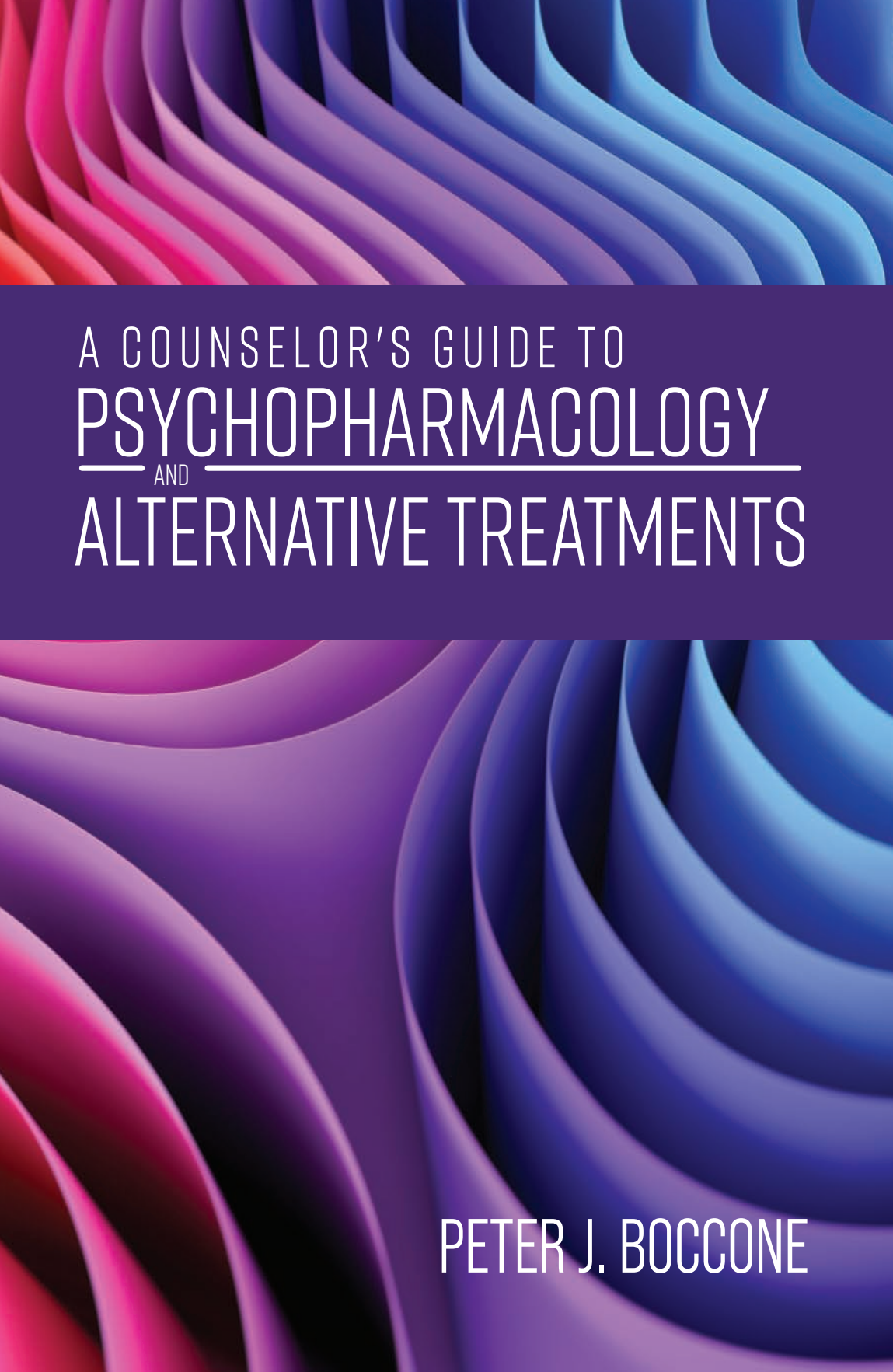
A COUNSELOR'S GUIDE TO
PSYCHOPHARMACOLOGY
AND
ALTERNATIVE TREATMENTS
PETER J. BOCCONE

