Utilizing Psychotherapeutic Medications: A Resource for Counselors, Clients and Their Families

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Kansas City, Missouri
June 27, 2013
An Introduction to Mid-America ATTC

School of Nursing and Health Studies – University of Missouri-Kansas City
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?**

**National Frontier and Rural ATTC, Rono, NV**
- Nancy Roget, MS, MFT, LADC - Project Director/Principal Investigator
- Terra K. Hamblin, MA, NCC, DDC - Project Manager
- Joyce Hartje, PhD - Evaluator
- Mike Wilkening - Media Specialist
- Andrea Viscante - Fiscal Manager

**National Screening, Brief Intervention and Referral to Treatment ATTC, Pittsburgh, PA**
- Peter P. Luongo, PhD - Principal Investigator
- Holly Hagle, PhD - Director
- Dawn L. Lindsey, PhD - Evaluator
- Jim Avello, MSW - Project Associate
- Piper Lincoln, MS - Research Associate
- Jessica Williams - Project Manager
- Jonnie Pond - Logistics Coordinator
- Melva L. Hogan - Administrative Assistant

**National American Indian and Alaska Native ATTC, Iowa City, IA**
- Anne Hokema Skinstad, PhD - Project Director
- Jacki Beek - Fiscal and Contract Manager
- Karen Summers, MPH - Evaluation Coordinator
- Erin Thiel, MSW - Consultant
- Donna Sprague, MA - Consultant
- Dale Walker, MD - Consultant

**National Hispanic and Latino ATTC, Bayamon, PR**
- Ibis S. Carmon, PsyD - Director
- Miguel A. Cruz, MS - Associate Director
- Digmarra A. Alicia, PhD - Product Planning & Development Coordinator
- Dario Orozco, PhD - Training, TA Planning & Development Coordinator
- Victor Flores, LAC, MC - Training, TA Planning & Development Consultant
- Josué D. Díaz-Poña, MEd - Instructional Designer & Technology Specialist
- Carmen Andajá - Logistics Specialist
- Maribel González - Research Assistant
- Joaquina Escudero - Fiscal Administrator
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 ... our focus
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
What we do...our focus is shifting

Separate specialty care system

Integrated behavioral health and primary care
• FREE Self-Paced Courses

• CEUs Available ($5/hour)
  - NASW
  - NBCC
  - NAADAC
  - CME/CNE

Welcome to the ATTC Network’s online learning portal!

Join other behavioral health care professionals in high-quality, on demand or instructor-led courses developed by industry experts!

FREE COURSES!

The ATTC Network is committed to keeping our educational offerings affordable. Each self-paced course is available for FREE. Participants will earn a certificate of completion after successfully finishing the course.

Most courses also offer the ability to earn continuing education units at a rate of only $5 per contact hour. This enrollment form for each course will list actual prices.

ENROLL TODAY!

In the list of available courses below, click the enrollment link under the course description. You will receive an email from the ATTC National Office with your login and enrollment information approximately 24 hours after you complete registration. You will then be able to begin the course.
Psychotherapeutic Medications

• Generic and brand name
• Basic understanding
  • medication dose;
  • frequency, side effects,
  • emergency conditions,
  • abuse potential,
  • cautions and
  • considerations for pregnant women

• Target Audiences
  • Behavioral or Allied Health Professional
  • Non-specialist medical professional
Psychotherapeutic Medications Online & Mobile View

www.findrxinformation.org

Mobile View

Compatible across systems (i.e., device-agnostic)
Learning Objectives

1. describe the organization and content of the Psychotherapeutic Medications (Spanish and English). And know how to utilize the resource;
2. identify tips for facilitating effective communication among health professionals (counselors, physicians) and the individuals they serve;
3. identify tools to use with individuals who suffer from mental health and/or substance use disorders;
4. identify at least three groups of people who could benefit from this resource.
Psychotherapeutic Medications 2011: What Every Counselor Should Know

OR

Psychotherapeutic Medications 2011
What Every Counselor Should Know
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
- Antiparkinsonian Medications
- Antimanic Medications
- Antidepressant Medications
- Antianxiety Medications
- Stimulant Medications
- Narcotic and Opioid Analgesics
- Hypnotics (Sleep Aids)
- Substance Use Disorders Treatment Medications
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
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
• 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
Now to the Website!
http://www.findrxinformation.org
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)
Other Enhancements

• Spanish translation
• Mobile Site
• Resources developed by ATTC Network Regional Centers
Talking with Clients about their Medication
Talking with Clients about their Medication

- 5-10 minutes every few sessions:
  - 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?
Talking with Clients about their Medication

- 5-10 minutes every few sessions:
  - Taking a pill every day is a hassle
Talking with Clients about their Medication

- 5-10 minutes every few sessions:
  - Everybody on medication misses taking it sometimes
Talking with Clients about their Medication

• “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
Talking with Clients about their Medication

• For clients who forgot:
  – Keep medication where it cannot be missed
Talking with Clients about their Medication

• For clients who forgot:
  – Alarm Clock
Talking with Clients about their Medication

• For clients who forgot:

– Mediset
Talking with Clients about their Medication

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
- 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
Talking with Clients about their Medication

• Offer examples:
  – Don’t believe they ever needed it; never were mentally ill
Talking with Clients about their Medication

• Offer examples:
  – Don’t believe they need it anymore; cured
Talking with Clients about their Medication

• Offer examples:
  – Don’t like the side effects
Talking with Clients about their Medication

• Offer examples:

  – Fear the medication will harm them
Talking with Clients about their Medication

• Offer examples:
  – Struggle with objections or ridicule of friends and family members
Talking with Clients about their Medication

• Offer examples:
  – Feel taking medication means they’re not personally in control
Talking with Clients about their Medication

• **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 get 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
• Include prominently label sections:

  – Presenting Problem
  – Assessment
  – Treatment and Progress
  – Recommendations and Questions
• 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**

www.attcnetwork.org

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### SUBSTANCE ABUSE TREATMENT

**Coordinated Report**

<table>
<thead>
<tr>
<th>STATUS OF SUBSTANCE ABUSE TREATMENT</th>
<th>Patient Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reporting Agency:</td>
<td>DOB:</td>
</tr>
<tr>
<td>Phone/Ext:</td>
<td>SSN:</td>
</tr>
<tr>
<td>Fax:</td>
<td>Date of Report:</td>
</tr>
<tr>
<td>Pertinent Past History</td>
<td>Level of Care:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Treatment Plan:</th>
<th>Attached</th>
<th>Plan not available</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level of Patient Engagement:</td>
<td></td>
<td>Optimal</td>
<td>Positive</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Limited</td>
<td>Minimal</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Unengaged</td>
<td></td>
</tr>
</tbody>
</table>

### PSYCHIATRIC SYMPTOMS

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Past 30 Days</th>
<th>In Lifetime</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Experienced serious depression</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Experienced serious anxiety or tension</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Experienced hallucinations</td>
<td></td>
<td></td>
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<tr>
<td>4. Experienced trouble understanding, concentrating or remembering</td>
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<td></td>
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<tr>
<td>5. Experienced trouble controlling violent behavior</td>
<td></td>
<td></td>
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<tr>
<td>6. Experienced serious thoughts of suicide</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Attempted suicide</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Prescribed medication for any psychological and/or emotional problem</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Medications Prescribed

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

### Adherence Comments/Issues

<table>
<thead>
<tr>
<th>Comments/Issues</th>
</tr>
</thead>
</table>

### CONCERNS AND QUESTIONS

- Counselor concerns for physician consideration
- Questions for physician
- No concerns/questions at this time