



Welcome to:

## Motivational Interviewing Basics:

Engaging the telehealth world  
through a trauma-informed lens

**Note:** You should hear music playing right now!

If not, please adjust your audio settings. **Our program will begin at 8:00 am!**



# Agenda

**8:00-9:00** – The Impact of Trauma/Medication Trauma  
**Paul Carson**, CareOregon

**9:00-9:10** – Break

**9:10-10:10** – Motivational Interviewing Basics  
**Paul Carson**, CareOregon

**10:10-10:20** – Break

**10:20-11:20** –  
Practical Examples in the Telehealth Environment  
**Sharon Allen**, Community-Based Mental Health Therapist

**11:20-11:40** – Panel Q&A



# Survey Completion for 3.5 Hours CME Credit:

Survey will be emailed to all participants –  
Link will be provided at end of the session

<b>American Academy of Family Physicians – Prescribed credit, American Medical Association (AMA) Physician’s Recognition Award (PRA) Category 1 Credits 3.5 hours</b>	<b>Oregon Board of Pharmacy – Recognizes credits to toward CE hours requirements for license renewal!  3.5 hours</b>	<b><u>NEW</u>: National Association of Social Workers – LCSW CEU credits  3.5 hours</b>
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# Learning Objectives

- Understand the relationship between traumatic experience and health.
- Understand the concept of Medication Trauma and its impact on patient engagement.
- Summarize how MI is an effective communication tool for patients with a background of trauma.



# Panel Questions & Answers

## Submit questions via Chat feature:

For Sharon: *“How do you...”*



# Motivational Interviewing Basics: Engaging the telehealth world through a trauma-informed lens

**Paul Carson**

**Training & Development Specialist – CareOregon**

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**CareOregon®**

# Who We Are

Founded in 1993, **CareOregon** is a nonprofit, community benefit company serving over 300,000 Medicaid and Medicare members. Our mission is building individual well-being and community health through shared learning and innovation. Our vision is healthy communities for all individuals, regardless of income or social circumstances.



# Member Challenges

- Homelessness
- Below the poverty level
- Substance Use Disorder
- Behavioral Health Concerns
- Disability
- Low Literacy
- Low Health Literacy







# Impacted by Trauma

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# What is Trauma?

**“Trauma is an event that is extremely upsetting and at least temporarily overwhelms internal resources.”**

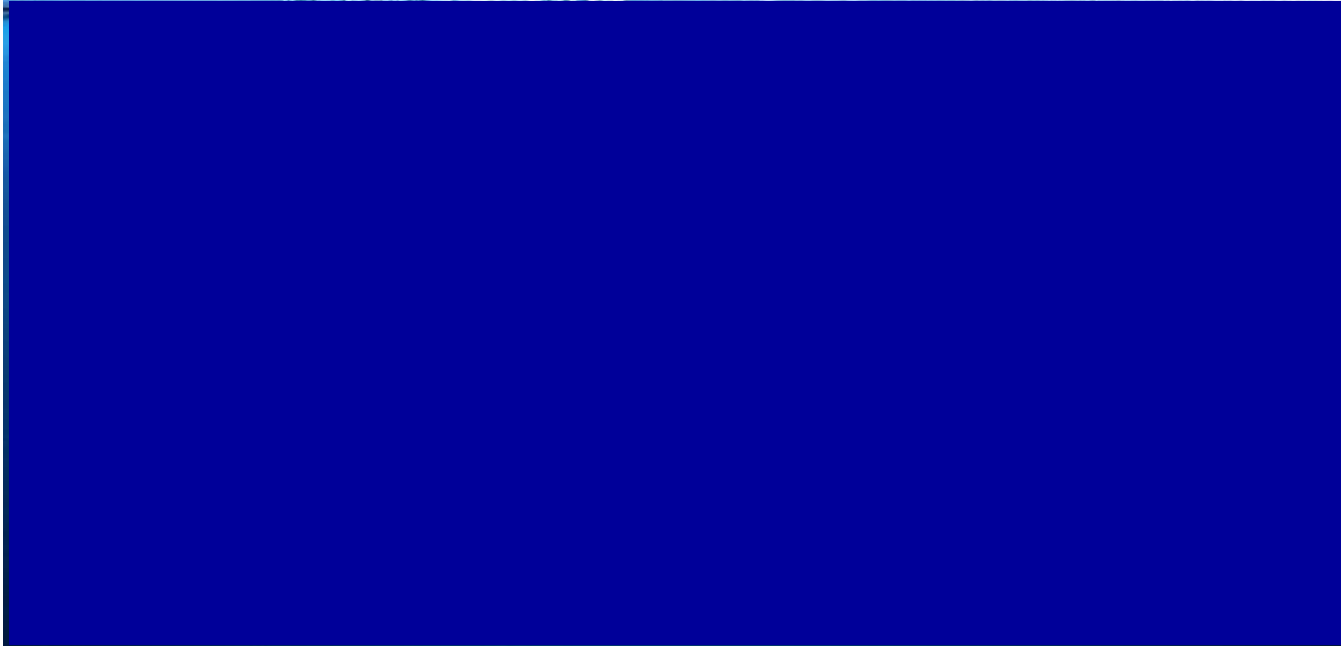
Christine Heyen, MA  
Oregon Department of Justice

*Briere, J. (2006). Dissociative symptoms and trauma exposure: Specificity, affect dysregulation, and posttraumatic stress. Journal of Nervous and Mental Disease, 194, 78-82.*

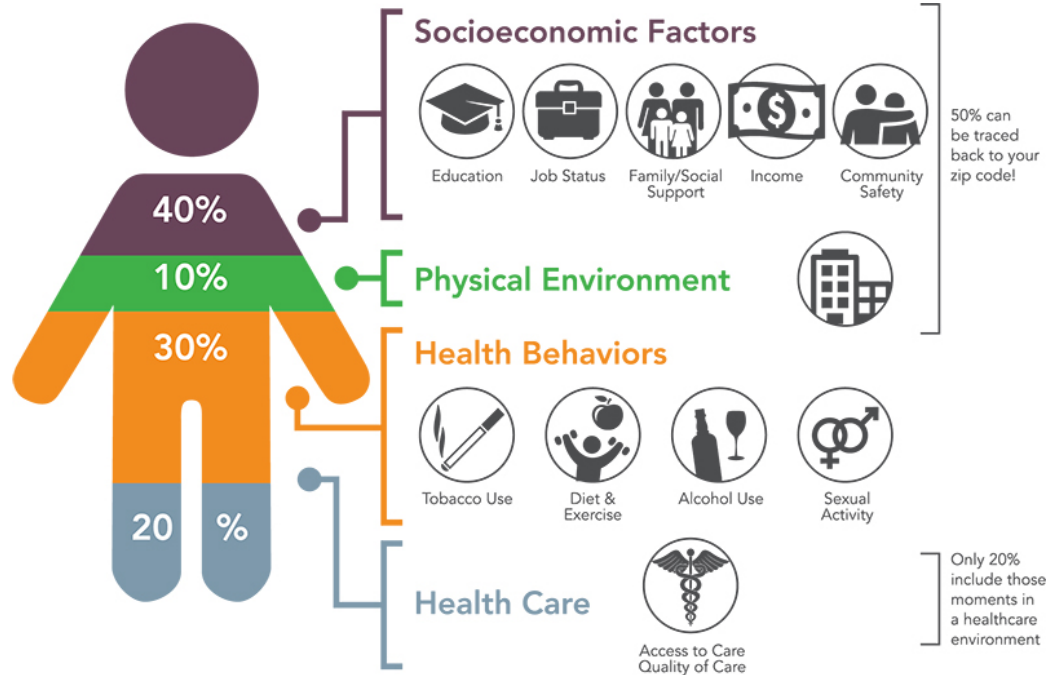




**What the clinician sees**



# Discrimination



Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)



# Trauma

Traumatic events include **personal/private** experiences and **public** experiences.

