FACILITATOR GUIDE:

Drug Abuse: Diagnosis and Counseling DocCom Module 30

Check-in: *(5 min)*

Ask questions like: "What's happening in your lives?"; "What do we have to do to clear the air so we can begin the session?"; "Do you have any major stressors?"

Self-assessment:

Ask residents to mark pre-session conviction and confidence scales. (handout)

Session Goal Setting:

Inform your group members of the following goals:

- Delineate the interviewing skills necessary to screen effectively for substance use and abuse.
- Demonstrate skills for evaluating patient's readiness to accept the diagnosis and readiness to undertake behavior change.
- Clearly and supportively recommend treatment to patients with substance use disorders.
- Define the skills that help set respectful limits on patient requests for prescription medication.
- Demonstrate knowledge of substance use disorder treatment standards and the ability to recommend appropriate referrals.

Personalized Goal Setting: Ask what specific skills from the Behavior Checklist each resident wants to improve for him/herself. (Write these on the board or easel.)

Engaging Learner Interest/Discussion: *(10-15 min)*

- Inquire about residents' prior experience: Ask about learners' experiences with substance-using patients: "What are some of the barriers?"; "What successes have they had and what made them successful?"
- Module review: Ask what they found most useful in the module, either about the conceptual framework or the specific communication skills presented.
- Personal experience: If there is time and you have a vivid example from your clinical experience, share that story: how you were involved in helping someone get into sustained recovery and what that meant to you or a positive insight you gained from interacting with a patient around substance use problems.

Personal Reflection: *(A useful exercise, if you have time)*

Ask residents to jot down answers to these questions. If you have a large group, they can discuss their answers in groups of 2-3 for 15 minutes and then share their contributions and insights with the larger group. Otherwise, you can conduct a group discussion.

- How have your experiences with patients, family members, friends and colleagues with substance use disorders affected your attitudes towards substance-using patients?
- What reservations do you have about accepting the disease model for substance use disorders? Why do clinicians often fail to ask substance use screening questions?
- Describe how you feel when your patients fail to curb their substance use or even acknowledge interest in doing so?

- Clinicians often tell patients, “You will die if you do not stop using drugs!” or “Your wife says she is leaving unless you change your ways!” What are the implications of this type of communication?
- How do you respond to some patient’s disrespectful, dismissive, irritated or angry responses when asked about substance use? What behaviors are most likely to “push your buttons,” so that your responses are not therapeutic?
- Can you say “no” when patients you respect and care for over long periods of time request prescriptions for controlled drugs that are not of proven or clear medical value for them,i.e., diazepam or oxycodone for chronic back pain or headache or additional sedatives for insomnia?

Skills Development: *(25 min)*

Show short clips from **Module 30:, "Patient Interview" section. We recommend showing the Q19 clips** ("What was your experience when you interacted with doctors as a substance abuser?") for Rhonda, Cliff and George, but you may prefer others. While watching the video and using the BCL, each learner should identify at least five skills demonstrated by the clinician in the video.

- **Debrief Video Exercise:** "What skills that would be easy to learn might he/she use in talking with patients similar to those in the video and what skills might be more difficult to use/learn?"
- **Role Play:** Ask residents to pair up (or do role play in front of the group). One person will play a patient and the other the doctor. Ask residents to choose and specify one or more skills from the checklist to work on and get feedback about. We suggest a "screening" scenario in which the married, working, middle class, insured man or woman is using marijuana, alcohol and cocaine and comes in for shoulder tendonitis from too much gardening. The shoulder history has been taken and it is time for a few psychosocial context questions. Patient declares "social drinking" and you are to follow up with the CAGE-AID questions.
    - Alternatively, imagine that the above patient has acknowledged that excess alcohol and marijuana use are harming relationships and role function (as parent, partner or at work). Patient does not disclose cocaine use. Take turns doing a 6 minute brief intervention. Give each other feedback and discuss.
    - Another approach to role play is to play the patient yourself and ask a resident to be the doctor in the scenario above. The resident can ask for time outs, if necessary, and ask colleagues for help. You might interrupt the role play at the two minute mark to tell the resident how you are feeling as the patient and to suggest fruitful next steps.

- **Debrief:** *(5 min)* Allow 5 minutes at the end of this segment to have a general discussion about what worked, what were the barriers, etc.

Conclusion/Next Steps: *(5 min)*

Ask residents to complete the handout items, provide assignment for next session and collect handouts. The handout items are:

- Conviction and confidence post-session scales
- A skill they plan to practice in the coming week in their clinical work
- What else they learned in the session today
- What you might do to improve a future session (feedback)

Next Session Assignment:

Read **DocCom** Module 33: Giving Bad News. Complete the MCQs and respond to one of the questions in Discussion Question 2.

