

A CONCISE GUIDE TO OPIOID ADDICTION FOR COUNSELORS

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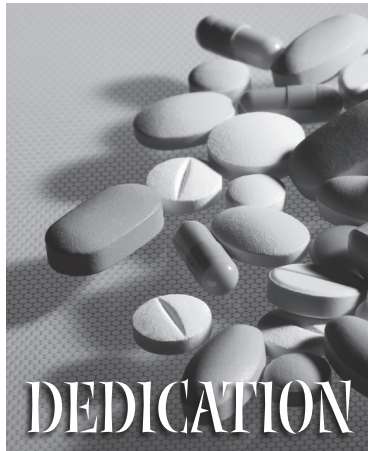
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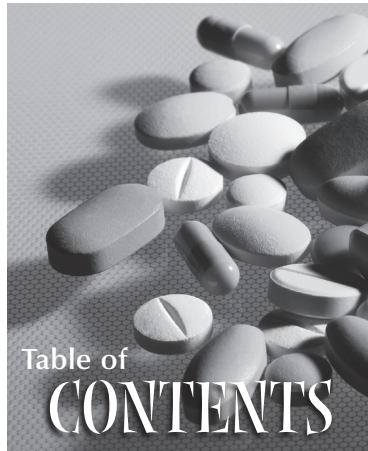
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This book is dedicated to counselors, psychologists, and other mental health professionals who help clients with opioid use disorders.

May our interactions help their awakening from the hell that feels to them like paradise lost.

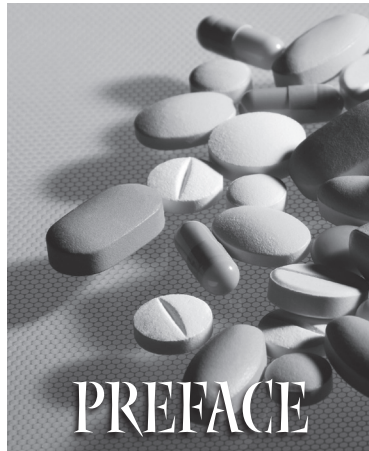




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Before you *is* the book you have been waiting for concerning opioid addiction. It is a cut-to-the-chase, concise guide for counselors, psychologists, and other mental health professionals. For brevity, we will refer to all mental health professionals in this book as *counselors*.

We believe that it is important to note from the onset that the gold standard in helping individuals with opioid use disorders (OUDs) is medication-assisted treatments (MATs), which is the subject of Chapter 6. This does not mean that every client will need to start taking an MAT, but because opioids are the most addictive class of drugs that exists, many if not most opioid-addicted individuals will find that MAT is needed, at least early on in their recovery. Given that counselors are unqualified to administer medications, it will likely be necessary for counselors to work in consort with physicians and other medical personnel to provide appropriate care to individuals with OUDs. Interdisciplinary care is the norm for working with opioid-addicted individuals and not the exception.

This book is intended for all counselors, regardless of specialization. Addictions and mental health issues often coexist, so to work with one issue requires that you work with the other as well. All of us need to be aware of the devastating and global impact caused by opioids.

This concise guide will also be helpful for those struggling with opioid use or addiction right now and for the people who care about them. Although the crisis is huge, this book is small. Our hope is that it can be read in one or two sittings.

We know that expectations on today's counselor are growing and that the job is stressful. In her purposive sample of 331 experienced counselors (272 women, 56 men; 2 to 30 years of experience), Silva (2020) found that many reported (a) having poor work-life balance, (b) paying insufficient attention to their personal lives, (c) experiencing

diminished quality of relationships, (d) working in negative environments, and (e) feeling low levels of self-compassion.

Clients with substance abuse issues have often experienced trauma, and their counselors are at increased risk for experiencing the effects of secondary trauma themselves (Whitmore, 2018). Current knowledge regarding the client's problem is not only essential for competent practice but also critical for helping to lower counselor stress.

Yet, even most doctoral-level clinical psychology programs are not equipped to offer their students training in addictions. Dimoff et al. (2017) surveyed all U.S. clinical psychology doctoral programs accredited by the American Psychological Association on seven occasions between 1999 and 2013, obtaining a 95% response rate. They found that less than 40% of the programs had at least one faculty member who was studying addiction. More disconcerting was their finding that less than one third of the schools offered any specific training in addictions. Although the same level of research has not been conducted on doctoral counselor education programs, it is doubtful the results would be better.

Regardless of your status in life, we know you are busy and pressed to stay current. That is why we wrote this book. *A Concise Guide to Opioid Addiction for Counselors* is evidence based, and we think you will find it both informative and reader-friendly.

