

How to Help Counselees with Psychoactive Medications



by BENJAMIN CRAWFORD

As more and more people in our society look to psychoactive medications for relief of emotional and mental problems, counselors need to know some basics about these medicines. In 2012, Dr. Mike Emler¹ wrote an article for this journal in which he laid out general principles for discussing whether or not a counselee ought to consider a course of treatment through a medicine, such as an antidepressant. As Emler explains, psychoactive medications might help palliate symptoms, enabling a struggler to address more profound counseling issues. This article will build on his work by offering further guidance for counselors on how to assist counsees through the various decisions involved as they consider these medicines and evaluate their efficacy.

First, I will share some questions for a counselor to use in a discussion with a counselee who is considering the use of medication. Then, I will describe how a counselor can be an informed source of help to a person who has decided to pursue such a course of treatment. To do this I will explain the process a counselee will go through to obtain a prescription, suggest ways a counselor can help monitor a counselee's response to the medicine, offer some information about individual psychoactive medicines, and suggest some counseling implications.

Some Questions to Consider

It is a good thing for counselors to take part in the discussion about the use of psychiatric medications with counsees because a prescribing doctor's judgment

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¹ Michael R. Emler, "Listening to Prozac... and to the Scriptures: A Primer on Psychoactive Medication," *The Journal of Biblical Counseling* 26:1 (2012): 11-22.

is not infallible. In many cases, doctors are too eager to turn to medications for relief, and a counselor has the opportunity to moderate this tendency. It is also important because these medications do pose risks that range from uncomfortable side effects to, in some rare instances, physical deterioration and even death.

Encourage your counselees to discuss symptoms with their primary care physician even if a psychiatrist is being consulted.

Mike Emler's article offers valuable guidance for this discussion, providing a biblical evaluation that brings together suffering, personal motivation, and the role of medication. To that I will add a few additional things for you to keep in mind when you guide the discussion about medication with a counselee.

- Might this problem resolve on its own or with counseling alone? Or is the level of life disruption such that medication seems to be a good option to evaluate? Is this person stuck in ways that medicine might help move forward?
- Is there evidence of psychosis? Has the counselee lost touch with reality, believing things that cannot be true, or hearing or seeing things that are not present?
- Does the counselee have such extreme fluctuations in emotional states that he or she seems out of control, or is dangerous to self or others?

Raising these types of questions will help move the decision process forward.

One final question worth considering is whether the psychiatric symptoms are being caused by a medical illness (hormonal dysregulation, infection, neurological impairment, side effects from other medications, or other organic problems). It is important that the patient's regular physician know what the counselee is experiencing. Perhaps further medical evaluation is warranted or perhaps the doctor will be able to offer valuable insight regarding the appropriateness of psychoactive medications. Encourage your counselees to discuss symptoms with their primary care physician even if a psychiatrist is being consulted.

Obtaining a Prescription

If your counselee decides to pursue medication, there are two common routes to obtain a prescription—either through a primary care physician or a psychiatrist.

Primary care physician. Usually the quickest and least expensive route to get a prescription is through a primary care physician (PCP). A PCP is also unlikely

to engage in counseling beyond offering encouragement, so there is little risk of a struggling person encountering beliefs or values that are contrary to the biblical values you are discussing in counseling.

However, there are problems with utilizing a PCP. Often an office visit is quite brief—approximately seven minutes long. This is simply not enough time to ask the relevant questions and to discuss all the options with the patient. In addition, many PCPs do not have the time or experience to screen for, and deal with, issues such as mania, psychosis and substance abuse. Something important may be missed and the medications prescribed may make the patient worse. Also, PCPs may not be able to see the person often enough to monitor the efficacy or side effects of the medication prescribed (unfortunately this lack of contact is sometimes true of psychiatrists as well).

Psychiatrist. The other common route to obtain a psychoactive medication is to see a psychiatrist. What should your counselee expect from an initial appointment with a psychiatrist? The visit may last anywhere from 30 to 90 minutes. Your counselee is likely to be asked about recent events and struggles, life history, emotions, anxiety, perceptions of reality and use of illicit drugs and alcohol. The psychiatrist will decide on a tentative diagnosis, which is a label that describes the cluster of symptoms the patient is experiencing. This label guides the choice of medication for treatment.

