

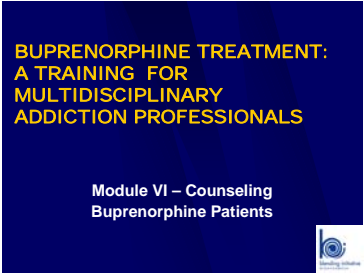
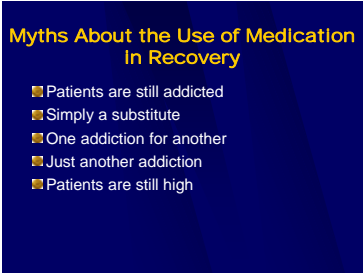
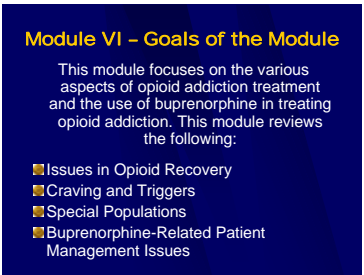
Module VI

Counseling Buprenorphine Patients



Module VI: Counseling Buprenorphine Patients

This is the final module in the six-module training. The one major issue left to cover in this awareness-building training is a discussion of strategies to treat patients who have begun to take buprenorphine as part of their opioid treatment.

 <p>BUPRENORPHINE TREATMENT: A TRAINING FOR MULTIDISCIPLINARY ADDICTION PROFESSIONALS</p> <p>Module VI – Counseling Buprenorphine Patients</p>	<p>Slide 1: Title Slide</p> <p>This final module deals specifically with the issues involved with counseling buprenorphine patients, including: needs assessment, patient monitoring and management, and counseling strategies to use when providing psychosocial treatment to these individuals.</p>
 <p>Myths About the Use of Medication In Recovery</p> <ul style="list-style-type: none"> ■ Patients are still addicted ■ Simply a substitute ■ One addiction for another ■ Just another addiction ■ Patients are still high 	<p>Slide 2: Myths About the Use of Medication in Recovery</p> <p><i>Briefly review the myths that were originally presented in Module I.</i></p>
 <p>Module VI – Goals of the Module</p> <p>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:</p> <ul style="list-style-type: none"> ■ Issues in Opioid Recovery ■ Craving and Triggers ■ Special Populations ■ Buprenorphine-Related Patient Management Issues 	<p>Slide 3: Module VI – Goals of the Module</p> <p><i>State the goals for the module:</i></p> <ul style="list-style-type: none"> • Issues in opioid recovery • Cravings and Triggers • Special Populations • Counseling Strategies

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.

Slide 4: Issues in Recovery

Bullet #1: Introducing 12-Step meetings to a patient can be considered a coaching process; the addiction professional should walk the patient through potential scenarios they may encounter at a 12-Step meeting. The patient should be encouraged to choose a sponsor who is supportive of their use of buprenorphine as part of their overall opioid treatment plan.

Bullet #2: Counselors can help patients by educating them about the importance of disposing of drugs and related paraphernalia, as well as ways to address triggers and cravings, understand addictive behaviors and thinking, and avoid relapse drift.

Bullet #4: Relapse prevention involves a series, or process, of learning the skills necessary to stay away from drugs. Relapse prevention techniques help the patient learn these skills.

Relapse prevention techniques will be covered in more detail later on in this module.

Trigger



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.

Slide 5: Trigger

Read the definition of a trigger aloud. You can ask trainees to volunteer to give examples of triggers (places, people, things, times of the day, emotional states, etc.)

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.

Slide 6: Issues in Recovery: Triggers

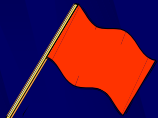
Triggers are people, places, objects, feelings, and times that cause cravings. Your addicted brain associates the triggers with alcohol and drug use. For example, if every Friday night you cash a paycheck, go out with friends, and use drugs, the triggers might be:

- Friday night;
- After work;
- Money;
- Friends who use drugs; or
- The bar or club at which you hang out with your drug-using friends.