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Brief Contents

Detailed Contents

Preface

Mental health treatment has increasingly become a collaborative effort, calling on various professionals across helping professions to contribute to a larger, holistic treatment approach. Counselors are on the front line of that effort, utilizing evidenced-based practices to promote positive change among clients. However, in many instances, a combination of psychotherapy and medication-based treatment can be the most effective approach. Although pharmacotherapy, the prescribing of medication, falls on psychiatrists, counselors, being the primary source of therapeutic care, are often called upon to help facilitate the process. It is for this reason that counselors are increasingly in need of a basic knowledge of psychopharmacology in order to fully meet the needs of their clients.

This text will provide readers with an overview of the fundamentals of psychopharmacology. The content covered has been selected specifically with the counselor in mind. The text bridges the gap between the content knowledge of psychopharmacology and the intentional incorporation of medication-based interventions into a larger, counseling-driven therapeutic process. In addition to critical content, the text also includes application-based exercises designed to hone the reader's skills by analyzing complex cases as they relate to pharmacotherapy and navigating client interactions in a way that is deliberate, empowering, and holistic.

Acknowledgments

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PART I

The Basics of Psychopharmacology

CHAPTER 1

Psychopharmacology in Counseling

"I didn't realize how many clients would also be taking medication."

—New counseling graduate

More than ever, mental health treatment has become a collaborative, multidisciplinary effort. Psychiatrists, other medical doctors, social workers, and various other helping professionals can find themselves contributing to the same therapeutic process, and more often than not, counselors find themselves on the front line of those efforts. Psychotherapy remains the primary means to treat mental health dysfunction; however, as the opening quote suggests, it is not uncommon to find it coupled with some form of pharmacotherapy (i.e., medication-based treatment). Although counselors may not be in the business of prescribing medications, they are very much called upon to adapt their therapeutic approaches to ensure that all treatment interventions are being provided holistically and in concert with medication treatment. As such, it is critical that counselors and many other nonmedical helping professionals have a solid understanding of basic psychopharmacology (i.e., the study of the use of medications to treat mental disorders). This chapter will introduce psychopharmacology and how it overlaps with traditional counseling.

Upon completing this chapter, the reader will be able to do the following:

- Identify various pros and cons of pharmacotherapy.
- Identify any personal biases related to psychopharmacology.
- Contrast the models that underlie counseling and pharmacotherapy.
- Explain the role of the counselor in working with clients also receiving pharmacotherapy.
- Understand the purpose of medication-based interventions across the therapeutic process.

The debate over what place, if any, pharmacotherapy should have in mental health has raged on for quite some time. This debate is sometimes a manifestation of the territorial disputes between helping professions. Ultimately, however, research and the communities counselors serve have dictated that pharmacotherapy and talk therapy are and should continue to be different sides of the same coin, existing side by side. As this text is meant for counselors and other nonmedical helping professionals, it may be helpful to begin by outlining some of the common pros and cons of pharmacotherapy.

Pros

- Many medications are fast-acting, making them ideal options when immediate relief is required (e.g., in crisis situations).
- The most common medications undergo rigorous testing to ensure they are safe to users.
- Medications can compensate for biologically driven chemical imbalances that underpin dysfunction.
- Beyond being medication compliant, it takes very little effort on the part of the client to reap the benefits of treatment.

Cons

- Some medications have the potential for dependency/abuse.
- Medications can cost a considerable amount of money, thus making them inaccessible to many.
- Medication use maybe become a crutch that discourages clients from creating change on their own using psychotherapy.
- Medications can address symptoms but do not always address the root issues underneath them.
- All medications have the potential to cause unpleasant side effects.

As with any treatment, there is no one-size-fits-all approach. As such, it is important for clients (and thus also their counselors) to be aware of and consider these pros and cons when deciding whether or not to use medication. However, before they even learn of the pros and cons, counselors and clients may have certain understandings, opinions, and biases related to pharmacotherapy. These perceptions may be impacted by previous experience, media, and culture. As in all aspects of counseling, our biases, if beyond our awareness and left unchecked, can negatively impact the therapeutic process. It is

therefore critical for counselors to reflect upon what biases they bring with them as they enter the world of pharmacotherapy.

