Iowa, Kansas, Missouri, Nebraska
National Focus Area ATTCs

These National Focus Area Centers will work with Regional Centers to serve as subject matter experts, provide information on the latest research-based best practices, and coordinate efforts on four topics of national focus.

WHO ARE WE?

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Mid-America ATTC’s “Home”

- The COLLABORATIVE for Excellence in Behavioral Health Research and Practice

- University of Missouri-Kansas City, School of Nursing and Health Studies
How we work … core funding

- Substance Abuse & Mental Health Services Administration (SAMHSA)
- National Institute on Drug Abuse (NIDA)
What we do…

To improve treatment outcomes through the use of research-based practices by:

• raising awareness of those practices
• building the skills capacity of the workforce
• cultivating the systemic changes necessary for successful implementation
Learning Objectives

• Participants will have a working knowledge of the role their profession has in medication-assisted treatment for behavioral health clients.

• Participants will understand how they can address client concerns and barriers.

• Participants will gain knowledge about tools available to help them work with clients and communicate with the physicians about a client's medication.
Objective

“Talking with clients about their medication”
Purposes

• Inform client about interactions with foods, alcohol and other drugs, medications, pregnancy, etc.

• Alert about the need for lab tests for some medications

• What to expect: positive outcomes & potential side effects
Benefits

• Help clients be more in control, know what to expect and understands the importance of:
  
  – Taking medication
  
  – Avoid interactions
  
  – Schedules
  
  – Combinations of medication
Why?

• Better informed client = better chances for adherence to treatment
Why?

• Untreated psychiatric problems are a common cause for treatment failure in substance use disorder treatment programs.

• Supporting clients who have mental illness in continuing to take their psychiatric medications can significantly improve substance use disorder treatment outcomes.
Talking with Clients about their Medication
Taking care of their mental health will help prevent relapse.
Talking with Clients about their Medication

- 5-10 minutes every few sessions:
  - How their psychiatric medication is helpful?
Taking a pill every day is a hassle
Everybody on medication misses taking it sometimes
• “How many doses have you missed?”

• Have you felt or acted different on days when you missed your medication?

• Was missing the medication related to any substance use relapse?

• “Why did you miss the medication? Did you forget, or did you choose not to take it at that time?” Without judgment
For clients who forgot:

Keep medication where it cannot be missed

Alarm Clock

Mediset
For clients who admit to choosing NOT to take their medication:

- Acknowledge they have a right to choose NOT to use any medication
- They owe it to themselves to make sure their decision is well thought out
- It is an important decision about their personal health and they need to discuss it with their prescribing physician
For clients who admit to choosing NOT to take their medication:

– What is the reason for choosing not to take the medication?

– *Don’t accept “I just don’t like pills”*. Tell them you are sure they wouldn’t make such an important decision without having a reason
Offer examples

• Don’t believe they ever needed it; *never were mentally ill*

• Don’t believe they need it anymore; *cured*

• Don’t like the side effects
Offer examples

• Fear the medication will harm them

• Struggle with objections or ridicule of friends and family members

• Feel taking medication means they’re not personally in control
Transition to topics other than psychiatric medications

- What supports or techniques they use to assist with emotions and behaviors when they choose not to take the medication?

- **General Approach**
  - Exactly the same as when talking about their substance use decisions
Talking with Clients about their Medication

• Explore the triggers or cues that led to the undesired behavior
Talking with Clients about their Medication

• Why the undesired behavior seemed like a good idea at the time?
Talking with Clients about their Medication

• Review the actual outcome resulting from their choice

• Did their choice got them what they were seeking?
Talking with Clients about their Medication

Strategize with clients about what they could do differently in the future
Tips for Communicating with Physicians about Clients and Medication

• Send a written report
  
  – Get your concerns included in the client’s medical record
  
  – More likely to be acted on
  
  – Records of phone calls and letters may or may not be placed in the chart
Tips for Communicating with Physicians about Clients and Medication

