Practitioner Guidelines for Enhanced IMR for COD
Handout #5: Using Medication Effectively

Introduction

This module gives people an opportunity to become more knowledgeable about medications and how they contribute to the recovery process. It encourages a discussion of both the benefits and side effects of taking medications, and helps people make informed decisions based on their personal preferences. For people who have decided to take medications, but have difficulty doing so on a consistent basis, strategies are provided for behavioral tailoring and simplifying the medication regimen, which help people incorporate taking medications into their daily routine.

Teaching people about their medications is a self-management strategy for persons with both a mental illness and substance use problem. Psychopharmacological treatment is often a core component of treatment for mental illnesses such as schizophrenia, bipolar disorder, and depression and therefore necessary in the treatment of COD. Stabilization of mental illness symptoms is important at all stages of treatment. Noncompliance with medication can be a more complicated problem in persons with substance abuse and in this module there are tools available to help a person with a COD make better informed decisions about their medications. Oftentimes, this involves working with all members of the treatment team and can include the addition of medications for the treatment of substance use disorders (e.g., disulfiram, opiate agonists, acamprosate, etc.).

Note: For the practitioner’s convenience, information and strategies that relate to COD are placed in italics. In addition, there is an additional category called “Substance Use Strategies” that provides specific strategies for COD within this particular module.
**Goals:**

- Provide accurate information about medications for mental illness, including both their advantages and disadvantages.
- Provide an opportunity for people to talk openly about their beliefs about medication and their experience with taking various medications.
- Help people weigh the advantages and disadvantages of taking medications.
- Help people who have decided to take medications to develop strategies for taking medication regularly. These strategies include behavioral tailoring and simplifying the medication regimen.
- *Provide accurate information about how using substances can interact with alcohol and drugs (i.e., using medications such as benzodiazepines increase the potential for abuse when using drugs and/or alcohol).*
- *For people who are actively using, help weigh the advantages and disadvantages of substance use on taking medications.*
- *Provide information about the benefits of integrating medication treatment for mental illness and substance use disorders.*
- *Explore situational factors associated with substance use such as drinking or using drugs in response to distressing symptoms (i.e., hallucinations, anxiety or depression). Help client identify the role of pharmacological treatment for distressing symptoms and how it differs from using substances in response to those symptoms.*
- *Help people practice asking the prescriber questions about the interaction of medications for mental illness and substances.*

**Number and pacing of sessions**

"Using Medication Effectively" can usually be covered in two to four sessions. Within each session, most people find that covering one or two topics and completing a questionnaire is a comfortable amount.

**Structure of Sessions**

1. Informal socializing and identification of any major problems
2. Review the previous session.
3. Discuss the homework from the previous session. Praise all efforts and problem-solve obstacles.

4. Follow-up on goals.

5. Set the agenda for the current session.

6. Teach new material (or review material from the previous session if necessary).
   - **Potential Topic starters**—“Today we will be reviewing the different types of medications and reasons doctors prescribe them. As we go through the different categories, let’s also think about substances that people use, such as alcohol or marijuana, and how they may interact with these medications.”
   - or
   - “Today we will be discussing the advantages and disadvantages of taking medication. Can you think of one way that substance use may interact with medications?”

7. Summarize progress made in the current session.

8. Agree on new homework assignment.

**Strategies to be used in each session**

- Motivational strategies
- Educational strategies
- Cognitive-behavioral strategies

**Motivational strategies**

In this module, it is important to avoid lecturing or preaching about medications. It is more effective to take a neutral, open-minded approach, helping people come to their own conclusions about what is best for them.

When talking about medication, encourage people to explore the advantages and disadvantages of taking medication from their own point-of-view. People who come to believe that taking medications will improve their lives become motivated to take medications regularly. If people don’t see how medications will help them, they are unlikely to take them.

The following suggestions may be helpful:

- Keep in mind that common motivations for taking medication include decreasing symptoms, relapses and rehospitalizations, increasing independent living, and improving relationships.

- When teaching about medication, bear in mind the personal goals identified in the earlier sessions. There may be opportunities to explore whether taking medication could help someone achieve one of his or her goals. For example, if someone identified the goal of working, but has
previously had difficulty keeping a job because of hospitalizations, you
could explore whether taking medications effectively might help prevent
hospitalizations, and therefore increase the person’s ability to keep a job.

- For each major topic covered in the handout, explore the person’s
  experiences. Most of the sections provide prompts in the form of
  questions, which can be used to facilitate discussion.

