

Working with Individuals Actively Using Alcohol and/or Drugs

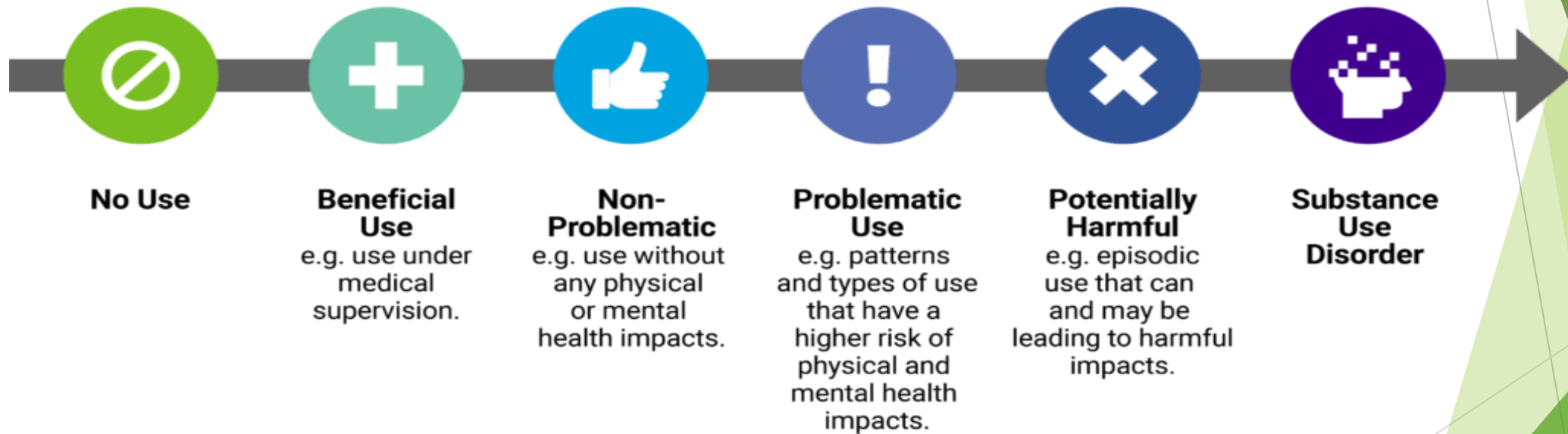
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Disclosures

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The Continuum of Substance Abuse Disorder

Substance Use Continuum



State of Addiction Treatment Today

- Multiple levels of care are available for those dealing with SUD
 - Detox
 - Outpatient
 - Peer engagement
 - Inpatient
 - Residential
 - Harm reduction
 - Medication Assisted Treatment
 - Education
 - Prevention efforts
- Matching a person to the level of care they are willing to engage in a positive even if it is not the clinically recommended level of care
- Remain engaged when a client may not be willing to enter treatment
- Establish partnerships with providers to get clients in sooner
- Confrontation has not been found to be an effective form of treatment
- Be aware of trauma informed care
- Be aware of social determinates of health- these issues may be barriers to accessing treatment

Drug Classifications

- Depressants- Substances that slow down the central nervous system and breathing rates
 - Alcohol
 - Opioids
 - Benzodiazepines
 - Sleep medications
 - Muscle relaxants
 - Marijuana
- Symptoms of depressant use-
 - Slurred Speech
 - Sleepiness
 - Slower reaction time
 - Increased anxiety
 - Memory issues
 - Losing time
 - Small pupils
 - Blood shot eyes

Drugs can
impact people
differently

Drug Classifications

- Stimulants- Substances that increase heart rate, excite the central nervous system and increase breathing rates
 - Cocaine/crack
 - Amphetamines
 - Methamphetamines
 - Ecstasy
 - Caffeine
- Symptoms of stimulant use-
 - Irregular heart beat/heart attacks
 - Sleeplessness
 - Fidgety
 - Increased anxiety
 - Weight loss
 - Mood swings
 - Large pupils
 - Blood shot eyes
 - Aggressive behaviors
- Hallucinogen- Substances that alter reality
 - Mushrooms
 - LSD
 - PCP
 - Ketamine
- Symptoms of hallucinogen use-
 - Nausea/Vomiting
 - Confusion
 - Loss of time
 - Paranoia
 - Numbness to body
 - Increased heart rate
 - Sweating

