

Medication Assisted Treatment/Medication
Assisted Recovery:
Clinical Services Perspective

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Presentation Overview

- Clinical treatment modalities using “best practice” methods.
- The importance of effective communication between Medical and Clinical treatment.

Medication Assisted Recovery

- Comprehensive approach that combines approved medications (currently, methadone, buprenorphine, or naltrexone) with counseling and other behavioral therapies to treat patients with opioid use disorder.
- Reduce Opioid withdrawal symptoms and the desire to use, without causing the cycle of highs and lows associated with opioid misuse or abuse.
- Decrease the pleasurable effects of other opioids making continued opiate abuse less attractive.
- According to the Substance Abuse and Mental Health Services Administration, SAMHSA, patients receiving MAT/MAR cut their risk of death from all causes in half.

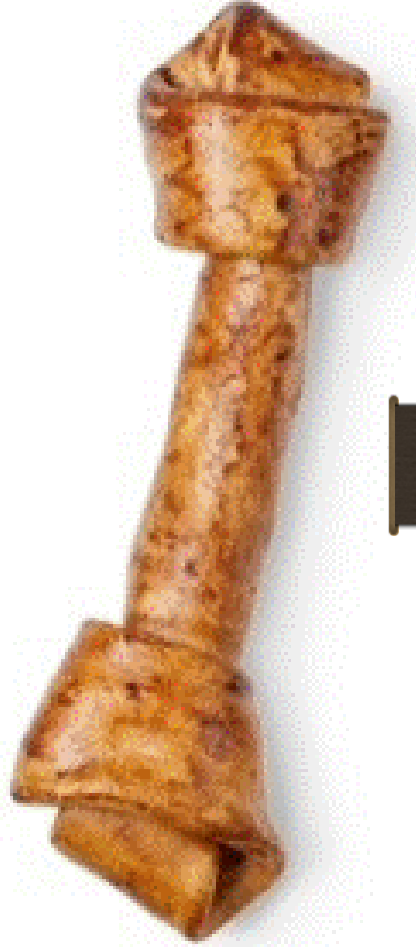
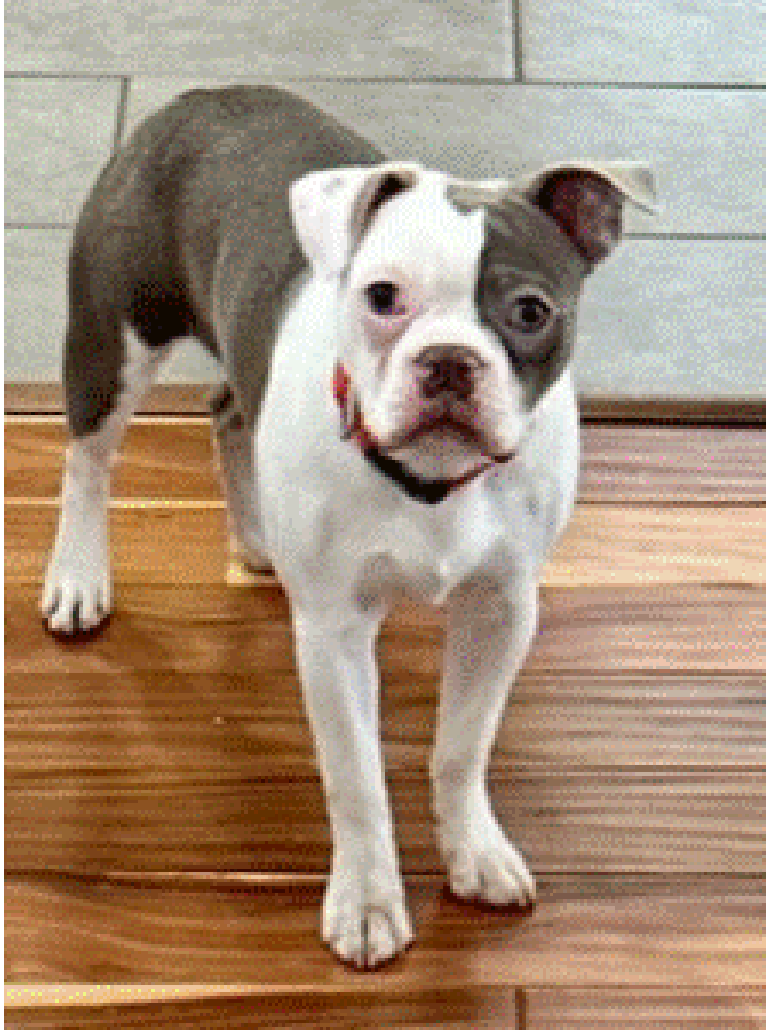
Euphoric Recall

