

# Psychiatric Medications, MAT, and Recovery

## A Guide for Mental Health and Substance Use Disorder Professionals

John Smith, PhD, LCSW



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Dr. John Smith is the Director of Education and Training at Social Model Recovery Systems (SMRS). He is a Professor of Addiction Counseling at Mt. San Antonio College since 2000 and he has also been in Private Practice in California since 2000.

Dr. Smith has over 40 years of experience working with mental health and addictions, and he is the author of “Co-occurring Substance Abuse and Mental Disorders: A Practitioner’s Guide” and he is the best-selling author of “The Authentic Man: A Guide to Happiness and Purpose.”



# Disclosures

- **Presenter Disclosure:** Financial disclosures: Dr. John Smith, LCSW received an honorarium for presenting this course. Dr. John Smith is the Director of Education and Training at Social Model Recovery Systems (SMRS). He is a Professor of Addiction Counseling at Mt. San Antonio College. Dr. Smith has over 40 years of experience working with mental health and addictions, and he is the author of “Co-occurring Substance Abuse and Mental Disorders: A Practitioner’s Guide” and he is the “Best-Selling” author of “The Authentic Man: A Guide to Happiness and Purpose.” Non-financial disclosures: Dr. John Smith, LCSW has no relevant non-financial relationships to disclose.
- **Content Disclosure:** This learning event does not focus exclusively on any specific product or service.
- **Sponsor Disclosure:** This course is presented by continued Social Work.



# Learning Outcomes

After this course, participants will be able to:

- 1) Identify the classification and use of most major psychiatric medications.
- 2) Describe the use of specific medications used in the treatment of addictions (MAT).
- 3) Describe the pros and cons of using these medications with persons in recovery from substance use disorders.



# Things To Remember

- All symptoms of mental disorders can be caused by problems related to a medical condition.
- All symptoms of mental disorders can be caused by drug/alcohol intoxication or withdrawal.
- Mental Health providers tend to rely on medications more and think more about symptoms/diagnosis in terms of mental disorders and may not have received much training in Substance Use Disorders



# Things To Remember

- Substance Use Disorder professionals are not big proponents of medications (even MAT).
- Some 12-Step programs promote the belief that one “isn’t truly sober” if they are on ANY psychiatric medications.
- They tend to think in terms of Substance Use Disorder rather than Mental Health.
- They may have little training in Mental D/O



# Things To Remember

- Problems with medication compliance leads to exacerbation/relapse of both disorders.
- Attitudes and beliefs about medications held by clinicians can influence (+/-) the outcomes of client's with COD.
- 12-Step programs and treatment programs must support medication usage.
- Medication and psychosocial therapies have consistently shown the best outcomes.



# PSYCHIATRIC MEDICATIONS AND RECOVERY

- Antidepressants
- Antipsychotics
- Mood Stabilizers
- Anxiolytics
- Sedative/Hypnotics
- Stimulants





# Antidepressant Medications

## SSRI's

- Prozac (fluoxetine)
- Paxil (paroxetine)
- Zoloft (setraline)
- Celexa (citalopram)
- Lexapro (escitalopram oxalate)
- Trintellix (vortioxetine)

## Others

- Wellbutrin (bupropion)
- Remeron (mirtazapine)
- Serzone (nefazodone)
- Desyrel (trazodone)

## SNRI's

- Effexor (venlafaxine)
- Cymbalta (duloxetine)
- Pristiq (desvenlafaxine)



# Antidepressant Medications

## Tricyclics & Quatracyclics

- Elavil (amitriptyline)
- Asendin (amoxapine)
- Anafranil (clomipramine)
- Nopramin (desipramine)
- Sinequan (doxepin)
- Imipramine (tofranil)
- Pamelor (nortriptyline)
- Vivactil (protriptyline)




# Mood Stabilizers (Anti-Manic)

- Lithium
- Depakote (divalproex sodium)
- Tegretol (carbamazepine)
- Neurontin (gabapentin)
- Lamictal (lamotrigine)
- Trileptal (tiagabine hydrochloride)
- Topamax (topiramate)



# Antipsychotic Medications

## Atypical

- Abilify (aripiprazole)
  - Clozaril (clozapine)
  - Zyprexa (olanzapine)
  - Seroquel (quetiapine fumarate)
  - Risperdal (risperidone)
  - Risperdal Consta
  - Geodon (ziprasidone)
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## Traditional

- Thorazine (chlorpromazine)
- Haldol (haloperidol)
- Mellaril (thioridazine)
- Navane (thiothixene)
- Stelazine (trifluoperazine)
- Prolixin (also IM) (fluphenazine)

# Antianxiety Medications

## Benzodiazepines

- Xanax (alprazolam)
- Klonopin (clonazepam)
- Valium (diazepam)
- Ativan (lorazepam)
- Tranxene (clorazepate)
- Serax (oxazepam)

## Other

- Inderal (propranolol)
- Buspar (buspirone)
- Atarax (hydroxazine embonate)
- Vistaril (hydroxazine pamoate)



# Hypnotic Medications

## Benzodiazepines

- ProSom (estazolam)
- Dalmane (flurazepam)
- Restoril (temazepam)
- Halcion (triazolam)

## Non- Benzodiazepines

- Sonata (zaleplon)
- Ambien (zolpidem)



# Stimulant Medications

- Adderall (d-amphetamine)
- Dexadrine (l & d-amphetamine)
- Desoxyn (methamphetamine)
- Ritalin (methylphenidate)
- Concerta (methylphenidate)
- Vyvanse (lisdexamfetamine)
- Strattera (atomoxetine) not a stimulant



# Medication Assisted Treatment

- Disulfiram (Antabuse)
- Naltrexone (Vivitrol)
- Acamprosate (ReVia)
- Buprenorphine (Suboxone)
- Methadone





# Medication Assisted Treatment

- Opioid overdoses cause one death every 20 minutes
- Medication-assisted treatment (MAT)—a combination of psychosocial therapy and U.S. Food and Drug Administration-approved medication—is the most effective intervention to treat opioid use disorder (OUD) and is more effective than either behavioral interventions or medication alone.



# Medication Assisted Treatment

- MAT significantly reduces illicit opioid use compared with nondrug approaches, and increased access to these therapies can reduce overdose fatalities.
- MAT is often unavailable to those in need of it because of inadequate funding for treatment programs and a lack of qualified providers who can deliver these therapies.



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# Cultural Competence

For additional information regarding standards and indicators for cultural competence, please review the NASW resource: *Standards and Indicators for Cultural Competence in Social Work Practice*

<https://www.socialworkers.org/LinkClick.aspx?fileticket=7dVckZAYUmk=&portalid=0>