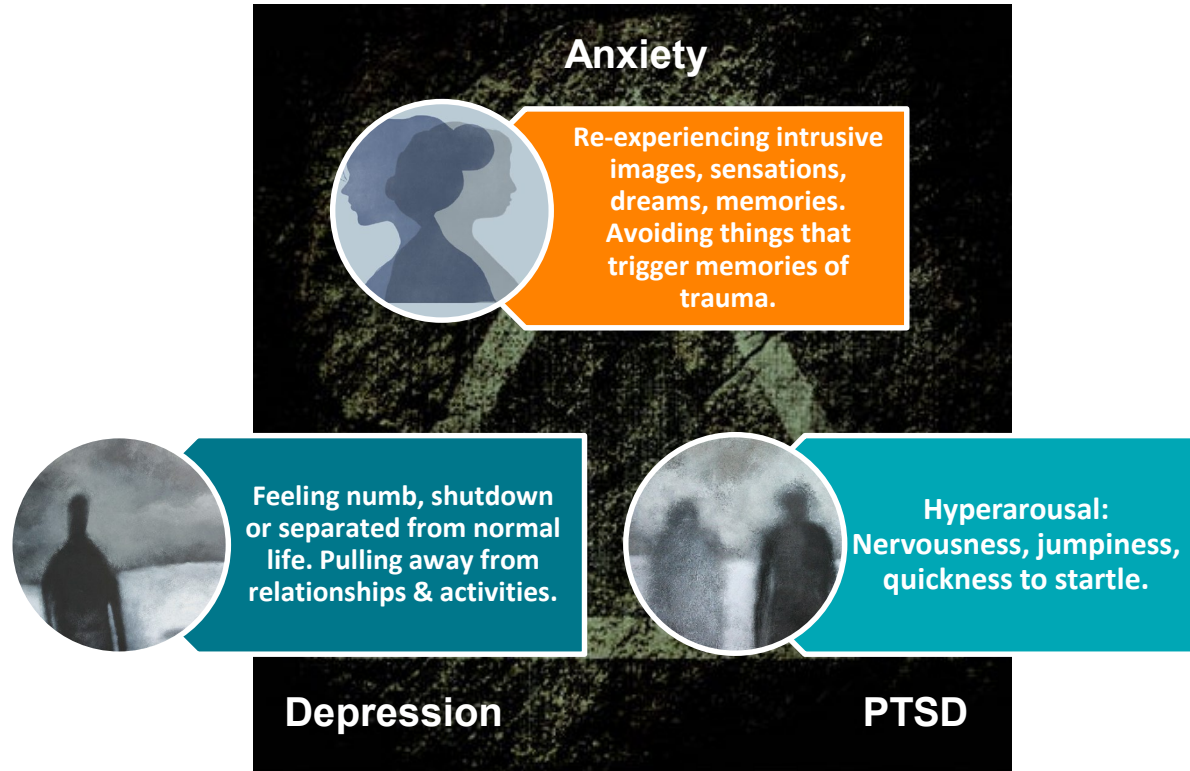
Public	Personal/Private
<ul style="list-style-type: none"><li>• Natural Disasters</li><li>• War</li><li>• Community Violence</li></ul>	<ul style="list-style-type: none"><li>• Sexual Assault/Abuse</li><li>• Domestic Violence</li><li>• Personal Violence</li></ul>



Interpersonal violence tends to be more traumatic than natural disaster because it is more disruptive to our fundamental sense of trust and attachment and is typically experienced as intentional rather than as “an accident of nature.”



# Trauma Triangle



**“Trauma-informed care** is a strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of **control and empowerment.**”

*(Hopper, Bassuk, & Olivet, 2010)*





# Trauma-Informed Language

Words can influence stigma

Recovery Dialects	Mutual Aid Meetings	In Public	With Clients	Medical Settings	Journalists
Addict	✓	STOP	STOP	STOP	STOP
Alcoholic	✓	STOP	STOP	STOP	STOP
Substance Abuser	STOP	STOP	STOP	STOP	STOP
Opioid Addict	✓	STOP	STOP	STOP	STOP
Recurrence of Use	✓	STOP	STOP	STOP	STOP
Medication Assisted Treatment	STOP	STOP	STOP	STOP	STOP
Medication Assisted Recovery	✓	✓	✓	✓	✓
Person w/ a Substance Use Disorder	✓	✓	✓	✓	✓
Person w/ an Alcohol Use Disorder	✓	✓	✓	✓	✓
Person w/ an Opioid Use Disorder	✓	✓	✓	✓	✓
Long-term Recovery	✓	✓	✓	✓	✓
Pharmacotherapy	✓	✓	✓	✓	✓

SOURCE: Ashford, R. D., Brown, A. M., & Curtis, B. (2018). Substance use, recovery, and linguistics: The impact of word choice on explicit and implicit bias. *Drug and Alcohol Dependence*, 189, 131–138.



# Moving From

## What *Happened* to You?





# Initial Signs and Symptoms of the Stress Response

- Increased heart rate
- Muscle tension
- Nausea
- Sweaty palms
- >BP
- Inability to focus/think straight
- Thoughts of impending doom