BEHAVIOR CHECKLIST

1. Screen every patient for drug use with structured questions, such as the CAGE-AID.
2. Follow up positive screens or “red flags” by assessing details of drug use and consequences of use.
3. Calibrate patient’s readiness to accept a substance use diagnosis and referral for treatment.
4. Show non-judgmental, empathic verbal and non-verbal behaviors during screening, evaluation and intervention conversations.
5. Obtain patient’s perspective on current and potential consequences of his/her drug use.
6. Conduct a brief intervention.
7. Inform patient about the potential impact of substance use on health, family, employment, mental health and well-being.
8. Inform patient clearly and succinctly about treatment options and make referrals for treatment.
9. Demonstrate your willingness to provide continuing care to patient with substance use disorders.
10. Communicate with the patient’s family.
11. Inform patient about the role of drug and alcohol testing in treatment monitoring.
12. When recommending treatment, communicate the following points to the patient:
    - Individual needs vary and treatment consists of psychological, social, vocational and biological interventions. Treatment programs assess these needs, organize interventions and monitor all aspects of treatment and recovery.
    - Referral to addiction specialists is vital. Visits to other practicing clinicians are not treatment.
    - Detoxification is only a first step in treatment for substance use disorders.
    - Medications may be helpful, but never in isolation-therefore psychoactive drug prescriptions need to be given by a specialist within a broader treatment program.
    - Recovery is a long-term process and it often takes years to return to fully responsible functioning.
    - Reflect on your own responses to patient with substance use disorders.

LEARNER HANDOUT:

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Rationale:

Most clinicians could improve their care of substance-use patients by adhering to the "disease model" in their relationships with such patients and employing a few special skills. Clinicians seem to "give up" on patients with serious substance use disorders and seem disinclined to attempt to discover substance use disorders in patients who are less obviously affected. We fail to understand the meaning and importance of somatic and emotional cues given by people who hide their substance use or lie about it. Too often we fail to make a diagnosis and fail to engage in respectful brief interventions about how the substances and addiction work in the brain, about the normal complexity and resistance to stopping substance use and the availability of both professional treatment and mutual help programs.

Learning Goals:

At the completion of this session you will be able to:

- Describe the essential components of the medical model of substance use disorders.
- Delineate the interviewing skills necessary to screen effectively for substance use and abuse.
- Clearly and supportively recommend treatment to patients with substance use disorders.
- Define the skills that help set respectful limits on patient's requests for prescription medication.

Key Principles:

- Substance use disorders affect 45% of patients who present for medical care but are routinely unrecognized by healthcare providers.
- Clinicians and other healthcare providers can play a key role in facilitating the diagnosis and treatment of patients with substance use disorders.
- The use of structured screening and assessment strategies (i.e. CAGE Questionnaire) is essential in the assessment of substance use disorders.
- Staging the severity of addiction, calibrating patient's readiness to change behaviors and willingness to access professional help is crucial to good medical care.
- Sustained recovery requires many resources. To achieve treatment goals, clinicians should become comfortable referring patients to resources such as self-help groups, professional treatment programs and psychiatrists to treat co-morbid psychiatric disorders.

Pre-session: Conviction and Confidence:

How **convinced** are you that recovery from substance use disorders requires more than will power and more help than you can provide in office or hospital? *(0 = not at all; 10 = totally)*

0 1 2 3 4 5 6 7 8 9 10

How **confident** are you that you can say "no" to prescribing mood altering drugs to people with substance use disorders, explain your rationale in an empathic manner and sensitively recommend treatment programs and mutual help programs to such patients? *(0 = not at all; 10 = totally)*

0 1 2 3 4 5 6 7 8 9 10

Post-session: Conviction and Confidence:

How **convinced** are you that recovery from substance use disorders requires more than will power and more help than you can provide in office or hospital? *(0 = not at all; 10 = totally)*

0 1 2 3 4 5 6 7 8 9 10

How **confident** are you that you can say "no" to prescribing mood altering drugs to people with substance use disorders, explain your rationale in an empathic manner and sensitively recommend treatment programs and mutual help programs to such patients? *(0 = not at all; 10 = totally)*

0 1 2 3 4 5 6 7 8 9 10

What are two or three main points that you learned in the session today?

What skill do you plan to practice in your clinical work in the coming week?

**When asked about working with patients with substance use disorders, clinicians make comments like these: "substance use disorders are not my domain;" "they'll never stop;" or "they don't listen;" and, "the lying, the denying, the rejection of helpful advice and their attitudes (of 'yes, yes,' or 'no, never, leave me alone') are too hard to work with."*