



**MAT TRAINING**

**PROVIDERS' CLINICAL SUPPORT SYSTEM**  
For Medication Assisted Treatment

# Utilizing Innovative Strategies and Community Resources for Methadone Treatment

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# Sarah Church, M.D. Disclosure

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# Educational Objectives

- At the conclusion of this activity participants should be able to:
  - Understand what Medication Assisted Recovery Support (MARS) is and how it aids patient recovery
  - Understand some of the significant benefits and potential shortcomings of methadone treatment and how to tailor treatment interventions to mitigate some of the limitations of the treatment
  - Identify three interventions that can enhance and support methadone treatment

# Target Audience

- The overarching goal of PCSS-MAT is to make available the most effective medication-assisted treatments to serve patients in a variety of settings, including primary care, psychiatric care, and pain management settings.
- This presentation is geared toward practitioners who work in Opioid Treatment Programs or who treat patients who are opioid dependent.

# Accreditation Statement

- American Academy of Addiction Psychiatry (AAAP) is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

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  - Date of Release July 1, 2014
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- After successfully completing the Post Test, you will receive an email detailing correct answers, explanations and references for each question of the Post Test.

# Building Community Support within an Opioid Treatment Program

- This presentation will discuss the importance of building community support into Opioid Treatment Programs to enhance patients' treatment. Three ways of building community within a treatment program include:
  - Medication Assisted Recovery Services (MARS)
  - Patient Advocacy Committee (PAC)
  - Contingency Management & Other Positive Programming

# Innovative Strategies for Methadone Treatment

- In addition to peer recovery support, programs should proactively create opportunities for positive interactions between staff and patients to offset the negativity caused by the need to enforce regulations intended to reduce diversion of medication.
  - Contingency Management (e.g., Fishbowl Incentive Program)
  - Certificates of Achievement for retention in treatment (30, 90, 180, 365 days in treatment)

# Contingency Management

- In NYS, group participation is not historically part of the methadone treatment model. Individual counseling is mandated, but group is not.
- Nancy Petry's contingency management "fishbowl" model can be used to reinforce group participation. Increased group participation reduces patients' sense of isolation and encourages positive interactions both among patients and between staff and patients

# Fishbowl Fridays

- On the first Friday of each month, each patient who has participated in four groups over the previous month receives a chance to draw a slip of paper from a fishbowl. Half of the slips have motivational phrases (e.g., “Treatment Works, Keep Coming!”) and half are winning slips. Most are \$1 prizes, but there are a few \$20 prizes and one \$100 prize.
- This low-cost intervention used in our program significantly increased group participation and boosted both patient and staff morale.

# Case Vignette

- Robert is a 44-year-old Puerto Rican American man with a 25 year history of opiate dependence. He has attempted methadone treatment for heroin use three times in the past, each time remaining for only a few months. He presents for treatment using a bundle of IV heroin daily, stating that he wants medication for a month and then he plans to taper and complete treatment. He is adamant that he doesn't want to stay longer than a month.
  - What information is important to share with Robert to help orient him to methadone treatment and ensure treatment success?
  - Who are the best people to impart this information to Robert?
  - What interventions could be used to support Robert's treatment?

# Typical Presentation

- Robert is no different from most patients who present for treatment in an Opioid Treatment Program. He is only “visiting treatment”. He doesn’t intend to stay. As mandated, he will receive orientation to treatment by a medical provider and a counselor. The information he receives is critical to how he will view his treatment. If presented in a positive light he will be more likely to embrace treatment and recovery during this treatment episode. During the orientation the staff will highlight the benefits of methadone treatment, but he will likely have heard many of the drawbacks of treatment. How will he resolve the discrepancies between what the staff tell him and what he has heard on the street?

