The Counselor’s Role in Medication-Assisted Recovery
Challenges, Tools and Tips
Gary Blanchard, MA, LADC1

Workshop Objectives
• Recognize the challenges related to medication-assisted recovery.
• Identify how client and counselor attitudes can affect treatment outcome.
• Identify techniques that can improve client success in recovery.
• Understand how to work as a team with clients and prescribers.

Medication-Assisted Recovery: An expanding approach
• For years, medications used for treating addiction were largely dispensed in full-service facilities that included medication and counseling.

• Many of the newer medications are prescribed by doctors from their office.

• While some doctors offer or require counseling, many do not.

Challenge One: Making Connections
• Many prescribers of medications for addiction recovery have little experience of addiction treatment programs.

• Those prescribers who are aware of the efficacy of a combination of medication and counseling do not know where to refer patients for counseling.

• Counselors need to reach out to build networks and connections.
Networking

• Search on-line for prescribers of recovery-related medications in your area.

• Contact these prescribers and provide them with information about the services that you provide.

• Discuss their procedures and guidelines and look for ways you can partner with them to provide coordinated services.

Networking

• Consider meeting clients at the doctor’s office.

• Look for creative ways to overcome funding problems due to insurance barriers.

• Be prepared to change your usual approach to meet the needs of the patient and the prescriber.

Challenge Two: Counselor Attitudes and Beliefs

• One of the biggest barriers to effective counseling for medication-assisted recovery is the counselor’s beliefs about the meaning of recovery.

• Traditionally, there has been a divide between those who accept medication as a recovery tool and those who do not.

• Changes in MAR may require changes in our attitudes and beliefs.

Attitudes Toward MAR

• Due to the controversial nature of many early addiction medications, many counselors are opposed to the use of medication as a recovery tool.

• The goal of medication-assisted recovery may differ from the counselor’s idea of an effective recovery goal.

• Some may find it difficult to work as a partner with the prescribers.
Changing Our Beliefs

• We need to acknowledge that changes in the amount, types, and administration of medications for addictions make MAR a choice for a larger number of people with addiction problems.

• We need to see that reducing risk may be a viable goal, especially for certain clients.

• A client’s goal may change as they progress in recovery.

Challenge Three: Client Attitudes and Beliefs

• Many clients opt for medication as a recovery tool as they feel that their addiction is simply a physical problem that medication will control.

• Many clients in a MAR program want to stop using one drug but do not want to stop all drug use.

• Some clients want to moderate use rather than stop use.

Changing Clients Attitudes and Beliefs

• Studies have shown that directly confronting the client does not help to change the client’s mind; it may actually drive them away from treatment.

• Knowing that the combination of the medication and counseling is the most effective treatment, the counselor’s first job is to engage the client in the counseling process.

The Stages of Change

• The Stages of Change Model (SCM) was originally developed in the late 1970's and early 1980's by James Prochaska and Carlo DiClemente.

• The idea behind the SCM is that behavior change does not happen in one step. Rather, people tend to progress through different stages on their way to successful change. Also, each of us progresses through the stages at our own rate.

• The way we approach a person should be geared toward their current stage.
What are the Stages of Change?

- Precontemplation - Not currently considering change: "Ignorance is bliss."
- Contemplation - Ambivalent about change: "Sitting on the fence." Not considering change within the next month.
- Preparation - Some experience with change and are trying to change: "Testing the waters." Planning to act within 1 month.
- Action - Practicing new behavior for 3-6 months.
- Maintenance - Continued commitment to sustaining new behavior. (Post-6 months to 5 years)

Importance of the Stages

- Many people using medication as a recovery tool are in the precontemplation stage of total abstinence.
- Even if the person is in the contemplation stage or the preparation stage, we can easily derail the change process if we apply too much pressure.
- Our role is to help people advance through the stages and to get to the action stage.

