

## [Prescribers' Clinical Support Systems for Opioid Therapies \(PCSS-O\) www.pcss-o.org](http://www.pcss-o.org)

**A Review of Considerations in the Assessment and Treatment of Pain and Risk for Opioid Misuse:** *Provides context for the current epidemic of opioid misuse in the U.S, evaluations of the Patient with Pain, treatment challenges in primary care and treatment modalities for OUD.*

[Online Module: Click Here](#)

**American Academy of Addiction Psychiatry (AAAP)** Elinore F. McCance-Katz, MD, PhD

**Advances in Recognition and Treatment of Substance Use Disorders in Primary Care:** *Focuses on SBIRT, what is it and how can it improve medical care and reduce costs. The module reviews some of the basics of substance abuse treatment that can be accomplished in primary care settings, screening (alcohol), brief intervention/motivational interviewing, referral to substance abuse treatment settings when needed and pharmacotherapy for substance use disorders that can be undertaken in the primary care setting.*

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**American Academy of Addiction Psychiatry (AAAP)** Elinore F. McCance-Katz, MD, PhD

**Approach to Use of Opioids in Patients with Low Back Pain:** *Provides clinicians with an approach to using opioids in low back pain that emphasizes the need to consider opioids only within an overall pain management plan that addresses psychosocial contributors to pain, recognizes that opioids are not first-line treatment for low back pain and may not be appropriate in all patients, utilizes non-opioid treatments, and routinely incorporates risk mitigation and reassessment strategies.*

[Online Module: Click Here](#)

**American Academy of Addiction Psychiatry (AAAP)** Roger Chou, MD, FACP Associate Professor of Medicine Oregon Health & Science University Director, the Pacific Northwest Evidence-based Practice Center

**Clinical Guidelines for Opioid Use in Chronic Noncancer Pain:** *Explains the American Pain Society/American Academy of Pain Medicine guideline on use of opioids for chronic pain, including initial risk assessment, the decision to use opioids, how to initiate of therapy, monitoring, use of higher doses, management of adverse events, and indications for discontinuation of opioids. Special challenges related to use of methadone and new evidence available since the publication of the guideline, and how it might impact future recommendations, is also highlighted.*

[Online Module: Click Here](#)

**American Academy of Addiction Psychiatry (AAAP)** Roger Chou, MD, FACP Associate Professor of Medicine Oregon Health & Science University Director, the Pacific Northwest Evidence-based Practice Center

**Considerations in Medication Assisted Treatment of Opiate Dependence:**

*Discusses the advantages and disadvantages of medications in the treatment of patients of varying characteristics.*

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**American Academy of Addiction Psychiatry (AAP)** Stephen A. Wyatt, D.O. Department of Psychiatry Middlesex Hospital

**Implementation of Evidence Based Practice:** *Describes common variables that influence the implementation or uptake of evidence-based practices using the Consolidated Framework for Implementation Research (CFIR), to explain domains and procedures to assess organizations and providers in order to best tailor local implementation plans. To illustrate implementation challenges, opportunities and solutions using an SBIRT implementation case study and to draft a tailored implementation plan to promote evidence-based practices for opioids at home institutions or clinics.*

[Online Module: Click Here](#)

**American Academy of Addiction Psychiatry (AAP)** Jason M. Satterfield, PhD, Professor of Clinical Medicine, University of California, San Francisco

**Managing Patients with Pain, Psychiatric Co-Morbidity & Addiction:** *Co-Occurring psychiatric disorders are common in patients with chronic pain and greatly increase the likelihood for poor treatment outcome and the risk for dependence on opioid medications. Clinicians who treat chronic pain should therefore be alert for symptoms of depression, anxiety disorders and posttraumatic stress disorder in these patients. This teaching module will present recommendations for the assessment and treatment of these complex, but common clinical problems.*

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**American Academy of Addiction Psychiatry (AAP)** John A. Renner Jr., MD, CAS Division of Psychiatry Boston University School of Medicinesychiatric Co-Morbidity & Addiction

