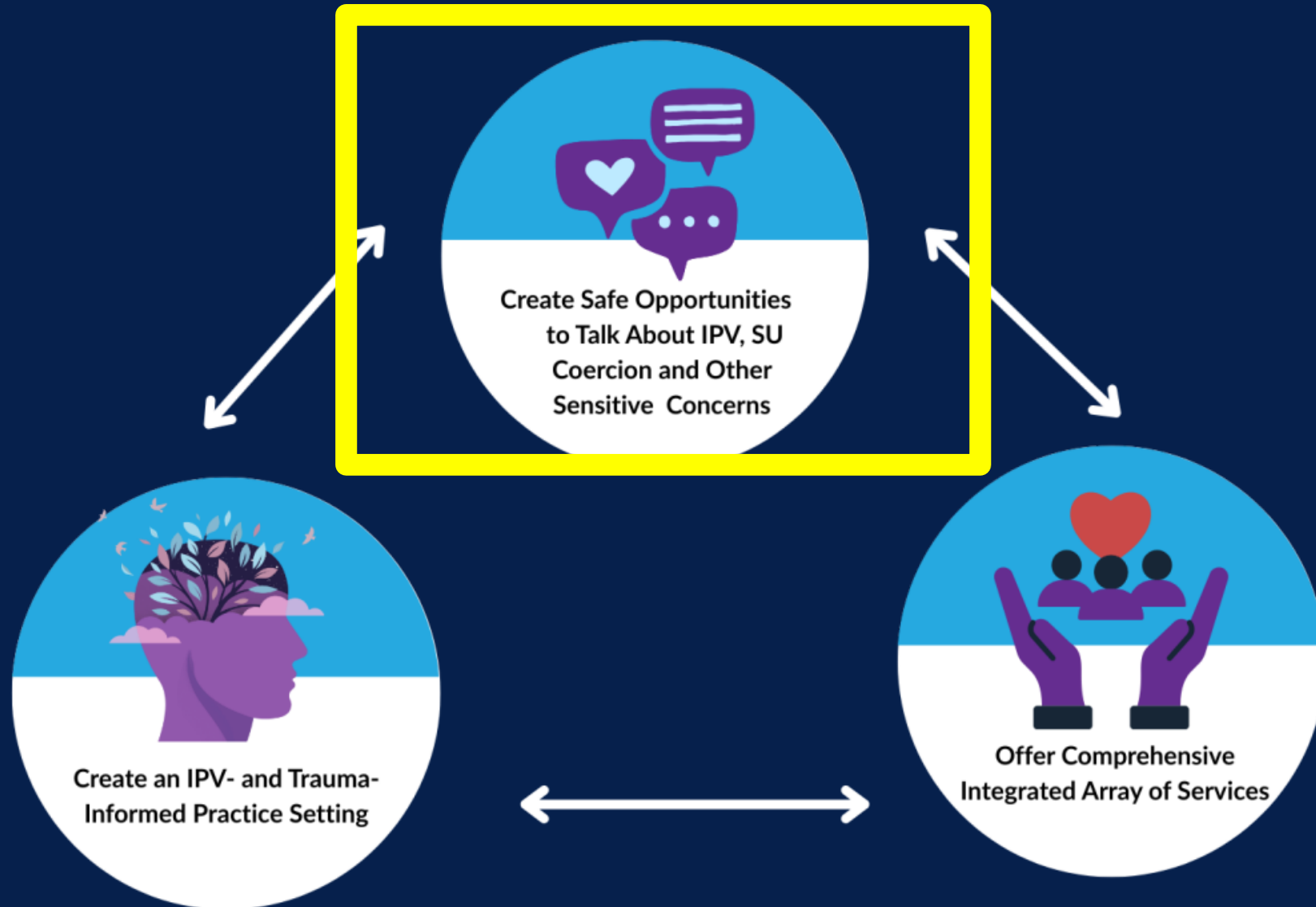
Coercion

-  Partner is overbearing and makes it difficult to see patient alone
-  Evasive when talking about partner
-  Missing or coming late to appointments
-  Losing prescriptions, misplacing medications, asking for early refills
-  Negative drug screens for prescribed medications
-  Increase in or resumption of alcohol or drug use

Clinical Scenario

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- ☀️ Her last routine urine drug screen was positive for fentanyl and negative for buprenorphine. You ask her about the result and her partner jumps in immediately, telling you that she is allergic to naloxone and asks you to prescribe buprenorphine monoprodukt.

Integrating Responses to SU Coercion and Other Complex Needs into Clinical Practice: What Is Involved?



Opening a Conversation About SU Coercion

- ☀️ **Normalize:** “Many of our patients have told us that their partners interfere with their treatment or sabotage their recovery.”
- ☀️ **Personalize:** “Sometimes partners might [provide SUC examples that might align with patient’s situation]”
- ☀️ **Empathize:** “We understand that using substances can also be a common way to deal with physical and emotional pain caused by a partner.”
- ☀️ **Offer Support and Space:** “If you’ve had these experiences, or if they come up, know that we are here to support you.”



Affirm and Validate Person's Experience



- ☀️ “It’s not your fault”
- ☀️ “You always deserve dignity and respect”
- ☀️ “It sounds like your partner is _____, which is making it hard to _____”
- ☀️ “I believe you, you are not alone

Responding to Coercion and Safety Planning

- ☀ Impacts on treatment planning
- ☀ Integration of harm reduction
- ☀ Ensuring patient safety (immediate and long-term)
- ☀ Documentation and open access issues
- ☀ Special considerations for telemedicine safety
- ☀ Roles of clinic team members and referrals to community resources

Strategize Together About Safety

- ☀ Determine if there are immediate safety concerns
- ☀ Ask about preferred/safest forms of communication
- ☀ Remind about flexible scheduling policies; offer telehealth appointments
- ☀ Consider changes to treatment plan
 - ☀ Use of long-acting injectables
 - ☀ Giving fewer days in each prescription

Responding to Coercion and Safety Planning

- ✦ Impacts on treatment planning
- ✦ Integration of harm reduction
- ✦ Ensuring patient safety (immediate and long-term)
- ✦ Documentation and open access issues
- ✦ Special considerations for telemedicine safety
- ✦ Roles of clinic team members and referrals to community resources

Document with Safety In Mind

- ☀ **Discuss importance of documentation as record of IPV/SU coercion and to provide full picture of health conditions**
- ☀ **Discuss issues around open access and related patient choices:**
 - Inactivate accounts completely if unable to keep passwords protected
 - Block notes from patient portal – relies on all providers knowing the situation and remembering to proactively block sensitive records
- ☀ **Remember chart notes can be subpoenaed**
 - Highlight patient's strengths (including parental strengths when applicable)
 - Document connections between IPV and substance use
 - Record specific instances of IPV/SU coercion and their effects

Outline

- ☀ Introduction to Substance Use Coercion and Scope of Problem

- ☀ Recognizing and Responding to Substance Use Coercion

 **Substance Use Coercion Pilot Study**

- ☀ Updated Toolkit and Associated Resources for Providers and Clinics

Substance Use Coercion Pilot Study

- ☀️ Funded by Foundation for Opioid Response Efforts



- ☀️ Joint project of National Center on Domestic Violence, Trauma & Mental Health (NCDVTMH) and University of Pittsburgh Medical Center (UPMC)