It is important to remember that triggers will affect a user's brain and cause cravings even though the person has decided to stop using alcohol and drugs. An intention to stop using must translate into behavior changes, which will steer the person away from possible triggers.

Issues in Recovery: Triggers, Continued

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



Slide 7: Issues in Recovery: Triggers, Continued

There are two types of triggers – *internal* and *external*.

Internal triggers include:

- Feelings or emotions (afraid, confident, excited, inadequate, lonely, sad, bored, etc.).

External triggers include:

- Parties;
- Liquor stores;
- Driving past a dealer's house;
- Payday; or
- Time of day.

You can ask trainees to volunteer additional examples of internal and external triggers.

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.

Slide 8: Issues in Recovery: Craving

An important part of treatment involves stopping the craving process. To do this, the patient must: (1) identify triggers; (2) prevent exposure to triggers whenever possible; and (3) deal with triggers in a different way.

Bullet #1: *Read the definition of craving*

Bullet #2: Often, drug-using thoughts pass through a user's head with little or no effect. It takes effort to identify and stop a thought.

Bullet #3: It is necessary to stop a drug-related thought before that thought becomes a full-blown craving. The further the thoughts are allowed to go, the more likely the person is to relapse.

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.

Slide 9: Triggers and Cravings

This is a process; it is not automatic. Patients need to be told that they can control their thoughts, but it will take time and practice. It helps if the addiction professional finds a constructive way for patients to deconstruct the thought/using process.

To the actively using substance abuser and those in early recovery, the **Trigger-Thought-Craving-Use** sequence feels as if it happens simultaneously. You feel triggered, and you immediately want to use. Knowing about the specifics of this process can be very helpful to the recovering addict/alcoholic. The successful key in dealing with the process is to avoid it getting started.

It is extremely important to stop the thought when it first begins and to prevent it from building into an overpowering craving. It is vitally important to do this as soon as the patient recognizes the thought is occurring. This can be accomplished by using a number of **Thought-Stopping** techniques.

Thought-Stopping Techniques

- Visualization
- Snapping
- Relaxation
- Calling someone



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

Slide 10: Thought-Stopping Techniques

It is necessary to interrupt the thought process, by finding something to replace the drug/alcohol the patient uses. Here are examples of thought-stopping techniques:

- Visualization: Picture a switch or lever in your mind. Imagine yourself actually moving it from ON to OFF to stop the drug or alcohol thoughts. Have another picture ready to think about in place of those thoughts. You may have to change what you are already doing to make the switch.
- Snapping: Wear a rubber band loosely on your wrist. Each time you become aware of drug or alcohol thoughts, snap the band and say “NO” to the thoughts as you make yourself think about another subject.
- Relaxation: Feelings of hollowness, heaviness, and cramping in the stomach are cravings. These can often be relieved by breathing in deeply and breathing out slowly.
- Call someone: Talking to another person provides an outlet for your feelings and allows you to hear your own thought process.

Areas of Needs Assessment



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

Slide 11: Areas of Needs Assessment

Many opioid-addicted individuals have complicated lives. They often recognize the physical components of their addiction; however, they may not recognize the breadth of the disorder or the need to make changes in their lives.

A **THOROUGH** needs assessment is a useful process to help a buprenorphine patient identify problem areas beyond the immediate problem of their opioid addiction, and is an intricate part of the provision of quality care. Issues may come up during the needs assessment that weren't previously discussed or assessed. The addiction professional should look at previous assessments that may have been done on the patient – this will help to find a balance and fill in any gaps, without being repetitive.

Social issues may include: amount of drug and alcohol use in the social environment; unemployment; dependence on illegal sources of income; eligibility for public assistance; need for housing; legal problems.