**Medication Assisted Treatment for Substance Use Disorders in Primary Care:** *Provides a brief overview of pharmacotherapy for substance use disorders that includes current information on epidemiology of substance abuse, when to consider pharmacotherapy, FDA approved treatments for tobacco, alcohol and opioid dependence, and related references. This module also briefly reviews some of the issues in the increase in opioid addiction related to treatment of chronic pain, use of opioid analgesics, and best practices in this area.*

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**American Academy of Addiction Psychiatry (AAP)** Elinore F. McCance-Katz, MD, PhD

**Methadone Maintenance:** *Physicians working in MMT will learn how to safely induce patients to MMT, how to adjust methadone dosing for maximum effectiveness, how to detect and manage MMT side effects and medication interactions and how to work within legal/regulatory framework of 42 CFR part 8.*

[Online Module: Click Here](#)

**American Academy of Addiction Psychiatry (AAP)** Judith Martin, MD Medical Director, BAART Turk Street Clinic

**Office-based Treatment of Opioid Dependence with Buprenorphine:** *Describes the legislation and basic components of office-based treatment of opioid dependence with buprenorphine. Buprenorphine is a partial agonist opioid that is approved for the treatment of heroin and prescription opioid dependence. The module outlines how through appropriate patient assessment and resource matching, evidence suggests that many, but not all, opioid dependent patients can achieve good treatment outcomes through office-based treatment with buprenorphine.*

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**American Academy of Addiction Psychiatry (AAP)** David A. Fiellin, M.D Professor of Medicine, Investigative Medicine and Public Health Yale University School of Medicine

**Opioid Associated Drug-Drug Interactions: What We Don't Know is Hurting Us:** *Reviews the current epidemiologic data on drug-drug interactions between opioids and other medications, reviews possible explanations for increases in drug-drug interactions, and reviews physiological and pharmacokinetic basis for adverse drug interactions and strategies for reducing risk.*

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**American Academy of Addiction Psychiatry (AAP)** Elinore F. McCance-Katz, MD, PhD

**Opioid Dependence Treatment with Buprenorphine/Naloxone: An Overview for Pharmacists and Physicians:** *Office-based treatment of opioid dependent provides an alternative to traditional methadone programs pharmacist and physician understanding of the prescribing guidelines for buprenorphine products as a component of chemical dependency treatment allows them to deliver appropriate care to these individuals while complying with regulatory oversight.*

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**American Academy of Addiction Psychiatry (AAP)** Phyllis A. Grauer, PharmD, CGP, CPE Clinical Pharmacist

**Opioid-Induced Hyperalgesia (OIH):** *Explains the 21st century concept of opioid induced hyperalgesia (OIH). 3% of Americans are currently maintained on opioids for chronic pain. Some of these patients experience increasing pain, and expect their opioid dose to go up. Participants will learn that the increased pain is often generated by nociceptive drivers being upregulated by opioid administration. Opioid pain pills cause pain. Mechanisms of pain exacerbation by opioids are explained. Management of these patients is discussed.*

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**American Academy of Addiction Psychiatry (AAP)** Brian Johnson M.D. Assoc Prof Psychiatry and Anesthesia SUNY Upstate Medical University

**Opioid Prescribing for Adults with Sickle Cell Disease:** *Provides a solid base on the skills, knowledge, and attitudes that will allow physicians to treat most patients with Sickle Cell pains, and how to identify and to approach the small percentage of more challenging pain patients.*

[Online Module: Click Here](#)

**American Academy of Addiction Psychiatry (AAP)** Ward Hagar, MD Director, Adult Sickle Cell Center Children's Hospital & Research Center Oakland

**Review of Opioids and Treatment of Opioid Dependence:** *Reviews epidemiology, neurobiology, types of opioids and their effects, pharmacology of opioids, treatment modalities and pregnancy and other special groups.*

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**American Academy of Addiction Psychiatry (AAP)** Elinore F. McCance-Katz, MD, PhD

**Screening, Brief Intervention, and Referral for Treatment: Evidence for Use in Clinical Settings:** *Provides an overview of the development of and evidence for effectiveness of SBIRT in medical settings including emergency departments and primary care. Challenges to SBIRT implementation as well as innovative approaches are also briefly reviewed.*