Identifying the Stages

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Common obstacles to change

- Familiarity of the habit
- Perceived loss of benefit from the habit
- Fear of the unknown
- Lack of confidence
- Lack of support
- Lack of positive alternatives
The Therapeutic Alliance

• Studies consistently show that a good therapeutic alliance is a major factor in successful treatment episodes.
• Creating a good therapeutic alliance does not mean one does not challenge the client.
• A good therapeutic alliance is formed through:
  • Attentive listening
  • Respecting the client’s views and beliefs
  • Offering alternate views in a non-confrontational manner
  • Being authentic during sessions

The Therapeutic Alliance

• Offer praise for successes, even when they are expected.
• Offer constructive feedback on areas that need work.
• Model good communication techniques:
  • I messages
  • The Sandwich Method
  • Active listening
• Encourage the client to evaluate their own progress as much as possible.

Client-Centered, Flexible Treatment Planning

• As mentioned earlier, the client’s treatment goals may not agree with the counselor’s treatment plan.
• The clinician needs to work with the client to set reasonable goals.
• The clinician can continue using MI techniques to encourage the client to make changes in the treatment plan.
• Keeping a flexible, client-centered treatment plan helps to build the therapeutic alliance.

Keep a Positive Focus

• Often, addiction treatment focuses on relapse prevention.
• This puts a focus on not failing.
• If the client focuses on building and maintain recovery, they will be focused on success.
• In building and maintaining recovery, you prevent relapse.
Keep a Positive Focus

• Focus is changed from what the person is giving up to what they are gaining.
• The client takes responsibility for their past actions, but also accepts forgiveness, including self-forgiveness.

Self-Evaluation

• In active addiction, the person becomes focused on the addiction and lose their self-identity.
• Restoring self-awareness is an important part of the recovery process.
• Clients explore questions like:
  • What do I believe about myself? Others? The world?
  • What is important to me?
  • What are my moral and ethical guidelines?
  • What do I want from life for myself? For others?
  • What are my strengths? My Weaknesses?

Rational Emotive Behavior Therapy (REBT)

• REBT, developed by Dr. Albert Ellis, is another evidence-based tool that is effective in treating addiction.
• REBT offers tools that can help the client to commit to recovery, to identify feelings, to improve communication, and to deal with triggers for drug use.
• The basics of REBT are easy to remember due to the “ABC” approach developed by Ellis.

The ABC’s of REBT

A ➔ B ➔ C

A ➔ D ➔ E ➔ F

Activating Event ➔ Belief ➔ Consequence

Disputing Techniques ➔ (New) Effect ➔ (New) Feeling
## Common Irrational Beliefs in Addiction

- I’m not hurting anyone but myself.
- It isn’t fair that others can drink/use but I can’t.
- I just need to moderate my use.
- If I don’t have my drug of choice, I cannot cope.
- The other drugs are not a problem, this drug is the problem.
- All I need is the medicine; I don’t need counseling.

## Communication Training

- The process of recovery requires the client to communicate effectively with counselors, peers, family, and others.
- The process of addiction often has a negative impact on the client’s ability to communicate.
- Addiction professionals need to help clients build or rebuild communication skills.
- Communication skills are easy to teach; we can best teach them by modeling them.

## Facts about communication

- You cannot “not” communicate. Even silence is communication.
- We often communicate mindlessly.
- Listening is an important part of the process of communication.
- Effective communication can help ease stress and improve relationships.

## Common barriers to communication

- Emotional barriers and taboos.
- Lack of attention, interest, distractions, or irrelevance to the receiver.
- Differences in perception and viewpoint.
- Language differences and the difficulty in understanding unfamiliar accents.
- Expectations and prejudices which may lead to false assumptions or stereotyping. People often hear what they expect to hear rather than what is actually said and jump to incorrect conclusions.
Communication skills - Listening

- Attending
  - Eye contact
  - Posture
  - Gesture
- S.O.L.E.R. - Five steps to attentive listening
  - Squarely face the person
  - Open your posture
  - Lean towards the sender
  - Eye contact maintained
  - Relax while attending

