Counseling for Medication Assisted Recovery

By Gary Blanchard, MA, LADC1

For years, addiction treatment was provided in dedicated treatment programs and medication was not a usual component of treatment. With the recent introduction of medications like Suboxone and Vivitrol for opiate dependence and now Campral and Vivitrol for alcohol dependence, treatment is shifting away from dedicated addiction treatment facilities to the physician's office. This shift presents new challenges to addiction treatment professionals.

Common Attitudes and Fears

Traditionally there has been strong sentiment in the professional treatment and self-help communities that those engaged in medication-assisted recovery (MAR) programs are "not really in recovery." One of the first things that we, as addiction treatment professionals, need to ask ourselves is whether we accept, or can accept, the premise of MAR. As newer medications are placed on the market, more people will opt for this approach. If clinicians are able to change their attitudes to accept that medication can play a role in recovery, they are in a position to have a tremendous impact. If a clinician is not able to accept MAR then they are best to concentrate their work within the drug-free treatment community and to continue their impact there.

A frequent criticism of MAR is that the client is simply exchanging one drug for another. This is true of some medications that are being used at this time; some of the newer medications, however, especially those still in development and testing, are focused on balancing brain chemistry rather than preventing withdrawal and craving. In any case, the use of medication may be the best way to first bring a person into the recovery process. There is no wrong door to the treatment process.

Fear of withdrawal and its physical effects is a prime motivator for continued use of mood-altering substances even after the negative consequences of use outweigh any benefit that the drug provides. For many, the idea that a prescribed medication can eliminate the need to use illicit drugs is enough to bring them into treatment. If, in becoming involved in a MAR program, they are also exposed to the idea that continued recovery also requires work, skills, and support, they are more likely to succeed in treatment. In order for clients to receive this message there is a need for trained addiction counseling professionals who are willing and able to work with the client while they are engaged with their prescriber and taking medication.

Another common attitude or belief that the addiction professional must confront is the idea that the ultimate goal of all clients should be total abstinence from all mood-altering substances. While that goal is ideal, the fact is that many of our clients, in both drug-free and MAR programs, do not come to us with a goal of total abstinence. If the client is faced with a forced choice to accept a goal of total abstinence or to leave treatment, many will choose to leave treatment, even if they have entered treatment under compulsion. The job of the addiction treatment professional is to meet the client wherever they're at to help them meet their immediate goal and then, from there, to hopefully move them toward the goal of total abstinence.

Many clients in MAR programs feel that the medication will remove their cravings to use, thus eliminating the problem. Research, however, shows that in addiction, just as in the treatment of mood disorders, the combination of medication and therapy is the most effective treatment. It is the role of the clinician to help the client recognize the difference between abstinence and recovery. The idea that simply abstaining from substance use equals recovery is all too common and often the client and his friends and family see abstinence as the goal. They fail to recognize that abstinence can be fleeting without a change in attitudes, beliefs, and behaviors. Another common client belief is that one particular substance is the problem; if they can stop that substance, it's all right to continue the use of other mood-altering substances. This is yet another example of a client's goals not agreeing with those of their treatment professional. Other times the client's goal is not cessation of the drug of choice but simply "controlling" the use. This is less common in MAR, but does come up from time to time.

Clients involved in MAR frequently have previous experience in addiction treatment programs and therefore make assumptions about the treatment they will receive from us. If they have ever taken part in a "drug-free" program while taking medication to assist recovery, they may very well expect to be judged and possibly rejected. They may feel that the clinician will want to exert his or her treatment plan rather than work with their own wishes. They may feel that the clinician has nothing to offer if the clinician hasn't had their same experiences. While this particular challenge belongs to the client, it's one that we as clinicians can help them meet to find success in recovery.

Forming an Alliance with Physicians

The growth of Medication Assisted Recovery has not only expanded treatment options, but has also removed treatment from specialized addiction treatment facilities into the doctor's office. As a result, people who seek medication for recovery find themselves out of touch with those who can provide the cognitive and behavioral support they also need in order to be successful. Some prescribers understand the need for a combination of medication and counseling, but others do not. It is the job of addiction counselors and other professionals to reach out to prescribers to form therapeutic alliances to help assure that recovery becomes a reality.

It would be nice to believe that those physicians who choose to prescribe medications to assist in recovery would seek out area professionals, but this is not always the case. The addiction counselor needs to locate and reach out to prescribers in order to form alliances with them. Pharmaceutical companies often provide web sites that list physicians who are trained to prescribe medications that treat addiction and I send these prescribers information about my services and request to meet with them to discuss how we can work together to help their patients succeed in recovery. Some doctors like to have someone who will come to their office to allow their patients to make one trip for both services. Others prefer to have the patient go to a different facility.

I have worked with some physicians who believe that all of their MAR clients should have counseling; others feel counseling is only needed if the patient continues to use alcohol or other drugs. I have found that it's best to begin working with the doctor in the way they prefer, and then, as I form an alliance with the prescriber, I am better able to convince them to reconsider our approach to best help the individual in treatment. Most addiction-counseling professionals are not used to networking. For years, the clients have sought us out. If we want to continue to be an effective part of the recovery process, however, we need to become networkers.