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**American Academy of Addiction Psychiatry (AAP)** Elinore F. McCance-Katz, MD, PhD

**Screening, Brief Interventions, Referrals to Treatment: Use of SBIRT in Practice:** *Describes screening, brief intervention, and referral to treatment (SBIRT) for the full spectrum of substance use. SBIRT is an evidence-based system initially designed for primary care providers that uses brief, validated screeners and motivational interviewing-inspired brief interventions to reduce use, reduce harm, and/or prepare a patient with a substance use disorder to receive an appropriate treatment referral. SBIRT has been adapted for use in a number of medical settings beyond primary care and has included providers from a wide range of health disciplines.*

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**American Academy of Addiction Psychiatry (AAAP)** Jason M. Satterfield, PhD Professor of Clinical Medicine University of California, San Francisco

**The Use of Opioids for Chronic Non-Cancer Pain:** *Focuses on the use of opioids for chronic non-cancer pain (CNCP), reviews the current state of opioid prescribing, the (lack of) evidence for efficacy, and new research on opioid side effects (including opioid-induced endocrinopathy and immunosuppression). Concludes with the latest evidence regarding rates of addiction with prescribed opioids and introduces the concept of opioid risk stratification and gives tools for screening.*

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**American Academy of Addiction Psychiatry (AAAP)** Binit J. Shah, MD Senior Instructor, Departments of Anesthesiology & Psychiatry University Hospitals Case Medical Center Cleveland, OH

**Treating Addicted Healthcare Professionals:** *Discusses risk factors for addiction in healthcare professionals, how to undertake treatment including consideration of pharmacotherapies, prognosis, special concerns in treating healthcare professionals, and monitoring of impaired health professionals.*

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**American Academy of Addiction Psychiatry (AAAP)** Penelope P. Ziegler, M.D., Medical Director, Virginia Health Practitioners' Monitoring Program

**Urine Drug Testing in Clinical Practice (Fourth Edition):** *Designed to provide clinicians with an understanding of the appropriate uses of UDT in clinical practice, with a primary goal of using UDT as a tool to improve the clinical care and outcomes for patients, especially those who are prescribed chronic opioids or other controlled substances as a part of their routine clinical care, and to assist in interpretation of clinical conundrums.*

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**California Academy of Family Physicians (CAFP)**

**Medication Assisted Treatments: Focus on Alcohol and Opioid Use Disorders:**

*Discusses medication assisted treatments for opioid and alcohol use disorders that can be provided in many clinical settings including primary care settings, mental health settings, and substance abuse treatment programs. A discussion of the use of Screening, Brief Intervention and Referral to Treatment (SBIRT) is used as a means of determining what patients might need these medication treatments followed by a discussion of FDA-approved medications and how to use the medications in practice.*

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**American Academy of Addiction Psychiatry (AAP)** \*With

assistance from JBS International, Inc. as contracted under the SAMHSA's Division of Services Improvement - Clinical Technical Assistance Project  
*Elinore McCance-Katz, MD, PhD*

**A Statewide Evaluation of Opioid Prescribing Patterns with an on Emphasis Drug Diversion and Substance Abuse:**

*A state-wide assessment has been performed to evaluate dentist's self-reporting of their prescribing habits and patterns. Therapeutic considerations made by dentists when a patient with the disease of addiction is encountered as well as the dentist's professional experiences with prescription drug diversion are also reported. The findings of our comprehensive survey encompassing multiple components surround opioid prescribing are discussed.*

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**American Dental Association (ADA)** *Michael O'Neil, Pharm.D*

**Chronic Opioid Therapy in Dentistry:** *After attending the webinar participants should:*

- *Understand that chronic pain, including a sub-specialty of dentistry that deals with chronic orofacial pain, sometimes requires long-term pain management with the use of opioid medications.*
- *Recognize the complexities of treating chronic pain patients with long-term use of opioid medications*
- *Identify those clinical tools that can help reduce risk factors, insure patient compliance, and improve outcomes with long-term opioid therapy.*

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**American Dental Association (ADA)** *Jeffrey Crandall, DDS, Vermont Orofacial Pain Associates*

