Counselor Attitudes Toward Pharmacotherapies for Alcohol Dependence

Lori J. Ducharme, Ph.D.
Hannah K. Knudsen, Ph.D.
Paul M. Roman, Ph.D.

University of Georgia

Counselors, Pharmacotherapies, and Alcohol Treatment

- Addiction treatment counselors are key actors in the delivery of effective treatment services.
- There is a wide array of evidence-based treatment practices, which include counseling as well as medications. There is no evidence-based, one-size-fits-all approach to treatment. Thus, counselors need to be aware of and open to the broad spectrum of treatment options.
- Increasingly, successful treatment depends on counselors' willingness to endorse, promote, and encourage patient compliance with prescribed pharmacotherapies.
- Although counselors do not prescribe medications themselves, they are an important link between the physician and the client. Familiarity with medications that clients are receiving is important for counselors to consider when discussing strategies to identify and manage triggers, alternative coping strategies, and relapse. Counselors' resistance to medications can directly or indirectly undermine patients' compliance and recovery.
- To date, little research has been done examining the diffusion of alcohol pharmacotherapies, and the role of counselors in promoting (or resisting) their integration into community-based treatment settings.

Research Questions

- To what extent are counselors in public-sector treatment settings familiar with available pharmacotherapies for alcohol dependence?
  - Disulfiram (Antabuse), tablet naltrexone, and acamprosate (Campral) were available during the study period
- To what extent do counselors perceive these medications to be effective and acceptable for use in treatment?
- What counselor and client characteristics influence perceptions about medications' effectiveness and acceptability?
- To what extent does exposure to these medications enhance counselors' perceptions?

Data Sources

- In 2005-'06, face-to-face interviews were completed with the administrator and clinical director of N=318 public-sector addiction treatment programs throughout the US.
  - Eligible programs offered alcohol and drug treatment at a level of intensity at least equivalent to structured outpatient (ASAM definition), and received at least 51% of their operating budgets from block grant and other state/federal sources.
  - Correctional, VA, detox-only, and methadone-only facilities were ineligible for the study.
  - The 318 programs represent an 80% response rate.
- Clinical directors provided lists of all addiction counselors employed in the program. Each counselor was mailed a packet including a questionnaire, consent form, study description, and SASE. A $40 incentive was offered for the return of a completed questionnaire.
- The 1140 returned questionnaires reflect a 61% response rate.

Sample Characteristics

Female	64%	Hours/wk	39.4
Nonwhite	36.8%	Years in field	9.4
Recovering	45.4%	Caseload size	20.6
Master's degree or higher	42%	% clients with alcohol abuse/ dependence	53.4%

Assessing response bias: Selected characteristics of responding counselors were compared to organizational-level (aggregate) data provided by program administrators. Responding counselors did not differ significantly from the population of potential respondents on gender, race, full-time work status, or educational level.

Measuring 12-Step Orientation

- Earlier research on counselor attitudes toward opiate pharmacotherapies (Knudsen et al., 2005) found that 12-step orientation was a significant predictor of resistance to medication adoption.
- 12-step orientation is measured with a 3-item scale adapted from Kasarabada et al. (2001):
  - Clients must accept that they have no control over their addiction and that recovery requires that they have faith in a higher power.
  - Clients must accept that they must reach out to recovering addicts.
  - The primary goal of treatment is to encourage clients to work the 12 steps.
- Counselors rated their agreement with each item on a 7-point scale.
- The mean of the three items is used to measure the extent of counselors' endorsement of a 12-step approach to treatment.
- Scale alpha = .80
- Sample mean for the scaled item = 4.42 (possible range = 1-7)

Assessing Diffusion

- "Diffusion" is the process by which technologies are introduced to a field, and information about them becomes available.
- Thus, knowledge of a technology (here, medications) is the first step in the process of innovation adoption.
- Counselors' familiarity with pharmacotherapies is one measure of their diffusion. Conversely, the frequency with which counselors indicate that they "don't know" about a medication suggests a lack of diffusion.
- We should expect diffusion to be greater among medications that have been available to the market for a longer period of time.
- After assessing diffusion, we can then examine the opinions of those who have been directly or indirectly exposed to the use of pharmacotherapies in alcohol treatment.