For example, when reading the section “How do you make informed
decisions about medication?” practitioners can ask people if they felt they
had enough information in the past to make informed decisions about
taking medication and whether they had an active partnership with their
doctors. That is, practitioners can ask whether people felt they were
listened to by their doctor and whether they felt their concerns were taken
into account by their doctor.

In the section “What are your personal beliefs about medications?” the
practitioner can ask people whether they tend to feel positively or
negatively toward medications or whether they have mixed feelings. The
practitioner could also ask whether one of the quotations in this section
reflects their own beliefs. It is also helpful to explore the basis of these
beliefs. For example, a person raised in an Asian culture may have been
taught that Western medicines are harmful. Or a person may have been
taught to believe that taking medications is a sign of weakness.

- The questionnaire “Pro’s and Con’s of Taking Medications” helps people
to list all the advantages and disadvantages of taking medications. For
  people who have been ambivalent about taking medications, this will be
  an opportunity to look at all the available information and make an
  informed decision. For those who have already made their decision, this
  will be an opportunity to reevaluate or confirm their decision. The
  practitioner should avoid rushing through this questionnaire, using probe
  questions to help people come up with as many pros and cons as
  possible.

For example, practitioners can ask questions such as the following:

- “You mentioned that you don’t like feeling drowsy with your
  medication. Would ‘makes me feel drowsy’ belong under the ‘con’
  column?”
- “Remember when you told me you had a relapse of your mental
  health symptoms the last time you stopped taking medications?
  Would ‘helps avoid relapse’ belong under the ‘pro’ column?”
- “You have told me that when you are taking your medication you
  have less cravings to use marijuana. Would ‘less cravings to use
  marijuana’ belong under the ‘pro’ column?”
- “You mentioned that you don’t like feeling drowsy with your
  medication. Would ‘makes me feel drowsy’ belong under the ‘con’
  column?”
- “Remember when you told me you had a relapse of your mental
  health symptoms the last time you stopped taking medications?
  Would ‘helps avoid relapse’ belong under the ‘pro’ column?”
- “You have told me that when you are taking your medication you
  have less cravings to use marijuana. Would ‘less cravings to use
marijuana’ belong under the ‘con’ column for disadvantages of not taking medications?"

- The practitioner should show an appreciation of people’s experience and knowledge. Thank people for talking about their thoughts and feelings. Take breaks to summarize people’s comments and to make sure you have understood them correctly.

For example, if a person talks about unpleasant events that occurred during a relapse, the practitioner might reflect, “If I understand correctly, you were homeless and hungry for several weeks. It sounds like you don’t want to end up in such a dangerous situation again.” Or if a person describes a negative experience with medications, the practitioner might reflect, “That sounds extremely unpleasant. From what you say, it made you feel distrustful of medications.”

- The practitioner should use skillful listening to express empathy and understanding for the person’s perspective about taking medications.

- The practitioner should tailor the teaching strategies in session to match the person’s stage of treatment:

  For example, if a person with COD is in the engagement stage, the practitioner can assess current knowledge about medications and substance use. The practitioner can then provide additional information about the advantages and disadvantages of taking medication so that the person can make an informed decision about medications.

  If a person is in the late persuasion or action stage and has decided to take medication as part of their approach to managing their mental illness and decreasing their substance use, the practitioner can use behavioral tailoring or other strategies to decrease forgetfulness around taking medication or provide information about how taking medication can be part of living a more balanced life.

- When possible the practitioner should develop discrepancy by discussing the advantages and disadvantages of taking medication including the interaction of substance use. That is, using substances can interfere with the benefits of taking medication.

- The practitioner can help individuals identify how taking medication could help them achieve one of their recovery goals.

- For persons who have decided to make a change in substance use, explore medications that can be used to treat substance use and their side
effects. Use a payoff matrix to review the pros and cons of using a medication to treat substance use.

- Use information in the handouts to identify opportunities to invite new perspectives about taking medications and the interactions of substance use.

- It is likely some people will be resistant to taking medication due to current substance use. People may have been told that they cannot drink or use drugs at the same time as taking their psychiatric medications or may be using medications to treat distressing symptoms. If this occurs, the practitioner should provide information about medications, avoid arguments, and use acceptance to help facilitate change.

**Educational strategies**

Educational strategies for this module focus on increasing people’s knowledge about medications, including both the benefits and the side effects.

The primary message about medications is that for most people they are effective at decreasing symptoms and preventing relapses. The side effects of medications vary somewhat from one medication to another, but are generally quite safe. Each person’s response to medications is unique, however, and each person has a right to make his or her own decision regarding medications.