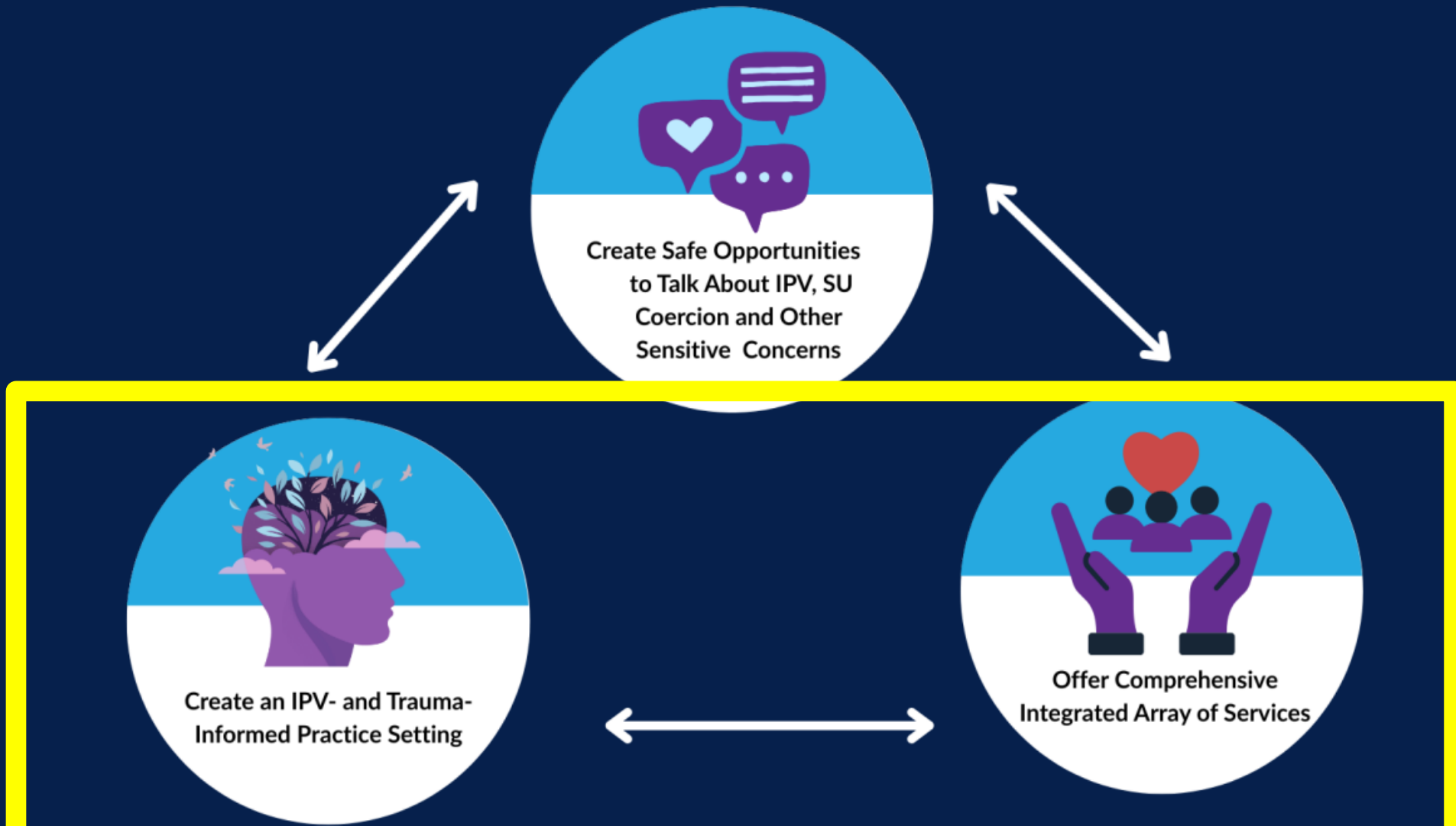
- ☀️ NCDVTMH Toolkit piloted in two UPMC clinics to address SUC-related barriers to recovery

- ☀️ Primary care clinic for individuals with substance use disorders

- ☀️ Women's specific substance use treatment clinic



Integrating Responses to SU Coercion and Other Complex Needs into Clinical Practice: What Is Involved?



Substance Use Coercion Pilot Study

- ☀ Clinic mapping and integrating components of toolkit into workflows
 - ☀ Provider and staff trainings
 - ☀ Rooming policies
 - ☀ Patient education materials
- ☀ Clarifying roles of individual clinical team members and improving team-based coordination and communication
- ☀ Updating templates for documentation
- ☀ Fostering community partnerships and referral networks
- ☀ Develop refined intervention, tools, and implementation guidance

Findings from Pilot – Process Analysis

☀ Major Achievements

- Provider feedback from clinic sites informed procedural and policy changes
- Providers trained to increase knowledge and skills related to working with patients experiencing IPV/SU coercion
- New workflows around rooming
- Recognition of the unique role of peer support and need for specific training for peer recovery specialists
- EMR modifications to prompt and guide conversations with patients and enhance communication between team members
- Quick reference guides around clinic
- Patient-facing materials developed including posters

Findings from Pilot - Survey and Interviews

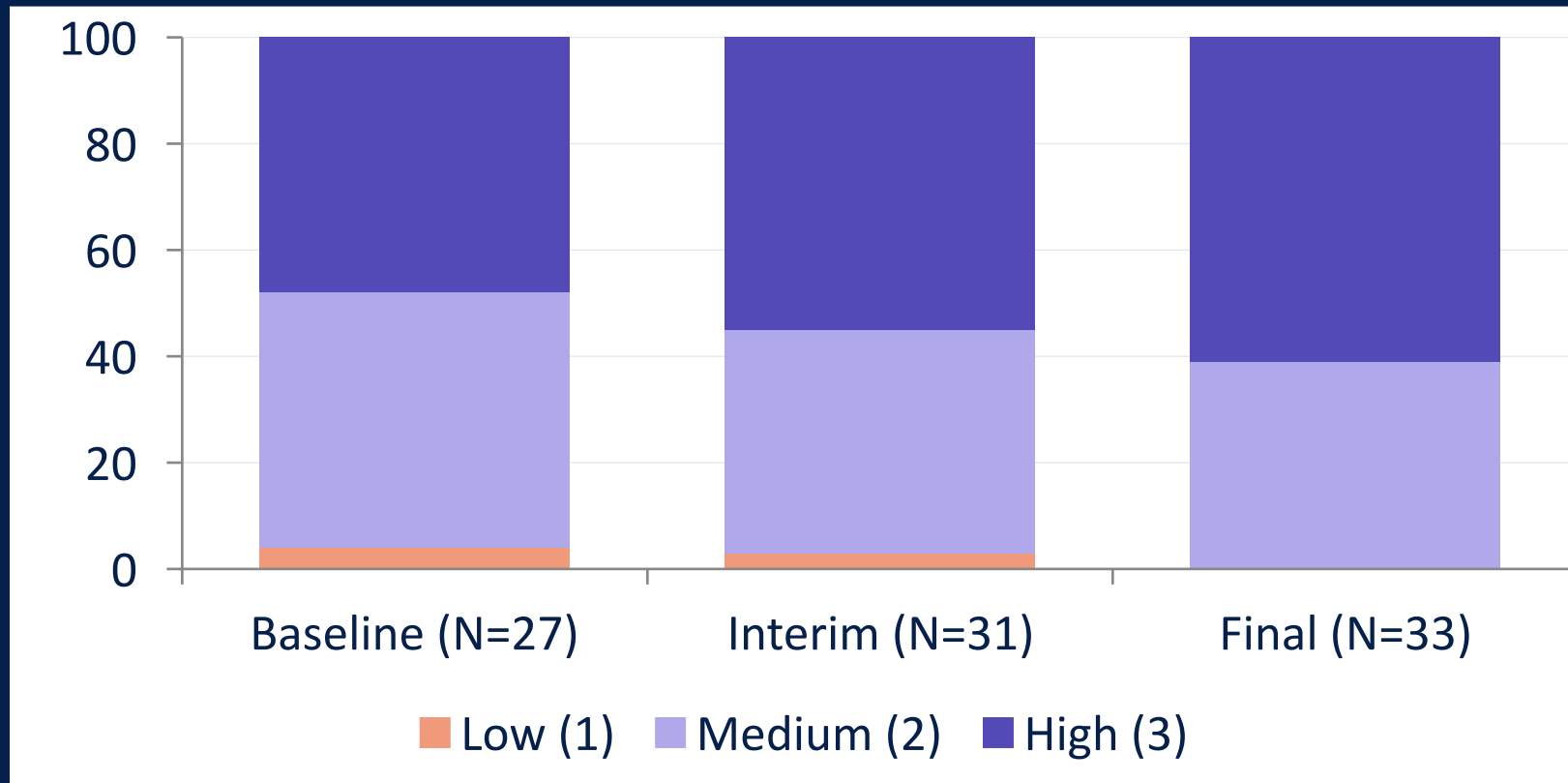
- ☀ Evaluate feasibility, helpfulness, and usability for providers and acceptability and helpfulness for patients
- ☀ Health Professional surveys
- ☀ Semi-structured interviews with health professionals (August –October 2024) and patients (July 2024-January 2025) about experiences with the pilot