- Our brains are wired to ensure that we will repeat life-sustaining activities by associating those activities with pleasure or reward. Whenever this reward circuit is activated, the brain notes that something important is happening that needs to be remembered, and teaches us to do it again and again, without thinking about it. Because drugs of abuse stimulate the same circuit, we learn to abuse drugs in the same way.
- With repeated exposure the human body manufactures additional receptors which in turn increase the assignment of priority.

Neuroplasticity

- The brain's ability to develop new pathways for improved neurological functioning.
- The brain has strong neural pathways formed through repeated use of substances to address “the problem”
- The problem-solving pathway has been abandoned
- Help client develop new neural pathways and strengthen those pathways by activating different parts of the brain to address “the problem”





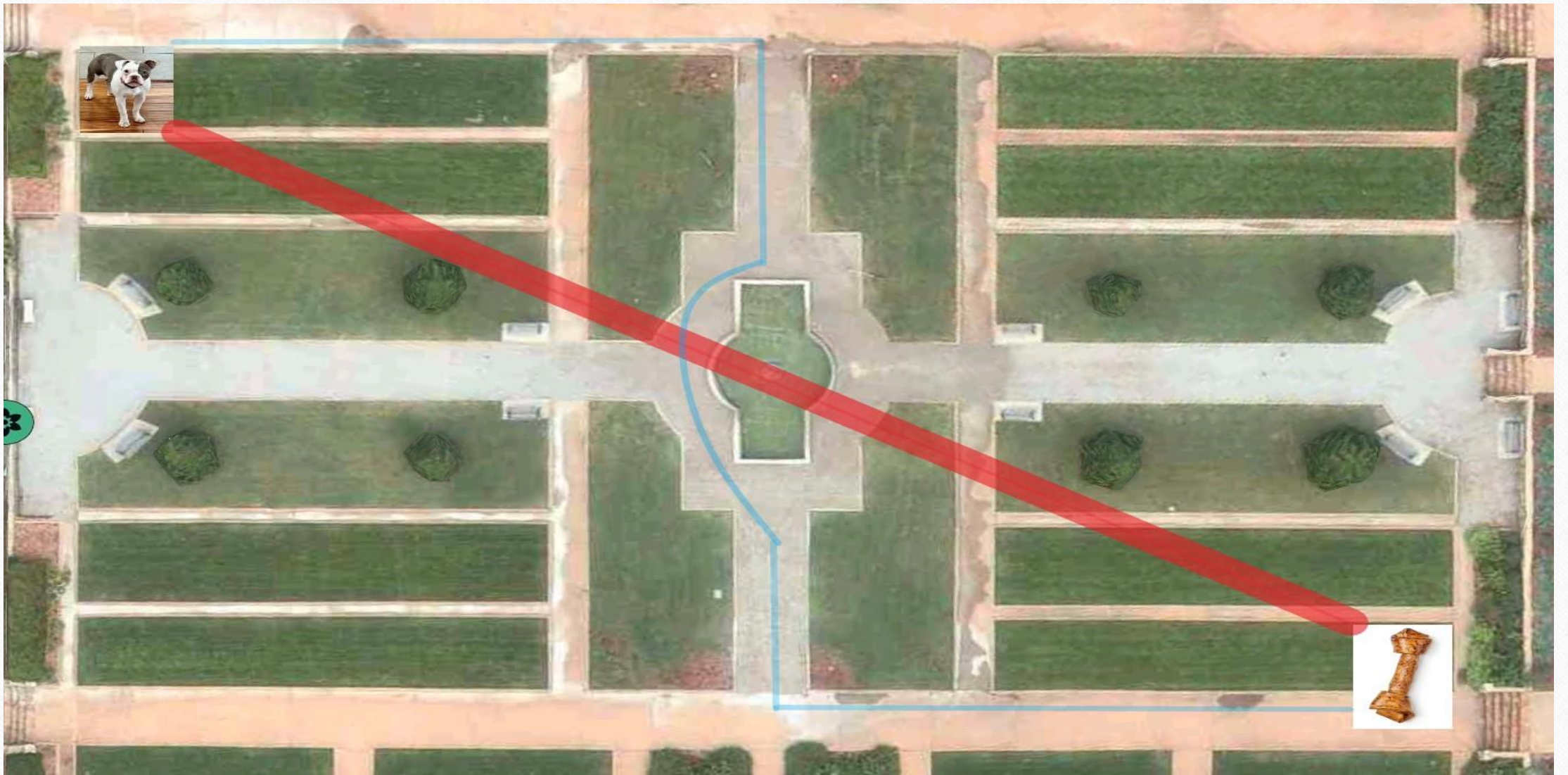












Clinical Services

- History of problem
- Identifying solutions
- Choosing applicable method to reach a solution
- Closure/Ending treatment



What treatment has to offer:

- Peer Recovery Support Specialists- Staff that are in recovery who can use their own experiences to help clients begin engagement and remain engaged through shared experiences.
- Behavioral Health Case Managers: Bachelor level clinicians who teach recovery skills and connect clients with resources to improve social stability.
- Licensed Clinicians: Masters level clinicians who challenge thinking errors that lead to problematic behavior and help to develop new thinking patterns that lead to improved decision making in order to reduce problems.

Identifying Solutions