APPLICATION EXERCISE 1.1. TO MEDICATE OR NOT TO MEDICATE?

Directions: For this exercise, you are to identify any biases you may have as well as the possible sources of those biases as they relate to pharmacotherapy. After doing so, discuss some of your reactions with a peer or colleague. Some questions you may want to consider are:

- What place should pharmacotherapy have in mental health treatment?
- Would I be comfortable taking medication for a mental health issue? Would I recommend such a medication to a family member or friend?
- What does it say about a person if they require medication to cope with mental health issues?
- What previous experiences do I have with pharmacotherapy, either directly or peripherally, that impact my perspective?
- How is pharmacotherapy viewed within my culture?

Paths to Recovery

A national survey revealed that approximately 15.8% of adults in America are using medication as a form of mental health treatment (Terlizzi & Zablotsky, 2019). Put another way, more than 52 million people, or 1 in 6 adults, are currently being treated via pharmacotherapy, and that number appears to be on the rise. This is a substantial portion of the population, further illustrating the inevitability of counselors taking on clients who are or will be taking psychiatric medications. This makes a great deal of sense when you consider the etiology of mental health issues and disorders. Although some may be rooted in causes such as learned behaviors, trauma, or environmental stressors, significant evidence suggests that many illnesses may also be linked to biological predispositions that may cause chemical imbalances or changes in brain structure. This does not necessarily mean that only one form of treatment can be successful. What it does suggest is that a single approach to mental health treatment, whether counseling, pharmacotherapy, or something else, will almost surely fail to meet the needs of all clients, thus the need for collaborative care.

Models of Treatment

As mentioned above, pharmacotherapy and talk therapy are often seen as parallel treatment options. However, using these treatments in tandem is not without its challenges. For example, a significant distinction between psychiatry and counseling, one that is important to address immediately as we consider pharmacotherapy in the context of mental health, is the model with which each discipline conceptualizes treatment. Counseling and psychotherapy are grounded in what is often referred to as a *wellness model*. Counselors seek to understand clients holistically and view their mental health on a continuum of wellness, ever shifting and moving from one day to the next. The goal of counseling is to help clients address issues and empower themselves so they may move further and further down the continuum toward greater mental health and wellness.

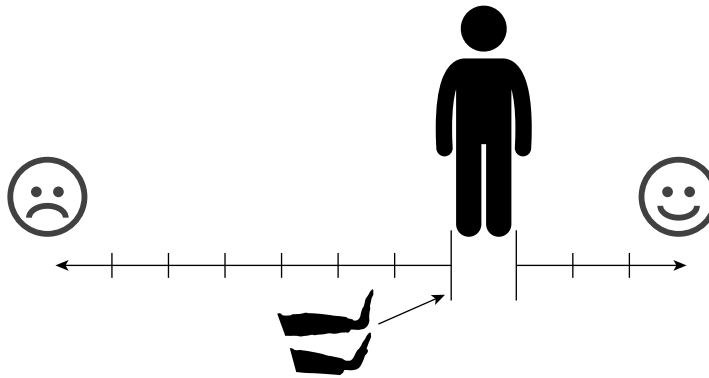

FIGURE 1.1 Wellness Model

Psychiatry, on the other hand, has its roots in the *medical model*. Client issues, often conceptualized as illnesses or disorders, are the focus of medication-based treatment interventions and the intention is often to prevent disorders or treat them to improve clients' levels of functioning (i.e., reduce symptoms so that clients may better approach daily living, relationships, and other life factors).

Considering the medical model's emphasis on prevention and treatment of defined disorders, it is easy to mistakenly reduce pharmacotherapy to a process whereby a) mental disorders are identified and b) the corresponding medication is prescribed. However, the use of medication can be much more multifaceted.

