

## **BUPRENORPHINE TREATMENT: A TRAINING FOR MULTIDISCIPLINARY ADDICTION PROFESSIONALS**

Module VI – Counseling  
Buprenorphine Patients



## **Myths About the Use of Medication in Recovery**

- Patients are still addicted
- Simply a substitute
- One addiction for another
- Just another addiction
- Patients are still high

## **Module VI – Goals of the Module**

This module focuses on the various aspects of opioid addiction treatment and the use of buprenorphine in treating opioid addiction. This module reviews the following:

- Issues in Opioid Recovery
- Craving and Triggers
- Special Populations
- Buprenorphine-Related Patient Management Issues

## **Issues in Recovery**

- 12-Step meetings and the use of medication
- Drug cessation and early recovery skills
  - Getting rid of drugs and paraphernalia
  - Dealing with triggers and cravings
- Treatment should be delivered within a formal structure.
- Relapse prevention is not a matter of will power.

## **Trigger**

### *Definition*

A trigger is a stimulus which has been repeatedly associated with the preparation for, anticipation of, or use of drugs and/or alcohol. These stimuli include people, things, places, times of day, and emotional states.



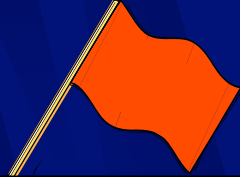
## **Issues in Recovery: Triggers**

- People, places, objects, feelings and times can cause cravings.
- An important part of treatment involves stopping the craving process:
  - Identify triggers
  - Present exposure to triggers
  - Deal with triggers in a different way

SOURCE: Matrix Model of Individualized Intensive Outpatient Drug and Alcohol Treatment: Therapist Manual.

## Issues in Recovery: Triggers, Continued

- Secondary drug use
- Internal vs. external triggers
- “Red flag” emotional states
  - Loneliness
  - Anger
  - Deprivation
  - Stress
- Others?



## Issues in Recovery: Craving

- A strong desire for something
- Does not always occur in a straightforward way
- It takes effort to identify and stop a drug-use related thought.
- The further the thoughts are allowed to go, the more likely the individual is to use drugs.

SOURCE: Matrix Model of Individualized Intensive Outpatient Drug and Alcohol Treatment: Therapist Manual.

## Triggers & Cravings

During addiction, triggers, thoughts, and craving can run together. The usual sequence, however, is as follows:

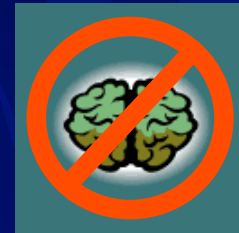
**Trigger** → **Thought** → **Craving** → **Use**

The key to dealing with this process is to not allow for it to start. Stopping the thought when it first begins helps prevent it from building into a craving.

SOURCE: Matrix Model of Individualized Intensive Outpatient Drug and Alcohol Treatment: Therapist Manual.

## Thought-Stopping Techniques

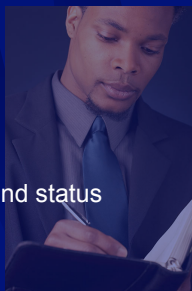
- Visualization
- Snapping
- Relaxation
- Calling someone



SOURCE: Matrix Model of Individualized Intensive Outpatient Drug and Alcohol Treatment: Therapist Manual.

## Areas of Needs Assessment

- Drug use
- Alcohol use
- Social Issues
- Social Services
- Psychological history and status
- Education
- Vocational



## Patient Management Issues

- Pharmacotherapy alone is insufficient to treat drug addiction.
- Physicians are responsible for providing or referring patients to counseling.
- Contingencies should be established for patients who fail to follow through on referrals.

## Patient Management: Treatment Monitoring

Goals for treatment should include:

- No illicit opioid drug use
- No other drug use
- Absence of adverse medical effects
- Absence of adverse behavioral effects
- Responsible handling of medication
- Adherence to treatment plan



## Patient Management: Treatment Monitoring

Weekly visits (or more frequent) are important to:

1. Provide ongoing counseling to address barriers to treatment, such as travel distance, childcare, work obligations, etc
2. Provide ongoing counseling regarding recovery issues
3. Assess adherence to dosing regimen
4. Assess ability to safely store medication
5. Evaluate treatment progress



## Patient Management: Treatment Monitoring

- Urine toxicology tests should be administered at least monthly for all relevant illicit substances.
- Buprenorphine can be tapered while psychosocial services continue.
- The treatment team should work together to prevent involuntary termination of medication and psychosocial treatment.
- In the event of involuntary termination, the physician and/or other team members should make appropriate referrals.
- Physicians should manage appropriate withdrawal of buprenorphine to minimize withdrawal discomfort.