**Examining Prescription Drug Abuse and the Role of the Dental Profession:**

*This webinar identifies ways the ADA and state societies can help dentists improve (or be more mindful of) their prescribing practices.*

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**American Dental Association (ADA)** Bob Burns, American Dental Association; William Kane, DDS, Missouri Dental Association; Brett Kessler, DDS, Colorado Dental Association; and Alison Siwek, MPH, American Dental Association

**Opioid Analgesia in your Dental Practice: Assessing Risks and Effective Pain Management:**

*The dentist must be adept at effective pain management, identification of patients at high risk for substance abuse, giving brief interventions to drug users, and counseling patients about side effects, addictive nature, and proper storage and disposal of prescription medications. This program addresses these competencies and teaches practical skills to recognize the signs and symptoms of drug abuse, refer drug abusing patients for help, and treat recovering patients. A description of how the body processes pain was reviewed as the basis for discussion and recommendations of practical and effective evidence-based pain management strategies.*

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**American Dental Association (ADA)** Drs. Pat Sammon and John Lindroth, University of Kentucky Dental School

**Opioid Prescribing – Spokane County Dentists:** *Information was collected from dentists in Spokane County about their prescribing practices around opioid medication. Ninety-three percent of dentists prescribed opioid medication in the last year. The most preferred opioid prescribed was hydrocodone/APAP (i.e. Lortab, Vicodin). A factsheet with findings from the survey was developed for education of and discussion within the dental community. Possible ways to minimize drug diversion are using the Prescription Monitoring Program, having specific office policies around opioid prescribing, and having good communication within the profession.*

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**American Dental Association (ADA)** Amy Riffe, MA, MPH, Epidemiologist, Community Health Assessment, Planning, & Evaluation Spokane Regional Health District

**Management of the Chemically Dependent Patient:** *Presents basics on recognizing dental patients with active disease as well as those in recovery. The areas of emphasis will be on managing acute dental pain and anxiety for patients in recovery. The presentation will help attendees: 1. Understand the disease concept of addiction and how it presents in dentistry. 2. Recognize dental patients with active disease as well as those patients in recovery. 3. Appropriately treat both acute pain and anxiety in this special population of patients.*

**Opioids and Non-opioids Prescription for Dental Care in Emergency Departments in the United States:** *The primary aim of this study was to examine emergency department providers' prescribing practices of opioids, non-opioids, combinations (opioids and non-opioids) and no analgesics for NTDC visits in the United States. A reduction in unnecessary prescription of addictive pain medication is crucial to preventing associated side effects and have potential public policy and program implications.*

**"8" Reliable Principles to Safe Opioid Prescribing:** *Discusses eight key principles that are practical and tested, and that if understood and implemented will reduce the risk of harm when prescribed opioids.*

**Improving Safety Through Opioid Rotation: Reducing Dosing and Extending Rotation Schedule:** *Opioid rotation is a common practice when patients are on chronic opioid therapy. This process can be dangerous and result in unintended deaths. Understanding how to safely rotate from one opioid to another will be discussed in this webinar. - Define Opioid Rotation and its Rationale - Discuss the risk of opioid rotation - Explain how to conduct an opioid rotation.*

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**American Dental Association (ADA)** William Kane, DDS, Missouri Dental Association

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**American Dental Association (ADA)** Christopher Okunseri, BDS, MSc, MLS, DDPHRCSE, FFDRCSI, Elaye Okunseri, MBA, MSHR, Thorpe JM, PhD., Xiang Qun, MS., Aniko Szabo, PhD

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**American Medical Association (AMA)** Lynn R. Webster, M.D., F.A.C.P.M., F.A.S.A.M. Medical Director of CRILifetree President-Elect of the American Academy of Pain Medicine

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**American Medical Association (AMA)** Lynn R. Webster, M.D., F.A.C.P.M., F.A.S.A.M. Medical Director of CRILifetree President-Elect of the American Academy of Pain Medicine

**Prescription Opioid Overdose and the Public Health Response:** *Speakers from the Centers for Disease Control and Prevention provide an overview of the epidemiology of prescription drug overdoses and deaths as well as summarize potential markers for risk of opioid analgesic overdoses. They will also give an overview of CDC's public health response.*

