

Helping Patients with Addiction...

...while helping yourself
get through the day!

CHI St Gabriel's ECHO
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Disclosures

- No conflicts of interest to disclose
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Today's Learning Objective

How to talk with patients who have SUD

Helpful yet time-efficient

Scripting & role-modeling

Specific common scenarios

What to do, How to do it

THERAPEUTIC INTERVENTIONS

- Straightforward
- Pragmatic
- **Time-efficient!**
 - **Specific objective → specific intervention**
 - **Make intervention once; repeat, but not > once**
 - **Be guided by answer: Yes, no, or maybe**
 - “All we can do today. I hope... come back.”
 - On to next patient!

Each Visit's Clinical Objective: Always the same!

- Move toward **next realistic step** on recovery path
 - In this moment, this patient, this situation
 - Whatever you can actually do now...
 - ...That might help person move in healthy direction
- *Then feel good about doing your part!*
 - Not our job to get/keep patient into recovery
 - Our job is to *try*, to *offer*, to help if able
- Several common clinical situations
 - Specific, matching clinical interventions

Situations / Interventions

- Responding to Lapses and Relapses
- Harm Reduction Strategies
- Supportive Confrontation re: Possible CD
- Education & Countering Stigma

Responding to Lapses & Relapses

- **Slip / Lapse:** Brief loss of sobriety, with rapid return to recovery path
- **Relapse:** Longer loss of sobriety, with backsliding on recovery path
- ***Both are normal parts of recovery!***
- **Script:**
 - “Good job! You’re getting back into recovery, after only [time period] .”
 - “This is just a normal part of your recovery journey.”
 - “What tripped you up this time?”
 - “So how will you get back into recovery now, and what will you do differently going forward?”

Harm Reduction script

- “**I’m so glad** you [are here / told me]”
- “**Have you...** [next steps, complications]”
 - Define where patient is in disease course
 - “**I’m so glad you have not yet...** [next steps]”
 - Support patient for whatever has avoided so far
- “**Most people** eventually either die or stop using—and most need help with stopping and healing their lives. **How close** do you think you are to either dying or stopping?”
- “**How can I help?**”
 - “**Are you** [utilizing Harm Reduction Strategies]?”
 - “**How will you get help *when* you decide to?**”

“Supportive Confrontation”

- **Raising the possibility that patient might have addiction**
 - Very straightforward
 - As would discuss any other medical disease
 - Very supportive
 - Be clear: no fault, no blame, no shame
 - Attitude *much more* important than words
 - Genuine, accepting, & respectful

Supportive Confrontation script

= State what makes you concerned; then “3x3:”

1. “*Maybe it’s just _____.*

2. But some of my patients have felt driven to _____.

3. You might feel *normal* only when you do—and *awful* when you don’t.”

1. “*If so, it’s not your fault.*

2. It happens when a person’s brain is susceptible to being changed by _____.

3. It can wreck a person’s life—but it is treatable.”

1. “*If this might be happening to you...*

2. I’d like to help you with it.

3. What do you think?”

Explaining addiction: “Ask, Tell, Ask”

- **Ask:**
 - “What do you know about _____?”
 - Respond to affect/understanding
 - “Would it be OK if I shared some more information with you about that?”
- **Tell:**
 - Just ONE piece of info; whatever most imp for this person right now
- **Ask:**
 - “What do you make of that?”
 - “Do you want to hear more today?”
 - “With that in mind, what might your next steps be?”

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