

Brief Interventions: Substance Use

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Setting

Why treat Substance Use in Primary Care?

- ❑ Primary Care is often the first stop for people needing ANY type of care- including SUD.
- ❑ SUD is a chronic, reoccurring disease – In Primary Care, we are experts in managing chronic illness.
- ❑ Our PCBH Providers are *accessible* – And when a patient is motivated to change, we need to meet their need now, not place them on a wait list.
- ❑ We follow patients until symptoms improve (Episode of Care), then complete Relapse Prevention Plans.
 - ❑ Patients are patients in primary care for their lifespan. There is no discharge.



Setting

- Filter the situation through the setting of Primary Care
 - What are your goals?
- Spirit of Motivational Interviewing
 - Collaborative, Evoking, Honor Autonomy.
- Assess Stage of Change
 - Meet the patient where they are.



American Family Care Association



No Wrong Door

Front Desk
(Walk In)

Primary Care
Provider
(SBIRT)

Scheduled
Appointment

Current
patient

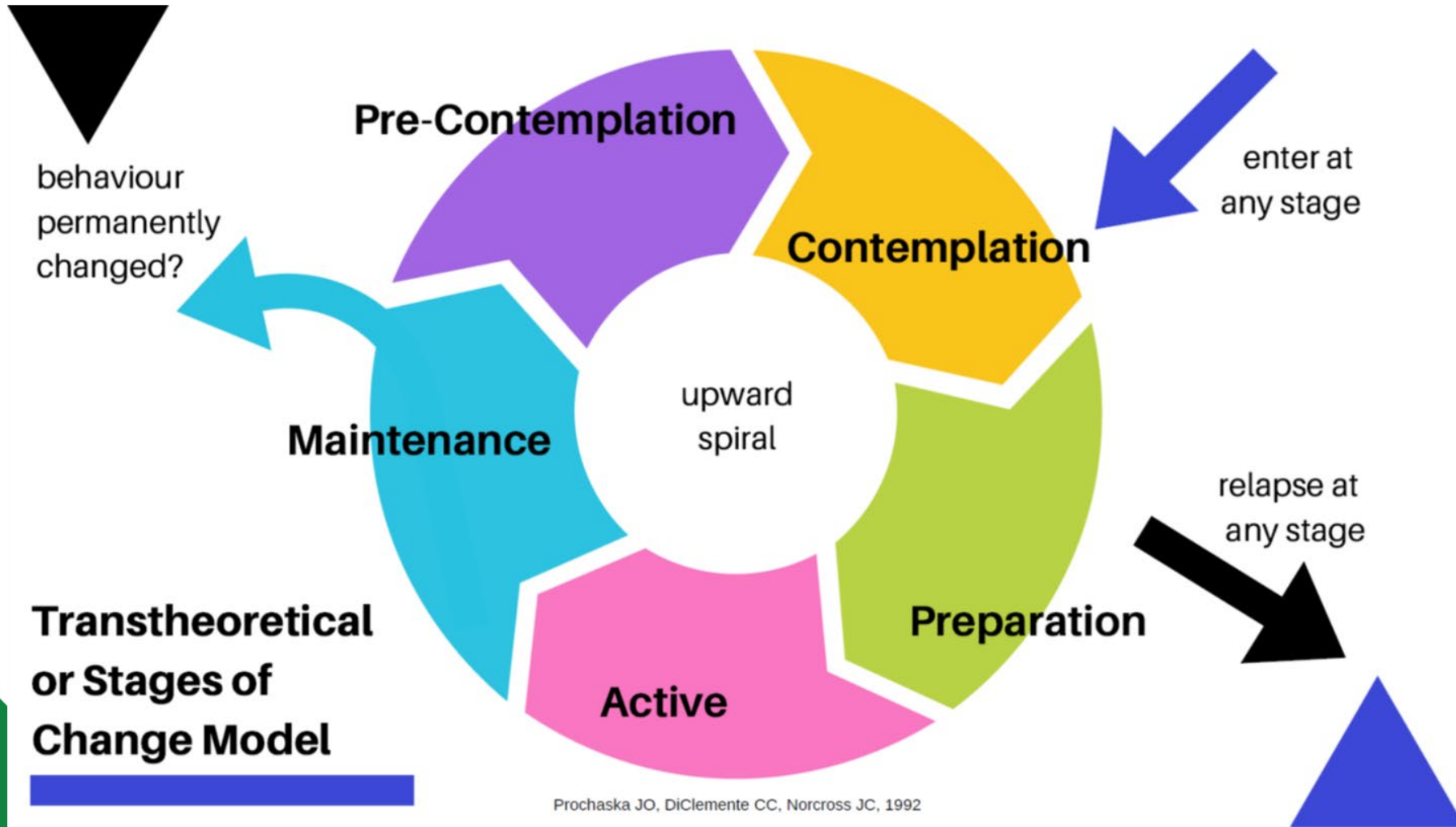




**LET'S GET DOWN
TO THE NITTY GRITTY.**



Stages of Change



Precontemplation:

Filter:

- Primary Care Goals
- MI Spirit
- Stage of Change

Harm reduction

- Access to health care
- Social Determinants of Health (Maslow's)
 - Are you eating, drinking water, sleeping?
- Safer Use Strategies
 - May provide Narcan etc.