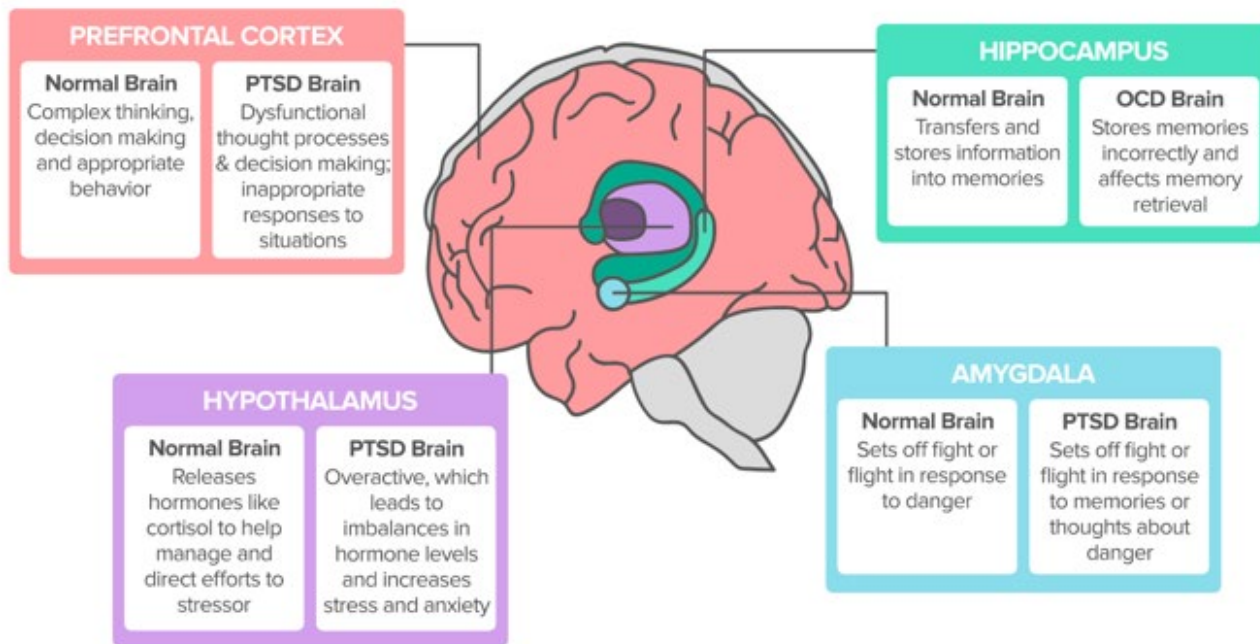
# Impact of Trauma

Responses to trauma/traumatic events are components of Post-Traumatic Stress Disorder (PTSD):

- **Hyperarousal:** nervousness, jumpiness, quickness to startle.
- **Re-experiencing:** intrusive images, sensations, dreams, memories
- **Avoidance and Withdrawal:**
  - feeling numb, shutdown, separated from normal life.
  - pulling away from relationships & activities.
  - avoiding things that trigger memories of trauma.



# Normal Information Processing & PTSD Malfunctions in the brain



*Sadock & Ruiz, 2015*



## Prefrontal Cortex:

“Thinking Center”

Under-activated – difficulties concentrating & learning

## Amygdala:

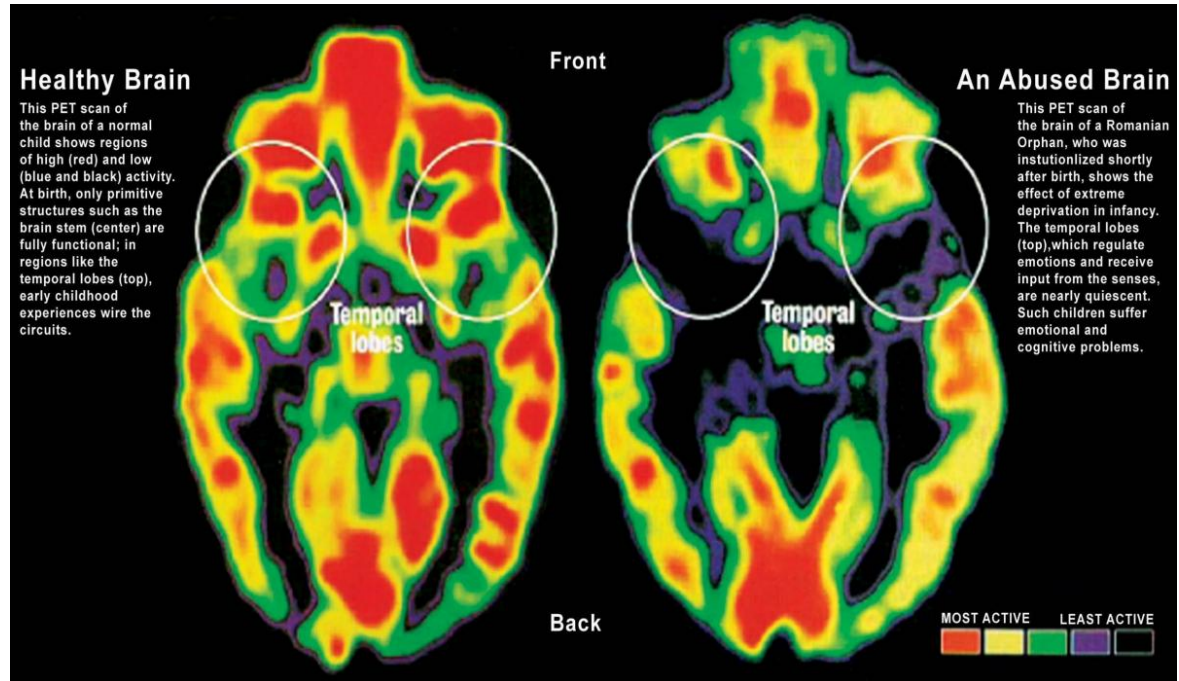
“Fear Center”

Over-activated. Difficulty feeling safe, calming down, sleeping

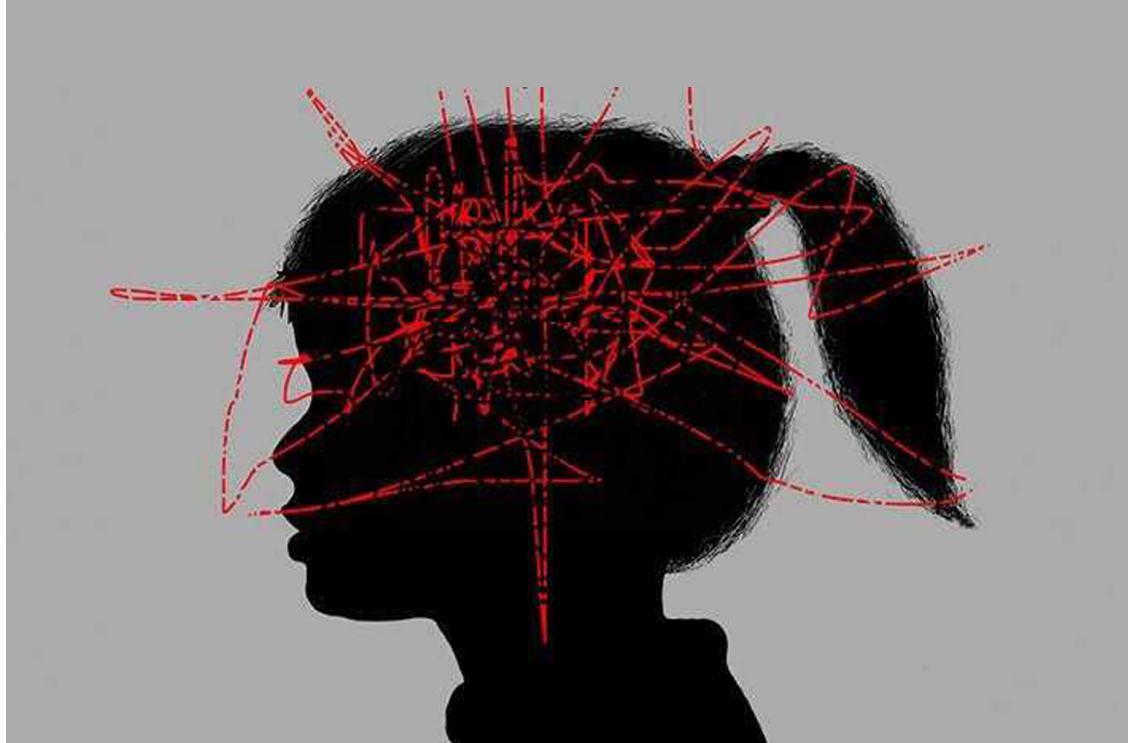
## Anterior Cingulate Cortex:

“Emotional Regulation Center”

Under-activated – difficulties with managing emotions



# The ACE Study





# Adverse Childhood Experiences (ACE) Study – 1998/Dr. Vincent J. Felitti

- Study of over 17,000+ Kaiser Permanente members
- How stressful/traumatic experiences during childhood affect adult health
- Establishing associations between childhood maltreatment and later-life health/well-being
- Certain experiences are major risk factors for the leading causes of illness, death & poor quality of life in the U.S.
- Trauma is far more prevalent than previously recognized.



