

HOW TO CONDUCT A FRUITFUL CONVERSATION ABOUT SUBSTANCE USE

Talking about Substance Use can be daunting, especially given how highly stigmatized it is in our society. Our patients are almost certainly filling their own heads with negative thoughts about their use. Therefore, it is important for us to avoid compounding that negativity in our exam rooms.

The following seven tips are highlights from the book Motivational Interviewing (by Miller and Rollnick), which is an evidence based, patient-centered philosophy/style of speaking that helps patients examine how they feel about an issue (like substance use disorders, obesity, or anything else) and make the right choice for themselves. While not exhaustive, the following are simple principles that can help get the conversation moving in a productive direction.

1. The most important thing you can do as a provider is to remain non-judgmental, empathetic, and curious about your patient. This creates a fertile environment for them to feel comfortable exploring their highly stigmatized thoughts and behaviors.
2. The second most important thing you can do is to remember the following: There is nothing that we can do or say that will force a patient to address their drug/alcohol use. We must meet them where they are at (no matter what where that lies), provide guidance when they allow it, and engage them in a meaningful discussion to find the choices that are right for them. Do not take away their choice.
3. In order to better facilitate those discussions, use the following mnemonic (OARS):
 - a. Ask OPEN-ENDED questions. This prompts the patient, in a non-threatening way, lay all the relevant information about their behaviors, thoughts and beliefs on the table.
 - b. Provide AFFIRMATIONS. Acknowledge their feelings as legitimate. This shows them that you accept them, and they are safe to proceed.
 - c. REFLECT what patients say to you. This is a counter-intuitive art. It allows the patient to both know that you're listening as well as hear their own words placed in front of them.
 - d. Provide SUMMARY STATEMENTS. When the conversation has reached a breathing point, providing summaries show that you're listening, allow the patient to reflect on what's been said, and helps keep the conversation moving so that you both don't dwell overly long on subjects that have already been explored.
4. If you are going to give guidance, ALWAYS ASK PERMISSION BEFORE DOING SO.
5. If you are tempted to speak about your own experience, this usually does more harm than good, as it takes the patient away from focusing on their own thoughts and beliefs and pressures them to be your therapist. Avoid doing so unless it is absolutely a good idea.
6. When it comes time to make a plan, do not give the plan to them. Elicit the patient's own ideas on what they think will work. They are almost always right.
7. Behavioral Change is a long game. It is unlikely to be addressed in one visit. Schedule frequent follow ups and do not expect behaviors to change overnight.

FREQUENT SCENARIOS

Below is a list of frequent scenarios that may come up during substance use conversations. Included is advice on how to approach them.

1. THE PATIENT SMOKES MARIJUANA/DRINKS TOO MUCH ALCOHOL AND DOES NOT SEE IT AS HARMFUL.

Remember Rule #2 on the other page (you can't force anyone to do anything). Ask permission to provide some guidance. If allowed, affirm their belief that they don't see it as harmful, and then proceed to provide education on topics relevant to them (see attached materials for some talking points). At the end, ask if it's okay to schedule a follow up to talk more. Oftentimes, patients are obstinate on this issue because they don't feel safe. Frequent follow ups with a provider who models empathy and non-judgement helps to ease their fears and open up about their ambivalence. That said, they may be thoroughly content with their use – but this is the exception rather than the rule.
2. THE PATIENT DOES NOT FOLLOW THROUGH ON PREVIOUSLY AGREED UPON PLANS

This is not a problem. It's a gift! While remaining non-judgmental and empathetic, ask open ended questions about what happened. Be truly curious. In their failure lies some excellent information about themselves. If you help them see it, they can use it to regroup and come up with another plan.
3. THE PATIENT TRIGGERS YOU

Acknowledge your feelings, do not allow them to interfere with your empathy and non-judgement. Reach out to colleagues who can help you confidentially regain your objectivity. It's okay to ask for help.
4. THE PATIENT IS TOO PSYCHOLOGICALLY COMPLICATED FOR YOU TO HANDLE

Offer Behavioral Health involvement. Offer a referral to Addiction Medicine/Addiction Psychiatry. Do not take on something that is more than you can handle. We are trained to handle this. While waiting for us to see them, it still provides a safe environment for the patient.