Diffusion of Alcohol Pharmacotherapies

- Counselors were asked to rate the effectiveness of each medication. A “don’t know” option was provided for those unable to assess effectiveness. Medications with fewer “don’t know” responses have achieved greater diffusion.

	Antabuse (Disulfiram)	Naltrexone (Tablet form)	Acamprosate (Campral)
% who “Don’t know” effectiveness	28.2%	58.1%	76.1%

Note: injectable naltrexone (Vivitrol) had not yet received FDA approval at the time these surveys were distributed

Counselor Perceptions of Pharmacotherapies

- Counselors were asked: How effective is each medication for the treatment of alcohol dependence? How acceptable is its use in treatment? Counselors rated each medication on a 1-7 scale ("don't knows" excluded):

	Antabuse (Disulfiram)	**Naltrexone (Tablet form)**	**Acamprosate (Campral)**
Effective	3.78	4.11	4.10
Acceptable	4.59	4.64	4.47

Effectiveness was rated at roughly the mid-point of the response scale, while ratings of acceptability trended toward the positive end of the scale. Counselors expressed no preference for one medication over another (differences n.s.).

Receipt of Training on Pharmacotherapies

- Counselors were asked to what extent (1-7 scale) their program had provided them with specific training on each of these medications, either in-house or off-site. Responses indicate a very low overall level of training about the use of these pharmacotherapies:

	Antabuse (Disulfiram)	**Naltrexone (Tablet form)**	**Acamprosate (Campral)**
Extent of Training	2.16	1.83	1.60

Counselors may also receive informal training or acquire indirect knowledge of a medication by working in a program where it is prescribed to at least some clients. Thus, we included data from clinical directors about the actual use of pharmacotherapies in the treatment program.

Program Adoption of Pharmacotherapies

- When interviewed, clinical directors were asked which, if any, pharmacotherapies were currently prescribed onsite for clients. Their responses suggest a low level of adoption of medications for alcohol dependence:

	Antabuse (Disulfiram)	Naltrexone (Tablet form)	Acamprosate (Campral)
% of programs prescribing	19.8%	13.6%	10.3%

Note: percentages reflect the proportion of the 318 sampled programs in which these medications are prescribed. They do not reflect the percentage of clients within these programs for whom prescriptions are written.

Modeling Perceived Acceptability of Pharmacotherapies for Alcohol Dependence

	Antabuse		Naltrexone		Acamprosate	
	(1)	(2)	(1)	(2)	(1)	(2)
Female (=1)	.070	.086	n.s.	n.s.	n.s.	n.s.
Nonwhite (=1)	n.s.	n.s.	n.s.	-.094	-.194	-.149
Recovering (=1)	-.126	-.092	n.s.	n.s.	-.132	n.s.
12-step orientation	-.070	-.087	-.098	-.103	-.158	-.133
Caseload size	.083	n.s.	n.s.	n.s.	-.140	n.s.
% alcohol clients	n.s.	n.s.	n.s.	n.s.	n.s.	n.s.
Extent of training	---	.164	---	.212	---	.228
Used in program (=1)	---	.196	---	.119	---	.149

OLS regression, significant Beta's shown ($p<.05$). Tenure and educational level were controlled in all models but were not significant. For each medication, Model 2 controls for counselors' exposure via training or use in the program. N=1140 counselors.

Conclusions

- Data obtained from a representative sample of public-sector addiction counselors in 2005-'06 indicate a substantial lack of diffusion of information about naltrexone and acamprosate for alcohol dependence treatment.
- Counselors familiar with these medications expressed a "take it or leave it" opinion regarding their acceptability.
- Acceptability ratings were especially influenced by counselors' personal endorsement of a 12-step treatment philosophy.
- Receipt of medication-specific training, and working in a program where the medication is used, significantly increased counselors' ratings of acceptability.
- These data suggest that despite incomplete diffusion and persistent adherence to 12-step orientations, counselor attitudes toward the use of pharmacotherapies can be shaped through the receipt of information, training, and exposure to use in treatment.
- Programs seeking to integrate pharmacotherapies should involve counselors in the medication adoption decision, and ensure the availability of appropriate training and information.

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For more information about the National Treatment Center Study and related research, visit our website at www.uga.edu/NTCS.