<p>Patient Management Issues</p> <ul style="list-style-type: none"> ■ 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. 	<p>Slide 12: Patient Management Issues</p> <p>Bullet #1: Recovery is more than medication. Many buprenorphine patients may feel that once they have dealt with the physical aspect of their opioid addiction and have received a medication, they do not need additional treatment in the form of psychosocial counseling. At the same time, the addiction professional should not diminish the importance of medication compliance.</p> <p>Bullet #2: Despite the fact that physicians must have the “capacity” to refer their patients for additional counseling, they may not have knowledge of the psychosocial treatment providers that are located in their local community. Therefore, treatment providers may need to perform outreach to inform local physicians of their existence and of their willingness to collaborate in treating patients receiving buprenorphine.</p>
<p>Patient Management: Treatment Monitoring</p> <p>Goals for treatment should include:</p> <ul style="list-style-type: none"> ■ 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 	<p>Slide 13: Patient Management: Treatment Monitoring</p> <p><i>Read the goals for treatment aloud. Mention that this list is not exhaustive, and ask the trainees to provide additional components of a comprehensive treatment plan.</i></p> <p>Bullet #2 (“no other drug use” may also include alcohol use) – Treatment programs handle the issue of alcohol use very differently. The important issue to keep in mind is that possible alcohol use should be assessed and the goals for treatment should be agreed upon by all of the treating professionals (physician, substance abuse counselor, etc.) and the patient.</p>
<p>Patient Management: Treatment Monitoring</p> <p>Weekly visits (or more frequent) are important to:</p> <ol style="list-style-type: none"> 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 	<p>Slide 14: Patient Management: Treatment Monitoring</p> <p>Weekly visits are important – at least early on in the treatment and recovery process.</p> <p>If medical issues come up throughout the course of psychosocial treatment, be sure to refer those questions back to the treating physician.</p>

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.

Slide 15: Patient Management: Treatment Monitoring

Bullet #1: Drug testing is a common practice and is conducted primarily to assess treatment efficacy. The physician, counselor, and/or other staff may conduct urine testing. Testing provides the patient with an additional tool to prevent drug use.

Counselors should stress that testing is a standard procedure that can help their treatment and is not a surveillance tool based on an assumption of patients' dishonesty.

Bullet #2: It is not up to the substance abuse counselor to decide whether or not buprenorphine should be discontinued. Tapering off of buprenorphine is a medical decision, and should be reserved for the treating physician and patient to discuss.

Bullets #3-5: *The take-home message here is that lines of communication between all treatment providers should remain open at all times, to ensure that the patient is receiving high-quality, comprehensive care.*

Special Populations

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

Slide 16: Special Populations

The following discussion highlights a few of the many special populations, including patients with co-occurring psychiatric disorders, pregnant women, and 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.

Slide 17: Co-Occurring Psychiatric Disorders

Opioid users frequently demonstrate concurrent psychiatric diagnoses, ranging from anxiety or depressive disorders to antisocial personality disorder. However, drug use effects and drug withdrawal symptoms can sometimes mimic psychiatric symptoms. It is necessary to consider the duration, recentness, and amount of drug use when making a psychiatric diagnosis.

Counselors should consult with the DSM-IV to review “substance-induced disorders.” It is also necessary to review the patient’s psychiatric history, and consult with the buprenorphine-prescribing physician and other mental health providers.

Any of the following should prompt further action:

- Suicidal thoughts or plans;
- Extreme changes in mood;
- Extreme changes in sleep or activity patterns;
- Hyperactivity;
- Paranoid thinking;
- Hallucinations;
- Unresponsiveness; and/or
- Confusion.

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

Slide 18: Pregnancy-Related Considerations

Bullet #2: Pregnancy itself is traumatic to the body (especially if the woman is experiencing “morning sickness”). Generally, it is not recommended for a woman who is already in a vulnerable condition to go through any additional trauma/discomfort of withdrawing from an opioid. If withdrawal is indicated in the treatment plan, most physicians will urge the patient to wait until after delivery. Treatment with methadone and behavioral treatment would then be considered for the immediate treatment plan.

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 requirement for admitting clients under age 18 to addictions treatment. It is important to know the local requirements.