As the person's counselor, you can help by drafting a brief letter for the counselee to give to the psychiatrist.² This can be a paragraph or two that describes what patterns or life themes you have observed in the counselee, what the person's symptoms are (e.g., depression, anxiety, insomnia, euphoria, psychosis, or addiction), the issues contributing to the symptoms (feelings of hopelessness about the future, fears about potential health problems, insomnia after a home invasion, etc.), how long the symptoms have lasted, and how severe they are.

In many cases, visits after the initial evaluation will be a "med check" that lasts about 15 minutes. The frequency of these appointments depends on the severity of the person's symptoms, the style of the psychiatrist, and the policies of the clinic. Typically, however, med checks occur every one to three months. The purpose of the visit is simple: to determine if the benefits of the medication prescribed outweigh the negative effects (side effects), and if those benefits are sufficient.

Many psychiatrists also offer counseling services. But if a counselee is already

² A psychiatrist is not likely to solicit such a letter from you, but I still recommend you offer to provide one to your counselee.

meeting with a pastor or counselor regularly, the psychiatrist can be asked to focus primarily on medication issues.

Monitoring the Medication

Though monitoring a person's response to a medication is the legal responsibility of the prescriber, the counselor will likely see the person far more often than the doctor, and can therefore be helpful. Here are three simple steps a counselor can take.

1. *Ask about the medication.* Simply asking, "How is the lithium working out?" is all that is needed. You do not have to spend more than five minutes of each session discussing this. The counselee is probably the best judge about whether a medicine is working or not and can report on any possible problems with side effects. The person's family members will also have valuable input if you have the chance to talk with them.

Encourage the counselee to keep a record of benefits and side effects.

Noting the counselee's response to this question will, over time, give you a good longitudinal record of the medication's effects. This record will be useful when the counselee discusses the response to the medicine with the prescribing doctor, and will also enable you to reflect these observations back to the counselee when needed. For example, after several months on a certain medicine, the person may forget how badly the struggle felt before starting the medicine. You might mention the improvement you have noted based on the person's own responses to your routine questions about it. This can help a great deal in enabling the counselee to decide whether to continue the medicine, stop it, or change the dosage.

2. *Encourage the counselee to keep a record of benefits and side effects.* A written diary chronicling responses to a medication will also help determine if it is providing relief. This diary will be helpful if the person transfers to another doctor or is hospitalized.

3. *When medication-related problems arise, refer the counselee back to the prescribing physician.* Common issues include side effects and lack of response to the medication. The doctor needs to be made aware of such problems so appropriate adjustments can be made.

It's important to remember that psychoactive medications do not always have the desired results, and may have uncomfortable side effects, making some people feel worse than before. Some of these drugs can even pose a danger to certain

people. Here are some signs of potential danger for you to be aware of.

- Confusion, delusions, hallucinations, or a marked change in personality
- Shaking: a tremor, myoclonic jerks, twitching, abnormal movements
- Fever
- Rash
- Suicidal thoughts

If your counselee is experiencing these types of side effects, encourage the person to speak with the prescribing doctor right away. If your counselee seems to be in severe distress, then immediately direct him or her to a hospital's emergency room.

Types of Medications

Though the number of psychoactive medications can seem overwhelming, they fall into six major classifications based on the symptoms being treated. I describe these classifications below. You can also see a summary of this information in the chart on the next page.

Antidepressants. These medications are prescribed for people struggling with symptoms of depression, such as sadness, despondency, loss of interest in what they used to enjoy, loss of hope, feeling worthless or feeling as though life is no longer worth living. Common antidepressants include Prozac, Celexa, Wellbutrin, Zoloft, and Effexor. Older antidepressants include Tofranil and Elavil. While antidepressants may begin to work very quickly for some, it will likely be several weeks before most people notice an obvious benefit. These medications are also effective in relieving feelings of anxiety.