The following educational strategies were discussed in detail in Module 1 and apply to this module as well:

- Review the contents of the handout by summarizing or taking turns reading paragraphs.
- Pause at the end of each topic to check for understanding and to learn more about the person’s point-of-view.
- Allow plenty of time for questions and interaction.
- Pause to allow the person to complete the checklists and questionnaires.
- Break down the content into manageable “pieces.”
- Find a pace that is comfortable to the person.

These educational strategies may also be helpful in Module 5:

- Assess knowledge of medications and substances.
- Provide information about medications that can be used to treat substance use disorders including disulfiram, naltrexone, opiate antagonists, acamprosate, ondansetron, methadone, and buprenorphine.
Avoid overwhelming the person with too much information. Explain how substance use can interfere with the effectiveness of medications by breaking down information into chunks that the person can understand and accept.

Use repetition and check in frequently to assess person’s understanding of the material.

Discuss examples of how using substances affected whether or not to continue taking medication.

**Cognitive-behavioral strategies**

Cognitive-behavioral strategies focus on helping people decide how they might use information from this module to think differently or behave differently regarding medication.

One of the most important cognitive-behavioral strategies for helping people use medication more effectively is behavioral tailoring. This technique involves practitioners working with people to develop strategies for incorporating medication into their daily routine (e.g., placing medication next to one’s toothbrush so it is taken before brushing teeth). Behavioral tailoring may also include simplifying the medication regimen (e.g., taking medication once or twice a day instead of more often).

In each session, the practitioner can help the person think of ways that he or she might use the information learned in that session. The following examples may be helpful:

- When the topic “How do you make informed decisions about medications?” is discussed, some may people say that they have previously felt uncomfortable asking their doctors questions about medications. In the session, people can review “Questions to Ask Your Doctor” and role-play how they might ask their doctor some of these questions. Homework could include setting up an appointment with the person’s doctor in order to ask questions.

- After the topic “If you decide to take medications, how can you get the best results?” practitioners can use the principles of behavioral tailoring, asking people to choose one of the strategies provided in the educational handout and helping them to tailor it to their own specifications. They can practice parts of the strategy during the session.

One example of using behavioral tailoring involves helping people fit taking medication into their daily routine. Some people say they have difficulty remembering to take their medication, but always remember to brush their teeth. Practitioners could suggest that they might try the
strategy of attaching their medicine bottle to their toothbrush, using a rubber band.

Another example of using behavioral tailoring would be helping people to select cues that will help them remember to take medication regularly. Practitioners could help people develop a chart or calendar they could post on their refrigerator. They could use the chart or calendar in the session to practice writing down the medication that they took the day of the session and the day before the session. Using the calendar at home could be part of homework. Or they could write a note to themselves and tape it on the coffee pot so they will see it when they make coffee for themselves in the morning.

Still another example of behavioral tailoring would be simplifying the medication schedule to make it easier to remember and easier to fit into people’s routine. Practitioners can help people review their current medication schedule and role-play asking their doctor about the possibility of prescribing a less complicated regimen.

• After completing the sections on “What are the side effects of medications?” the practitioner could ask people to identify which medications they are currently taking and which side effects they have experienced. If people have not talked to their doctors about these side effects, they can role-play what they might say to their doctor.

• For people who have been experiencing side effects, the practitioner could ask them to choose a relevant coping strategy from Appendix #5, “Coping with Side Effects.” The practitioner can model how to use a particular strategy in the session (e.g., muscle stretching exercise to help cope with muscle stiffness) and role-play with the person how to use the strategy himself or herself. Homework can involve practicing the strategy at home.

(Note that it is important to remind people to always report side effects to their doctor and make sure that specific coping strategies are not contraindicated for a medical reason.)

• When role-playing how to talk to your doctor, consider how a person could bring up the topic of substance use with the doctor and concerns that the person may have about telling the doctor about substance use.

• When completing the section on side effects, the practitioner should ask the person about what side effects she has noticed when combining medications and substance use. The person may want to role-play how to ask the prescriber about these side effects.
• Identify negative thoughts that the person may have related to medications and substance use. Categorize those negative thoughts and the evidence to support them. Decide on a more realistic thought that incorporates the evidence about medications and substance use.

**Substance Use Strategies**

As noted in the introduction to the Practitioners’ Guidelines for COD-Enhanced IMR, there are 8 principles of COD Treatment. It is helpful for practitioners to keep all of the principles in mind when they deliver each module. It is also important to note that some modules offer more opportunities than others to apply specific principles. In addition, the principles are applied in different ways, depending on the client’s stage of treatment.