Raise the topic

- Ask Permission
- Provide nonjudgmental information
- Ask patient what they think
- Do they have concerns? Has anyone else voiced concerns?

Is there anything they would like to see improve in their lives?

- Meet them where they are
 - EX) Willing to begin MOUD, but not interested in stopping alcohol or methamphetamine
 - EX) Willing to work on depression but sees it as unrelated to alcohol use.



AUDIT

- ❑ 0 indicates an abstainer who has never had any problems from alcohol
- ❑ 1 to 7 suggests low-risk consumption
- ❑ 8 to 14 suggest hazardous or harmful alcohol consumption
- ❑ 15 or more indicates the likelihood of alcohol dependence (moderate-severe alcohol use disorder).

AUDIT

PATIENT: Because alcohol use can affect your health and can interfere with certain medications and treatments, it is important that we ask some questions about your use of alcohol. Your answers will remain confidential, so please be honest.

For each question in the chart below, place an X in one box that best describes your answer.

NOTE: In the U.S., a single drink serving contains about 14 grams of ethanol or "pure" alcohol. Although the drinks below are different sizes, each one contains the same amount of pure alcohol and counts as a single drink:



Questions	0	1	2	3	4
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2 to 4 times a month	2 to 3 times a week	4 or more times a week
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more
3. How often do you have 5 or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, during the last year
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year
Total					

Note: This questionnaire (the AUDIT) is reprinted with permission from the World Health Organization. To reflect drink serving sizes in the United States (14g of pure alcohol), the number of drinks in question 3 was changed from 6 to 5. A free AUDIT manual with guidelines for use in primary care settings is available online at www.niaaa.org.

Contemplation:

Filter:

- Primary Care Goals
- MI Spirit
- Stage of Change

Motivational Interviewing

- How did they decide to come into the clinic today?
 - Outpatient Clinic – didn't have to come!
- "On one hand ___, and on the other hand ___."
- Cost/Benefit Analysis
- Scaling questions
- What are they willing to try?

Explore values – what is important to the patient?

- FACT – Bulls Eye

Continually assess SDH and physical health needs

- Connect to other services as needed and address whatever needs patient is willing to address with no judgment.
- Eating, drinking water, sleeping



Readiness Ruler

Readiness Ruler

On the line below, mark where you are now on this line that measures your change in

Are you not prepared to change, already changing, or somewhere in the middle?



Not Prepared
to Change

Already
Changing

Preparation:

Filter:

- Primary Care Goals
- MI Spirit
- Stage of Change

- ❑ Beginning to develop a reasonable plan
 - ❑ Stay patient centered and targeted
 - ❑ What are the goals the patient is working towards?
 - ❑ Choice Point – as looking at options, does this option move us towards or away from the goal
- ❑ Avoiding people, places, and things that trigger use
 - ❑ Begin identifying triggers
 - ❑ Discuss cravings and normalize lapses – this happens in all chronic disease!
- ❑ Medical needs? SDH needs?
- ❑ Formal and informal supports
- ❑ Stay patient centered, and if making suggestions, ask permission!



H·A·L·T

Am I

Hungry

Angry

Lonely

Tired?



Action:

Filter:

- Primary Care Goals
- MI Spirit
- Stage of Change

Continue discussing cravings and triggers

- How are we managing this?
- What has worked in the past?

Stay focused on present moment and reasonable action steps

- What does the patient want to see improve?

Use chronic disease language and normalize reoccurrence

- CBT – Thought, Emotion, Behavior
- DBT – Distress Tolerance, Distraction, Movement

Continue to meet SDH and medical needs

- CM?
- Medications?