1. Did you live with anyone who was depressed, mentally ill, or suicidal?
2. Did you live with anyone who was a problem drinker or alcoholic?
3. Did you live with anyone who used illegal street drugs or who abused prescription medications?
4. Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?
5. Were your parents separated or divorced?
6. How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up?
7. Before age 18, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking. Would you say---
8. How often did a parent or adult in your home ever swear at you, insult you, or put you down?
9. How often did anyone at least 5 years older than you or an adult, ever touch you sexually?
10. How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually?
11. How often did anyone at least 5 years older than you or an adult, force you to have sex?



# ABUSE



Physical



Emotional



Sexual

# NEGLECT



Physical



Emotional

# HOUSEHOLD DYSFUNCTION



Mental Illness



Incarcerated Relative



Mother treated violently



Substance Abuse



Divorce



*“We found a strong graded relationship between the breadth of exposure to abuse or household dysfunction **during childhood** and multiple risk factors for several of the leading causes of death in adults.”*

*Felitti, et al. Am J Prev Med 1998;14:245–258*



# Adverse Childhood Experiences

**63%** of participants had at least one category of childhood trauma –  
over **20%** experienced **3 or more** categories of trauma.

**28%** experienced physical abuse.

**27%** grew up with someone in the household using alcohol and/or drugs.

**23%** lost a parent due to separation or divorce.

**21%** experienced sexual abuse.

**19%** grew up with a mentally-ill person in the household.

**15%** experienced emotional neglect.

**13%** witnessed their mothers being treated violently.

**11%** experienced emotional abuse.

**10%** experienced physical neglect.

**5%** grew up with a household member in jail or prison.

<https://www.cdc.gov/violenceprevention/acestudy/about.html>



# Adverse Childhood Experiences

The more categories of trauma experiences in childhood, the greater the likelihood of experiencing:

<b>Alcoholism/Alcohol abuse</b>	<b>Liver disease</b>
<b>COPD</b>	<b>Suicide attempts</b>
<b>Depression</b>	<b>Multiple sexual partners</b>
<b>Fetal death</b>	<b>Unintended pregnancies</b>
<b>Illicit drug use</b>	<b>STDs</b>
<b>Ischemic Heart Disease</b>	<b>Smoking</b>
<b>Poor health-related quality of life</b>	<b>Obesity</b>
<b>Risk for intimate partner violence</b>	



Children who experience trauma are **46** times more likely to develop a substance use disorder (SUD) as an adult.

*-Felitti, 2004*





*ACE Pyramid, Centers for Disease Control 2014*





# Impact of Trauma: Health, Behavior, and Life Potential

ACEs can have lasting effects on...



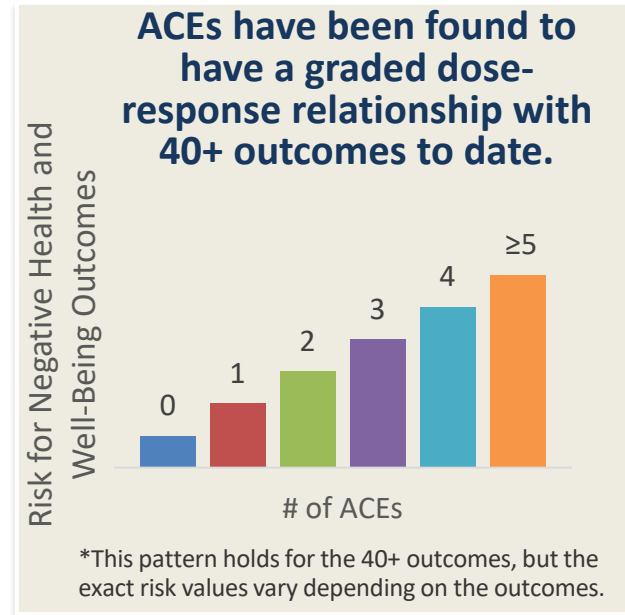
**Health** - obesity, diabetes, depression, suicide attempts, STIs, heart disease, cancer, stroke, COPD, broken bones



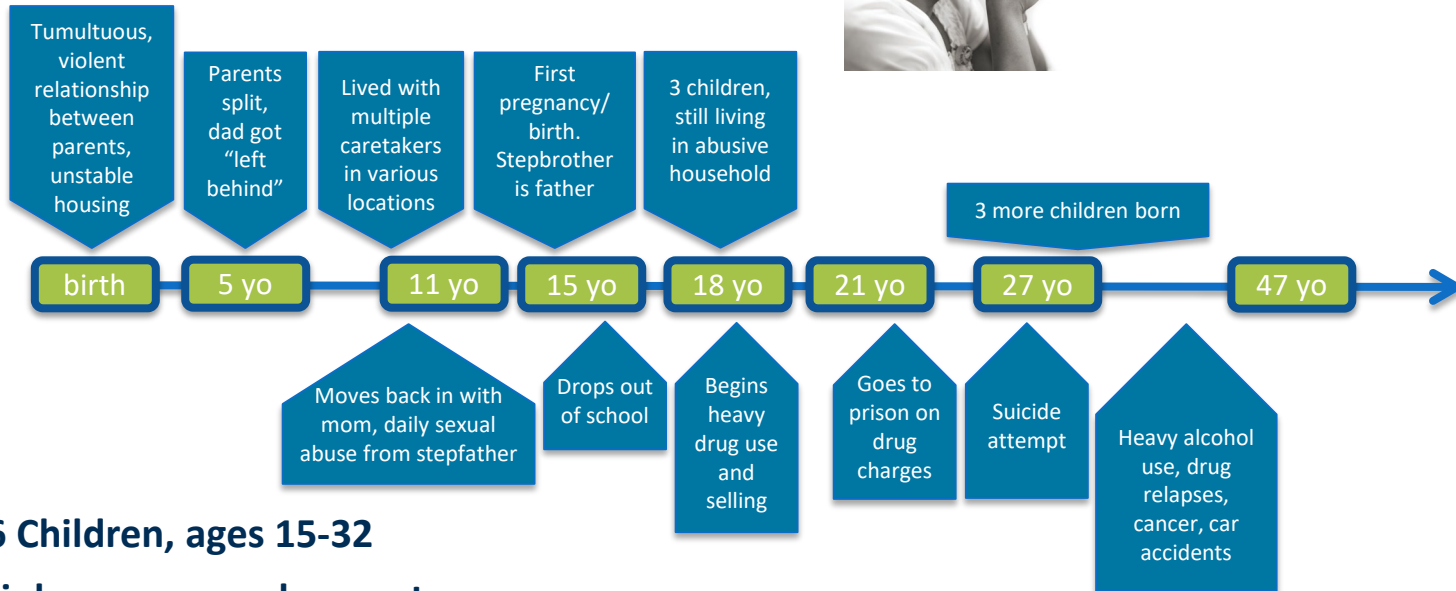
**Behaviors** - smoking, alcoholism, drug use



