Talking with Your Patients about Substance Use Disorders
Introduction

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- Founder and medical director of the Caring Together Program, an outpatient treatment program for women with substance use disorders and their children
- Board certified in psychiatry, with added qualifications in geriatric psychiatry and expertise in hospital consultation-liaison psychiatry and the treatment of substance use and psychiatric disorders
- Author of DocCom Module 30 – The Clinical Assessment of Substance Use Disorders
Objectives for the Discussion

• Define the role of healthcare providers in the assessment of substance use disorders in their patients
• Delineate skills needed to conduct an unbiased clinical interview re SUDs
• Understand the challenges in the clinical assessment of SUDs
• Describe the medical and psychiatric co-morbidities of SUDs
• Define how to ascertain readiness to change
• Demonstrate how to make appropriate referrals
THE OPIOID EPIDEMIC BY THE NUMBERS

IN 2016...

116 People died every day from opioid-related drug overdoses

11.5 m People misused prescription opioids

42,249 People died from overdose on opioids

2.1 million People had an opioid use disorder

948,000 People used heroin

170,000 People used heroin for the first time

2.1 million People missed prescription opioids for the first time

17,087 Deaths attributed to overdosing on commonly prescribed opioids

19,413 Deaths attributed to overdosing on synthetic opioids other than methadone

15,469 Deaths attributed to overdosing on heroin

504 billion In economic costs

“You Don’t Do Drugs, Do You?” “Good”
We are Part of the Problem and the Solution!

How you communicate with your patient is critical
- Opioid epidemic has created a renewed focus but not the last
- Neglecting to ask the important questions. Why is it so hard?
  - How did you learn re SUDs and how to take a SUD history?
  - Role models, both positive and negative?
  - Negative counter-transference from prior patients
- Negative attitudes conveyed in the way we ask questions; need to reflect on your own attitude; always monitor your tone.
- Direct questions always the best
  - “Do you use or have you ever used alcohol or other substances?”
  - If yes, ask patient to define patterns of use for each substance and any withdrawal symptoms
- Understand what makes a patient high risk for SUDs
- Role of social stigma
ADDICTION: A developmental brain disease expressed as compulsive behavior through continued use of a drug despite negative consequences.

• Addiction is a chronic disease of brain reward, motivation, memory and related circuitry with strong genetic component.
• Dysfunction in these circuits leads to biological, psychological, social and spiritual manifestations.
• This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.

ASAM definition
The fine balance in connections that normally exists between brain areas active in reward, motivation, learning and memory, and inhibitory control is disrupted in addiction.
The Role of Prevention: Identifying at Risk Patients for SUDs/Red Flags

- Prior history, even early Hx of substance use
- School and job performance issues
- Family history SUDs including maternal use and exposure in utero; Intergenerational disorders
- Developmental and/or ongoing trauma: physical, emotions, sexual
- History of or current psychiatric Sxs
- Chronic pain complaints
- Physical Exam: AOB, GI complaints, enlarged liver, nasal ulcers, track marks, excoriated skin, weight changes, tremor, abnormal speech patterns, premature labor
- Abnormal Labs: LFTs, enzymes
- Social isolation
- Legal history
- Medical noncompliance
Challenges to an Unbiased Clinical Assessment

• We have all been burned
• Takes too much time
• Part of the social interview...not as critical
• Know what the potentially life threatening consequences are
• Don’t know what to do if the patient has a SUD
• Concern about “drug seeking” patients
• Poor understanding of the disease model of SUDs
• Poor understanding of SUD treatment and outcomes
• Poor understanding of co-occurring psychiatric and medical disorders
Principles of an Unbiased Clinical Assessment of SUDs

• Patients fear negative response from their clinicians; they have been burned too!

• Understand and evaluate based on the complex etiology of SUDs: genetics, impact of substances on brain function, co-occurring psychiatric disorders, trauma, environmental factors

• Understand your own biases/counter-transferences to patients with SUDs

• Direct questions are always the best
  • “Do you use or have you ever used alcohol or other substances?
  • If yes, ask patient to define patterns of use for each substance and any withdrawal symptoms
Dealing with “Drug Seeking Patients”

• Always be respectful and empathic; your patient is in pain!
• Engaging patients in treatment can be a process over time
• Point out the concern or irritability you are hearing from the patient
• “I hear your frustration”
• Create a differential diagnosis re why the patient is resistant or non-compliant: don’t assume anything!
• Use a narcotics contract
Brief Intervention

- Engagement can be a long process requiring patience
- Clear communication about diagnosis: be direct, non-judgmental and empathic
- Assess readiness to change and level of severity
- Maintain contact with and provide medical care for patients during their SUD treatment if feasible
- Ensure referral and treatment for co-occurring psychiatric disorders
- Ensure that you are following safe opioid prescribing guidelines and collaborating with other specialties while maintaining open communication with the patient
- Convey optimism for recovery

Treatment Works
Resources

NIDA

SAMHSA

DocCom.org
Evidence-Based Importance of Communication Skills

• Improve medical outcomes/Prevent deaths
• Decrease malpractice claims
• Enhance physician/provider satisfaction
• Improve patient satisfaction scores
  • HCAHPS surveys mandated by the government if hospital receives Medicare funds from the government
  • Analysis demonstrates that 2 communication dimensions drive scores
DocCom Overview

• Module authors - leading faculty
• 42 multimedia-rich interactive on-line modules (~1 hr in length)
• > 40 CME/MOC credits
• >400 videos realistic interviews (loved by learners)
• Annotated interactive videos

• Faculty Resources
  • Assignments
  • Assessment questions – essay & MCQs
  • Grading matrix
  • Resources
  • Curriculum guides for faculty.
Sample Module

- Consistent format across modules
- Rationale
- Key concepts
- Learning goals
- Content
- Videos interspersed
- Behavior checklist
- References
Annotated Video Examples

greet verbal and nonverbal
ask: what do you know?
ask: do you want to know? Are you ready for news?
tell: news direct words; self-reflection; warning
name, legitimize emotion
tell: news direct words; attentive listening
ask: what do you want to know?
attentive listening
reflection both events and emotions
tell: potential plans takes charge
I wish it were different shares distress
legitimize anger, sadness supports husband and wife
tell: news direct; and supportive nonverbals
allows interruption supportive nonverbal
attentive listening "am I going to die?"
tell: prognosis gives range
balance truth with compassion do not give false hope
tell: potential plans
partnership explore together
tell: advice explore options

play | pause | back 5 seconds | full screen - change video rate: 1x | 1.4x | 1.8x

1.07 / 11.07
Empathy Understanding
Facial Recognition
Resources

- Advanced Communication Topics
- Facilitation Guide
- Series of 12 One-Hour Learning Sessions
- Facilitator Guide
- Syllabi
- Admin Guide
Free Resources

• Webinars (~20)
  • Balance and Self-care
  • Responding to Strong Emotions
  • Delivering Bad News

• Podcast – **Healthcare Communication: Effective Techniques for Clinicians** (>4,700 downloads & >30 episodes)
  • Think and Communicate Differently: New Approaches to Meetings
  • Clinicians and the Language of Nonverbal Communication
  • Effective Communication to Resolve Conflicts
  • Mindfulness & Reflection (4 wellness podcasts)
  • Linking Communication to Motivation
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