# Benefits of Methadone Treatment

- Comprehensive Opioid Treatment Programs have been shown to...
  - Improve overall survival/reduces overdose
  - Increase retention in treatment
  - Decrease illicit opioid use
  - Decrease Hep-C seroconversion (Hep-C, HIV seroconversion)
  - Decrease criminal activity
  - Improve social functioning and quality of life
  - Increase employment
  - Improve birth outcomes

Farrell, 1994

# Some Perceived Limitations of Methadone Treatment

- Significant stigma both that which is internalized by the patients and that which is externally imposed by society (Etesam, et al., 2014)
- Inability to “graduate” from the program and move into aftercare and “recovery”
- Inconvenient and highly punitive due to significant regulatory oversight of methadone as a controlled substance

# Patients Need Help to Re-Frame Their Perception of Their Identity

- “After ten years of interviewing women and men in various stages of their methadone maintenance careers, recurring themes emerged, one of which was that being a methadone patient is a marginal identity; not quite junkie, not quite conventional. Clients' efforts to manage this stigmatized identity were often shrouded in anguish and secrecy. Methadone patients were in a kind of identity limbo; a holding pattern between two extremely different social worlds. They were trying to effect an identity transformation; however, in many circumstances they were still associated with and defined by their “dirty secret.””

# Innovative Orientation to Treatment

- As per regulations, our case study patient, Robert will receive a physical health examination and a medical provider will discuss the risks and benefits of treatment. A counselor will also conduct an orientation to treatment outlining the benefits of treatment.
- However, there is a commonly held belief among methadone patients that the staff at the OTP are inherently self-motivated towards encouraging treatment participation and they require participation in the program to maintain their positions and the program.
- Receiving an orientation from a peer who is in sustained recovery provides a different slant, and some patients are more open to hearing a positive treatment message from another patient who has benefitted from treatment.

# Group Orientation

- It is helpful to have an orientation group for patients in the first month of treatment, in which a counselor and a peer co-lead the group, and other members of the treatment team rotate in to welcome the new patients.
- It is particularly helpful to include a member of the security staff who can explain program rules in a friendly manner and to have an administrator stop in, so the patient knows who to access if there are issues.
- Magura, et. al. 1999 found that availability and visibility of the OTP administrator increased patient retention.
- A final orientation element is to allow the patient to draw from the fishbowl on the first day of treatment both to orient them to Fishbowl Fridays, but also to congratulate the patient on their decision to enter treatment.

# Opioid Treatment Programs as a Platform for Additional Treatment Interventions

- Arguably, one of the significant benefits of Opioid Treatment Programs is that patients attend treatment daily for the first 90 days and afterwards, they attend, on average, 3.5 days per week
- Because patients are on site multiple times per week, methadone treatment becomes an excellent platform upon which multiple additional interventions can be offered
- Opioid Treatment Programs can be transformed into a one-stop wellness centers which offer comprehensive care to patients to address multiple needs
- They can also become a recovery community which supports the patient who is moving through the stages of change
  - Whenever possible, interventions specifically targeted to address the particular limitations of methadone treatment should be offered.

# Addressing 3 Major Limitations to Methadone Treatment

- How to combat stigma?
  - One of the best ways to combat stigma is to offer thorough patient education and orientation to treatment and peer-based recovery support services. At Einstein we have the Medication Assisted Recovery Service (MARS Project) on site which was developed by patients for patients.
- How to address the idea that patients don't graduate and are not in recovery until they taper off their medication?
  - Teach patients that they are candidates for sustained recovery as soon as they begin taking their medication as prescribed and they cease use of illicit drugs. Once patients realize they are candidates for sustained recovery while taking medication, they often feel different about continued treatment. patients.

# Addressing 3 Major Limitations to Methadone Treatment

- How to combat the punitive nature of methadone treatment?
  - Attempt to develop a recovery-oriented treatment system, that celebrates recovery and proactively encourages positive interactions between staff and patients.

# Medication Assisted Recovery Services (MARS Project)

- The MARS Project is a SAMHSA-funded, peer-initiated and peer-run recovery support project sponsored by the National Alliance of Medication-Assisted (NAMA-R) Recovery that has operated within the Opioid Treatment Programs at Einstein since 2006. In 2011, the MARS Project won additional funds from CSAT to develop a Peer Training Institute to develop a manual and to train other providers to develop peer programs like the MARS program in their OTP's across the country. They launched this program in 2012 and have trained 9 OTP's from treatment programs around the country.