• Make it look like a report—and be brief
  – One page
  – Date of report
  – Client’s name
  – Social Security Number
Tips for Communicating with Physicians about Clients and Medication

- Include prominently label sections:
  - Presenting Problem
  - Assessment
  - Treatment and Progress
  - Recommendations and Questions
Tips for Communicating with Physicians about Clients and Medication

• Keep the tone neutral
  – Provide details about the client’s use or abuse of prescription medications
  – Avoid making direct recommendations about prescribed medications
  – Allow the physician to draw his or her own conclusions (This will enhance your alliance with the physician and makes it more likely that he or she will act on your input)
**Sample Form for Communicating with Physician**

http://attcnetwork.org

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**Substance Use Disorder Treatment Coordination Report**

<table>
<thead>
<tr>
<th>STATUS OF SUBSTANCE USE DISORDER TREATMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reporting Agency:</td>
</tr>
<tr>
<td>Phone/Ext:</td>
</tr>
<tr>
<td>Fax:</td>
</tr>
</tbody>
</table>

**Pertinent Past History**

<table>
<thead>
<tr>
<th>Treatment Plan:</th>
<th>Attached</th>
<th>Plan not available</th>
<th>Other</th>
</tr>
</thead>
</table>

**Level of Patient Engagement:**

- Optimal
- Positive
- Limited
- Minimal
- Unengaged

**PSYCHIATRIC SYMPTOMS**

| 1. Experienced serious depression | PAST | IN |
| 2. Experienced serious anxiety or tension | |
| 3. Experienced hallucinations | |
| 4. Experienced trouble understanding, concentrating or remembering | |
| 5. Experienced trouble controlling violent behavior | |
| 6. Experienced serious thoughts of suicide | |
| 7. Attempted suicide | |
| 8. Prescribed medication for any psychological and/or emotional problem | |

**Medications Prescribed**

<table>
<thead>
<tr>
<th>1.</th>
<th>2.</th>
<th>3.</th>
<th>4.</th>
<th>5.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full</td>
<td>Moderate</td>
<td>Poor</td>
<td>Patient chose not to use</td>
<td></td>
</tr>
</tbody>
</table>

**Patient Adherence to Prescribed Medication**

<table>
<thead>
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**Adherence Comments/Issues**

- Counselor concerns for physician consideration
- Questions for physician
- No concerns/questions at this time
Now to the App!
Behavioral Health Medications
BH Meds

OR
Formerly known as:
Mid-America ATTC’s Curriculum Product:
A Collaborative Response: Addressing the
Needs of Consumers with Co-Occurring
Substance Use and Mental Health Disorders
(2000)

CSAT’s Treatment Improvement Protocol
(TIP 42)
Substance Abuse Treatment for Persons with
Co-Occurring Disorders
• Appendix F: Common Medications for Disorders
Organization

- Antipsychotics/Neuroleptics
- Medication-Induced Symptoms Treatment
- Antimanic Medications / Mood Stabilizers
- Antidepressant Medications
- Antianxiety Medications
- Stimulant Medications
- Narcotic and Opioid Analgesics
- Hypnotics (Sleep Aids)
- Alcohol Use Disorder Treatment
- Opioid Use Disorder Treatment
- Other Substance Use Treatment
- Tobacco Use Disorder Treatment
Topics

• Generic and Brand Names
• Purpose
• Usual Dose and Frequency
• Potential Side Effects
• Potential for Abuse or Dependence
• Emergency Conditions
• Cautions
• Special Considerations for Pregnant Women
Limitations

• Quick “desk reference”

• “Tips for Communicating with Physicians”

• Health Insurance Portability and Accountability Act (HIPPA) regulations


• “Talking with Clients about their Medication” (prompt design to help initiate conversation about medication management and adherence with clients who have co-occurring mental health and substance use disorders)