## Special Populations

- Patients with co-occurring psychiatric disorders
- Pregnant women
- Adolescents



## Co-occurring Psychiatric Disorders



- Opioid users frequently have concurrent psychiatric diagnoses.
- Sometimes the effects of drug use and/or withdrawal can mimic psychiatric symptoms.
- Clinicians must consider the duration, recentness, and amount of drug use when selecting appropriate patients.
- Signs of anxiety, depression, thought disorders or unusual emotions, cognitions, or behaviors should be reported to physician and discussed with the treatment team.

## Pregnancy-Related Considerations

- Methadone maintenance is the treatment of choice for pregnant opioid-addicted women.
- Opioid withdrawal should be avoided during pregnancy.
- Buprenorphine may eventually be useful in pregnancy, but is currently not approved.



SOURCE: Johnson, et al., 2003

## Opioid-Addicted Adolescents

- Current treatments for opioid-addicted adolescents and young adults are often unavailable and when found, clinicians report that the outcome leaves much to be desired.
- States have different requirements for admitting clients under age 18 to addiction treatment. It is important to know the local requirements.



## Opioid-Addicted Adolescents

- Buprenorphine is approved for treatment of patients age 16 and above.
- Research conducted through the NIDA Clinical Trials Network (CTN 010) demonstrated that it can be safely and effectively used with young adults.
- This research also indicated that medical treatment likely needs to be longer than current standard treatment indicates.

## Using Buprenorphine in the Treatment of Opioid Addiction

## Buprenorphine-Related Patient Management Issues

- Discuss the benefits of maintenance treatment
- Evaluate the readiness to taper medication
- Explain issues in evaluating the discontinuation of buprenorphine treatment
- Identify the components of a healthy counselor-physician partnership

## Counseling Buprenorphine Patients

- Address issues of the necessity of counseling with medication for recovery.
- **Recovery and Pharmacotherapy:**
  - Patients may have ambivalence regarding medication.
  - The recovery community may ostracize patients taking medication.
  - Counselors need to have accurate information.

## Counseling Buprenorphine Patients

- **Recovery and Pharmacotherapy:**
  - Focus on “getting off” buprenorphine may convey taking medicine is “bad.”
  - Suggesting recovery requires cessation of medication is inaccurate and potentially harmful.
  - Support patient’s medication compliance
  - “Medication,” not “drug”

## Counseling Buprenorphine Patients

### ● Dealing with Ambivalence:

- Impatience, confrontation, “you’re not ready for treatment”  
or,
- Deal with patients at their stage of acceptance and readiness



## Counseling Buprenorphine Patients

### ● Counselor Responses:

- Be flexible
- Don’t impose high expectations
- Don’t confront
- Be non-judgmental
- Use a motivational interviewing approach
- Provide reinforcement

## Counseling Buprenorphine Patients

### ● Encouraging Participation in 12-Step Meetings:

- What is the 12-Step Program?
- Benefits
- Meetings: speaker, discussion, Step study, Big Book readings
- Self-help vs. treatment

## Counseling Buprenorphine Patients

### ● Issues in 12-Step Meetings:

- Medication and the 12-Step program
  - Program policy
    - “The AA Member: Medications and Other Drugs”
    - NA: “The ultimate responsibility for making medical decisions rests with each individual”
  - Some meetings are more accepting of medications than others

## Counseling Buprenorphine Patients

### ● A Motivational Interviewing Approach:

- Dealing with other drugs and alcohol
- Doing more than not-using

### ● MIA-STEP

- Developed through the Blending Initiative
- Empirically supported mentoring products to enhance the MI skills of treatment providers
- Provides tools to help supervisors offer structured, focused, and effective supervision.
- The blending products are available at [www.attcnetwork.org](http://www.attcnetwork.org)

## Principles of Motivational Interviewing

- Express empathy
- Develop discrepancy
- Avoid argumentation
- Support self-efficacy
- Ask open-ended questions
- Be affirming
- Listen reflectively
- Summarize