- Treatment Planning- Meeting the client where they are.
 - Individual Therapy/Rehabilitation
 - Group Therapy/Rehabilitation
 - Case Management
- Medical Planning
- Social Needs

Opioid Use Disorder

- Address avoidant beliefs that lead to use. Triggers to using
- Challenging beliefs that avoiding problems through use is better than addressing painful/uncomfortable emotions.
- Combination of MAT services with Clinical services to address physical stability while addressing co-morbid mental health diagnosis.
- Longer plan for clinical services due to the amount of time the brain needs to heal from dopamine manipulation.

Stimulant Use Disorder

- Contingency Management- Immediate rewards for positive/desirable behaviors.
- Immediate and Delayed gratification
- Challenging beliefs that using is beneficial. Replacing rewards.
- Addressing any comorbid psychosis symptoms: Auditory/Visual/Delusional (Up to a year following cessation of use)
- Working with medical to minimize mental health symptoms while working on coping skills to triggers and cravings.

Increasing confidence in long term recovery

- What are barriers to long term recovery? (PRSS)
- What changes can be made to improve long term recovery?
 - What is it about life in recovery that outweighs the addictive lifestyle?
 - Rat Park Study

Alexander BK, Beyerstein BL, Hadaway BF, Coombs RB. [Effect of Early and later colony housing on oral ingestion of morphine in rats.](#) *Pharmacol Biochem Behav.* 1981;15:571-576.

- How to establish a sustainable recovery social support system? (NA/AA/Celebrate Recovery)

Communication

- Case Staffing
- Client participation in treatment
- Client medication compliance
- Document, Document and Document some more.