In Chapter 1, we discuss the beginnings of the opioid crisis and present a first-person narrative of what it is like to use heroin and later become addicted to it. The classification of opioids is then introduced, followed by routes of administration and the three types of opioids. This chapter emphasizes that in addition to working collaboratively with clients, counselors will usually need to work collaboratively with medical professionals because of the extreme addictive potential of these drugs. Given this, we also consider Bemak's (1998) 17 guiding principles for interprofessional collaboration. Finally, after introducing evidence-based counseling approaches (discussed in detail in Chapter 7), we provide an inspirational look at what counselors add to addiction work.

Chapter 2 focuses on the diagnosis and assessment of OUDs. We include both the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; American Psychiatric Association, 2013) criteria and the six criteria used by the American Society of Addiction Medicine. Differential diagnosis is then overviewed, followed by comorbidity, coaddictions, and assessment measures that counselors can use right now to help them in their work.

Chapter 3 addresses ethical and legal issues that are pertinent to the addiction counseling field. We begin with a general overview of the American Counseling Association's (ACA, 2014) six ethical principles before considering the five ethical standards noted by Cottone

and Tarvydas (2016). Next, Chapter 3 focuses on the ethics code of NAADAC, the Association for Addiction Professionals (2016), which includes a few considerations not found in the *ACA Code of Ethics* (ACA, 2014). The final part of this chapter reviews considerations specific to working with individuals addicted to drugs, and opioids specifically. We also note the particular challenges faced when working with addicted children and adolescents, as well as the ethical questions that arise when drug testing, harm reduction, and legalization are considered.

In Chapter 4, we dive into what we call “addiction essentials,” beginning with defining important terms in our work with addicted clients. The documented risk factors for addiction are then outlined before looking at the factors that help protect individuals from becoming addicted. It is important to appreciate that despite the risk and protective factors, there are several pathways to addiction, and these are highlighted.

Chapter 5 focuses on the different uses of opioids, which range from medicinal use on the one end of the continuum to increasingly problematic and addictive use on the other. Physicians have commonly prescribed opioids for pain management, and this practice has both advantages and disadvantages. A significant drawback is that, over time, opioids begin to increase an individuals’ sensitivity to pain. Chapter 5 also considers the evidence-based psychological interventions available for pain management.

In Chapter 6, we discuss evidence-based medications and other physical interventions for OUDs. The main medications include methadone, buprenorphine, naltrexone, and naloxone. Individuals who have consumed large amounts of drugs for extended periods may experience post-acute withdrawal syndrome, and this is described. The chapter concludes with two other physical interventions that do not include medications.

In Chapter 7, we provide a detailed look at the evidence-based counseling approaches to working with clients who experience opioid problems or addiction. The counseling approaches that are considered include work based on the transtheoretical model, motivational interviewing, solution-focused counseling, cognitive behavior therapy, behavioral therapy, spiritual approaches, the biopsychosocial approach, and the integrative approach. The treatment modalities include individual, couples, group, and family work. Relapse prevention methods also constitute an essential part of this chapter. Finally, a look at insight-oriented intervention and the ever-popular mutual support groups are discussed.

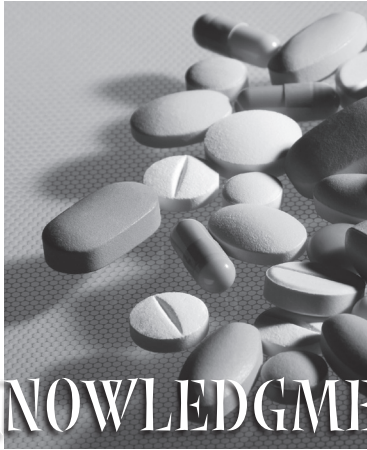
Chapter 8 focuses on diversity considerations. The groups considered include women; adolescents and youth; people of color; lesbian,

Preface

gay, bisexual, transgender, and queer plus individuals; older adults; individuals involved in the criminal justice system; people with disabilities; and individuals living in rural areas.

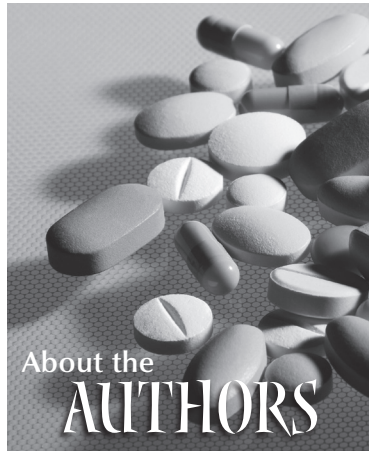
Five useful appendices follow the eight chapters and conclusion. These include Appendix A (Twenty Opioid Drugs in Descending Order of Potency), Appendix B (Common *ICD-10*, *ICD-10-CM*, and *ICD-11* Codes), Appendix C (Signs That Someone Is Abusing Opioids), Appendix D (Glossary of Terms and Abbreviations), and Appendix E (Resources).