There are many possible side effects to antidepressants. Initially, the most common impacts are stomach discomfort, jitteriness, and insomnia. These symptoms usually abate within a week or so. In addition, antidepressants can blunt a counselee's libido or inhibit the ability to perform sexually. Many counselees will report feeling emotionally numb when taking an antidepressant. The sadness is gone, but so is the happiness. Other counselees simply say they feel worse, not better, after starting an antidepressant. The prescribing physician must be a part of any decision to stop taking the medicine because stopping an antidepressant abruptly can cause uncomfortable withdrawal symptoms.³

Anxiolytics. This class of medication is typically aimed at those struggling with severe anxiety and these types of presenting issues: excessive worry over everyday problems, restlessness, feeling on edge, intense self-preoccupation in social settings,

³ *American Psychiatric Association Practice Guidelines: Treatment of Major Depression*, found at <http://psychiatryonline.org/guidelines.aspx>, accessed October 29, 2013.

or panic symptoms characterized by physical symptoms like hyperventilation, chest pain, rapid heart rate, profuse sweating or shaking. Anxiety is sometimes treated using antidepressants. When this is done, the physician will usually start the medicine at a low dose, and gradually escalate it to a dose higher than what is used to treat depression.

Quick Reference Chart of Psychoactive Medications⁴			
Class of Medication	Onset of Benefit	Likelihood of Benefit	Side Effects
Antidepressants ⁵	May be several weeks.	Two thirds of counselees will find some benefit.	Nausea, insomnia, sexual dysfunction.
Anxiolytics (benzodiazepines)	Quick, relief may come within minutes.	Generally high.	Sleepiness, amnesia, addiction, withdrawal effects, potential for abuse.
Antipsychotics	Possibly within the first week.	Roughly 70% of patients will benefit.	Akathisia, weight gain.
Mood Stabilizers	While some may respond within 1-2 days, response may take weeks.	Response differs depending on the condition treated.	Depending on medication used: tremor, confusion, damage to thyroid or kidneys, pancreatitis, weight gain, birth defects, rash.
Psychostimulants	Quick, relief may come in less than an hour.	Roughly 90% of patients will benefit.	Insomnia, appetite suppression, heart issues. Potential for abuse.
Hypnotics (for sleep)	Less than an hour.	Varies.	Amnesia, parasomnia.

There are a few medications that are meant only for anxiety and not depression. For example, there are benzodiazepines (Ativan, Xanax, Klonopin and Valium.) These medications often make doctors groan because they can provide quick, potent relief of anxiety symptoms but may cause a host of problems. People using these medicines may become physiologically dependent on them. Suddenly stopping these medicines may cause a life-threatening seizure. These drugs also have a street value and are often abused. Some people will obtain a prescription in order to sell the drug to someone else. If your counselee wants to enlist your help in persuading a doctor to prescribe one of these medications, explore what the person's motives may be.⁶

⁴ Information in this chart is taken from the same sources cited in the corresponding section of the text.

⁵ Most antidepressant drugs are also used to treat anxiety disorders as well as obsessive compulsive disorder.

⁶ Alan F. Shatzberg and Charles B. Nemeroff, *Essentials of Clinical Psychopharmacology*, 3rd ed. (London: American Psychiatric Publishing, 2013), 189-200.

Some other medications that offer good results in diminishing anxiety are Buspar, Neurontin, and Vistaril. These medicines are not addictive and generally not abused as often as benzodiazepines.

A specific counseling problem that used to be considered an anxiety disorder is obsessive-compulsive disorder (OCD). Recently, it has been conceptualized as its own type of disorder closely related to anxiety. Obsessions are thoughts that are inappropriate and distressing and intrude on the person's mind against his or her will. An example would be a grandmother suffering from mental images of murdering her grandchildren, despite having no inclination to violence. Compulsions are ritualistic behaviors or mental acts which the suffering person feels compelled to perform. The compulsive behavior may be in response to an obsession, as when a person drives back to a certain spot several times to be reassured that someone was not run over. Or the compulsion may be a behavior performed according to certain rules, such as counting steps or tiles and not being able to stop until landing on an even number.⁷

The medications used to treat OCD include Anafranil and Zoloft. These are similar to medications used for anxiety and depression; however the dosages are higher when treating OCD, and it may be a few weeks longer before the counselee notices improvement.