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**American Medical Association (AMA)** Len Paulozzi, MD, MPH, Medical Epidemiologist, CDC, Christopher M Jones, PharmD, MPH, CDC

**Introduction to the PCSS-O Pain and Addiction Series: The Relevance to Medical Practice and Society:** *Presents an overview of the epidemiology of the opiate use problems, the problems of inappropriate use of opiate pain medication, the importance of screening for possible misuse or addiction and what can be done if problems arise.*

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**American Osteopathic Academy of Addiction Medicine (AOAAM)** Stephen A. Wyatt, D.O., Middlesex Hospital

**Chronic Pain Management with Opiate Medications:** *Presenter walks clinicians through the approach recommended in the guideline, starting with patient assessment through initiation and titration of opioids, monitoring of patients on opioids, and indications for opioid dose reductions or discontinuation.*

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**American Osteopathic Academy of Addiction Medicine (AOAAM)** Roger Chou, MD Oregon Health and Science University

**Drug Interactions with Opioids: What do We Know and What do We Need to Know?:** *Provides an overview of drug interactions with opioid medications with a focus on methadone and buprenorphine. Epidemiology of opioid misuse and adverse effects, and principles of pharmacokinetics and pharmacodynamics that underlie drug interactions will be discussed as will examples of adverse drug-drug interactions.*

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**American Osteopathic Academy of Addiction Medicine (AOAAM)** Elinore McCance-Katz MD, PhD

**Pain, Dependence and Universal Precautions: Working Smarter Not Harder in Primary Care:** *Discussions include careful limits, boundary settings, assessment and appropriate monitoring in make the diagnosis.*

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**American Osteopathic Academy of Addiction Medicine (AOAAM)** Douglas Gourlay, M.D. Wasser Pain Management Centre

**Prescription Monitoring Programs: A Monitoring Program Designed to Help Physicians to Treat Patients More Safely:** *Describes the Prescription Monitoring Program Using the Connecticut Prescription Monitoring and Reporting System (CPMRS).*

**Prevention of Prescription Drug Abuse and Misuse - Proper Prescription Protocol/Methodologies – A Proactive Approach:** *Reviews controlled substances as well as proper prescribing methodologies. The most common methods of prescription drug diversion will be analyzed such as doctor shopping, drug seeking behavior, prescription pad security, and proper prescription protocol.*

**Problems Associated with Combining Opiates and Benzodiazepines:** *An overview of both Opiate and Benzodiazepines followed by an in-depth analysis of the risks involved with combining the two.*

**The Use of Opioids/Appropriateness of Opioids for Non-malignant Pain:** *Reviews the current state of opioid prescribing for chronic non-cancer pain (CNCP), the prevalence of addiction with long-term opioid use, efficacy of opioids for CNCP and finally opioid risk stratification/ monitoring guidelines for prescribing to appropriate patients.*

**Use of Buprenorphine in the Management of Opioid Dependence in Underserved Communities:** *Introductions what qualifies as an underserved community, discusses barriers to care that patient's struggling with addiction may have, and risk factors that are common to the overwhelming majority of patient's with addiction to opiates. Challenging and rewarding cases will be presented on patients who, with the help of Office Based Opioid Treatment (OBOT), have successfully moved past the cycle and downward spiral of addiction.*

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**American Osteopathic Academy of Addiction Medicine (AOAAM)**  
*John Gadea, CT DEA Director and Xavier Soto, CT PMP*

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**American Osteopathic Academy of Addiction Medicine (AOAAM)**  
*Peter Blauzvern, DDS*

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**American Osteopathic Academy of Addiction Medicine (AOAAM)**  
*Edward Covington, MD, Cleveland Clinic*

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**American Osteopathic Academy of Addiction Medicine (AOAAM)**  
*Binit J. Shah, MD*

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**American Osteopathic Academy of Addiction Medicine (AOAAM)**  
*David Best, DO*

**Assessing and Screening for Addiction in Chronic Pain Patients:** *Addresses types of screening used to determine an appropriate assessment for pain and addiction. These types of evaluations will better aid physicians in determining if long term opioid analgesia is a viable option for a patient with chronic pain. The methods, benefits and limitations of using these screening and assessment techniques are discussed, as well as the complex nature of chronic pain and addiction.*