## Using Motivational Incentives

- NIDA CTN research shows that treatment retention and drug abstinence are improved by providing low-cost reinforcement (prizes, vouchers, clinic privileges, etc.), for drug negative urine tests.
- The Blending Product Promoting Awareness of Motivational Incentives (PAMI) provides information on this effective technique.
- The blending products are available at [www.attcnetwork.org](http://www.attcnetwork.org)

## Counseling Buprenorphine Patients

- **Early Recovery Skills:**
  - Getting Rid of Paraphernalia
  - Scheduling
  - Trigger Charts

## Counseling Buprenorphine Patients

- **Relapse Prevention:**
  - Patients need to develop new behaviors.
  - Learn to monitor signs of vulnerability to relapse
  - Recovery is more than not using illicit opioids.
  - Recovery is more than not using drugs and alcohol.

## Counseling Buprenorphine Patients

- **Relapse Prevention: Sample Topics**
  - *Relapse Prevention*
    - Overview of the concept
  - *Using Behavior*
    - Old behaviors need to change
    - Re-emergence signals relapse risk
  - *Relapse Justification*
    - "Stinking thinking"
    - Recognize and stop

## Counseling Buprenorphine Patients

- **Relapse Prevention: Sample Topics**
  - *Dangerous Emotions*
    - Loneliness, anger, deprivation
  - *Be Smart, not Strong*
    - Avoid the dangerous people and places
    - Don't rely on will power
  - *Avoiding Relapse Drift*
    - Identify "mooring lines"
    - Monitor drift

## Counseling Buprenorphine Patients

- **Relapse Prevention: Sample Topics**
  - *Total Abstinence*
    - Other drug/alcohol use impedes recovery growth
    - Development of new dependencies is possible
  - *Taking Care of Business*
    - Addiction is full-time
    - Normal responsibilities often neglected
  - *Taking Care of Yourself*
    - Health, grooming
    - New self-image

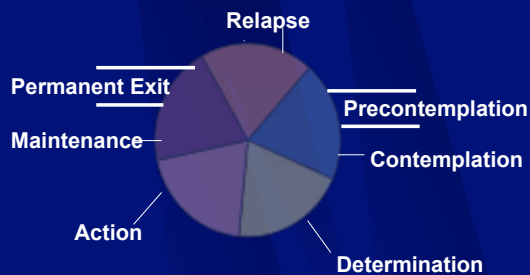
## Counseling Buprenorphine Patients

- Relapse Prevention: Sample Topics
  - *Repairing Relationships*
    - Making amends
  - *Truthfulness*
    - Counter to the drug use style
    - A defense against relapse
  - *Trust*
    - Does not return immediately
    - Be patient

## Counseling Buprenorphine Patients

- Relapse Prevention: Sample Topics
  - *Downtime*
    - Diversion, relief, escape without drugs
  - *Recognizing and Reducing Stress*
    - Stress can cause relapse
    - Learn signs of stress
    - Learn stress management skills

## Stages of Change



SOURCE: Prochaska & DiClemente, 1983.

## Stages of Change

- Pre-contemplation: Not yet considering change or is unwilling or unable to change.
- Contemplation: Sees the possibility of change but is ambivalent and uncertain.
- Determination (or preparation): Committed to making change but is still considering what to do.

## Stages of Change, Continued

- Action: Taking steps to change but hasn't reached a stable state.
- Maintenance: Has achieved abstinence from illicit drug use and is working to maintain previously set goals.
- Recurrence: Has experienced a recurrence of symptoms, must cope with the consequences of the relapse, and must decide what to do next

## Buprenorphine Treatment Works in Multiple Settings

- National studies conducted through the CTN have shown that buprenorphine treatment can be integrated into diverse settings, such as specialized clinics, hospital settings and drug-free programs, and including settings with no prior experience using agonist-based therapies.
- Additional information about interventions that may be useful along with buprenorphine treatment include the MIA: STEP and PAMI Blending Initiative products ([www.atcnetwork.org](http://www.atcnetwork.org))

## **Module VI - Summary**

- Buprenorphine patients need to learn the skills to stop drug thoughts before they become full-blown cravings.
- A thorough needs assessment should be conducted at the beginning of treatment.
- Various empirically-supported therapeutic approaches are available for use in counseling buprenorphine patients.

## **Module VI - Summary**

- Opioid addiction has both physical and behavioral dimensions. As a result, a clinical partnership consisting of a physician, counselor and other supportive treatment providers is an ideal team approach.
- The addiction professionals should work to ensure the successful coordinated functioning of this partnership.