Here is a review of the COD principles:

1. Integration of mental health and substance use services including mental health and substance abuse treatment and relapse prevention planning.
3. Comprehensive variety of services offered to clients such as family therapy, medications, supported employment, use of self-help services such as Dual Recovery. Providing a full array of services.
4. An assertive approach to treatment (i.e., not waiting for client to request treatment but using engagement strategies such as assertive outreach).
5. Using a harm reduction approach.
7. Long-term perspective of treatment or time-unlimited services.
8. Providing multiple psychotherapeutic modalities.

**Here are a few examples of opportunities for practitioners to use the COD principles in Module 5, “Using Medications Effectively.”**

**Principle 1:** Practitioners can integrate the discussion of mental health and substance use services and how medication can fit into the treatment of both.

**Principle 3:** Practitioners need to be aware of a comprehensive variety of services that can be offered to a client, including medication.

**Principle 6:** Practitioners can use motivation-based treatment and stage wise Interventions, including helping people develop discrepancy between achieving their goals and their current behavior around taking medications effectively.
Below are some additional examples of using the COD principles in this module.

- This module offers an opportunity to provide a new perspective about how taking medication could help individuals take a step closer to their recovery goals and help them better manage substance abuse.

- Identify ways this information could help shift their perspective related to a personalized view of recovery.

- Help the person realize how substances may be counteracting the positive effects of medication. Create some discrepancy between using substances and not taking medication and making progress towards recovery.

- Explore the consequences of stopping medications in order to use substances and the impact on progress in recovery.

- Ask the person how he or she would counsel a friend who was taking medications and trying to make a decision about whether or not to use substances.

- When asking about recent substance use, the practitioner can ask the person to track substance use compared to forgetting to take medication. This information can be helpful in understanding the person’s ambivalence around taking medications.

- Explore how medications may be used to help treat cravings. For example, for persons who are in the late persuasion or active treatment stages discussing the use of naltrexone for the use of cravings of alcohol.

**Homework**

It is important that the practitioner helps individuals develop homework assignments that are consistent with their decision about taking medication. For example, people who have decided to use medication as part of their recovery might benefit from homework that helps them develop a routine for taking their medication at home. However, this homework would not be appropriate for someone who is firmly against using medication.

The practitioner should follow up on homework assignments in the next session by asking how it went. Reinforce completed homework or the effort people have made to complete homework. If people were not able to complete the homework, the practitioner can gently ask them what got in the way and help them develop (and sometimes practice) ways of overcoming obstacles.
The following examples of homework may be helpful:

- Review the list of “pros and cons of medication” with a family member or other supportive person.

- Implement a strategy for taking medication on a routine basis that was developed as part of behavioral tailoring. For example, use a rubber band to attach the medication bottle to one’s toothbrush, post a note to remind oneself to take medication at the same time each day or refer to a list of the benefits of taking one’s medications. Involve family members and other supportive people whenever possible.

- Talk to the doctor about problematic symptoms, side effects, or interactions with substance use.

- Ask the doctor or nurse specific questions about medication.

- Talk to family members or other supportive people about their views about medications.

- Review the relevant information sheets in the Appendix and note which medications were taken in the past and the benefits and side effects of each.

- Implement a strategy for coping with side effects (such as scheduling naps to counteract drowsiness, chewing gum to reduce dry mouth, eating more high fiber foods to counteract constipation, and regular exercise to combat weight gain) with input from the person’s doctor or nurse.

- Involving family members or other supportive people in a strategy for coping with side effects or getting the best results from medication. For example, people who are apprehensive about asking their doctor about changing their medication might appreciate having a family member accompany them to some of their doctor’s appointments for support and encouragement.

- Consult with the doctor about simplifying the medication regimen. The goal is to have the fewest number of different medications taken the fewest times per day.

- Review how substances interact with medications with a family member or supportive person.

- Collaboratively develop a plan to help the person talk to the doctor about interactions between medications and other substances.
**Special Issues for Group IMR**

- Group members may take a variety of medications for different disorders including medications for substance use disorders. Try to touch on each major category of medications used by group members.

- Group members may have different opinions about taking medications and side effects of medications. Try to provide information about medications in an environment where all opinions are respected, avoiding a situation where one person monopolizes the discussion.

- When exploring the pros and cons of taking medication, it can be helpful to do a demonstration of completing the “Pro’s and Con’s of Taking Medication” chart with the group and then have group members do the exercise individually.