If you suspect an individual is suffering from an opioid overdose call 911 immediately. CDC resources on handling an opioid overdose can be found here: <https://www.cdc.gov/drugoverdose/pdf/patients/preventing-an-opioid-overdose-tip-card-a.pdf>. You may want to print this tip card and keep a copy in your office.



Writing a book provides deep levels of meaning and purpose to the authors, but the dedication also requires sacrifice. After all, it is not just the authors who relinquish precious time; it is also the spouses and families. Kevin and Sam would like to begin by expressing their appreciation to the people who matter the most to us in our lives.

Also, we are grateful for the people who dedicate themselves to working at the American Counseling Association. We especially appreciate the work of Carolyn Baker, who saw the need for this timely and concise book. We are equally indebted to Nancy Driver, who offered suggestions to strengthen the book to make it both thorough and readable, and to Brendon MacBryde, who edited every word and made helpful recommendations to improve the clarity of our writing. Without these people, the idea for this title would have blown away, and the words would have never fallen gently onto paper.



Kevin G. Alderson, PhD, is professor emeritus of counseling psychology from the University of Calgary. He has been a counselor for 40 years and a registered psychologist since 1986. He is serving a 3-year term as president-elect, president, and past president, consecutively, for the College of Alberta Psychologists, the body that regulates psychology in Alberta, Canada.

Professor Alderson is a professional member of NAADAC, the Association for Addiction Professionals, and holds the highest level of membership (i.e., Drug Demand Reduction Professional Membership) within the International Society of Substance Use Professionals. He currently sits on the editorial board for the *Journal of Alcoholism, Drug Abuse & Substance Dependence* and the *Austin Journal of Drug Abuse and Addiction*. He holds membership in the American Counseling Association, the American Psychological Association, the Canadian Counselling and Psychotherapy Association, and the Canadian Psychological Association. Since 2008, Dr. Alderson has been the editor in chief of the *Canadian Journal of Counselling and Psychotherapy*, which is the only national peer-reviewed journal in the counseling and psychotherapy field in Canada. He currently works half-time for Yorkville University as its director for a proposed online doctor of counseling and psychotherapy degree program.

Professor Alderson has authored 10 books and several scholarly articles and book chapters. His most recent 720-page textbook is called *Addictions Counseling Today: Substances and Addictive Behaviors* (2020a, SAGE Publications). He completed an MSc in clinical, school, and community psychology from the University of Calgary and a PhD in counseling psychology at the University of Alberta. Professor Alderson is married and is the father of two adult children. Outside of counseling, he enjoys racket sports, dancing, hiking, camping, and weight training.

Samuel T. Gladding, PhD, is a professor in the Department of Counseling at Wake Forest University. He is a fellow in the American Counseling Association (ACA) and its former president. He has also served as president of the American Association of State Counseling Boards, Chi Sigma Iota (international counseling honor society), and three ACA divisions: the Association for Counselor Education and Supervision, the Association for Specialists in Group Work (ASGW), and the International Association of Marriage and Family Counselors. He is an ASGW fellow and the former editor of the *Journal for Specialists in Group Work*.

Professor Gladding has authored numerous books, scholarly articles, book chapters, teaching videos, and poems. His writings have been translated into half a dozen languages, including Korean, Indonesian, Chinese, Polish, and Russian. He was a mental health first responder to the 9/11 attack in New York and has twice been a Fulbright Specialist (Turkey and China). He is the recipient of ACA's Gilbert and Kathleen Wrenn Award for a Humanitarian and Caring Person, the David K. Brooks Jr. Distinguished Mentor Award, and the Arthur A. Hitchcock Distinguished Professional Service Award. The Association for Creativity in Counseling and ACA have each named awards in his honor.

Professor Gladding received his degrees from Wake Forest University (BA, MA Ed), Yale University (MA), and the University of North Carolina at Greensboro (PhD). He is a national certified counselor, a certified clinical mental health counselor, and a licensed clinical mental health counselor (North Carolina). He has taught counseling and worked with counselors and universities throughout North America and in over 30 countries across the globe. Before becoming a professor of counselor education, he worked full-time as a clinician in a rural mental health center. Before coming to Wake Forest University, he taught at Fairfield University and the University of Alabama at Birmingham.

Professor Gladding is married to Claire Tillson Gladding and is the father of three grown children. For fun, he enjoys playing with his therapy dog, Lexie, as well as traveling, walking, swimming, reading humor and biographies, and interacting with friends and family.