MAR and other Recovery Techniques

In an ideal world, everyone who comes to us for treatment would come with an understanding of their problem and a deeply felt determination to change. In fact, many-if not most-of the people I have seen for treatment come under some form of compulsion. The reason may be legal problems or family pressure, employment difficulties or some other outside force that has the patient presenting for treatment before they have personally determined the need for treatment. With MAR it is quite common for the patient to decide that they want to control addiction to one substance but not commit to abstinence from all mood-altering drugs. While this does not make treatment impossible, it does make it difficult. If, for example, a client entering our office does not feel they have a problem, it may be difficult to get them to fully engage. Without engagement, change will not happen. Therefore our first job is to work with that person in a way that helps them arrive at their own decision to make changes in their life.

It is also important for a clinician to recognize the process and stages of change. This requires an understanding of the Stages of Change model and the Motivational Interviewing and Motivational Enhancement Therapy techniques developed by William R. Miller and Stephen Rollnick. Information on these is readily available from many sources and I would highly recommend SAMHSA's TIP 35, Enhancing Motivation for Change in Substance Abuse Treatment. This guide is focused on the use of Motivational Enhancement Therapy for substance abuse treatment and is available free of charge through SAMHSA.

Cognitive/Behavioral Therapy (CBT) is another highly effective tool for treatment of addictions and is quite compatible with MAR. Albert Ellis, the developer of Rational Emotive Behavior Therapy (REBT), has applied these techniques to addiction

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treatment, as did Jack Trimpey, founder of Rational Recovery. Hazelden Publishing, a well-respected name in the addiction treatment field, has published a number of books that incorporate CBT and REBT techniques.

An important part of the counseling process in MAR is to provide recovery skills that will allow the patient to prevent relapse not only while medicated, but also once medication is eliminated. I like to refer to this as building continuing recovery skills rather than as relapse prevention as it focuses the client on success instead of failure. Among the many recovery skills vital for people in MAR are improved communication, the ability to be aware of and to express feelings, self-awareness, connection with positive people, and recognizing recovery barriers and planning to overcome them. It is vital that those in MAR programs realize that recovery is much more than simply not taking a drug-it's creating a new outlook on life and developing a whole new way to live.

Transitioning off Medication

Most physicians who prescribe medications to assist in recovery see these medications as a short-term intervention. While some see medications as a tool for maintaining recovery, the general view seems to be that medication is a good way to help the person become stable enough to develop the skills needed for long-term recovery without medication. The timing for this transition needs to be a cooperative process. The prescriber obviously has a lead role because they are, after all, the ones with the most knowledge of the medication and what the client requires medically for their transition. Counselors have an important role in helping the physician evaluate the client's readiness to support recovery without medication, and clients, of course, also have an important part to play: they are the ones who will go through physical changes and who are responsible for ensuring that their recovery continues.

In many cases the prescriber has a general rule for the duration of medication, one that may not always agree with the client's or our timeline. I have seen some people transition too soon, before they've developed the skills to maintain recovery without medication. Other times the client may be afraid to let go of the security that medication provides. The counselor's job is to help the client assess their readiness and to make good decisions regarding their care.

It is, perhaps, inevitable that we will not always agree with the physician on the correct timing of a client's transitioning. This is to be expected, and there are ways it can be handled without negatively affecting the physician/counselor/client relationship. For example, any disagreement between the doctor and the counselor must be handled outside of the client's view. The client needs to feel that his or her treatment providers are a reliable team. We must also present our thoughts and suggestions in a rational way and offer solid evidence for our concerns about the client's ability to succeed. Remember: Our job description includes the ability to present goals in measurable terms. Doing so makes it that much easier for the physician to weigh and respond to our input.

As my work with doctors continues I find that my interactions with them grow and improve. After time we've built mutual understanding and respect and the instances where we disagree are fewer. Just as counselors are frequently not accustomed to dealing with doctors, many doctors are not used to working with counselors. Addiction counselors have specialized knowledge and are professionals in their field. Doctors also have specialized knowledge and are professionals in their field. It can be easy to have ego clashes when two professionals overlap in treatment. Both must recognize that the needs of the patient overrule the need for either professional to be "right."

When the team decides that the time is right for the client to stop medication, they must help the client develop a continuing recovery plan. Much of this responsibility rests with the counselor and client. A continuing recovery plan should include several things. First, the client should be able to identify his or her recovery tools. A recovery "tool box" should contain a variety of resources to meet the many challenges a client might encounter. The client should also be able to identify potential triggers for relapse and have plans in place to deal with them. Finally, the client needs to have support in place and know who to contact in case of an impending relapse.

The client and counselor should also set aside a period of time for continued sessions after medication is discontinued. A minimum number of sessions should be established with the understanding that the number could be extended if the client feels the need or desire to do so. It is important that the client be discouraged from discontinuing medication and counseling at the same time, as that may increase the possibility of relapse. The doctor may also want to follow-up with the client after medication ends; this should be arranged between the client and the doctor. Ultimately, the goal is for the client to be just as successful in the maintenance phase of recovery as he or she was in the action phase. This goal is best met if the team of the client, counselor, and the physician work together effectively.

Medication to assist the recovery process has come a long way. Physicians and addiction counselors can view each other as competitors or they can work together to improve the lives of those caught in the web of addiction. We need to acknowledge that, while our focuses may differ, our ultimate goal is the same. If we can also accept that there are different ways to treat addiction and that clients have diverse needs that require diverse approaches, we are one step closer to making successful recovery a reality for all. The time for division is over. We now need to work as a team to help those in need.▼

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