What To Look Out For

Not all people are honest about their drug and alcohol use or the severity

However there are often signs that may be present besides physical symptoms including:

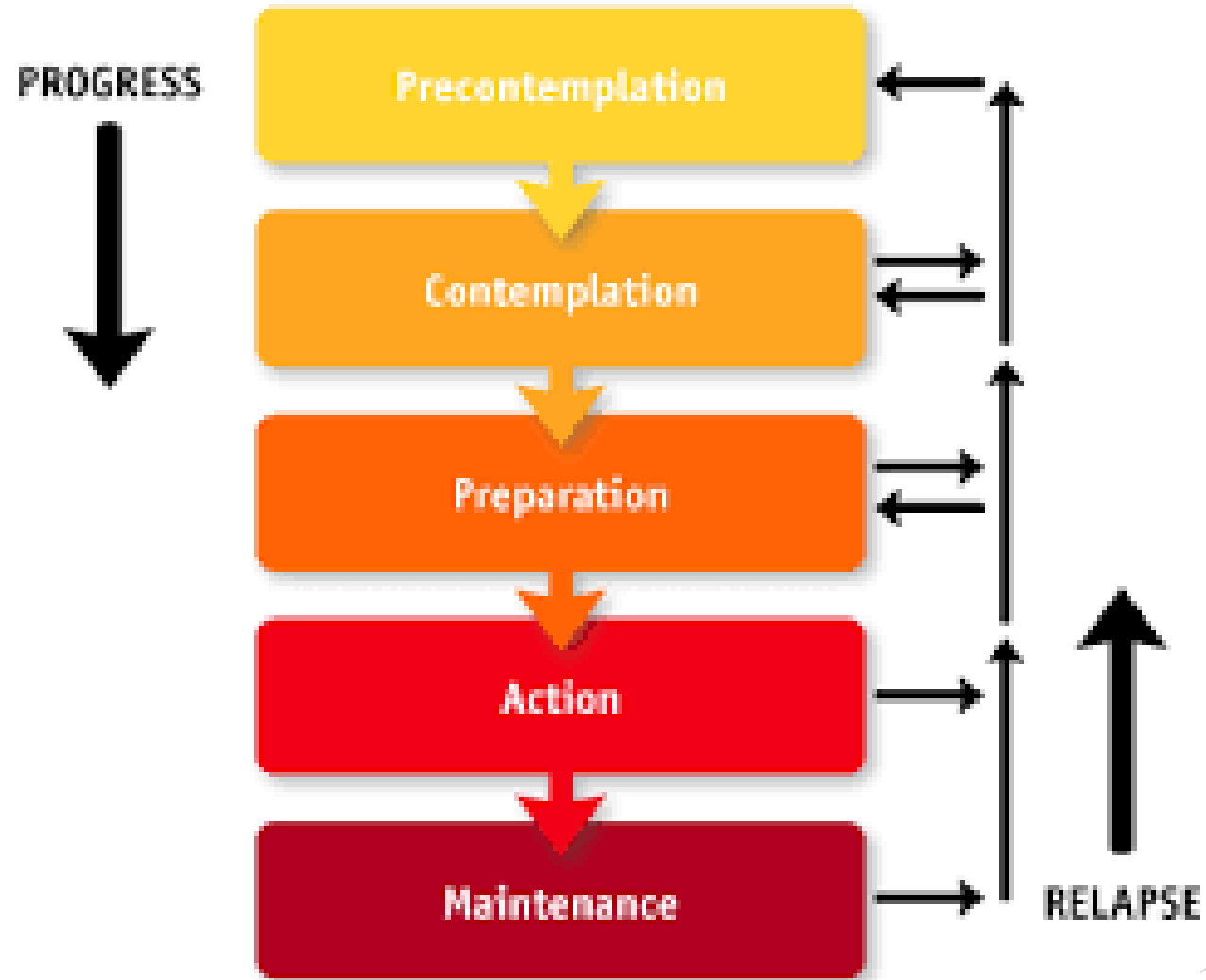
- ▶ Paraphernalia around the home
- ▶ Build up of alcohol cans or bottles
- ▶ Medication count errors
- ▶ “Doctor shopping”
- ▶ Chronic cancelling
- ▶ People/supports pulling away from an individual
- ▶ Unexplained symptoms of illness
- ▶ Unexplained financial issues