Findings from Pilot - Surveys

- ★ Administered to health professionals at both clinics at baseline, interim and final pilot timepoints
 - 15 Physicians
 - 1 Nurse Practitioner
 - 1 Social Worker
 - 2 Behavioral Health Specialist
 - 3 Peer Navigators
 - 6 Nurses
 - 1 Senior Health Manager
- ★ 11 (38%) identified as having personal history of IPV
- ★ Used Likert-scale to identify comfort level with clinical functions and frequency with which they addressed related topics with patients
- ★ Open-ended questions in final survey about experiences
- ★ 100% participation for each survey
- ★ Participant payment provided

Survey Results – Health Professionals

☀️ **Provider comfort** in addressing substance use coercion

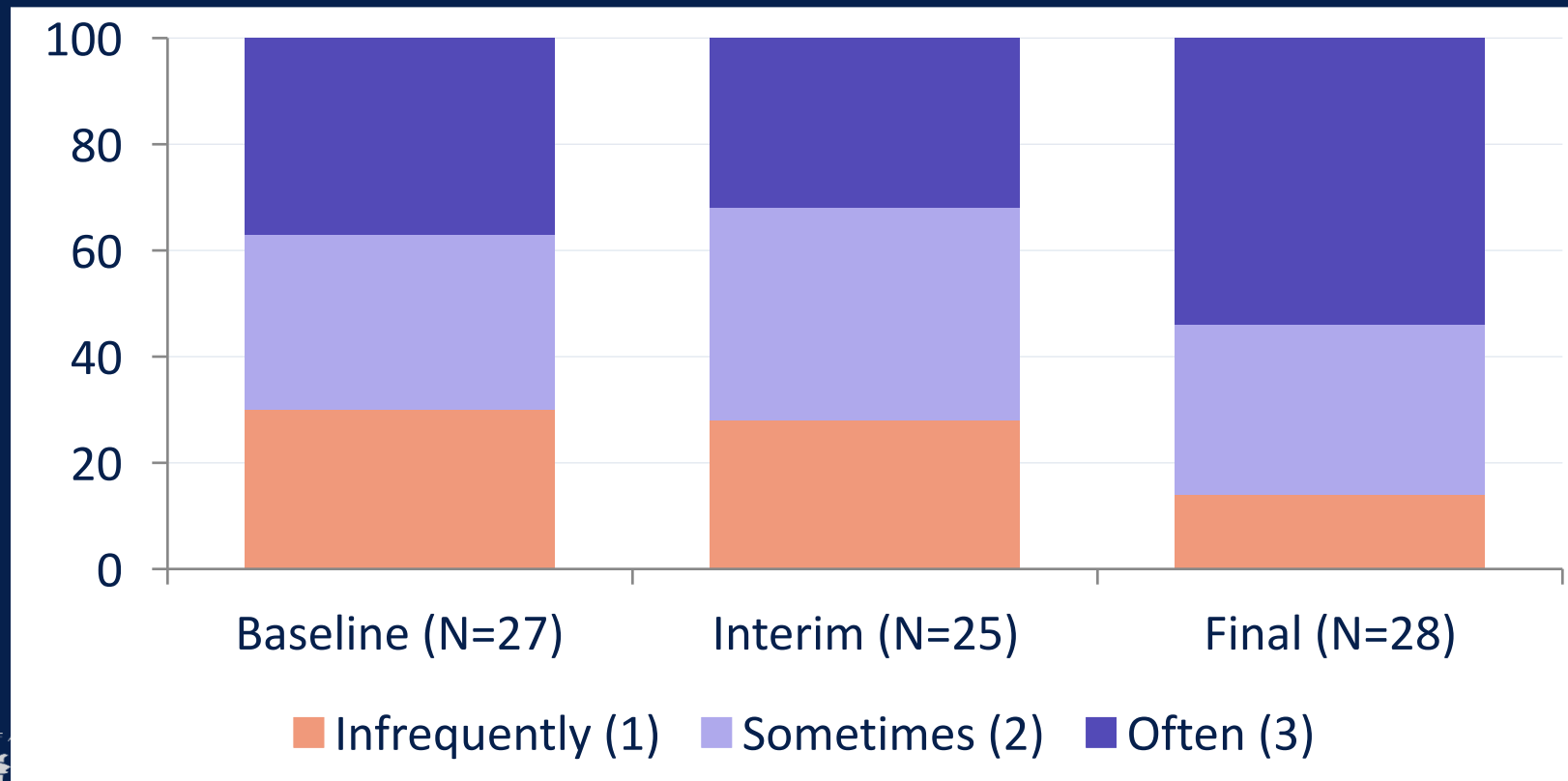


Composite variable including comfort around:

- Asking about IPV
- Asking about SU coercion
- Opening conversations
- Strategizing about safety
- Adapting telehealth
- Discussing role as mandated reporter
- Talking about how culture impacts IPV

Survey Results – Health Professionals

☀ How often provider provided emotional support to patients who have experienced IPV and SU