Antipsychotics. These medications are used to reduce the severity of psychotic symptoms associated with schizophrenia, thus improving the person's functionality. Symptoms include hallucinations, delusions, disordered thoughts and bizarre behaviors. These medications include Abilify, Seroquel, Zyprexa, Risperdal, and Geodon.

These are also commonly used to treat problems other than schizophrenia, including depression, anxiety and even insomnia, though there is controversy about the appropriateness of this. Typically, in these instances, a patient will already be taking an antidepressant, but only finding partial symptom reduction. To bring about more relief from the depression or anxiety, the doctor may add a low dose of an antipsychotic. While this may bring about more relief than an antidepressant alone, antipsychotics have a problematic side-effect profile. Weight gain, increased cholesterol and increased blood sugar are common results and can lead to serious health problems such as heart disease, diabetes and obesity. Rarely, these medicines will lead to a lethal condition known as neuroleptic malignant syndrome, characterized by fever and muscle rigidity.

People will often complain of increased levels of anxiety after starting an antipsychotic. When this happens ask them to describe it. If they describe a sense

⁷ American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (Arlington, VA: American Psychiatric Publishing, 2013), 235.

of restlessness, difficulty sitting still and a desire to pace, then they may be suffering from *akathisia*, a common side effect of antipsychotics. Often physicians will misunderstand these symptoms and simply treat the patient for anxiety. If you recognize akathisia where the doctor did not, you can save the counselee a great deal of misery by bringing this up in a tactful way. There are a host of other movement disorders that can result from antipsychotics; however, movement disorders are becoming less common as newer antipsychotics are released.⁸

Mood stabilizers. This class of medications is used to treat the symptoms of bipolar affective disorder, a mood disorder characterized by prolonged episodes of euphoria, alternating with periods of normalcy or deep depression. Lithium, Depakote, Tegretol, and Lamictal are common examples of these medicines. They may also be used to treat a number of other conditions, including seizures, anger control problems, rapidly fluctuating emotional states and depression.

Lithium can be very helpful for people but has many dangerous side effects. Watch for a tremor as this is very common. If a counselee appears severely confused and disoriented when taking lithium, the person needs to go to the emergency department immediately as this is a sign of toxicity, which can be lethal. Counsees should know that lithium interacts with a number of other medicines. Even over-the-counter drugs such as ibuprofen can be dangerous if the patient is taking lithium. You serve your counsees well by reminding them of this. Periodic blood work is needed when taking this drug.⁹

Depakote is a seizure medication that works well for bipolar disorder and is commonly used for controlling anger. Women of child bearing age are often cautioned against using Depakote because it is very dangerous to a fetus and can damage a woman's ovaries. Weight gain is another common side effect. As with lithium, anyone taking this medicine will need to have periodic blood work done.¹⁰

Lamictal is a common medicine used for patients whose mood swings tend toward the depressed side. Watch out for a rash. If one occurs, the counselee should talk to the prescribing doctor immediately, before taking another dose. If the rash is in the eye, mouth or vagina, then the person needs to go to the emergency room right away.¹¹

Psychostimulants and other ADHD medications. Hyperactivity and difficulties in paying attention can cause many problems in a counselee's life. Attention Defi-

⁸ Ibid., 251-386.

⁹ Ibid., 419-429.

¹⁰ Ibid., 439-449.

¹¹ Ibid., 497-504.

cit Hyperactivity Disorder (ADHD) is often incorrectly diagnosed, so familiarize yourself with the assessment resources in your area so your counselees can receive reliable testing. A diagnosis ought to be based on not only what the counselee reports, but also on what is observed by teachers and family.

Drugs used to treat ADHD include Adderall, Ritalin, and Strattera. Counselees often have rapid relief of symptoms when taking Adderall or Ritalin. These medications are stimulants and can cause appetite suppression and insomnia, and are often abused. They may be sold on the street or shared with friends or family members who want to go without sleep due to work or school demands. Strattera, which is not a stimulant, is not typically abused and can take two weeks or more to start working. Nausea and headache are its most common side effects.

Some counselees may struggle with feeling guilty for taking a medication. Be ready to minister.