**Tips for common problems**

- People may say that they do not have a mental illness and do not need medications.

  See “Tips for common problems” in Module #3.

- For some people, medications are a very controversial topic. They may have strong beliefs that medications are not helpful for them or are harmful to them.

  It is important to avoid directly challenging or arguing with people about medications. Instead of becoming adversarial, try to understand the person’s point of view and encourage him or her to keep an open mind for the future.

  Also, although some people are adamant about not needing medication, they often acknowledge that other people benefit from it, and are willing to talk about medication in that light.

- Some people have had unpleasant experiences with medications.

  Sometimes people develop misconceptions about medications based on past experiences, and their beliefs may change when new or corrective information is provided. For example, if a person had a severe dystonic reaction to a high dose of antipsychotic medication in the past, he or she might conclude that all such medications would produce a similar
response. However, this is not the case, especially if low doses are used at first.

The best overall strategies when people have strong negative beliefs about medications are:

- provide accurate information
- ask clarifying questions
- use reflective listening
- explore ambivalence about the good and bad things about medication
- explore whether taking medications could help the person achieve his or her goals

- Some people may insist that using substances has no affect on their medication. Try to keep in mind the person’s point of view and gently offer information and ideas for the person to consider. It can also be helpful to try to better understand the person’s point of view using reflective listening and exploring how the person would feel if it were true that substances had an effect on medication.

- Some people may have concerns about sharing their substance use with their doctor or other healthcare professionals. It is important to clarify what concerns the person has and respect the person’s decision. It may be helpful to use a payoff matrix to explore the advantages and disadvantages of sharing that information.

Additional Resources

- In the Integrated Treatment for Dual Disorders book:
  - Information on psychopharmacology, Chapter 19-page 279-298.
  - Suggestions for exploring a functional analysis and using a payoff matrix, pages 66-72.


- Team Solutions Workbook #5, “Getting the Best Results from Your Medication,” Session 6, “Using Substances and Drugs” Type in www.treatmentteam.com, click on learn more for team solutions, and scroll down to download the following in Workbook 5: Getting the Best Results from Your Medication and download session 6.
COD-Clinical Vignette

George was continuing to make progress on his goals and work on cutting back on his drinking. This was particularly important to his success in playing at the center three mornings a week. He and Lynette developed a schedule for the mornings that would keep him busy and not thinking about drinking until he went out to the center. George updated his goal-tracking sheet to reflect his change in deciding not to drink on the mornings he was playing at the center. He also began expanding his goal of playing at the center to include learning some new songs and asking people for their feedback regarding his music.

Lynette had been checking in with George regarding his medication. He reported that he was taking it regularly and not having trouble with remembering to take it. In the Using Medications Effectively module, he focused on exploring how his current medications may interact with the alcohol and also how the alcohol could contribute to his depression. He also had a better understanding of how decreasing his alcohol use was improving the effectiveness of his medication. During this module it was helpful for Lynette to assess George’s knowledge about the interactions between his symptoms, alcohol, and medications and to elicit information from George about his experiences to help him explore whether his drinking was impacting the effectiveness of his medications. For a home assignment, George decided to talk to his doctor about how the alcohol was interfering with his medications and possibly making his symptoms worse. He and Lynette did a role-play in session to practice what George could say at his next visit to the doctor.

Review Questions

At the end of this module, the practitioner can use either open-ended questions or multiple-choice questions to assess how well the person understands the main points.

Open-ended questions

• What are some of the benefits of taking psychiatric medications?

• What are some of the side effects of taking psychiatric medications?

• What does it mean to make an “informed decision” about medication?

• How could you fit taking medication into your daily routine?

• For you, what are the pros and cons of taking medication?
What are some of the interactions between substances and medications?

Multiple choice and true/false questions

1. Which of the following is a benefit of taking medications for mental disorders?
   a. They reduce pain and swelling
   b. They improve symptoms and prevent relapses
   c. They cure mental disorders

2. Which of the following is an example of a side effect of taking medications?
   - Drowsiness
   - Tooth decay
   - Hearing loss

3. It is a bad idea to ask the doctor or nurse questions about medications and how they will affect you. True or False

4. To get the best results from medications it is a good idea to:
   a. Take the medication at the same time every day.
   b. Change the dose of medication depending on the day.
   c. Take it whenever you feel the need.

5. Medication affects people in different ways. True or false

6. Using substances affects the ability of medications to stabilize symptoms. True or False.