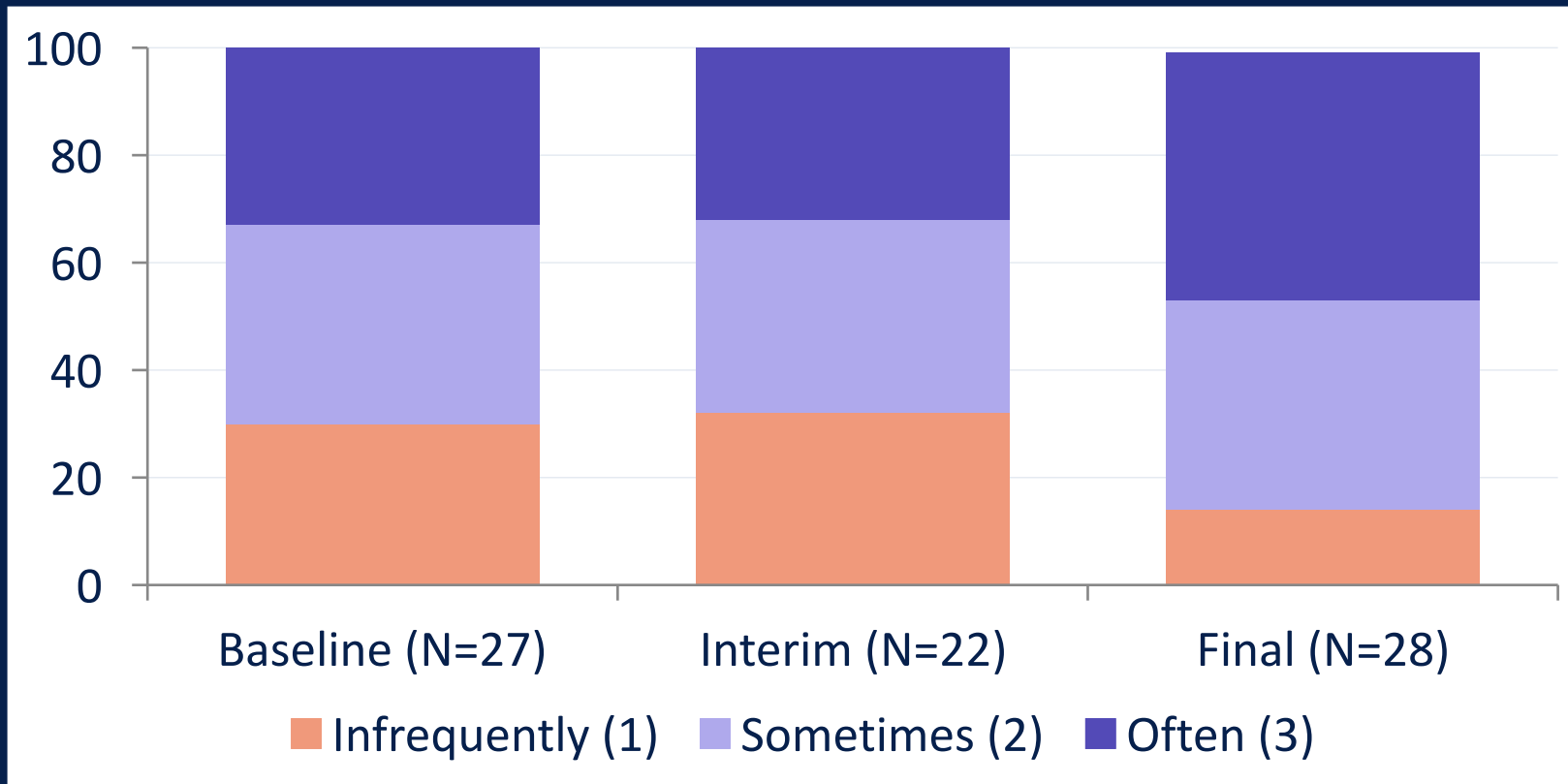


Composite variable including how often they:

- Helped patient understand SU coercion was not their fault
- Asked about partner's response to their treatment and recovery
- Helped a patient identify supports

Survey Results – Health Professionals

☀ How often provider engages in safety planning with patient



Composite variable including how often providers discussed:

- Ways partner interferes with meds, appts, communication
- Specific ways partner interferes with Tx/sabotaged recovery
- Ways to address partner sabotage and/or Tx interference
- Any immediate patient safety concerns
- Potential for partner to use treatment against them in legal/custody case
- Safety concerns related to documentation

Survey Results: Open-Ended Questions

☀ Feedback on Trainings – Most Helpful

- Opening conversations about SU coercion
- Better understanding how SU coercion may affect their patients
- Learning strategies to adapt services to be more effective for this population
- Awareness of referral services

The greater awareness overall in the entire clinic has been fantastic – it is now a more central aspect of our assessment and treatment, and everyone now has the ability, skills, and confidence to provide support and resources

Survey Results: Open-Ended Questions

☀ Patient Outcomes – Posters impact on patient outcomes

They have opened up about personal IPV experiences and family members' IPV experiences from reading and connecting the information on the posters

They made them feel more comfortable talking about it and that they believed they would be taken seriously if they brought it up

Ⓜ Patient Outcomes – General pilot impact on patient outcomes

Within the new assessment questions and style, I have witnessed an increase in positive responses to IPV. I feel like the number of identified patients on my caseload has doubled. This is great because more women can talk openly about their relationship issues and feel safe to disclose.

I feel more patients are aware of and thinking about SU coercion and IPV so we can provide them a safety plan that is best suited for them

More willingness to share their experiences and feeling safe to do so

Interviews - Health Professionals

- ☀ **Semi-structured interviews**

- ☀ n= 16; 8 from each clinic

 - ☀ Mean age: 44

 - ☀ Race: 75% White

 - ☀ Ethnicity: 87% Non-Hispanic

- ☀ **Role**

 - ☀ Provider (Physician, APP) = 44%

 - ☀ Staff = 19%

 - ☀ RN, Social Worker, Peer Recovery Specialist = 13%

- ☀ **Participant payment provided**

Themes: Health Professional Interviews

- Importance of Collaborative Team Approach

We are currently assisting in slowly chipping away at the layers of, like, revealing the reality of the coercion, the domestic violence and having multiple staff involved...that is one piece that's unique and nice about our clinic. You're not coming and only seeing one person. You have an opportunity to meet multiple different staff and you might click.

Knowing I have multiple coworkers, to lean on you know, is very helpful

- Power of Normalizing Conversations about IPV/SU Coercion

They appear more comfortable talking about their relationship and not realizing that the support that they receive from their partner could be identified as substance use coercion, where they never thought that before. I think that's really helpful with the signage that we have throughout the office

The most helpful things are the templates that have been embedded in our medical notes because they just prompt you to ask questions

Themes: Health Professional Interviews

- **Success in Provider Confidence, Comfort and Skills**

I am becoming more aware of what a woman or a man may present if they are in a domestic violence situation or there is coercion.

Trying to be authentic and genuine and just meeting the, where they're at and having those conversations and them not feeling stigmatized or judged because that is our big thing in our clinic, is valuing each and every one of these women.

- **Barriers For Long-Term Sustainability Persist**

The highest risk patients quickly become unreachable due to barriers list distance and lack of phone access

A lot of times patients needs community resources and that I would say is something we could use...a good resource pool that you feel like is reliable because I would say screening without having a plan is very frustrating for everybody.

- **Increased Workload and Emotional Labor Must be Considered**

Please do not take this all upon yourself and no matter how badly we want them to change, It's not for us to do it... We just have to show up every day... [and] give them what we can

Interviews - Patients

- ☀️ One-hour, semi-structured interviews
- ☀️ Recruitment through provider referral and clinic flyers for self-referral
- ☀️ n= 16, 8 from each clinic
 - Mean age:39
 - 100% white
 - 87% non-Hispanic
- ☀️ 50% self-identified as IPV survivors
- ☀️ \$100 participant payment

Themes: Patient Interviews

Patient experiences with providers

- Generally felt comfortable discussing SU coercion with providers in the clinics
[I could talk about] anything – the good and the bad

- Appreciated that providers demonstrated genuine concern through empathy and understanding

It wasn't just questions that they had to ask. It was like she genuinely was concerned

- Compassionate, non-judgmental responses to substance use fostered trust, growth, and healing

They have really ... helped me and got to know my story and my situation and you know and just were so helpful

Themes: Patient Interviews

Providers with Lived Experiences

- § Patients preferred talking to providers who had lived experience, especially peers, about SU coercion who offered a critical sense of hope and validation

I would rather talk to someone that I can relate to

Clinic Safety and Confidentiality

- § Ability to speak openly and safely with providers in a private setting was critical

Usually, the [abusive] partners don't even let you go to the doctors by yourself

Connecting Patients to Additional Supports

- § Highlighted the importance of providing applicable referrals for care, basic needs, and safety-related resources in a safe and empathetic way

I was able to wait in the clinic after my appointment to connect with the local DV program

Recommendations from Peer Recovery Specialists

Peers Can Empower People Who Experience Substance Use Coercion:

- ☀ Validating Experiences
- ☀ Reducing Internalized Stigma
- ☀ Advocating Within Medical Systems
- ☀ Providing Education and Resources

Special Considerations for Peers

- ☀ Confidentiality and Safety
- ☀ Understanding Stigma Around MOUD
- ☀ Providing Support Around Secondary Trauma

Outline

- ☀ **Introduction to Substance Use Coercion and Scope of Problem**

- ☀ **Recognizing and Responding to Substance Use Coercion**

- ☀ **Results from Substance Use Coercion Pilot Study**

- ➡ **Updated Toolkit and Associated Resources for Providers and Clinics**

Supporting OUD Treatment to Recovery through Addressing Intimate Partner Violence and Substance Use Coercion | Videos & Movies on Vimeo

Beyond Screening: An Integrated Approach to Addressing Substance Use Coercion in Clinical Practice



Substance use coercion is a common but underrecognized form of intimate partner violence (IPV) that is prevalent among people accessing substance use and opioid use disorder treatment. Substance use coercion profoundly impacts people's use of substances, creates significant barriers to care, and compromises treatment effectiveness and recovery.