**Life potential** - graduation rates, academic achievement, lost time from work



# “Miranda”



**Age 47 – 6 Children, ages 15-32**

**No GED/diploma, no employment**

**In recovery from severe substance use**

**Chronic pain, cancer, multiple surgeries; no teeth or dentures – multiple psychiatric medications**



When a patient walks into  
a provider's office...







# Medication Trauma



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# Confusion!

CareOregon has over 12,000 members who have had 16 or more medication changes over the last year.



Type your answer in the Chat:

What's almost never written  
on a medication label?





# Answer:

## What it's *for*: its purpose

...for depression

...for hepatitis

...hypertension



# Medication Muddle

- Multiple prescribers
- Don't know if it's working
- Unsure how to have the conversation
- Don't know why they're taking it –  
**Indication/purpose often not spelled-out on label**



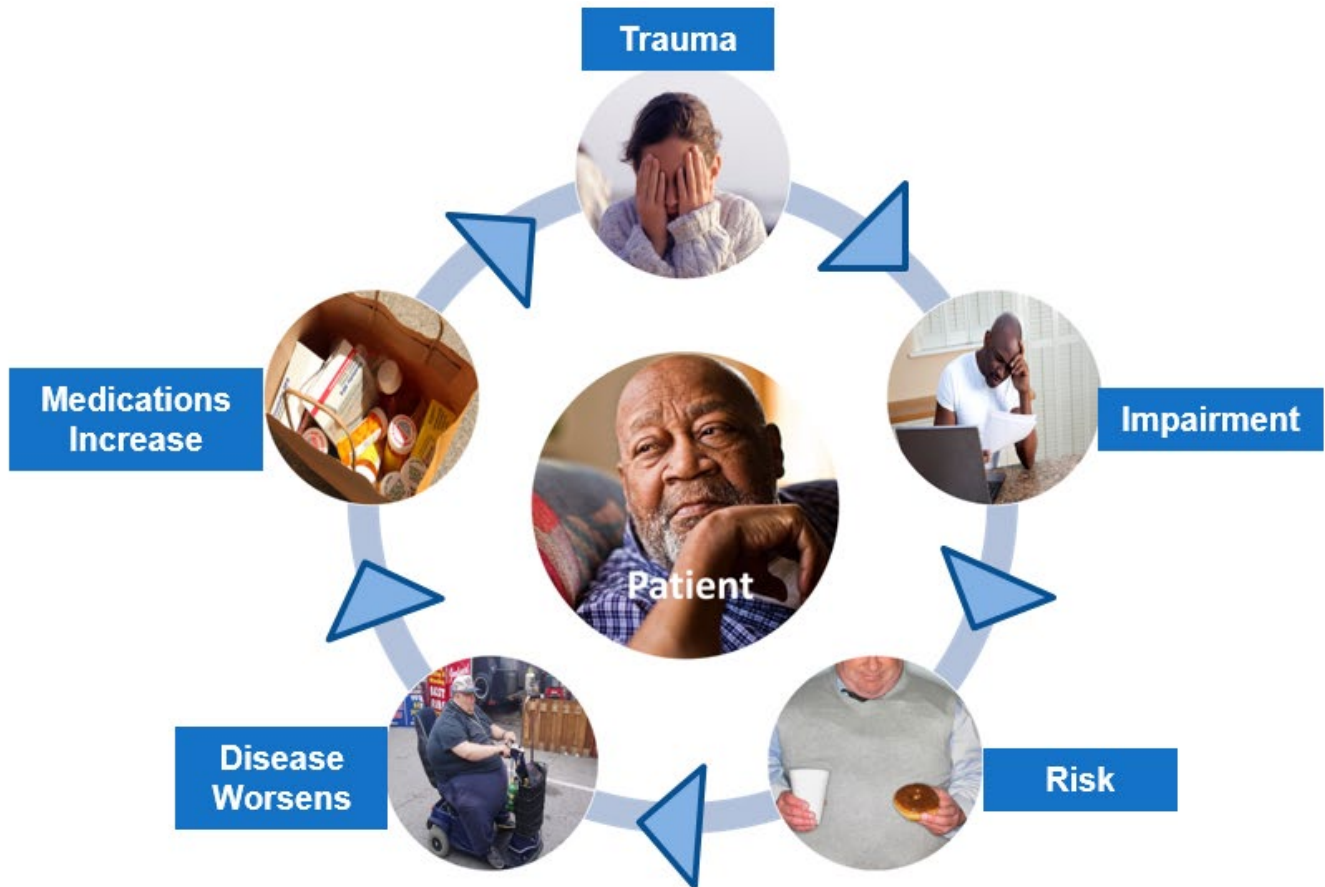
# Medication Trauma

“Medication Trauma is medication complexity and lack of coordination that overwhelms the patient, caregivers and provider’s resources, creating fear, confusion and error, which leads to poor adherence, compliance and outcomes.”

James Slater

Vice President of Pharmacy, CareOregon





# Human-Centered Solutions

Members needed a tool to use with their healthcare provider or caregiver to:

- Discover if their medication is working
- Improve safety
- Promote better health outcomes
- **Lets their voices be heard**

































My Easy  
Drug System™  
(MEDS) Chart

Name: Joe Morbidity  
Date: March 2020  
Primary Doctor: Dr. Fauci  
Any Allergies? \_\_\_\_\_

Which medications matter most to you?










Drug name	Why I take this	How do I feel about it?	Notes
HYDROCODONE/ACETAMINOPHEN 		<input type="radio"/>  <input type="radio"/>  <input checked="" type="radio"/> 	
SIMVASTATIN		<input type="radio"/>  <input type="radio"/>  <input type="radio"/> 	
LEVOTHYROXINE SODIUM		<input type="radio"/>  <input type="radio"/>  <input type="radio"/> 	
DICLOFENAC SODIUM DR		<input type="radio"/>  <input type="radio"/>  <input type="radio"/> 	
NEOMYCIN/POLYMYXIN/DEXAME 		<input type="radio"/>  <input type="radio"/>  <input type="radio"/> 	
TESTOSTERONE CYPIONATE		<input type="radio"/>  <input type="radio"/>  <input type="radio"/> 	
CYCLOBENZAPRINE HCL		<input type="radio"/>  <input type="radio"/>  <input type="radio"/> 	
VALACYCLOVIR HCL		<input type="radio"/>  <input type="radio"/>  <input type="radio"/> 	

If you have marked a  next to any of your medications, get in touch with your doctor or pharmacist to talk about your options.