“I” Messages

- “I” messages are not

“I” Messages

- “I” messages were originally studied by Dr Haim Ginott, a noted psychologist, who discerned that statements starting with ‘I’ tended to be less provocative than those starting with ‘you’.
- Examples
  - You broke your promise
  - You weren’t listening to me
  - You’re always late

“I” Messages

- I-messages focus on what you feel about someone’s behaviour and simply state a problem, without blaming someone for it. This makes it easier for the other person to help solve the problem, without having to admit that they were wrong.
- I-messages usually contain four elements:
  - How I feel about the behavior and its effects
  - A description of the behavior, what actually happened
  - The actual, concrete, tangible effects of that behavior on you
  - The behavior you would prefer
"I" Messages

• An I-message:
  • Has a high chance of changing the behavior of another person when you find that behavior unacceptable.
  • Protects the self esteem of the other person.
  • Preserves the quality of the relationship between you and the other person.
  • Helps the other person to understand what goes on between you better, and to improve their performance.
• An I-message is not:
  • “I think you are a jerk.”

The sandwich method

• If you need to give someone negative feedback, try the sandwich method.

The sandwich method

• The Sandwich Method is so named because the pieces of bread represent positive feedback/compliments while the meat of the sandwich (or meat substitute if you’re vegetarian) represents constructive criticism.

  1) Slice of Bread 1: Start off with positive feedback (authentic praise of something they did recently)
  • “Anne, I really appreciate you chipping in for Nicole this week while she was out of the office — that type of teamwork exemplifies the values I’m trying to instill at our company.”
  2) The “Meat of the Matter”: Provide your constructive criticism. Be brief (yet clear and thorough) in your delivery of the meat of the matter — the criticism you want to share.
  • “Anne, I know this is tough for you to hear, but you are perceived by some on the team as cocky. And I know that you mentioned that you wanted a transfer to Customer Service — well, we certainly don’t want them hearing that you have a reputation for cockiness. I recommend that you and I work together on making sure you’re not perceived as cocky.”
  3) The 2nd Slice of Bread: End on a positive note
  • “Anne, you’re really on the right track here. This cockiness thing is just a bump in the road and I’m looking forward to working on it with you.”
Problem Solving Skills

• Addicted people have a history of escaping from problems through use of mood-altering substances.
• Inability to effectively face and solve problems in early recovery is a primary factor in relapse.
• When we help clients develop skills in problem solving, we are aiding the “relapse prevention” process.
• These skills can be taught in a variety of ways; they especially lend themselves to experiential learning techniques.

Skill Building

• There are a variety of additional skills that are taught to help clients build and maintain recovery. Some are:
  • Practicing Patience
  • The Role of Goals
  • Understanding Triggers
  • Learning from the Past
  • Moving Forward

Group or Individual?

Group:
• Offers peer support and challenges to client’s beliefs.
• Allows clients to learn to interact in healthy ways.
• Can expose clients to negative influences.
• A mixed group of MAR and drug-free clients can lead to counter-productive debates.
• Focus is on general information; difficult to focus on individual needs.
• Can be very uncomfortable for introverts or people with social anxiety.

Individual:
• Allows clients to work on the issues most relevant to their needs.
• Eliminates dangers of comparing out or forming unhealthy alliances.
• Is more comfortable for introverts/social anxiety.
• Clients miss the benefit of shared experiences and insight from others.
• Clients do not see how others progress and are unable to gain encouragement through seeing success.
Terminating Treatment

• One of the toughest questions in Medication Assisted Recovery is “when does the person stop the medication?”
• There is not a universal timeline.
• The decision should be made by the client, doctor, and counselor.
• The client needs to have developed the skills to support recovery post-medication.
• The client needs to feel supported and listened to during the process.

Terminating Treatment

• The client should be given extra support during this phase of treatment.
• The client needs to be assured the process can be stopped if requested.
• The client, doctor, and counselor need to recognize the power of suggestion during taper.