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**American Psychiatric Association (APA)** Karen Miotto, M.D., UCLA David Geffen School of Medicine

**Assessment of Patients with Chronic Pain and Co-Occurring Substance Use:** *A review of current evidence about the key issues of epidemiology and medical and psychological pathology of chronic pain patients, as well as the expanding evidence about the biological effects of chronic opioid intake.*

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**American Psychiatric Association (APA)** Jon Streltzer, MD, MSW, University of Hawaii

**Doc, What Else Can I Do? Learning The Evidence Behind Alternative/Complementary Chronic Pain Management - Emphasis on Chronic Low Back Pain:** *Highlights the evidence regarding Complementary and Alternative Medicine (CAM) for chronic pain, particularly chronic low back pain. Evidence based practice principles will be demonstrated to analyze the validity strength of specific evidence and the clinical significance of study findings. Various CAM therapies will be covered including: natural products; mind-body practices; manipulative and body practices; and whole medical systems.*

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**American Psychiatric Association (APA)** Michael Saenger, M.D. Emory University  
Karen Drexler, M.D. Associate Professor of Psychiatry, Emory University Director, Substance Abuse Treatment Program Atlanta VA Medical Center

**Identifying and Intervening With Problematic Medication Use Behaviors:** *Identifies the problem with opiates, problems associated with the prolonged use of opioid medication and the prescriber's goals, to reduce dependency, reduce suffering and improve function.*

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**American Psychiatric Association (APA)** Stephen Wyatt, D.O. Middlesex Hospital

**Learning The Evidence Behind Alternative/ Complementary Chronic Pain Management - Emphasis on Chronic Low Back Pain - Part 2:** *Continues the presentation of the evidence regarding Complementary and Alternative Medicine (CAM) for chronic pain, particularly chronic low back pain. This presentation explores the "big picture" of where CAM fits into our biopsychosocial care of individual patients with chronic pain.*

**Patterns of Opioid Use, Misuse, and Abuse in the Military, VA, and US Population:** *Addresses the epidemiology of opioid misuse and abuse in the general U.S. population, veterans, and active military personnel, including risk factors for abuse. Describes the phenomenon of "adverse selection", and focuses on implications for clinical care.*

**Psychological Management and Pharmacotherapy of Patients With Chronic Pain and Depression, Schizophrenia, and PTSD:** *Addresses three common syndromes representing the entire spectrum of aberrant pain possessing from the relative pain insensitivity in schizophrenia to the amplified perception of pain in post-traumatic stress disorder and in major depression. Presenter advocates for a wide-ranging involvement of psychiatrists in the management of pain in order to invigorate essential elements of evaluation and treatment that may be underutilized by some clinicians.*

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**American Psychiatric Association (APA) Michael Saenger, M.D., FACP Fellow, National VA Quality Scholars Program Assistant Professor, Emory University School of Medicine Consultant for Chronic Pain Management Grady Health System**

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**American Psychiatric Association (APA) Mark Edlund, MD, PhD Senior Research Public Health Analyst Behavioral Health Epidemiology Program Research Triangle Institute**

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**American Psychiatric Association (APA) Igor Elman, M.D. Harvard University**

**The Use of Buprenorphine to Treat Co-occurring Pain and Opioid Dependence in a Primary Care Setting:** *Describes the Co-occurring Disorders Clinic (CODC) which manages and treats patients with co-morbid pain and addiction. The clinic provides tele-health to patients but more importantly to providers in remote areas. The webinar describes co-morbid condition prevalence, concurrent treatment and monitoring, CODC operation, and buprenorphine induction and maintenance dosing.*

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**American Psychiatric Association (APA)** *Patricia Pade, M.D.*

**Adherence Monitoring to Mitigate Risk with Opioids:** *Provides evidence based methods to reduce risks associated with opioids and controlled substances. Provides practical strategies to be used during patient encounters to reduce risk and improve outcomes.*