Slide 19: Opioid-Addicted Adolescents

Reiterate the importance of finding out the local requirements regarding opioid treatment for individuals under age 18.

<p>Opioid-Addicted Adolescents</p> <ul style="list-style-type: none"> ■ Buprenorphine is not approved for treatment of patients under age 18. ■ Clinical trials are currently underway to assess safety and efficacy of buprenorphine in the treatment of adolescents. <ul style="list-style-type: none"> ● On example: NIDA CTN 0010 is testing safety and efficacy of introducing buprenorphine/naloxone to treat adolescents aged 14-21. 	<p>Slide 20: Opioid-Addicted Adolescents Currently, buprenorphine is NOT approved for treatment of opioid-addicted adolescents. But researchers are in the process of studying the safety and efficacy of buprenorphine treatment for adolescents.</p>
<p>Using Buprenorphine in the Treatment of Opioid Addiction</p>	<p style="text-align: center;">Transition</p> <p>Slide 21: Using Buprenorphine in the Treatment of Opioid Addiction We will spend the rest of the training reviewing various approaches used in treating opioid-addicted individuals.</p>
<p>Buprenorphine-Related Patient Management Issues</p> <ul style="list-style-type: none"> ■ 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 	<p>Slide 22: Buprenorphine-Related Patient Management Issues</p> <p>Bullet #2: With regards to evaluating readiness to taper medication, ask the patient if:</p> <ul style="list-style-type: none"> ● He/she has had previous attempts at medically supervised withdrawal. If so, have the attempts been successful or unsuccessful? ● Illicit opioids are avoidable or unavoidable in his/her living or working situation. ● His/her living situation is stable or unstable. <p>Bullet #4: With regards to collaborating with the physician, the multidisciplinary addiction professional should:</p> <ul style="list-style-type: none"> ● Develop open, ongoing lines of communication; ● Avoid manipulation; or ● Support the physician (not work against him/her).

<p>Counseling Buprenorphine Patients</p> <ul style="list-style-type: none"> ■ Address issues of the necessity of counseling with medication for recovery. ■ Recovery and Pharmacotherapy: <ul style="list-style-type: none"> ● Patients may have ambivalence regarding medication. ● The recovery community may ostracize patients taking medication. ● Counselors need to have accurate information. 	<p>Slide 23: Counseling Buprenorphine Patients</p> <p><i>Again, it is important to stress that the multidisciplinary addiction professional should work with, not against, the medication.</i></p>
<p>Counseling Buprenorphine Patients</p> <ul style="list-style-type: none"> ■ Recovery and Pharmacotherapy: <ul style="list-style-type: none"> ● 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" 	<p>Slide 24: Counseling Buprenorphine Patients</p> <p>Suggesting the need to discontinue medication can convey the idea that the medication is a necessary evil and somehow wrong. It is important to refer to buprenorphine as a medication and frame it as one component of the comprehensive opioid treatment plan.</p>
<p>Counseling Buprenorphine Patients</p> <ul style="list-style-type: none"> ■ Dealing with Ambivalence: <ul style="list-style-type: none"> ● Impatience, confrontation, "you're not ready for treatment" or, ● Deal with patients at their stage of acceptance and readiness 	<p>Slide 25: Counseling Buprenorphine Patients</p> <p>Some patients are ambivalent about or averse to medication. They may acquire negative attitudes from previous treatment experiences, methadone-related stigma, or from other people in recovery who are using medications.</p> <p>Medication is not essential to a treatment plan, and effective treatment can occur without it. However, it is important to talk with the patient about the realities of withdrawal and the low success rate of people who try it without medical assistance. Counselors can help patients by dispelling myths about buprenorphine and providing accurate information about the use of buprenorphine for treating opioid addiction.</p>

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

Slide 26: Counseling Buprenorphine Patients

Be flexible: An opioid-addicted person's life is often out of control. The transition from active drug use to recovery via buprenorphine treatment is a major lifestyle change. Patients may: be late for appointments, reschedule, or fail to show. Applying rigid standards and expressing disapproval may prompt patients to feel negatively about counseling, and they may choose to avoid appointments or discontinue psychosocial treatment altogether.