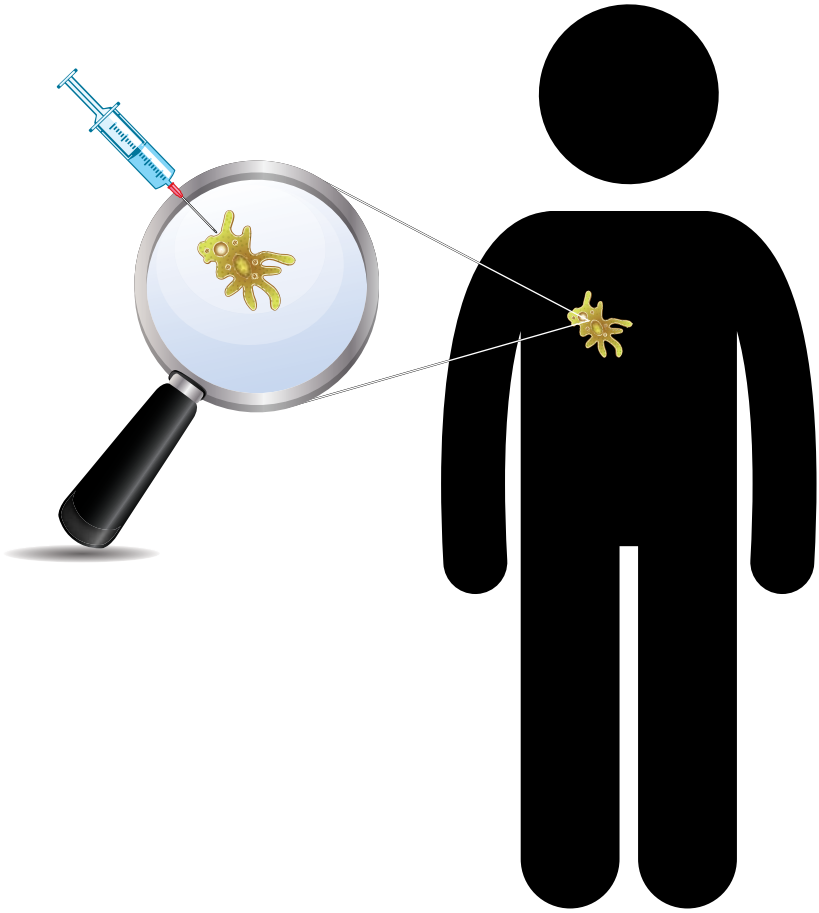

FIGURE 1.2 Medical Model

Pharmacotherapy in Mental Health

As will be discussed in greater depth later, although counselors cannot prescribe medication, they will inevitably be called upon to help facilitate pharmacotherapy and incorporate it into the overall therapeutic treatment regimen. What part medication plays in treatment can vary.

Stabilization

Although preventative care is preferred by counselors, the reality is that mental health treatment is often precipitated by a crisis. Mental health crises come in all shapes and sizes and can often include some sort

of decompensation or imminent danger, either to the client or those around them. Although from a counseling perspective the long-term goal is to identify the underlying issues that prompted the crisis and address them therapeutically, it is impossible to begin that process until the client is safe and stabilized to the extent that they can meaningfully engage in treatment. Although counselors can sometimes use de-escalation techniques to deal with such scenarios, pharmacotherapy can also be a fast-acting and effective means to stabilize clients, thus priming them for future interventions (see Case Illustration 1.1).

Decompensation can also occur in some form during treatment. Take, for example, an individual with moderate to severe anxiety. Through continued psychotherapy, such an individual may be able to develop the skills necessary to improve their condition. However, the client is likely to face situations that are more anxiety-provoking than others (e.g., flying on a plane) and are beyond their ability to cope using conventional therapeutic techniques. In such scenarios, pharmacotherapy in the form of *pro re nata* (PRN) medicines (i.e., medications taken as needed) can provide extra, temporary support for clients to endure those unique situations.