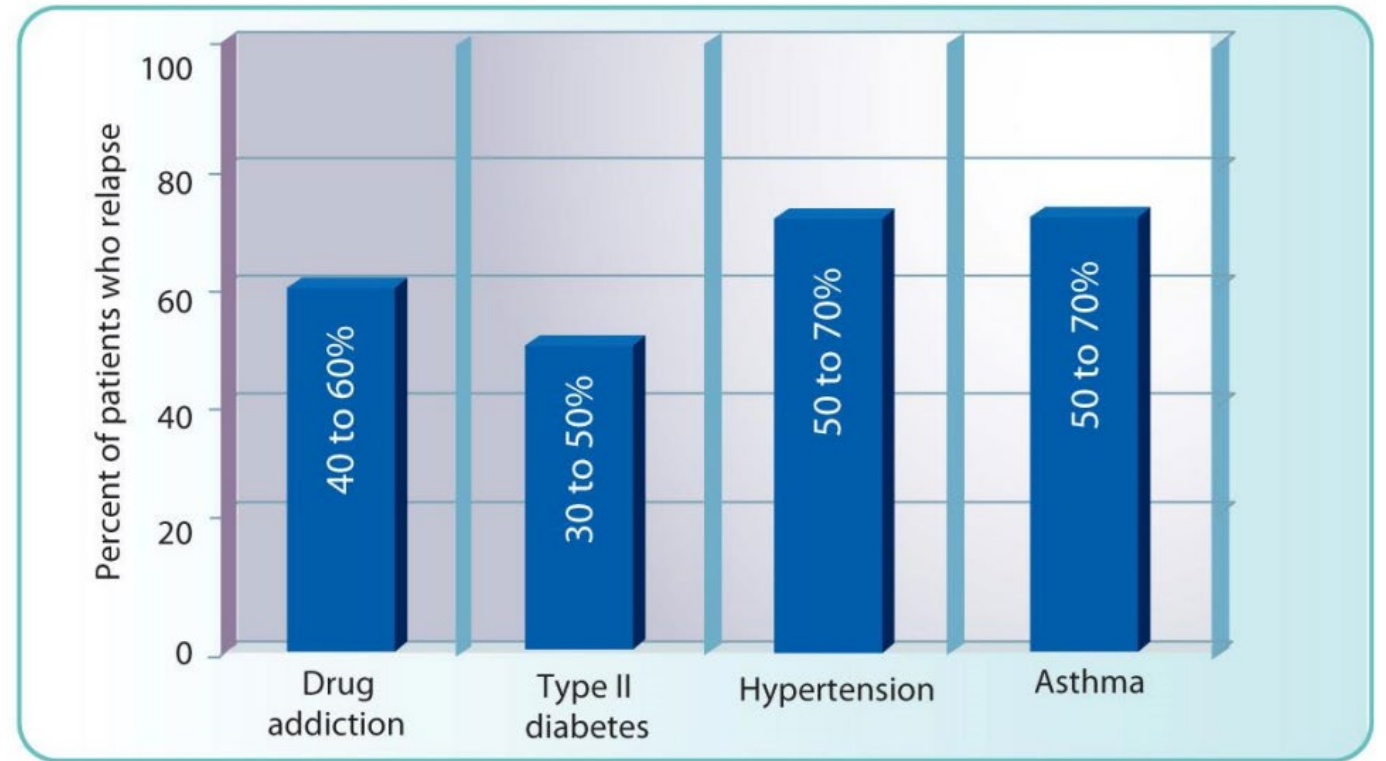


Reoccurrence:

Filter:

- Primary Care Goals
- MI Spirit
- Stage of Change

❑ Normalize and nonjudgmentally continue chronic disease management.



McLellan, Lewis, O'Brien & Kleber (2000) JAMA, 284: 1689-1695.



Motivational Interviewing



Chronic Disease Management

Screenings – Identifying risk factors through screening can help prevent disease and lessen the severity of illness through early detection.

Checkups – Monitoring and learning how to manage chronic disease

Coordinating Treatment – PCP's know their patients' history and coordinates care which avoids redundant medical tests and procedures, unnecessary ER visits, hospitalizations, and medication errors. Can also help manage medications.

Patient education – PC Teams help patients understand and work towards target numbers for health measures such as blood pressure, cholesterol and weight, improving health outcomes.

These measures are not only management of chronic illnesses, but preventative measures.



What is Living in Remission?

A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

Four major dimensions that support a life in recovery:

- **Health:** overcoming or managing one's disease(s) as well as living in a physically and emotionally healthy way;
- **Home:** a stable and safe place to live;
- **Purpose:** meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society; and
- **Community:** relationships and social networks that provide support, friendship, love and hope.

.....NAADAC



Thoughts on the Treatment of Chronic Disease in Primary Care

- Screenings
- Checkups
- Coordinating Treatment
- Patient education

These measures are not only management of chronic illnesses, but preventative measures.

In traditional care of SUD, we do not offer treatment until patients are proven ill enough to meet criteria for treatment.

How is that different than treatment of other chronic illnesses?

*What other chronic diseases do you treat in your clinic?
What interventions do you use?*



More SUD Trainings:

- ❖ Engaging the Brain
- ❖ SBIRT
- ❖ Motivational Interviewing
- ❖ A New Pair of Glasses

For more information, contact Lacey Wind at: LAlexander@mtpca.org