Don't impose high expectations: Patients who have taken steps to address their drug addiction have already achieved a significant accomplishment. An immediate major change in the person's general lifestyle may be an unrealistic expectation.

Don't confront: Instead of being confrontational, it is better to develop discrepancy (which is a gentler counseling approach). Direct and harsh confrontation is more likely to drive a person out of treatment than to maintain them in treatment.

Non-judgmental acceptance: Drug addiction is associated with many unappealing behaviors, such as lying, stealing, and unreliability. Some of these behaviors may continue during treatment. View these behaviors as symptoms of the drug problem. Do not be critical or judgmental.

Utilize a motivational interviewing approach (*this topic is covered in more detail in a few more slides*).

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

Slide 27: Counseling Buprenorphine Patients

What is the 12-Step program?: Two men who were unable to deal with their own alcoholism through psychiatry or medicine founded Alcoholics Anonymous (AA) in the 1930s. They discovered several principles that helped people overcome their addictions. They founded AA to introduce alcoholics to these principles of self-help.

The AA principles and concepts have been adapted for addiction to opioids, stimulants, other drugs, and even to compulsive behaviors such as gambling, overeating, and sex.

Benefits of participating in 12-Step meetings: Many treatment providers believe that participating in 12-Step meetings can be an important component of buprenorphine treatment. People addicted to alcohol and drugs have found that other addicted persons in recovery can provide enormous support and help to one another. In addition, meetings are free, and are generally available throughout the day and in the evening. 12-Step meetings can be found throughout the world.

Types of meetings: Speaker meetings (recovering person tells his/her story); topic meetings (discuss a specific topic, such as fellowship, honesty, acceptance, or patience); and step/tradition meetings (the 12 steps and 12 traditions are discussed).

Some people are able to stop using substance through 12-Step participation alone. However, for many, this self-help approach is not enough. In this case, participation in 12-step meetings may be a valuable adjunct to other medical and/or psychosocial 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

Slide 28: Counseling Buprenorphine Patients

Some patients may have had negative experiences in the past at 12-Step meetings because they were taking medication for their drug addiction or for psychiatric disorders.

Although 12-Step programs accept people who are taking medications, some 12-Step participants do not discriminate between drugs of abuse and appropriately used medications, and are therefore intolerant of medication-taking individuals.

AA has developed an AA-approved publication called "*The AA Member – Medications and Other Drugs*." Addiction professionals should become familiar with this publication.

Addiction professionals can help patients by educating them about the official position of 12-Step programs regarding the use of prescribed medications, describing the benefits of 12-Step programs, and promoting the use of these self-help programs as part of their overall recovery process.

Despite the official views of 12-Step programs, patients may need to seek 12-Step meetings that include members who are accepting of the use of properly prescribed medication.

12-Step Meetings are one source of social support. However, these meetings may not work for everyone. Providers generally recommend to these patients in treatment that they find some source of support to help them in the recovery process (e.g., other self-help meetings, churches, recreational groups, etc.).

Counseling Buprenorphine Patients

■ A Motivational Interviewing Approach:

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

Slide 29: Counseling Buprenorphine Patients

Patients receiving buprenorphine may not be ready to stop using illicit drugs and alcohol. Even patients expressing the desire to stop using will have ambivalent feelings about the change process. Motivational Interviewing (MI) and Motivational Enhancement Therapy (MET) are therapeutic approaches to help patients move more quickly through the process of change.

Miller and Rollnick developed these client-centered, yet directive approaches, which are designed to explore and reduce this inherent ambivalence regarding change. These approaches rely on the Stages of Change model as the theoretical foundation for understanding the change process.