If you have marked a  next to any of your medications, get in touch with your doctor or pharmacist to talk about your options.



# “How Do You Feel About Your Medication?”

Why I take this	How do I feel about it?	Notes
Anxiety	<input checked="" type="radio"/>  <input type="radio"/>  <input type="radio"/> 	Helps me feel calmer.
High blood pressure	<input type="radio"/>  <input type="radio"/>  <input checked="" type="radio"/> 	Makes me itch
Diabetes	<input type="radio"/>  <input type="radio"/>  <input checked="" type="radio"/> 	Makes me too sleepy



# Chart Use and Benefits



CareOregon sends prefilled MEDS chart to pharmacy/caregiver/PCP listing all a persons' medications

Drug name	Why I Take This
Lisinopril 10mg daily	blood pressure
Aspirin 81mg daily	heart health

Use chart to review how medications are working for person – side effects, effectiveness, problems, etc.

<input type="radio"/> 😊	<input type="radio"/> 😐	<input type="radio"/> 😞
<input type="radio"/> 😊	<input type="radio"/> 😐	<input checked="" type="radio"/> 😞

## Medication reviews can help:

Decrease hospital readmissions and medication-related emergency room visits

Decrease medication errors/problems while improving medication adherence

Reinforce the importance of taking a medication

Give patients a stronger voice in engaging with their medications

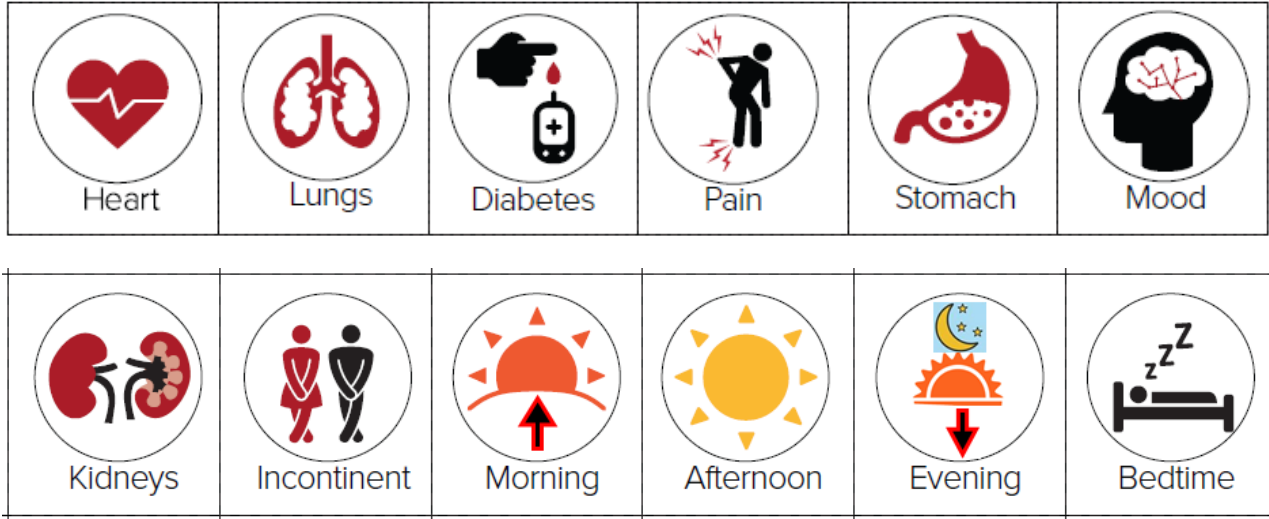




# Pill Bottle Stickers

Purpose/Indication for meds seldom written on med label, leading to mistakes when many meds are involved.

A “Why I take this” sticker helps avoid confusion.



## Past

### Affirmations

- I am an artist
- I quit smoking
- Worked as a lifeguard

### Trauma

- Childhood abuse
- Death of Parent
- Overdose

## Present

### Medication Experience

- “This medication matters most to me.”
- “I hate this medication.”

### Life Gaps

- “I cannot do this.”
- “I can do this.”
- “I wish I could do more of this.”

## Future

### Goals

(I would like to **start**...)

- Start painting again
- Plant a garden
- See my grandson

### Goals

(I would like to **stop**...)

- Taking so many pills
- Drinking
- Feeling sad

Affirmation > Experience > Coordination > Compliance



# 35 Break

10 minutes





Change

# The Basics of Motivational Interviewing

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# When Change is Hard

## Not because of:

- Lack of information
- Laziness
- Denial
- Oppositional personality

## Often a motivational issue

- Ambivalence
- Stuck in ambivalent stage – **wanting/not wanting**, or wanting incompatible things at the same time
- Ambivalence is uncomfortable – leads to anxiety
- To avoid anxiety, we procrastinate



# MI Helps Resolve Ambivalence



...helping elicit a person's own motivation to change



# Change is a Process, Not an Event

Prochaska and DiClemente's  
Stages of Change model



# What is MI?

**An effective way of talking with people about change.**

**Smoking  
cessation**

**Medication  
adherence**

**Dieting**

**Corrections**

**Exercise**

**Addiction**

**School counseling**

**Weight loss**





# The Purpose of MI

A collaborative conversation style for strengthening a person's own motivation and commitment to change.

*Miller & Rollnick, 2013*



# Watering Seeds

Using MI is like giving water to the seed of motivation

## The seed is already there

- The only real water and sun is what the patient says and believes
- After they leave, the seed sprouts

A non-motivational, directive approach stamps dry dirt down over the seed, suffocating it

- Natural tendency to push back
- Status quo statements are believed



# Traditional Counseling

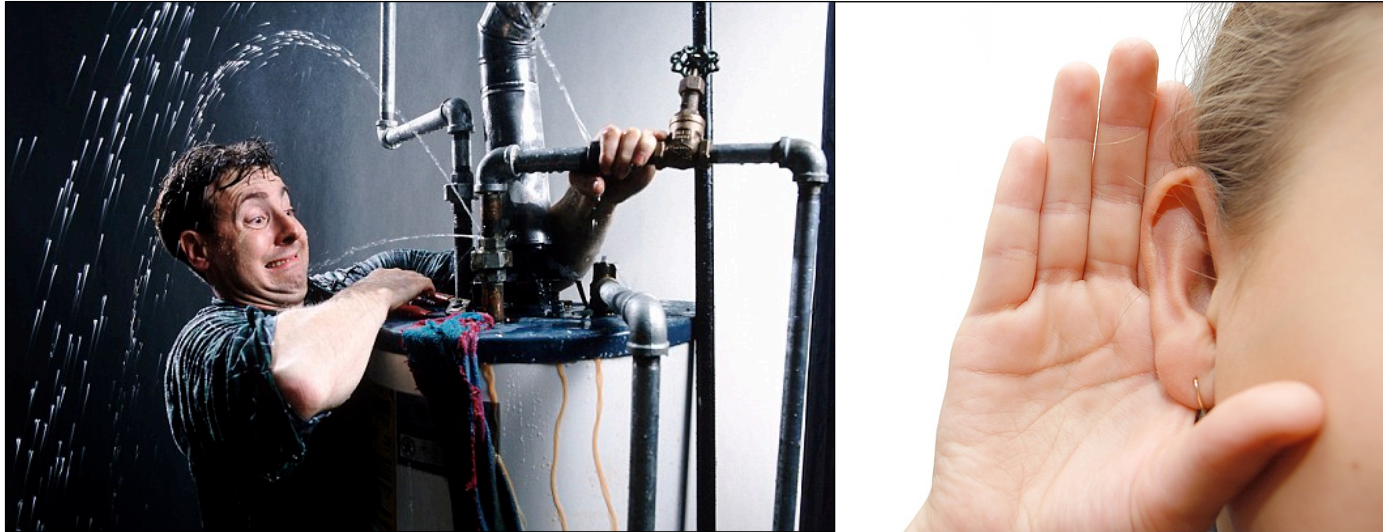
- Advice given, patient expected to listen, follow instructions.
- Can increase resistance to change.
- Makes patient defensive.