Polysubstance Use



- ▶ People will purposefully or accidentally mix drugs. This can cause major medical issues and/or increased impairment
- ▶ One of the leading causes of overdose
- ▶ Often impacting experimental users
- ▶ Can have long term health consequences
- ▶ Can be appealing to substance abusers due to the increased high
- ▶ Alcohol most commonly mixed drug

Stages of change



Motivational Interviewing

MOTIVATIONAL INTERVIEWING

R

RESIST telling them what to do:
Avoid telling, directing, or convincing your friend about the right path to good health.

U

UNDERSTAND their motivation:
Seek to understand their values, needs, abilities, motivations and potential barriers to changing behaviors.

L

LISTEN with empathy:
Seek to understand their values, needs, abilities, motivations and potential barriers to changing behaviors.

E

EMPOWER them:
Work with your friends to set achievable goals and to identify techniques to overcome barriers.

Motivational Interviewing

| Skill | Description | Purpose |
|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| O Open Questions | <ul style="list-style-type: none">• Ask the patient open-ended questions• Allow the patient to reflect and elaborate in response to questions• Let the patient do most of the talking | <ul style="list-style-type: none">• Establish a safe environment, and build a trusting and respectful relationship• Explore, clarify, and gain an understanding of the patient's world• Learn about the patient's past experiences, feelings, thoughts, beliefs, and behaviors• Gather information |
| A Affirmations | <ul style="list-style-type: none">• Recognize and reinforce success• Express a positive statement about what the patient has already done or a personal strength or ability• Show empathy for the patient's situation | <ul style="list-style-type: none">• Build rapport and affirm exploration into the patient's world• Affirm the patient's past decisions, abilities, and healthy behaviors• Build the patient's confidence and self-efficacy |
| R Reflective Listening | <ul style="list-style-type: none">• Mirror what the patient is saying• Rephrase what the patient says in your own words | <ul style="list-style-type: none">• Reflect the patient's thoughts, feelings, and behaviors• Demonstrate to the patient that you're listening and trying to understand their situation• Offer the patient the opportunity to "hear" their own words, feelings, and behaviors reflected back to them |
| S Summarizing | <ul style="list-style-type: none">• Apply reflective listening when closing the conversation or transitioning to a different part of the conversation• Paraphrase and/or pull out key points from the conversation | <ul style="list-style-type: none">• Keep the patient and care team "on the same page"• Close the conversation with a plan of action• Help the patient see the bigger picture• Highlight the most important elements of the conversation |

Change Talk



Sustain Talk

Clients talk about how they cannot change or why they need things to remain the same

“I cannot stop smoking cigarettes because I will be too stressed out”

“I deserve a beer after a hard day of work”

“I don’t need a community residence I can stay sober on my own”

Change Talk

Clients are able to express how change would be possible, what strategies would need to be used to make change, or how changes are already starting

“I am spending a lot on smoking to deal with stress maybe I could learn other ways to deal with stress that does not cost money”

“Beer makes me tired after work and unmotivated.”

“I’m not sure if I have a safe place to stay maybe staying here can help me stay sober”

Dialogs

- ▶ Using with no desire to quit
 - ▶ Helping them imagine what it looks like to stop using
 - ▶ Understanding the benefits of using for the individual
 - ▶ Limit judgements and the you should/shouldn't- change to what would it look like if.....
 - ▶ Education
 - ▶ Explain impacts of continued use
 - ▶ Discuss harm reduction- cutting back, starting later, buying less etc.....

Dialogs

- ▶ Individuals who are using prescription medications or have medical conditions and use alcohol and/or other drugs
 - ▶ Educate on health risks
 - ▶ Discuss harm reduction as a possibility
 - ▶ Discuss spacing out medication usage with drug/alcohol use
 - ▶ Educate on signs to look for of interactions