CASE ILLUSTRATION 1.1. THE CASE OF RENEE

Renee, a 22-year-old female studying art in Connecticut, arrived at a Pennsylvania hospital after receiving a phone call regarding her mother, Clara. Clara was scheduled to receive routine surgery that morning. However, complications ensued and Renee, Clara's emergency contact, was called. Renee immediately got in her car and drove the 4.5 hours to the hospital. Upon reaching the hospital, Renee was met in front of her mother's room by a member of the hospital staff, who informed her that soon after their original call, Clara was moved to the ICU and tragically passed away soon after. Upon hearing the news, Renee immediately became inconsolable and began feeling dizzy, soon falling to her knees as she took rapid, gasping breaths. The hospital staff immediately requested assistance as Renee was seemingly having a severe panic attack.

Reflection Questions

- What roles could a counselor play throughout this event, including when Renee arrived at the hospital, during the panic attack, several days after, and a month after?

- What parts of their training could a counselor rely on while serving in each of these roles (e.g., skills, interventions, theories, specialized training)?
- How might a counselor collaborate with ally helping professionals throughout this case to provide the most effective and complete care to Renee?

Explanation

In this case we see a major event (the sudden passing of Renee's mother) causing a severe panic attack. Such an attack can be quite debilitating, and it may be very difficult for a person in such a situation to stabilize themselves, even with de-escalation–based interventions. As such, the most effective course of action could be providing Renee with a temporary psychotropic medication to help stabilize her until she is at a place where she can effectively engage in grief counseling.

Medication-Forward Treatment

Any treatment approach should be driven by evidenced-based interventions that have been shown to be effective when working with particular clients and their concerns. Although it is beyond the scope of this text to fully unpack which treatments are most effective across mental disorders, it is important to understand that in many cases, research has shown that pharmacotherapy is the most effective source of treatment. This can often be the case when treating a client with a disorder suspected to stem from a biochemical imbalance. This does not, however, mean that counseling is no longer necessary, but instead that the role of counseling in the treatment process is changed to meet the needs of the client. In such cases, pharmacotherapy is considered an essential, primary form of treatment. Once an effective medication regimen is in place, counselors can work with clients on any number of related or secondary concerns.

CASE ILLUSTRATION 1.2. THE CASE OF ARNOLD

Arnold is 31-year-old male attending his second session of counseling. His presenting concern is intermittent bouts of depression during, which he reports as loss of interest in previously enjoyed activities, loss of energy, feelings of worthlessness, and passive suicidal ideation. He

struggles to identify any precipitating factor that may be triggering his depressive symptoms but states they are usually temporary, with the exception of this latest episode that has persisted longer than previous ones. After further investigating, Arnold's counselor discovers that Arnold is likely suffering from bipolar II disorder. Because bipolar II disorder is widely believed to stem from chemical imbalances in the brain, pharmacotherapy is typically considered the primary form of treatment, focusing on reducing the intensity of the client's episodes. As such, Arnold's counselor switches the focus of sessions and begins providing Arnold with psychoeducation on the nature of bipolar II disorder and the significance of pharmacotherapy as part of the treatment process. With Arnold's blessing, his counselor then refers him to a local psychiatrist for an assessment.

Reflection Questions

- As Arnold has just received his primary diagnosis and started treatment, what should a counselor's therapeutic priorities be when working with Arnold within the next few weeks to months?
- How might a counselor's therapeutic focus be different when the client is in the midst of an episode versus closer to their baseline? How will this focus change in relation to pharmacotherapy and psychotherapy?
- How could a counselor help Arnold identify the effectiveness of his new medication regimen? Be specific.

Explanation

In this case, the client has been diagnosed with a chronic mental illness and the first line of treatment is pharmacotherapy, which will hopefully stabilize their mood as much as possible. Arnold's counselor can continue to support him while he transitions onto his new medication and, when appropriate, shift the therapeutic focus back to his symptoms and their impact on the various facets of his life (e.g., career, health, relationships, etc.).

Medication-Assisted Treatment

As illustrated above, there are certain mental health disorders in which pharmacotherapy is the most effective, primary source of treatment. However, there are many cases in which medication can serve as a complimentary treatment to psychotherapy. A number of mental health disorders have been found to respond more effectively to a combination of treatments, including both pharmacotherapy and counseling, rather than to one alone.