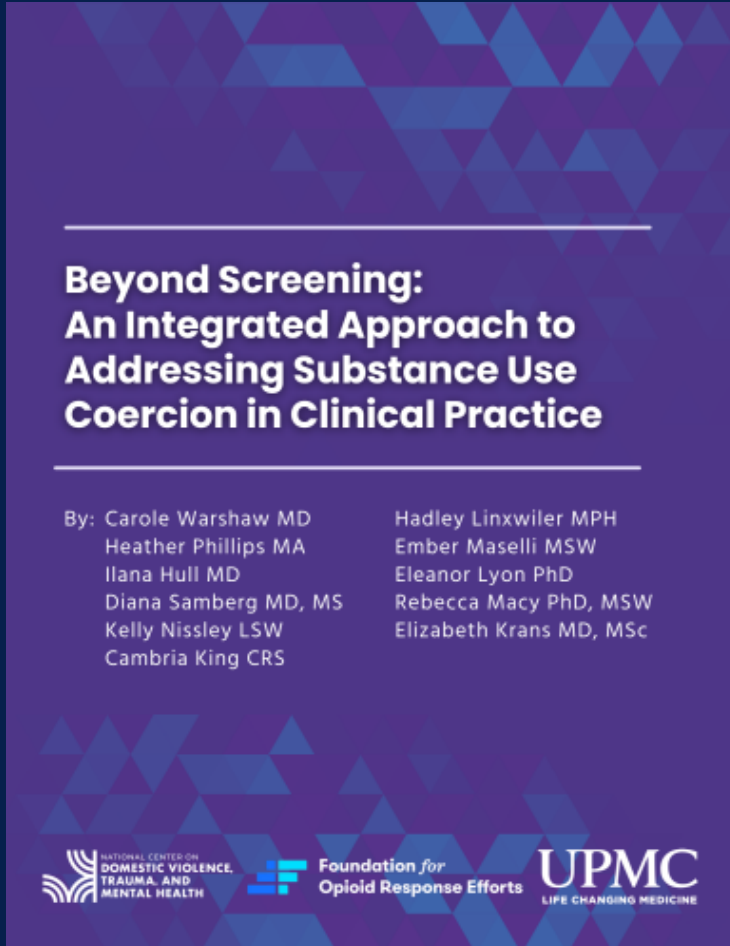
The ***Beyond Screening Toolkit*** provides practical guidance and resources for implementing an evidence-supported approach to addressing substance use coercion and IPV in a range of clinical practice settings.

Substance Use Coercion: A form of IPV targeted toward a partner's use of substances as part of a broader pattern of abuse and control

Common forms of substance use coercion include:

- Coercing a partner to use

Beyond Screening Toolkit: Why “Beyond Screening” and What it Contains



Key Sections



Background and Overview



Preparing Your Practice Setting



Integration into Clinical Practice



Sustainability

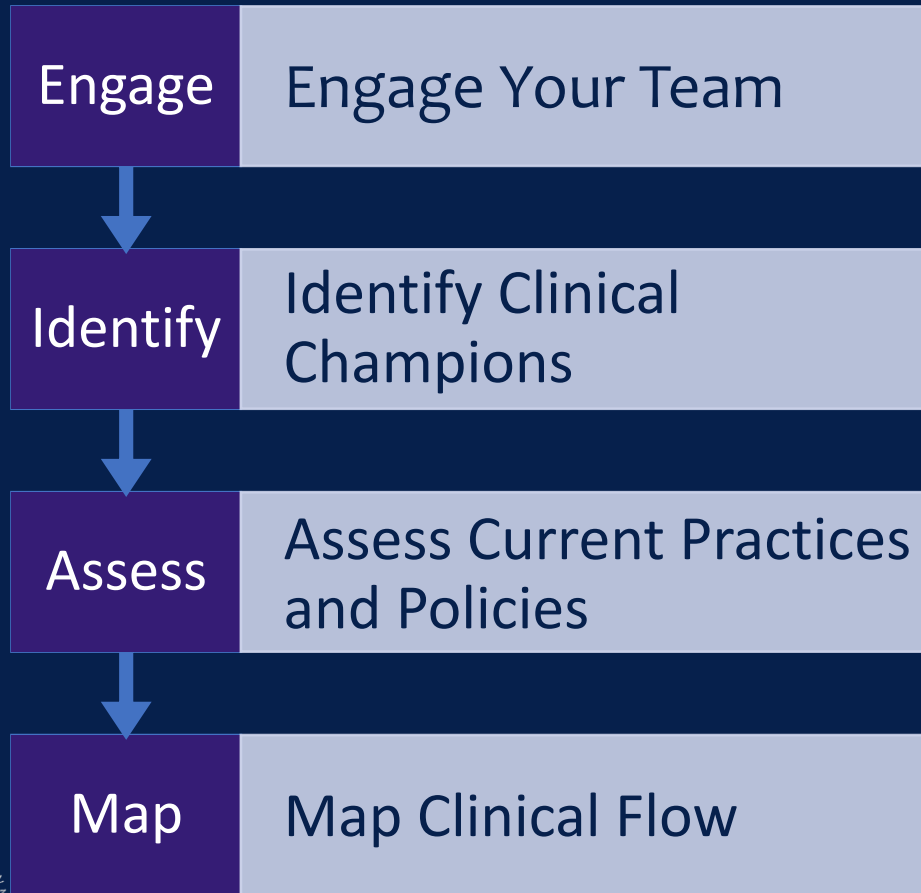


Tools and Resources

Beyond Screening Toolkit:

Section 2: Preparing Your Practice Setting

Planning and Assessment



Tools and Resources

- ☀ Quick Reference Guide
- ☀ Provider Self-Assessment Tool
- ☀ Clinical Flow Maps

Beyond Screening Toolkit

Preparing Your Practice: Quick Reference Guide

Preparing Your Practice: Quick Reference Guide

Implementing an IPV- and Substance Use Coercion-Informed Approach in Your Clinical Practice Setting: A Quick Reference Guide

Step 1. Establish Your Implementation Team and Identify Clinical Champion(s)

- Engage staff across roles (leadership, admin, clinicians, peer recovery specialists, social workers).
- Share why addressing substance use coercion matters (e.g., mini-presentations, tip sheets).
- Provide initial training and resources to build team buy-in.
- Include staff in shaping workflows so they feel confident, equipped, and invested.
- Build planning into staff meetings; secure protected time if possible.
- Identify clinical champion(s):
 - Lead, support, and sustain the implementation process.
 - Qualities: strong communicator/mentor, passionate about IPV/SU coercion, advocacy and negotiation skills, clinical credibility, trusted by staff and leadership, embedded in the clinic with face-to-face presence.
- Set regular, protected meeting times with leadership support.

Step 2. Assess Your Current Practice and Clinical Flow

- Review provider knowledge, skills, and comfort addressing IPV/SU coercion.
- Assess prior training, current comfort in opening conversations, responding to disclosures, incorporating into treatment planning, referrals, and documentation.
- Identify existing safety/privacy/confidentiality policies and resources.
- Map clinical workflow:
 - Patient journey from entry to exit—who rooms patients, conducts intakes, provides treatment, recovery support, counseling, referrals, and documentation.

- Who has a fixed schedule and who can respond to more urgent or complex needs
- Existing communication strategies for urgent and non-urgent issues
- Review intake and assessment forms for logical integration points by professional role
- Identify strengths, gaps, barriers, and suggested changes.
- Assess referral and consultation relationships with DV programs and hotlines and other community resources
- Identify additional resources or supports needed to strengthen your programming (i.e., informational materials, skill-building training, consultation, and supports for staff, referral partnership agreements).