When seeing a counselee who is treated for ADHD, ask if there is a personal or family history of heart problems. Doctors may neglect to ask this, but your counselee should know that these medicines might be dangerous to people with heart disease risks.¹²

Hypnotics (sleep medications). These medications are prescribed to help people struggling with insomnia. Ambien, Lunesta and Sonata are examples of medicines commonly used. Among the many side effects of hypnotics, parasomnias, such as sleepwalking, are some of the most concerning. Persons taking these medicines have been known to eat, drive or even engage in sexual activity at night, and have no recollection of the behavior the next morning.¹³

Typically the physician instructs the patient to take these medicines as needed, instead of on a regular schedule like other medications. As a counselor you can help a counselee rely on these medicines less often by discussing sleep issues.¹⁴ Common contributors to insomnia include excessive caffeine or alcohol consumption, watching TV in bed and excessive noise in the house at night. Frequently people who cannot sleep perpetuate the problem because they are anxious about not sleeping. They counter-productively try to force themselves to fall asleep and end up still

¹² Ibid., 557-565.

¹³ Thomas D. Hurwitz, et al., "Parasomnias: A Review for Psychiatrists," *Focus*, 12:1 (2014): 16-18 (Winter 2014):16-18.

¹⁴ Performing a search of "sleep" on the ccef.org website will yield some helpful articles and blogs on this topic.

awake and more stressed. One way of breaking this cycle is simply advising them to stay up and spend the time in a useful activity,¹⁵ like meditating on Scripture.¹⁶ Over time, the anxiety should diminish and the sleep cycle should return to normal.

Source of information on medications. If you want to learn more about these medications, see *Essentials of Clinical Psychopharmacology*, 3rd ed. by Alan F. Shatzberg and Charles B. Nemeroff. Another good resource is *Prescriber's Guide: Stahl's Essential Psychopharmacology*, 5th ed. by Stephen Stahl. The latter is updated frequently so you can stay current on medications by buying the newest edition. Webmd.com is a free resource and does have reliable, up-to-date information on psychoactive medications as well.

Counseling Implications of Medication¹⁷

Some people you work with will have unrealistic expectations concerning medication. Even if a person gives assent to the possibility that it might not be helpful, there may be disappointment and upset when medication does not bring the relief hoped for. On the other hand, some counselees will embrace any good results so strongly that they quit counseling even though there is no discernible change in their heart attitudes. Still others may struggle with feeling guilty for taking medications, wondering if they are weak Christians and God is disappointed with them. Be prepared for these complex reactions. Be ready to minister.

Another possible counseling implication of medication might be a struggle through months or even years of having medication(s) adjusted and changed to either improve effect or minimize side-effects. This may be stressful and unpleasant, and may actually make progress in counseling more challenging for a season. If you see someone for an extended time, you may also be involved as one or more medications are being discontinued.

For these and other reasons, it may be helpful for you to have periodic contact with the prescriber. This would require the approval of the counselee and a waiver should be signed to give you permission to talk with the physician. This will enable you to share observations and even clarify your respective roles.

Medications: Part of a Bigger Plan

Psychoactive medications can be of great benefit to people who are struggling.

¹⁵ Brenda Byrne, "Psychological and Behavioral Treatments for Insomnia," *Focus* XII, no. 1 (Winter 2014): 32-36.

¹⁶ For ideas on this see David Powlison's article titled: "Suffering and Psalm 119," *The Journal of Biblical Counseling*, 22:4 (2004): 13-15.

¹⁷ This section is co-authored with the *JBC* editorial staff. As a psychiatrist who appreciates the value of biblical counseling but is still coming to understand it, I wanted some other voices to weigh in.

However, with any drug, there are also downsides and risks. These include both negative and even dangerous side effects as well as the disillusionment of unrealized expectations of benefit. But as these medications are widely used, your counselees are likely to want to discuss them with you and it is good to have some basic knowledge of them. Ironically, you will often be in a better position to observe the effects of a psychoactive medication than the prescribing doctor because you see the person more often.

For some people, the benefits of the drug will enable them to be more focused on the counseling goals you have set together. For others, lack of effect or the presence of negative side effects might create additional stress and disappointment that you can help them process. Either way, medications should be seen as part of a bigger plan that leads the struggler to rely more on Christ in this season of life.