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**American Society for Pain Management Nursing (ASPMN)** *Deborah Matteliano, PhD, ANP, FNP-BC*

**Adolescent Case Managed with Opioids:** *Examines the unique challenges of managing persistent pain in adolescents; reviews pharmacologic options for pain management in adolescents and discusses the role of opioids in the management of adolescents with persistent pain.*

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**American Society for Pain Management Nursing (ASPMN)** *Helen Turner, DNP, RN-BC, PCNS-BC, Doernbecher Children's Hospital*

**Managing Chronic Pain in the Patient with Addictive Disorders :** *Focuses on managing chronic pain in the patient with addictive disorders.*

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**American Society for Pain Management Nursing (ASPMN)** *Paul Arnstein, RN, PhD, ACNS-BC, FNP-C, FAAN*

**Pain Assessment Across the Lifespan:** *Identifies the key elements of pain assessment for all patients; the tools for assessing pain in subpopulations of patients; and the multidimensional features of pain assessment including the comorbidities of chemical dependency and mental illness.*

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**American Society for Pain Management Nursing (ASPMN)** *Deb Drew, MS, RN-BC, ACNS-B C, University of Minnesota Medical Center*

**Risk and Benefits of Opioids in the Management of Persistent Pain:** *Focuses on the risk and benefits of opioids in the management of persistent pain.*

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**American Society for Pain Management Nursing (ASPMN)** *Paul Arnstein, RN, PhD, ACNS-BC, FNP-C, FAAN,*

**Role of the Advanced Practice Nurse in Pain Management:** *Describes the role of the advanced practice nurse (APN) in providing effective pain management; discussed how APN establish therapeutic relationships with patients; describes the tools APN use to evaluate effectiveness of care and lastly, discusses how APN collaborates within an interdisciplinary team.*

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**American Society for Pain Management Nursing (ASPMN)**  
*Barb St. Marie, MA, RN, CS, ANP-BC, GNP-BC, Fairview Ridges Hospital*

**Safety Monitoring of Prescription Opioids Leading to Better Clinical Outcomes:** *Discusses the current state of persistent pain and the issues surrounding prescription drug abuse; describes treatment modalities for persistent pain; defines dependence, addiction, diversion, tolerance, abuse and pseudo addiction; discusses approaches to minimize risk in persistent pain management for prescribers and patients, differentiates between various drug testing methodologies and finally provide guidelines to apply in daily clinical practice.*

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**American Society for Pain Management Nursing (ASPMN)**  
*Mary Milano Carter, MS, APRN-BC, RN-BC, North American Partners in Pain Management*

**The Challenges of Helping People Undergoing Methadone Maintenance Treatment Manage Pain When Hospitalized:** *Addresses the challenges people undergoing methadone maintenance treatment, and their care providers, encounter in managing pain when they are hospitalized. Discusses the challenges encountered in managing pain when methadone maintenance treatment patients are hospitalized. Discusses effective management strategies for these patients.*

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**American Society for Pain Management Nursing (ASPMN)**  
*Ann Quinlan-Colwell, PhD, RN-BC, FAAPM*

**Tips for Taming the Beast: Lessons Learned Working with Substance Use Disorders & Chronic Pain Evaluation:** *Provides an overview of strategies incorporated within a CBT based pain management program for persons who struggle with both chronic pain and SUDs. Motivational enhancement strategies are implemented to improve awareness of substance use effects and to develop personal strengths and coping skills. Group sessions increase awareness of health risks related to substance use and provide recommendations as needed. Addressing substance use issues in tandem with pain management is crucial to ensure optimal outcomes.*

**Treatment of Complex and High Risk Chronic Pain: A Rehabilitation Approach:** *Defines factors contributing to increased complexity and/or risk in patients with chronic pain, explains the limitation of opioids as unimodal therapy for chronic pain, and describes a multimodal rehabilitation approach in addressing factors of high risk or complex chronic pain.*

**The Caring for the Patient with Co-morbid Diagnoses of Pain and Substance Abuse:** *Explains chronic pain and substance abuse. Describes at least 3 barriers to caring for a person co-morbidly living with these conditions and describes at least 3 ways to care for a person co-morbidly living with these conditions.*