# Motivational Interviewing

- Patient does most of the talking.
- Help patient understand their own motivation for change.
- Patient is the expert on their personal circumstances.



# The Righting Reflex



Overcome your inclinations to fix.  
Let it come from the person.

In MI, you are less the problem-solver  
figuring things out, and more the guide.



# “Equipoise?”



# Equipoise

Equipoise is a conscious, intentional decision not to use your professional presence and skills to influence a person toward making a specific choice or change.

Maintaining neutrality even when you might have a strong opinion; maintaining that neutrality.



# Sit On Your Superpowers





# Core Skills



# “OARS” skills

- **O**pen-ended questions
- **A**ffirmations – anything positive that the you notice about the person. Attempts, achievements, accomplishments, prior successes
- **R**eflections
- **S**ummaries



# Open-ended Questions

- Can't be answered with "yes" or "no."
- Who, What, Where, When, How.
- Encourage patients to share information.



**"What fits your busy schedule better, exercising one hour a day or being dead 24 hours a day?"**

***"What do your friends and family think about your smoking?"***

## Close-ended

- Do you have any questions about your medications today?
- Do you realize that smoking threatens your health?
- Do you think you can make this change?

## Open-ended

- What questions can I answer for you about your medicine today?
- What do you think it would be like if you weren't a smoker anymore?
- Why do you think it might be time to quit?



“Are you in pain?”

“How do you feel?”



“Don’t you want to quit smoking?”

“What are the advantages that you see in quitting?”



**“Tell me what bothers you the most about your medications.”**  
(invite-the gripe)



# Affirmations

The purpose they serve:

To build a sense of self-confidence or self-efficacy.





“You really care a lot about your family.”

“This is hard work you are doing.”

“It took a lot of courage coming in today.”

“You’ve been successful changing before.”



“I'm impressed with your ability to take your medicine with all the other things you have going on in your life.”

“I appreciate your honesty sharing that you don't want to give up cigarettes.”



# Reflective Listening

**The most important skill**



# Reflections

Understanding what the person is **thinking** and **feeling** then saying it back to them.

Reflections are statements, **not questions.**



“I don’t think  
that I have high  
blood pressure.  
I feel fine.”

“You have some  
concerns and  
questions about  
this diagnosis.”



“I feel worse on this medication.  
I don’t want to take it anymore.”

“You’re worried about this side  
effect keeping you from taking  
your medication.”



“It’s hard for me to remember to take my meds. I forget things easily by nature.”

“It sounds like it’s challenging to remember to take your medications all the time.”



# The Purpose of Reflections

- To express empathy and understanding.
- To see the world through their eyes.
- **Use twice as many reflections as questions.**
- Reflections are the foundation.





“As I hear myself talk,  
I learn my beliefs.”



# Summaries

- Longer reflections of more than one statement.
- You're guiding the person toward change by selectively summarizing their own reasons for change.
- Summary Statements also demonstrate **you've been listening.**



“I like smoking, okay?  
It makes me feel good.”

“Susan can’t stand the smell –  
she doesn’t like it.”

“We keep fighting about it.”

“I don’t want to end up being on  
oxygen like my friend Mike.”



“What I’ve heard so far is that you enjoy smoking. On the other hand, your girlfriend hates your smoking and it’s causing stress between the two of you. You’re also worried you might develop a serious disease.”



# Change Talk: What Is It?

“I wish I could”

“I want to change”

“The reasons are...”

“I can”

“It would solve problems”

“I will”

## Evoking Change Talk

Speech that favors movement in the direction of change.

Any of these kinds of conversation or statements.



# What Is Change Talk?

## Change Talk

Contains not only **reasons** and **benefits** that the person sees for making the change, but also **ways they could make the change and be successful at it.**



# Why Change Talk?

“I wish I could”

“I want to change”

## Change Talk

When we get it, we reinforce it – we encourage it. The more a person argues for change themselves, the more likely it is that they’re going to change their behavior.



# Encouraging Change Talk

“Why do you want to make a change?”

“What are the reasons to change?”

“What would some of the benefits be?”

“What would be your first step?”

You can **ask questions** to generate change talk.





# Recognize Change Talk

When patients verbalize their own thoughts about change.

- **Desire** – “I wish I could exercise more often.”
- **Ability** – “I can walk around the block 2x/ day.”
- **Reasons** – “I know quitting smoking will lower my risk of getting cancer.”
- **Need** – “I need to quit smoking or my relationship with my kids will be ruined.”
- **Commitment** – “I will use a pillbox so I can make sure to take my meds twice a day.”
- **Taking Steps** –
  - “I actually went out and...”
  - “This week I started to...”
  - “I walked up the stairs today instead of taking the elevator.”
  - “I went all last week without stopping by McDonalds.”

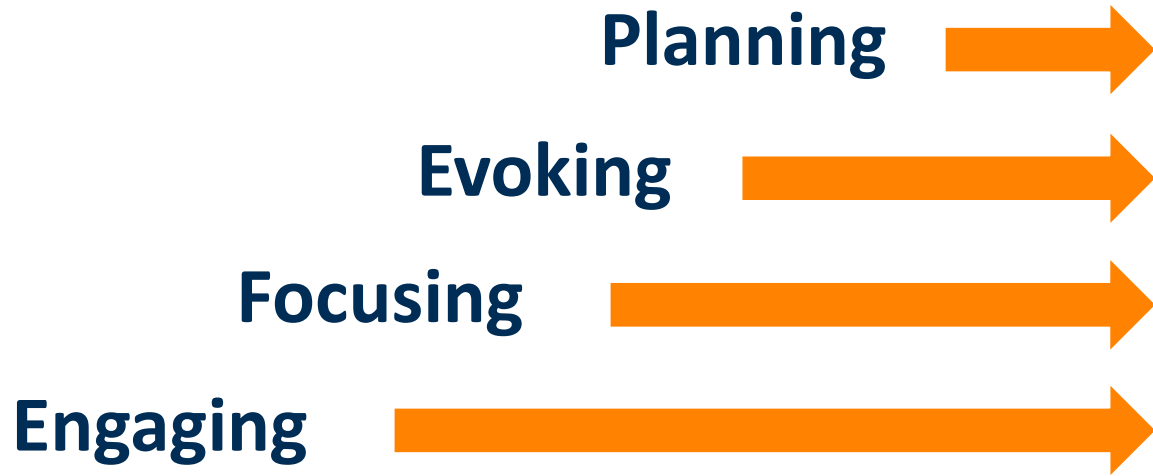


# Change is a Process, Not an Event

Prochaska and DiClemente's  
Stages of Change model



# The Four MI Processes



# Before: Confrontational



# After: Motivational Approach



# Develop Discrepancy

- Ambivalence – both wanting to change and not wanting to change.
- Discrepancy helps people see the gap between where they are and where they want to be.
- Seeing the disconnect between your values/hopes and the reality of your current behavior, you are more likely to want to **resolve** that discrepancy.