Principles of Motivational Interviewing

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

Slide 30: Principles of Motivational Interviewing

With MI, the counselor has certain goals in mind when conducting patient interviews. These goals are formulated with an awareness of the underlying principles of the approach. When strategizing an intervention, the counselor should try to:

- Express empathy;
- Develop discrepancy;
- Avoid argumentation; and
- Support self-efficacy.

Achieving these goals and helping people to move through the Stages of Change are accomplished by using the microskills of motivational interviewing. They are:

- Asking open-ended questions;
- Being affirming;
- Listening reflectively; and
- Summarizing.

Becoming adept in the use of MI takes practice. For more information on the use of MI visit <http://ncadi.samhsa.gov> and review TIP 35: *Enhancing Motivation for Change in Substance Abuse Treatment*.

Counseling Buprenorphine Patients

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

Slide 31: Counseling Buprenorphine Patients

Early Recovery Skills: Addiction professionals can help patients by educating them about the importance of developing skills related to drug cessation, early recovery, and relapse prevention.

Professionals can help patients through the recovery process by educating them about the need to discard drug paraphernalia, address triggers and cravings, understand addictive behaviors and thinking, avoid relapse drift, not focus on willpower, and address ignored responsibilities. Likewise, addiction professionals have an important role in helping patients to resume optimal health and hygiene, make amends, deal with intense emotions, and engage in healthy recreation activities.

<p>Counseling Buprenorphine Patients</p> <ul style="list-style-type: none"> ■ Relapse Prevention: <ul style="list-style-type: none"> ● 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. 	<p>Slide 32: Counseling Buprenorphine Patients Relapse does not suddenly occur. It occurs gradually and with warning signs. The gradual movement can be subtle and easily explained away or denied, and therefore, relapse can feel as if it occurred suddenly and without warning.</p> <p>Relapse prevention involves the following:</p> <p><i>Review the bullet points.</i></p>
<p>Counseling Buprenorphine Patients</p> <ul style="list-style-type: none"> ■ Relapse Prevention: Sample Topics <ul style="list-style-type: none"> ● <i>Relapse Prevention</i> <ul style="list-style-type: none"> ● Overview of the concept ● <i>Using Behavior</i> <ul style="list-style-type: none"> ● Old behaviors need to change ● Re-emergence signals relapse risk ● <i>Relapse Justification</i> <ul style="list-style-type: none"> ● "Stinking thinking" ● Recognize and stop 	<p>Slide 33: Counseling Buprenorphine Patients Because relapse is a common occurrence during the process of substance abuse recovery, it is imperative that it be examined carefully.</p> <p><i>Read through the sample topics quickly and move on to the next slide.</i></p>
<p>Counseling Buprenorphine Patients</p> <ul style="list-style-type: none"> ■ Relapse Prevention: Sample Topics <ul style="list-style-type: none"> ● <i>Dangerous Emotions</i> <ul style="list-style-type: none"> ● Loneliness, anger, deprivation ● <i>Be Smart, not Strong</i> <ul style="list-style-type: none"> ● Avoid the dangerous people and places ● Don't rely on will power ● <i>Avoiding Relapse Drift</i> <ul style="list-style-type: none"> ● Identify "mooring lines" ● Monitor drift 	<p>Slide 34: Counseling Buprenorphine Patients</p> <p><i>Read through the sample topics quickly and move on to the next slide.</i></p>
<p>Counseling Buprenorphine Patients</p> <ul style="list-style-type: none"> ■ Relapse Prevention: Sample Topics <ul style="list-style-type: none"> ● <i>Total Abstinence</i> <ul style="list-style-type: none"> ● Other drug/alcohol use impedes recovery growth ● Development of new dependencies is possible ● <i>Taking Care of Business</i> <ul style="list-style-type: none"> ● Addiction is full-time ● Normal responsibilities often neglected ● <i>Taking Care of Yourself</i> <ul style="list-style-type: none"> ● Health, grooming ● New self-image 	<p>Slide 35: Counseling Buprenorphine Patients</p> <p><i>Read through the sample topics quickly and move on to the next slide.</i></p>
<p>Counseling Buprenorphine Patients</p> <ul style="list-style-type: none"> ■ Relapse Prevention: Sample Topics <ul style="list-style-type: none"> ● <i>Repairing Relationships</i> <ul style="list-style-type: none"> ● Making amends ● <i>Truthfulness</i> <ul style="list-style-type: none"> ● Counter to the drug use style ● A defense against relapse ● <i>Trust</i> <ul style="list-style-type: none"> ● Does not return immediately ● Be patient 	<p>Slide 36: Counseling Buprenorphine Patients</p> <p><i>Read through the sample topics quickly and move on to the next slide.</i></p>

