Evidence-Based Practice

- MAT shows promise over other psychosocial only approaches (Bart, 2012).
- In a study looking at fatal drug-related poisonings and treatment for OUD, it was seen that those only receiving psychosocial treatment had double the risk of a fatal drug-related poisoning as those who were receiving opioid-agonist pharmacotherapy (Pierce et al., 2015).

Clients are embedded within family systems and communities, which are both impacted by their Opioid use and influence their clients’ use. Counselors must be aware of the multiple systems their clients are embedded in to help them navigate their change process.

Counselor Educators are wise to infuse addictions counseling curriculum with information about the Opioid Epidemic and specific evidence-based practices for treating Opioid Use Disorder (OUD). Supervisors must be knowledgeable and prepared to support supervisees working with this population, given the unique challenges developing counselors face in moving these clients towards their goals.

Educators and supervisors benefit from using the Transtheoretical Change Model (Stages of Change) to help counselors-in-training conceptualize the change process. Understanding the change process allows developing counselors to align their approach with client goals to maximize growth and reduce overall harm.

Medication-assisted treatment (MAT) is the current recommendation for treatment and has a wide research base to support its effectiveness (Bart, 2012). MAT is the combination of medication to treat the physical symptoms of addiction, and counseling to treat the psychological components of addiction (SAMHSA, 2015). Methadone, buprenorphine, and naltrexone are the primary drugs being utilized for treatment of OUD.

Motivational Interviewing is a way of being with clients that focuses on collaborative navigation of the change process (Miller & Rollnick, 2013). Counselors support change-talk and help clients resolve ambivalence about their use, as they work towards committing to a change plan. In the spirit of harm reduction, counselors may hope for abstinence, while supporting incremental changes that improve quality of life, as well as reducing impacts on the individual and those around them. If abstinence is achieved (with or without MAT), counselors can focus on relapse prevention planning by engaging supports and maintaining larger lifestyle changes conducive to recovery.

References


* Centers for Disease Control and Prevention, 2017

**THE OPIOID EPIDEMIC BY THE NUMBERS**

IN 2016...

116 million people used at least once in a year

11.5 million people met criteria for opioid use disorder

42,249 Americans died due to an opioid overdose in 2016

2.1 million people filled a prescription opioid

170,000 people filled a prescription benzodiazepine

19,413 people filled a prescription cocaine

19,469 people filled a prescription methamphetamine

504 billion doses: prescription opioids

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