CASE ILLUSTRATION 1.3. THE CASE OF BENJAMIN

Benjamin is a 36-year-old male who initiates counseling in response to ongoing feelings of depression. He reports that his depressive symptoms have been present for several years and, although he had hoped it was a phase that would pass in time, the condition has persisted. Benjamin states that he experiences this depression consistently from one day to the next, sometimes for no apparent reason, other times in response to minor events that seem to wear on him more than they should. After learning more about the particulars of Benjamin's case, his counselor diagnoses him with major depressive disorder (MDD) and begins providing cognitive-based psychotherapy. The counselor also recommends that Benjamin consider consulting a psychiatrist or his primary care physician to learn about the different antidepressants that he may want to take in conjunction with counseling.

Reflection Questions

- Considering that psychotherapy can be a very successful form of treatment for MDD, what factors may influence a counselor's decision to suggest psychiatric consultation? Be specific and objective.
- What reactions could a client have to their counselor recommending a psychiatric consult, positive and negative? How can a counselor take those potential reactions into account before, during, and after making their recommendation?

Explanation

Major depressive disorder is considered to have potential roots in both biological and psychological causes. Although medication may aid in any neurochemical issues associated with the disorder, it would not address any significant psychological elements. It is no surprise, then, that research seems to indicate a combination of medication and talk therapy is the most effective treatment for MDD. There can also be instances when, as more progress is made via talk therapy, medication can be reduced or even eliminated as the client develops the skills to cope with their disorder.

Role of the Counselor

Although counselors are not qualified to prescribe medication, there are a number of ways in which they can support their clients during their pharmacotherapy treatment. Even before a client is prescribed a medication, they can often benefit from psychoeducation. Clients

may come to counseling never having considered medication. They may have reservations about being prescribed medication or struggle to understand the need for medication when they are already seeking out counseling. Counselors can provide that education and help walk the client through the consideration process as they decide whether they are willing to engage in pharmacotherapy.

APPLICATION EXERCISE 1.2. THE BEST OF BOTH WORLDS

Directions: For this exercise, partner with a peer or colleague, with one of you playing the role of the counselor and the other the client. In this scenario, the client is one whom you have seen for several weeks and who you believe could benefit from pharmacotherapy as well as counseling. The client has no previous experience with medication, and you are the first counselor they have seen. In the role of the counselor, your task is to provide psychoeducation to the client. Specifically, you are to a) suggest the possibility of incorporating medication into their treatment, and b) explain how medication and counseling can work together. During the role-play, consider the following:

- delivering information in a way that is concise and understandable to a layman
- normalizing pharmacotherapy
- delivering information in a way that is not only accurate but empathic and supportive

Transitioning onto medication is not without its hurdles, many of which will be discussed in future chapters. These hurdles create an opportunity for counselors to lend support. Counselors can help clients prepare for the possibility of side effects, assist in monitoring any physical or mental changes over time, provide psychoeducation on medication monitoring and compliance, facilitate tracking any changes in symptoms, and advocate on the client's behalf to prescribers as needed. These are just a few ways counselors can be active participants in the pharmacotherapy side of a client's treatment. However, to do so a counselor must first have the knowledge necessary to engage in that process deliberately.

Looking Forward

The next chapter will begin to unpack the technical elements of psychopharmacology. Specifically, the reader will learn about the biology-psychology connection in mental health. They will also be exposed to some of the fundamental concepts related to the structure of the brain as well as brain functions related to pharmacotherapy.

Keystones

- Although they cannot prescribe medication, counselors are often called on to help facilitate a client's pharmacotherapy.
- As in all areas of counseling, it is important for therapists to be aware of their own biases as they relate to pharmacotherapy, as they can negatively impact the client if left unchecked.
- Pharmacotherapy and counseling are grounded in different treatment models, which can sometimes impact how those processes come together.
- Medication can serve a variety of purposes across the therapeutic process, including stabilizing the client and being used as a medication-forward treatment option, or a complimentary/supplemental treatment option.

Credits