Counseling Buprenorphine Patients

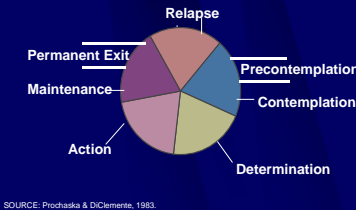
Relapse Prevention: Sample Topics

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

Slide 37: Counseling Buprenorphine Patients

Read through the sample topics quickly and move on to the next slide.

Stages of Change



Slide 38: Stages of Change

As was previously stated, patients receiving buprenorphine treatment may not be ready to stop using all illicit drugs and alcohol. Even patients expressing the desire to stop using will have ambivalent feelings about the change process.

Patients enter treatment at varying stages of readiness for treatment and openness to counseling. Interventions effective at one stage of readiness may not be as effective when used during another stage.

Each stage will be described in greater detail in the following couple of slides.

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.

Slide 39: Stages of Change

Pre-Contemplation: Provide the patient with factual information; explore the meaning of events that brought the patient to treatment and the results of previous treatments; explore the pros and cons of using alcohol and other illicit drugs.

Contemplation: Talk about the patient's sense of self-efficacy (the belief that you can influence your own thoughts and behavior) and expectations regarding treatment; summarize self-motivational statements; continue exploring pros and cons of substance use.

Determination: Offer a menu of options for change or treatment; negotiate a change (treatment) plan and behavioral contract; identify and lower barriers to change; help patients enlist social support; have patients publicly announce plans to change.

<p>Stages of Change, Continued</p> <ul style="list-style-type: none"> ■ 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 	<p>Slide 40: Stages of Change, Continued Action: Support a realistic view of change through small steps; help patients identify high-risk situations and develop appropriate coping strategies; help patients find new reinforcers of positive change; help patients access family and social support.</p> <p>Maintenance: Help patients identify and try drug-free sources of pleasure; maintain supportive contact with patients; encourage patients to develop a “fire escape” plan; work with patients to set new short- and long-term goals.</p> <p>Recurrence: Explore with patients the meaning and reality of recurrence as a learning opportunity; explain the stages of change, and encourage patients to remain engaged in the process; help patients to find alternative coping strategies.</p>
<p>Buprenorphine Treatment Works in Multiple Settings</p> <ul style="list-style-type: none"> ■ 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. 	<p>Slide 41: Buprenorphine Treatment Works in Multiple Settings</p> <p><i>Read slide aloud.</i></p>
<p>Module VI - Summary</p> <ul style="list-style-type: none"> ■ 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. 	<p>Slide 42: Module VI – Summary It is important to stop drug thoughts before they become full-blown cravings.</p> <p>A thorough needs assessment is a necessary component of substance abuse treatment.</p> <p>Many evidence-based treatment approaches are available for use in providing psychosocial treatment to buprenorphine patients.</p>
<p>Module VI - Summary</p> <ul style="list-style-type: none"> ■ 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. 	<p>Slide 43: Module VI – Summary An ideal buprenorphine treatment team is made up of a physician, substance abuse counselor, and other supportive treatment providers.</p> <p><i>Ask the trainees if they have any final questions.</i></p>

This concludes the buprenorphine awareness training. Thank the trainees for taking the time out of their busy schedules to come and hear about the new option for the treatment of opioid treatment. Answer any final questions and adjourn the training.