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**American Society for Pain Management Nursing (ASPMN)**  
*Connie Luedtke, MA, RN-BC and Joan B. Cronin, RN, CNS*

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**American Society for Pain Management Nursing (ASPMN)**  
*Carolyn Buesgens, MA, RN-BC, ANP-BC Nurse Practitioner  
Minneapolis VA Chronic Pain Consult Service  
Clinical Champion, OPCC&CT*

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**American Society for Pain Management Nursing (ASPMN)**  
*Ann Quinlan-Colwell, PhD, RN-BC, FAAPM*

**Buprenorphine Clinic: A Multidisciplinary Model for Opioid Maintenance**

**Therapy:** *Emphasizes the introductory and background information regarding the design, implementation, and evaluation of a multidisciplinary outpatient buprenorphine clinic for opioid maintenance therapy. The presenter lists and describes essential features of the Buprenorphine Clinic and provides demographic and clinical characteristics of the initial patient population. Presenter describes process measures, outcomes, patient satisfaction survey results and lastly, discusses treatment implications and potential adaptability to other settings.*

**Opioid Replacement Therapies for Opioid Dependent Health Care Providers:**

**The Controversy:** *Identifies the impact of opioid dependency on Health Care Providers (HCPs) and examines the contributions of genetics, professional acculturation and professionally reinforced denial. The presenter reviews the relevant pharmacodynamics and pharmacokinetics of opioid replacement options and identifies how prolonged drug use changes brain circuitry (Neuroplasticity) and contributes to chronicity. Reviews definitions of safety sensitive professions, and the potential impact(s) of ORT on psychomotor and neurocognitive performance.*

**Pharmacologic Management of Substance Use Disorders:** *Discusses the pharmacologic therapies for detoxification for substance use disorders and discuss the pharmacologic therapies for relapse prevention for substance use disorders.*

**Sudden Closure of a Buprenorphine Office: Are You Prepared?:** *Considers the impact on patients of the sudden closing of an office-based buprenorphine clinic. Emphasizes importance of planning for emergencies and analyzes planning tasks for preparedness for unexpected closure of office or clinic.*

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**International Nurses Society on Addiction (IntNSA)** *Stephen Strobbe, PhD, RN, NP, PMHCNS-BC, CARN-AP*

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**International Nurses Society on Addiction (IntNSA)** *Art Zwerling, DNP, CRNA, DAAPM, Chairman, AANA Peer Assistance Committee*

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**International Nurses Society on Addiction (IntNSA)** *Albert Rundio Jr., PhD, APRN, BC, CARN-AP*

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**International Nurses Society on Addiction (IntNSA)** *Deborah S. Finnell DNS, PHMHP-BC, CARN-AP, FAAN Johns Hopkins University School of Nursing Acute and Chronic Care Department*

**The Neurobiology of Addiction and Pharmacological Concepts:** *Focuses on the neurobiology of addiction and pharmacological concepts.*

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**International Nurses Society on Addiction (IntNSA)** William Lorman, PhD, PMHNP-BC, CARN-AP and Al Rundio, PhD, APRN,

**Treating Chronic Pain with Prescription Opioids in the Person with Substance Use Disorders: Relapse Prevention & Management:** *Provides a comprehensive understanding of treating chronic pain with prescription opioids in the person with substance use disorders.*

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**International Nurses Society on Addiction (IntNSA)** Peggy Compton, RN, PhD, FAAN UCLA School of Nursing

**Treating Women for Opioid Dependence during Pregnancy and the Postpartum Period: The Importance of Science and Clinical Care Informing Each Other:** *Compares and contrasts the benefits and risks of providing methadone, buprenorphine or medication assisted-withdrawal during pregnancy for the mother, fetus and neonate. Identifies the benefits of measuring and treating neonatal opioid withdrawal using different assessment tools and medication strategies and examines the different approaches for dealing with problem behaviors related to opioid addiction during pregnancy and the postpartum period.*

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**International Nurses Society on Addiction (IntNSA)** Hendree Jones, PhD UNC Horizons Director, Visiting Professor, Department of Obstetrics and Gynecology, UNC Chapel Hill, NC