Step 3. Review and Update Policies and Procedures

- Address Safety, Privacy, and Confidentiality
 - Assess clinic layout and establish safe exit strategies; consider security or escort options; and strategies for privately indicating concerns about IPV e.g., during urine drug screening
 - Adopt universal rooming-alone policy
 - EMR/Open Notes Safety
 - Block portal access and sensitive notes to prevent access by abusive partner
 - Use safe, protected, discreet indicators and inter-provider communication strategies.
 - Document with safety in mind: explain risks and options to patients.
 - Update telehealth safety protocols (safe times/places, code words, spyware awareness, documentation of safety strategies).
 - Institute transparent child welfare/mandatory reporting policies.
- Improve Access to Care
 - Ensure flexible scheduling, attendance, and prescribing policies to reduce risks related to missed visits or stolen meds.
 - Adopt ACOG/ASAM urine drug screen guidelines: voluntary with informed consent and clear rationale to support clinical care
 - Identify transportation, childcare, and other SDOH supports

Provider Self-Assessment Tool: Responding to IPV and Substance Use Coercion in Clinical Practice

Current Intake and Assessment Practices

1. How often do you currently ask patients about IPV during initial visits?

2. How often do you currently ask patients about IPV during follow-up visits?

- Never
- Rarely
- Sometimes
- Often
- Always

3. How often do you currently ask patients about substance use coercion?

- Never
- Rarely
- Sometimes
- Often
- Always

4. How often do you currently ask patients about IPV-related safety, privacy, and confidentiality concerns?

- Never
- Rarely
- Sometimes
- Often
- Always

to ask about IPV? (Select all that apply)

Screening protocol

Injuries

Behavior/demeanor

Patient adherence issues

Patient behavior during visits

Patient disclosure of relationship problems

Other: _____

Don't currently ask about IPV

Attempts you to ask about substance use coercion?

If you suspect or identify IPV, how confident are you in your ability to:

Confidence in Responding to IPV and Substance Use Coercion

	Not Confident	Slightly Confident	Moderately Confident	Very Confident	N/A
Provide appropriate support					
Document appropriately					
Address patient safety					
Address treatment interference					

ncdvtmh.org

September 2025

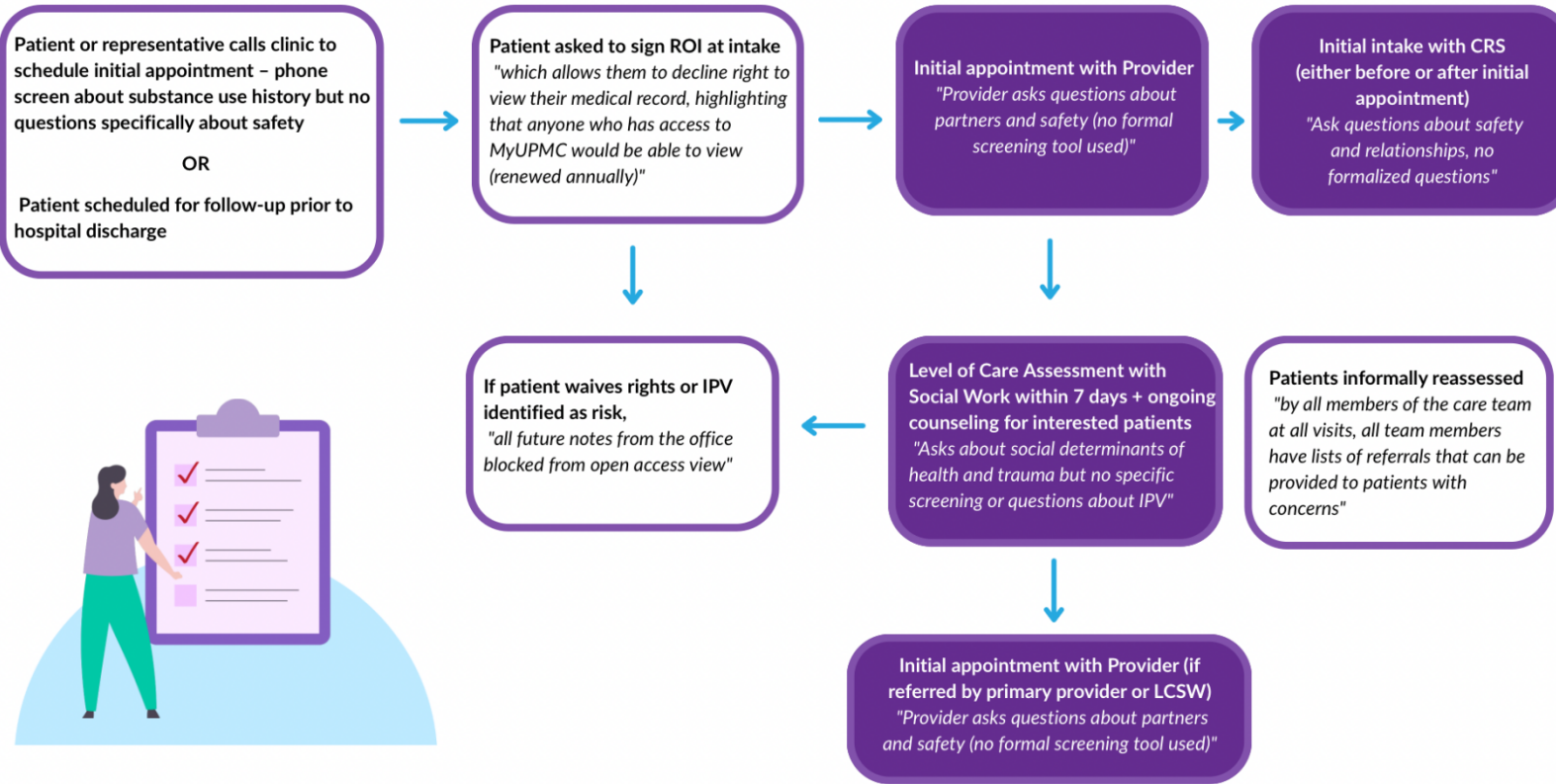
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September 2025



Clinical Flow Diagrams

Workflow for Current IPV Screening and Referrals at IM-REP



Preparing Your Practice: Implementing New Clinic Policies and Protocols to:

Address Safety/Confidentiality Risks

- ✦ Safe exit strategies
- ✦ Rooming alone policies
- ✦ Safe communication strategies
- ✦ EMR Safety/Patient portals
- ✦ Telehealth safety
- ✦ Mandatory reporting transparency

Reduce Barriers to Care

- ✦ Flexible scheduling/Medication options
- ✦ Urine Drug Screen policies
- ✦ Addressing Social Determinants of Health

Support Clinical Integration

- ✦ Adapt clinical flow
- ✦ Incorporate IPV/SU coercion into routine assessments and treatment
- ✦ Establish consultation and referral processes with DV program(s)
- ✦ Develop new EMR templates
- ✦ Create resources for patients and health professionals
- ✦ Conduct universal training for staff

Preparing Your Practice: Implementation Tools and Resources

- ✦ Creating a Shared EMR template
- ✦ Health Professional desktop guide and palm cards
- ✦ Patient-facing posters
- ✦ Partnering with Domestic Violence Programs
- ✦ Training resources on IPV and substance use coercion

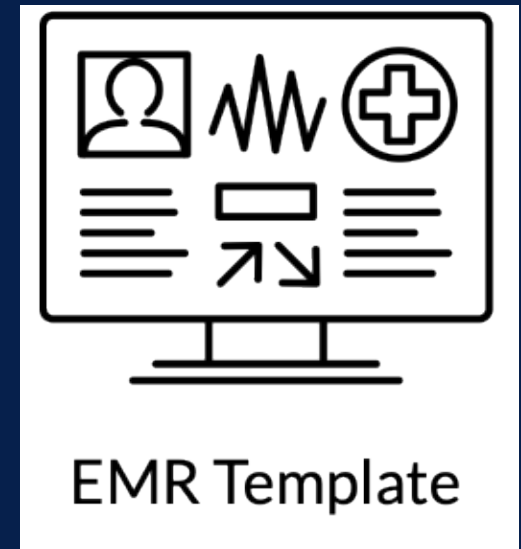
EMR Template Design and Implementation

Confidentiality and Privacy

- ☀️ Unique to each clinical setting
- ☀️ In-depth discussions and problem-solving to ensure EMR features used remain confidential

Template Design

- ☀️ Questions to prompt discussions about substance use coercion
- ☀️ Guidance on what to do and how to refer



EMR Template Design

Notes

+ Create Note Attestation 1

My Note

★ B abc ↶ ? + Insert SmartText ↷ ↻ ↺ ↻ ↻

Counseling:

Psychiatry:

Housing/resources:

Partner/family:

Substance use coercion/IPV

Has your current or former partner ever tried to control your use of substances or pressure or force you to use or use more than you want to?