# Medication Assisted Recovery Services (MARS Project)

- All MARS staff and peers are in medication assisted recovery (methadone or buprenorphine).
- The project provides a drop-in center for patients looking for support and they also offer an array of recovery groups, peer services and arrange events to help patients learn how to celebrate and enjoy their recovery, including trips to museums, bowling, and recovery rallies.

# Medication Assisted Recovery Services (MARS Projects)

- The Recovery Services MARS provides are not treatment. Recovery services complement treatment services.
  - MARS gives MAT patients knowledge to be able to understand their medication and treatment they are receiving, and provides education, support and social resources not available in treatment, all delivered by their peers who are also receiving treatment
  - This project targets one of the most significant limitations of MAT. It combats the stigma many methadone patients have internalized
    - The most important message they deliver is: “Methadone is Medication”
    - The second is that “Methadone patients are candidates for recovery”
    - The third message delivered is that recovery should be fun, and if it isn’t, then they aren’t doing it right. 😊

# Unintended Consequences of Regulations to Combat Diversion

- As per Federal Regulations, Opioid Treatment Programs must:
  - “Develop program policies and procedures to effectively address or resolve community problems (including patient loitering and medication diversion), and ensure that program operations do not affect community life adversely.”
    - Leads to asking patients to leave the premises immediately after receiving medication, to reduce loitering and possible medication diversion.
    - Unintended consequence: OTP patients are not able to convene and develop a culture of recovery.
    - Methadone patients have not always been warmly welcomed into the typical 12-Step recovery community because not perceived as candidates for recovery while taking medication. On Site Peer Recovery Support Changes This!
      - ❖ Allows patients a safe place to commune after receiving treatment
      - ❖ Helps to develop, cultivate, empower the recovery community on site

# More Unintended Consequences of Regulations to Combat Diversion

- Administrative and counseling staff must enforce regulations that can lead to negative interactions between staff and patients.
  - When a patient relapses to frequent substance use, the staff must increase their medication pick-up schedule to 6x per week. This is not typically a welcome change.
  - If a patient lingers outside the program he will receive a loitering notice as a means of reducing the possibility of medication diversion. It is tricky for a counselor to deliver this notice and to maintain the therapeutic alliance.
  - Patients often request additional medication to go on vacation and if they are not abstinent, the counselor will have to deny their request. This is frustrating for the patient and strains the alliance.

# More Unintended Consequences of Regulations to Combat Diversion

- It's important to train staff on how to convey these messages. If a pick-up schedule must be increased, the counselor can tell the patient that she has noticed that the patient's substance use has increased and she is concerned about the patient and wants to see him more often to help him get back on track. This is in contrast to delivering a punitive message which conveys relapse is a failure and that the pick-up schedule increase is a punishment for relapse.

# Importance of Celebrating Retention

- Research has shown that retention in opioid treatment programs is key to positive outcome.
- Patients who remain in treatment for a year or longer have more positive outcomes. Therefore, it is important to celebrate and reinforce retention at key milestones.
- A simple and low-cost intervention to achieve this is to provide patients with a certificate of retention at 30, 90, 180 and 365 days.

# Patient Advisory Committee (PAC)

- Patients can be brought into leadership roles in the program by participating in the PAC. This empowers patients as stakeholders in their treatment and develops natural leaders and role models within the clinic.
  - Patient representatives from all clinics are chosen by peers and staff to represent their clinics and provide input, advocacy and support for all clinic patients.
  - These representatives meet monthly with the program administrators, with their peers and the PAC advisor to identify concerns and issues and provide feedback to the leadership team and the patient advocate.
  - PAC Board members spearhead special activities such as fundraising walks (AIDS Walk, Liver Walk, Recovery Rallies), advocacy initiatives in Albany and elsewhere and help in conducting patient satisfaction surveys.

# Patient Advisory Committee (PAC)

- Encourage retention in treatment
- Improving patients' knowledge and attitudes toward Medication Assisted Treatment and Recovery
- Providing a place where patients can participate openly, reducing stigma

# Recovery Concepts

- The recovery community movement
  - Emphasizes recovery as an ongoing process of reengagement -- not merely abstinence from abused substances.
  - Emphasizes the active role of recovering people and their peers in recovery.

White, W.L. 2000

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For More Information: [www.pcssmat.org](http://www.pcssmat.org)



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