**Current  
Behavior**

**Values  
Beliefs**

# Drive-By MI



## READINESS RULERS

Readiness rulers are a tool designed to elicit change talk. Use them to explore the importance clients attach to changing, and their confidence and readiness to change (on a scale of 1 to 10). “On a scale of 1 through 10, how important is it for you to quit smoking?” “On the same scale, how confident are you feeling about your ability to quit?”

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Low importance/confidence:

Extremely important/confident





## Two-Day Virtual Intermediate/Advanced MI

Contact for details

Denise Ernst, Ph.D.

Stéphanie Wahab, Ph.D., M.S.W.

[DeniseErnst.com](http://DeniseErnst.com)

[WahabTraining.com](http://WahabTraining.com)



Also:



<https://motivationalinterviewing.org/>





# 35 Break

10 minutes





# Motivational Interviewing: Practical Examples for the telehealth world

**Sharon Allen, MS, LPC,**

**Virginia Garcia/LifeWorks NW Behavioral Health Provider**

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# Some Assumptions I Am Making...

1. We all want to provide patients with the best healthcare possible.
2. We believe shared decision-making is important and aim to collaborate with patients as much as possible.
3. We believe we have a lot of knowledge about medical care, and that this expertise is helpful in our role as a consultant to the patient.
4. Patients consider the solutions we offer them from within the context of their own lives and aim to make the best decisions they can to address the fears and needs they have.
5. If we fail to listen and understand the patient, our own attempts to help may fall short due to lack of empathy.

# 6 Stages of No-Lose Conflict Resolution

1. Identify the problem in terms of fears and needs
2. Generate possible solutions
3. Evaluate risks and benefits of potential solutions
4. Decide on and document a mutually acceptable solution
5. Implement the solution by deciding who will do what and by when
6. Evaluate outcome of the solution tried

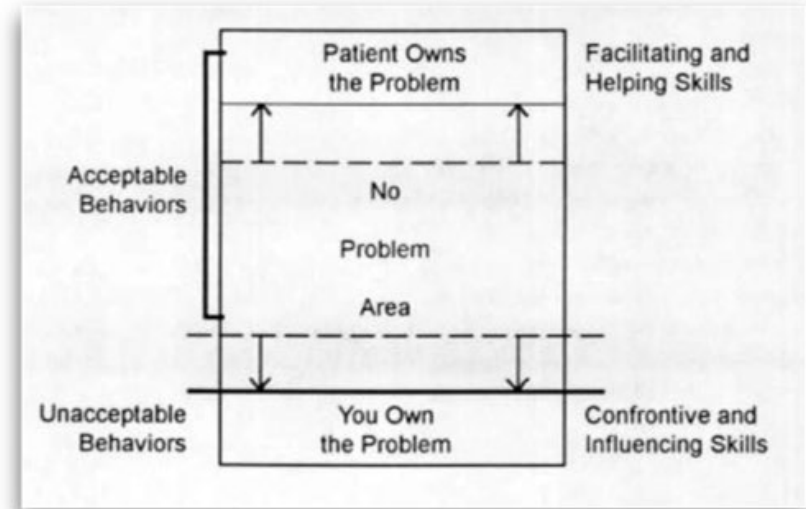
*From Making The Patient Your Partner by Thomas Gordon*

## Take a minute to see how you might respond if a patient said the following:

- “Diabetes sucks. Don’t get me started on checking blood sugar. And for what? It never makes a difference. My blood sugar is always high anyway. Why should I even bother? I’m not gonna deal with it anymore.”
- “How come other people get pain medications and I don’t? No one understands how hard this is for me. It’s like they don’t even care!”
- “I never used to feel like this. But now I just can’t seem to get myself to do anything. It’s hard just to get out of bed.”

# Do We Have a Problem Here?

- When the patient owns the problem, consider active listening and reflection.
- When the provider owns the problem, consider I-statements.
- When used well, these can increase time in the “No Problem Area” which is task-oriented.



*From Making the Patient Your Partner by Thomas Gordon*

# How Do I Know Who Owns the Problem?



**“The good news is that it’s not my problem.”**

CartoonStock.com

- If the patient expresses fear, unhappiness, dissatisfaction... the problem belongs to them.
- If you feel angry, worried, sad, or stressed... you own the problem.

# Why Does This Matter?

- Motivational interviewing is the approach used when the patient owns the problem.
- Has been used to help people resolve ambivalence around making changes.
- Includes Collaboration, Active Listening, Open-ended Questions, Reflection, and Exploration of Resistance.
- Facilitating the patient to speak leads to self-motivational statements.



# When a Patient Describes a Problem, Some Responses:

- Express lack of acceptance of the patient
- Discourage openness by the patient
- Increase power dynamic between provider and patient

## 12 Roadblocks of Communication

- Praising
- Labeling
- Analyzing
- Reassuring
- Questioning
- Diverting
- Directing
- Warning
- Moralizing
- Advising
- Using Logic
- Criticizing

From *Making The Patient Your Partner* by Thomas Gordon

Savage Chickens

by Doug Savage



Savage Chickens

by Doug Savage





# Want To Get Better? Great books include:

Gordon, Thomas & Edwards, W. Sterling (1997).  
*Making The Patient Your Partner*. Praeger.

Rosengren, David B. (2017) *Building Motivational  
Interviewing Skills: A Practitioner's Workbook  
(2nd edition)*. Guildford Press

# Thank You!



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# Panel Questions & Answers

## Questions submitted via Chat feature



# Survey Completion for CME Credit:

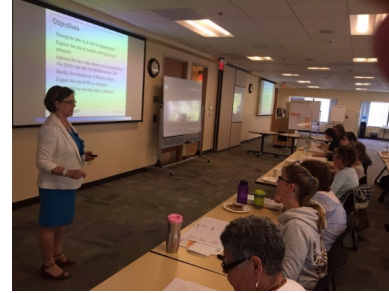
Survey will be emailed to all participants

<https://www.surveymonkey.com/r/6386H6X>

**LCSWs:** email me for your specific survey:

[carsonp@careoregon.org](mailto:carsonp@careoregon.org)





# Medication education seminars

Our ongoing education series for healthcare professionals involved in direct patient care at community clinics.

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# Thank You!

## Join Our Upcoming Session:

### Harm Reduction in Oregon

*February 25<sup>th</sup>, 2021*



<http://www.careoregon.org/medsed>