Has your current or former partner ever done things that impact your ability to access treatment, manage your medications, or maintain your recovery?

Is anyone in your life hurting you or threatening you in any way? Are you concerned about your safety?

Children:

REVIEW OF SYSTEMS

Sign v

-
-
-
-
-
-



Examples – Limiting Patient Access

Notes

+ Create Note | Attestation 1 | NPSUPERVISION 2

My Note

Insert SmartText

Marks note as "sensitive" in EPIC – restricts note access to specific providers

Blocks note for patient access to MyUPMC. Will need to justify reason.

Reason for Blocking

The note is not being shared with the patient/prory. Choose the most applicable reason and indicate the specific risk in comments.

- Patient requested note not be disclosed to them or their proxies
- Disclosure of the note to the patient would cause substantial risk of physical harm to the patient
- Disclosure of the note to a proxy would cause substantial risk of physical and/or psychological harm to the patient
- Disclosure of the note to the patient or proxy would cause substantial risk of physical and/or psychological harm to another individual

Comments:

Accept Cancel

MyUPMC Administration

Account Details For Zzadriana A Zzzanderson

MyUPMC Status: Inactive

Activate MyUPMC Account

- Launch Signup
- Send Text
- Send Email
- Print

Demographic Details

Decline Signup

MyUPMC Details

Activation Code: No Code Generated

Generate Code

Additional Details

Related Activities

- Communication Preferences
- Results Release
- Patient Message Review

Examples – Provider Communication

The screenshot displays a telemedicine interface. On the left and right are two identical 'Patient Test' cards. Each card features a 'PT' icon, a 'Click Here' button, and patient information: 'Female, 46 year old, 1/1/1980', 'Code Status: None', and 'Epic/Hospital MRN: 741395171/826931087'. In the center is a communication window titled 'Internal Medicine Com...' with a star icon and a close button. The window contains a text input field with the placeholder text 'Enter a note to be shared with your specialty'. A blue arrow points from the text input field to a text box below. Another blue arrow points from the text 'Lines appear once text added' to a document icon on the right card.

Click Here

PT

Internal Medicine Com...

Enter a note to be shared with your specialty

Lines appear once text added

PT

Patient Test

Female, 46 year old, 1/1/1980
Code Status: None
Epic/Hospital MRN:
741395171/826931087

Patient Test

Female, 46 year old, 1/1/1980
Code Status: None
Epic/Hospital MRN:
741395171/826931087

SUC ALERT: No immediate safety concerns/immediate safety concerns
Code Word/Gesture for Telemed: e.g. "I have to feed the baby" means partner in the room and cannot talk openly
Active PFA: Yes/No

Patient-Facing Posters

Safety for Survivors

- Different designs for different clinical spaces (i.e., waiting room vs. bathroom)
- Promoting cultural shifts in clinic; showing patients this is a safe place to discuss IPV and substance use coercion

Poster Design

- Created in partnership with peer support specialists and Stakeholder Advisory Committee

Uses language that is easy to understand



Learn about....
Substance Use Coercion

Substance Use Coercion is when a partner uses coercive tactics targeted toward your use of substances as part of a broader pattern of abuse, violence, and control.

You may be experiencing Substance Use Coercion if:

- Your partner introduces you to substances and then pressures or forces you to use more than you want
- Your partner tries keep you from coming to treatment or does things to interfere with your recovery
- Your partner uses your substance use to isolate, discredit, or threaten you
- Your partner threatens to put you into withdrawal if you don't do what they want
- Your partner blames their abuse on your substance use

Everyone Deserves to Feel Safe and Respected

If any of this is happening to you, help is available. Our providers understand these concerns and can connect you with any help or support you need.

The poster is a vertical rectangular graphic with a white background and a teal footer. At the top, it has a teal header with the text "Learn about...." and "Substance Use Coercion" in bold. Below this is a short definition of substance use coercion. The main body of the poster lists five signs of coercion, each preceded by a teal circle and a horizontal line. To the right of the list is a circular illustration of a woman with dark hair, wearing a red top and yellow pants, with her hand to her chin in a thinking pose. The footer is a teal bar with white text that reads "Everyone Deserves to Feel Safe and Respected" and provides a message of support and availability of help.

Recognizing Substance Use Coercion

Sometimes people interfere with their partner's recovery as a way to maintain control within the relationship. This is called **Substance Use Coercion**.

Other common examples of Substance Use Coercion include:

Controls Your Use

Does your partner...

- Pressure or force you to use substances?
- Make you use in ways that you don't want to?
- Make you feel bad when you don't use?
- Threaten to put you into withdrawal?



Prevents You from Accessing Services



Does your partner...

- Prevent you from accessing transportation, childcare, or money needed to go to services?
- Pressure you to miss appointments?
- Threaten to hurt or punish you if you go to services or appointments?
- Force you to let them attend your appointments with you?

Sabotages Recovery Efforts

Does your partner...

- Keep drugs or alcohol around to tempt you to use?
- Control, steal, or take medication that you use to help with recovery?
- Intentionally stress you out or disrupt your sleep to get you to use?
- Threaten to report you to child welfare if you stop using?



Everyone Deserves to Feel Safe and Respected

If any of this is happening to you, help is available. Our providers understand these concerns and can connect you with any help or support you need.

Does Your Partner Support Your Substance Use Recovery?

Is your partner supportive of your recovery or do they sabotage your recovery efforts?

A partner that supports your recovery can make all the difference for your progress.

Positive partner support of your recovery looks like:

Your partner supports your choices about taking medication

Your partner helps you get to your clinic appointments

Your partner is kind and respectful of your choices



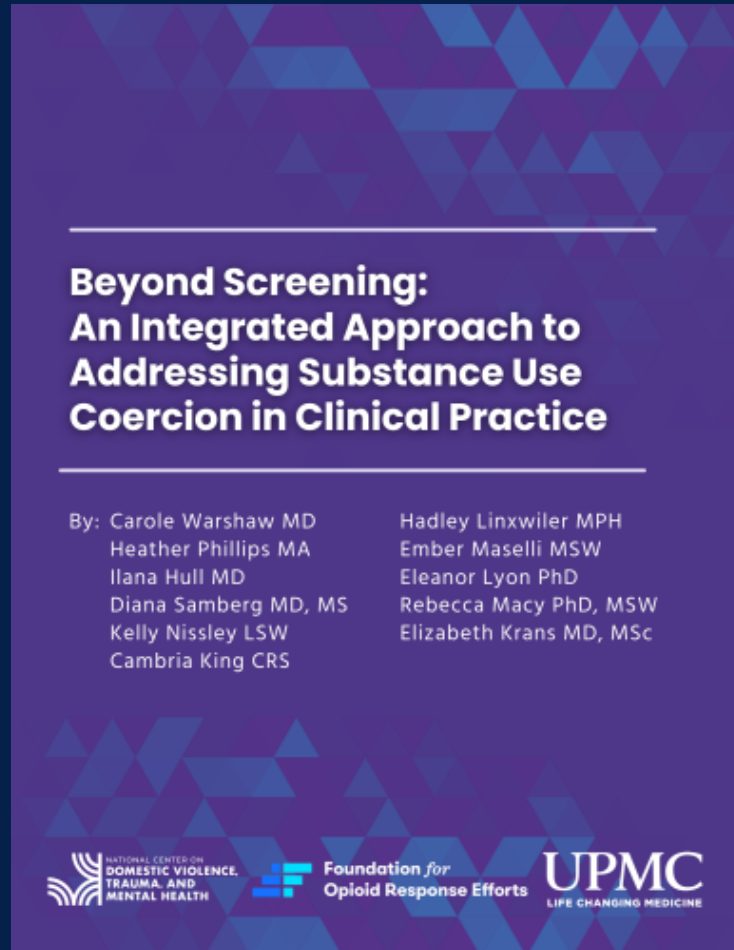
Your partner encourages you to reach out to providers you trust

Your partner encourages positive relationships with others in recovery

Everyone Deserves to Feel Safe and Respected

If any of this is happening to you, help is available. Our providers understand these concerns and can connect you with any help or support you need.

