Innovations in Counseling: Working with Minority Populations- Part 6
Session 2: Opioid Abuse and Addiction Multicultural Assessment and Treatment Approaches- Part 2

Webinar Follow-up Question and Answer Session with Dr. Todd Lewis

Question from Jini Gupta
Can and will the physician talk with the therapist without patient consent?

Answer from Presenter
I do not know the ethical codes of the AMA, but I would almost certainly think no. For a physician to share any medical or private information, the patient would have to consent. I recommend that if you are seeing a client struggling with opioid addiction, establish in your informed consent that you would like to contact the client's physician if needed. Set this relationship up from the beginning and address any resistance or fear at that time. I would hope the client would see this as a form of collaboration to best help the client get better.

Question from Allen Vosburg
The relationship of counselor and client is highly valuable and all aspects of this seminar are more positively affected by this, so keep the client informed and part of the total process.

Answer from Presenter
I agree with this statement. The relationship is critical in all of counseling, but especially in substance abuse counseling. This is one reason why I advocate always starting with MI because of its ability to reduce resistance/discord and build rapport. Keeping the client informed, offering a menu of options, and actively listening to their hopes, dreams, fears, perspectives, etc. will go a long way in your substance abuse counseling success. I almost cringe at "old school" methods of addictions counseling – the "in-your-face", break down denial, I know what is best for you - method. It took a long time, but we eventually learned that this usually does not work. Think more empathy, rapport, collaboration, affirmation, and autonomy!

Question from Rita Maloy
A person with a 7 year history of opioid addiction, including 3 years of suboxone, is trying to detox on his own. The person reports what seems to be waves of withdrawal that consists of a week or two of intense symptoms followed by a "good" week or so, followed by another period of intense withdrawal symptoms. Is this normal for an untreated withdrawal process?

Answer from Presenter
With the caveat that I am not a medical specialist, I do not believe this is normal. It is difficult to ascertain why withdrawal symptoms would come and go in the fashion described. There is a straightforward cause/effect relationship between sudden removal of drugs after prolonged use and withdrawal and between returning to use

and remittance of withdrawal. The client may not be reporting a return to use, which would be consistent with his/her "good" week (i.e., withdrawal symptoms disappearing).

At the same time, withdrawal may be more complicated with some individuals, and individual nuance and reactions may occur. Assuming the client has not returned to using, and although the above may not be normal, it could be possible. I would recommend the client see a medical specialist for assistance in the withdrawal process.

Question from Claudia Reiche

I have addicted clients with a TBI (Traumatic Brain Injury). Would the recommended treatments be appropriate for them?

Answer from Presenter

It would depend on the nature and severity of the injury. For clients who hold the capacity for goal formation, motivation, and analysis of their own thought patterns, I think MI and CBT would be ok to use. However, for more severe injuries, or for clients who struggle with executive functioning, MI and CBT might not be appropriate. Clients struggling with severe TBI may need more structure, assistance with more practical concerns such as day to day living, and general support. I do believe, however, that the spirit of MI can underlie any client/counselor relationship, no matter the issue. For example, collaboration, acceptance, evocation, and compassion are simply the ingredients of good counseling and can serve as the foundation of other, more structured approaches.

Question from Stephanie Fedor-Joseph

What about clients who doctor hop and are getting pain prescriptions from multiple MDs? Withdrawal between prescriptions, marital, job security issues, but doctors keep prescribing. (No database in our state)

Answer from Presenter

This is an enormous problem that most likely has many contributing parts. As noted in the webinar, many states are establishing prescription databases so that doctors can track when patients receive a prescription, how much they were prescribed, etc. Unfortunately, not all states do this. I do believe that we can be quick to blame physicians for over-prescribing pain medication, and whereas there is ample evidence that this may be the case in some circumstances, doctors are in a difficult position of helping patients manage some very difficult physical issues. Educating doctors, looking for signs of dependence, and learning to ask good, probing questions could be ways that they can better monitor doctor shopping behavior. I also believe that counselors can play a role. If clients are indicating excessive searching for drugs or indicate doctor shopping behavior, consider opening the lines of communication with his/her physician. Sharing your concerns in a respectable way may go a long way in helping the issue.

Doctor shopping is of course part of the addiction/dependence pattern, too. Gentle confrontation, pointing out discrepancies, and helping clients understand their patterns may open up space for behavior change.

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