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Is Counseling Integral to Buprenorphine-Assisted Opioid Addiction Treatment? Examining Counseling Participation and Treatment Retention at a Richmond, VA Clinic

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Background

Buprenorphine, a medication often marketed under the brand name Suboxone, is a popular treatment for opioid use disorder (OUD). Federal and state regulations require clinics to provide counseling services or referrals to clients receiving buprenorphine-assisted OUD treatment¹.

Prescribing physicians widely regard counseling as a critical component of buprenorphine treatment², and individuals with OUD perceive counseling to be among the most important factors supporting recovery³.

Nearly all U.S. clinics offering buprenorphine-assisted OUD treatment also offer individual or group counseling services⁴. Research investigating the efficacy of counseling as an OUD treatment component, however, has been equivocal to date^{5,6}. Additional research is needed to evaluate the comparative benefits of counseling across varying clinical contexts.

Aim

To investigate the effects of **counseling** on **treatment retention** among clients receiving OUD treatment at the VCU Multidisciplinary Outpatient Intensive Addiction Treatment (MOTIVATE) clinic.

Methods

Instrument

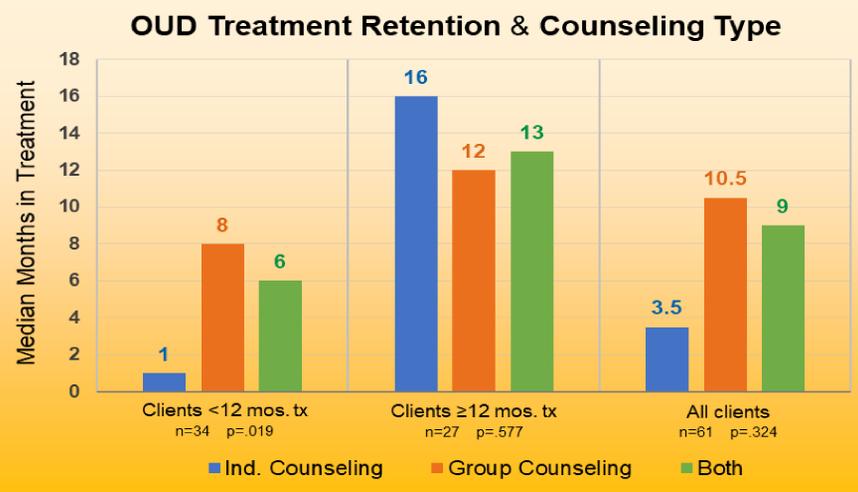
MOTIVATE clinic developed a non-standardized semi-structured survey which was administered in Nov. 2018 to a convenience sample of 81 clinic clients.

A secondary data set was compiled by parsing completed surveys according to responses concerning opioid type, treatment medication, and counseling participation.

Population

- 71 clients receiving buprenorphine-assisted OUD treatment
- 49% African American / 37% White / 3% Native American
- Mean age = 45
- 61% female

Results

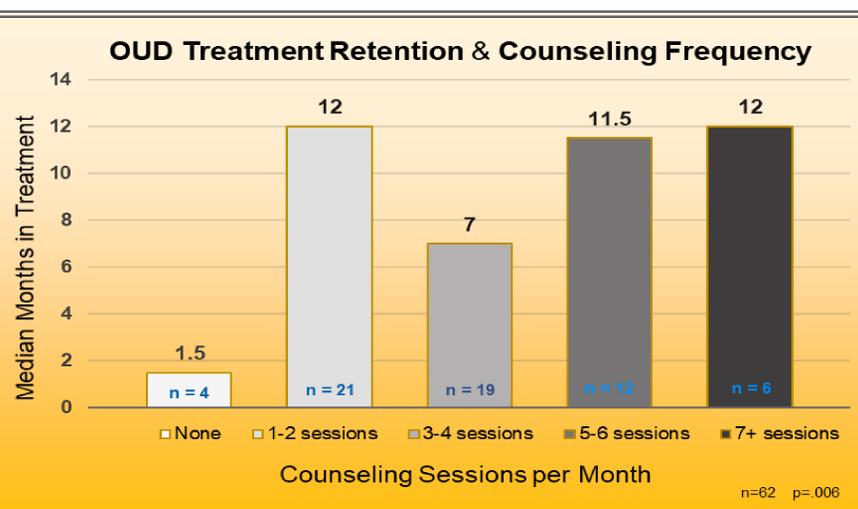


Counseling type

- Effect on treatment length for clients in treatment <12 months (p=.019)
- Median treatment length higher for clients in *group* and *concurrent* counseling vs. individual counseling

Counseling frequency

- Group* frequency affected treatment length for clients in treatment <12 months (p=.002)
- Individual* frequency affected treatment length for clients in treatment ≥12 months (p=.046)
- Total* counseling frequency affected treatment length (p=.006)



Discussion

Counseling type and frequency appear to have stronger effects on retention among newer clients. Findings indicate that the comparative benefits of counseling depend in part on client treatment phase. While this study corroborates the importance of psychosocial interventions for clients in buprenorphine-assisted OUD treatment, results suggest the need for a nuanced approach to client education and treatment planning.

Policy & Practice Implications

- Understanding the relationships between counseling type, frequency, and treatment length may empower clients toward better-individualized treatment plans
- Results support previous research indicating that voluntary, individualized counseling recommendations based on treatment phase and client history are most beneficial⁷

Limitations

- Use of secondary data set restricted control over research design and inhibited exploration of potential mediating, moderating, and/or intervening variables
- Convenience sampling & small sample size
- Cross-sectional, nonexperimental design

Future Research

- Counseling dynamics (group size, group cohesion, open vs. closed types, client-clinician interactions)
- Standardized survey instrument

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