Beyond Screening Toolkit: What it Contains



Key Sections



Background and Overview



Preparing Your Practice Setting



Integration into Clinical Practice



Sustainability



Tools and Resources

Beyond Screening Toolkit:

Section 3: Integration into Clinical Practice

Clinical Integration

- ☀ Addressing initial safety/confidentiality concerns
- ☀ Incorporating conversations about substance use coercion into routine assessments
- ☀ Responding to disclosures
- ☀ Deepening the conversation
- ☀ Strategizing re: safety, access, and meds
- ☀ Providing counseling and support
- ☀ Offering referrals to DV and other services
- ☀ Documenting with IPV/SU coercion in mind

Tools and Resources

- ☀ Palm Cards and Desktop Guides for Health Professionals
- ☀ EMR Template Guide
- ☀ Partnering with DV Programs
- ☀ The Role of Peers: Recommendations from Peer Recovery Specialists

Health Professional Desktop Guide

Substance Use Coercion Palm Card

Substance Use Coercion Red Flags

- Partner is overbearing and makes it difficult to see patient alone
- Discomfort when talking about partner
- Missing or coming late to appointments
- Losing prescriptions, misplacing medications, or finishing prescriptions too quickly
- Negative drug screens for prescribed medications
- Increase in or resumption of alcohol or drug use

Open a Conversation

- **Normalize:** “Many of our patients have told us that their partners interfere with their treatment or sabotage their recovery”
- **Personalize:** “Sometimes partners might [provide SUC examples that might align with patient’s situation]”
- **Empathize:** “We understand that using substances can also be a common way to deal with physical and emotional pain caused by a partner”
- **Offer support and space:** “If you’ve had these experiences, or if they come up, know that we are here to support you”

Affirm and Validate

- “It’s not your fault”
- “You always deserve dignity and respect”
- “It sounds like your partner is _____, which is making it hard to _____”
- “I believe you, you are not alone”



Health Professional Desktop Guide

Safety Plan: Access & Autonomy

Strategize Together About Safety

- ✓ Determine if there are immediate safety concerns
- ✓ Ask about preferred/safest forms of communication
- ✓ Remind about flexible scheduling policies; offer telehealth appointments
- ✓ Decide on a code phrase that signals it is not safe to talk
- ✓ Change prescription frequency or type, if appropriate
- ✓ Disclose your role as a mandated reporter before discussing sensitive topics

Document with Safety in Mind

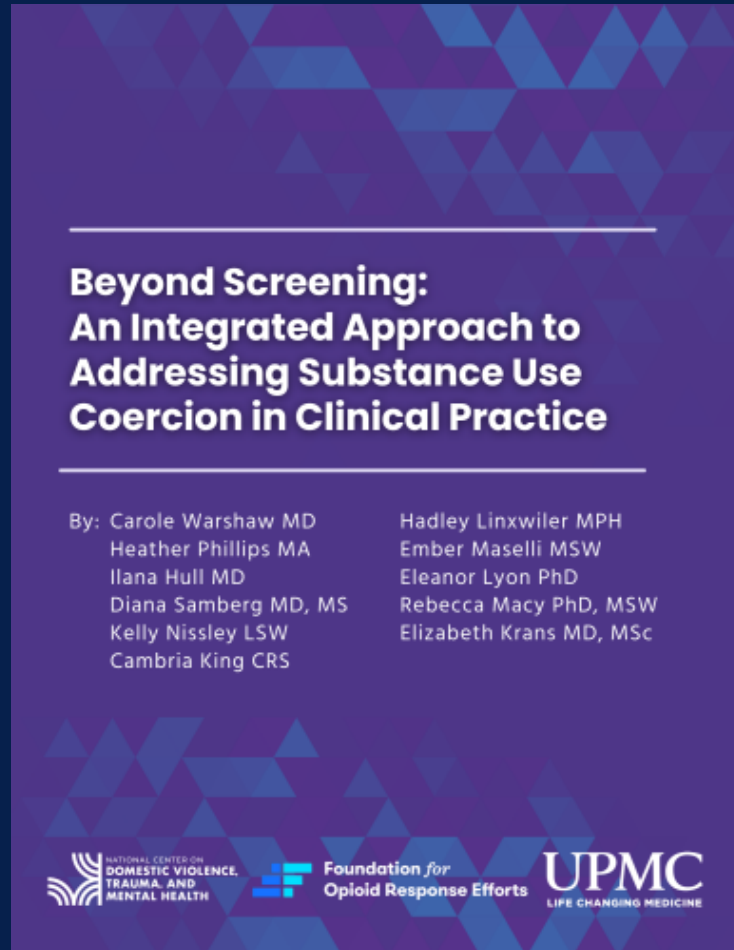
- Block notes, if concerned that partner may inappropriately access medical records
- Use dotphrase: **.PWRC**SUCSCREEN
- Chart notes can be subpoenaed! Be sure that you:
 - Highlight patient's strengths (including parental strengths, if applicable)
 - Document connections between IPV and substance use
 - Record specific instances of IPV/SUC

Connect to Community Resources

- Women's Center & Shelter of Greater Pittsburgh 24/7 hotline: 412-687-8005
- Kelly N, Substance Use and Recovery Specialist at WC&S: 412-894-2089



Beyond Screening Toolkit: What it Contains



Key Sections



Background and Overview



Preparing Your Practice Setting



Integration into Clinical Practice



Sustainability



Tools and Resources

Beyond Screening Toolkit:

Section 4: Sustaining Your Work

Sustainability

- ☀ Ongoing Training
- ☀ Supporting Staff
- ☀ Evaluation and CQI

Resources

- ☀ Links to additional resources and training
- ☀ Evaluation tools

Clinical Implications

- Ongoing assessment for SU coercion as a co-occurring experience within recovery clinics is crucial both at intake and throughout care
- Addressing SU Coercion requires
 - Targeted training for staff
 - Focus on establishing a trusting relationship
 - Increased clinical support
 - Protected time
 - Acknowledging and addressing burnout
 - Establishing connections with local resources (especially warm referrals)
- Acceptability of posters and fliers in patient facing areas increases awareness and comfort in discussing

Final Takeaways/Summary

- ✦ IPV and SU coercion are prevalent among patients with SUD
- ✦ SU coercion is a tactic of control and may involve forced use, withholding of medications, interfering with treatment, sabotaging recovery, and using a partner's substance use to threaten custody, legal status, or credibility
- ✦ Patients experiencing SU coercion are at increased risk for relapse, overdose, and difficulty accessing treatment
- ✦ Routine, private, and nonjudgmental assessments for SU coercion can help identify at-risk patients
- ✦ Clinicians should integrate harm reduction strategies, flexible prescribing, and individualized safety planning to support patients while minimizing risk
- ✦ When documenting in the EMR, clinicians should balance patient safety with the need to appropriately document. Utilize strategies within the EMR to facilitate this.



Partnering with social workers, case managers, IPV advocacy organizations, and harm reduction services ensures patients have comprehensive support

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