Engaging with your Patients About Alcohol: Motivational Interviewing and Patient Scripts

Simplifying Screening - Establishing Team Expectations & Goals

When creating your screening and intake process with your team, consider what the goal(s) of the conversation will be to help standardize the process. Here are some examples:

- *Use the intake process as the first step to building a relationship with the patient*
- *Identify more patients with AUD by incorporating AUD screening for each visit*
- *Provide therapeutic guidance*
- *Complete the intake (medical history) then follow up on other details at a next appointment/encounter*

Consider using the screening tips and resources on the *helpwithdrinking.ca*, which includes various screening tools (and calculators) for adults and youth.

Using Patient Scripts

Use open-ended questions and *motivational interviewing*. Consider using patient scripts, or a single screening question to guide the conversation. Here are some tips and scripts:

- *Talk about alcohol in relation to other conditions or co-morbidities*
- *"It's routine for us to periodically ask about substance use. I haven't asked you about this in a while. Is it ok to ask you a few questions about alcohol?"*
- *"In the past year, how often have you consumed more than 4 drinks (women) or 5 drinks (men) on any one occasion?"*

Emphasize the Focus on Relationships & Following Up

Focusing on the relationship will encourage patients and clients to follow up and return to care. Consider:

- How are you acknowledging and validating their experience? What language are you using?
    - *"We're here for you when you want to continue this conversation"*
    - *"I'm glad we can continue this conversation"*
    - *"I'm so glad you are able to share"*
    - *"We're happy to answer further questions when you're ready"*
    - *"Would you like to continue this conversation another time?"*

- How can you continue to build a comfortable space to meet patients where they're at?
    - Having resources and tools ready to provide your client/patient, particularly those who might be unsure about seeking help/support
    - Personal acknowledgement that even though the patient may not do anything with a resource/tool/support now, having the awareness that the resource exists is a great first step
    - *"We have great people who will be able to chat more about this with you"*

Medication Selection and Timing

Patient Engagement

Getting to know your patient will not only improve care quality and ongoing follow-up, but also inform whether medication is the best treatment option as well as which to prescribe that will best suit their lifestyle. Discussing the following will help determine where to start with treatment, and how to adapt it as care planning evolves:

- *Patient goals towards their AUD*
- *What urges them to drink*
- *Their lifestyle*
- *Other disorders they may be experiencing*

As you continue to provide care:

- *Establish regular follow-ups (every 2 weeks typically, but if patient has anxiety, every week is recommended)*
- *Help patients set goals and targets to help them see their progress. A "Drinking Diary" can be helpful:*
    - *Shows visible evidence of their progress*
    - *Records how much they're drinking*
    - *Encourages self-reflection*
    - *Is a method of measurement*

For more details on Patient Engagement, see the *"Engaging with your Patients About Alcohol Ideas to Action Sheet."*

Selecting Medication

For medication guidance, refer to the Canadian AUD Guidelines and additional resources as noted in the APPLAUD Change Package & Measurement Strategy.

- **First-line:** *Acamprosate* (recommended for abstinence) and *Naltrexone* (recommended for abstinence or reducing drinking
    - *Naltrexone is the most prescribed medication for AUD— when prescribing, please note:*
        - *Peak is 90 mins*
        - *Effectiveness is dependent on when it is taken*
        - *High rebound effect; patients should take it if they need it*
- **Second-line:** *Topiramate* and *Gabapentin*

Combination of Prescribed Medications

When considering prescribing more than one medication, it may be a case of trial and error before you find a combination that works best for your patient. Consider:

- *Starting with one that is most likely to work, and if no improvement after 2 weeks, try a new combination*
- *A common medication combination is Naltrexone and Gabapentin*

Concurrent Disorders

There are some common disorders experienced with AUD, including anxiety and insomnia. Insomnia is often a reason for relapse for patients living with AUD, resulting in cannabis use to treat it. When treating a patient who is experiencing AUD and insomnia, consider:

- *Treating the sleeping disorder first, then once improvement is seen, treat AUD*

Gambling is also a common addictive disorder experienced with AUD. *Consider having resources on hand that address common concurrent disorders with AUD and reviewing existing literature to guide care planning.*

Note: This document is based upon discussions held between faculty and participating teams during the APPLAUD Learning Session on May 8, 2024, about ideas to try within quality improvement projects for supporting patients with alcohol use disorder (AUD). Information known to date has influenced the materials presented in this APPLAUD Action Series – please use along with your own clinical expertise and judgment.

Accessing Additional Supports

There are a number of common challenges in supporting patients living with AUD in accessing additional supports in community, including:

- Scarcity / barrier from finding the connections, especially in rural/remote communities
- Wait time (referrals) / mental health access (counselling – trauma-specific therapies)
- Lack of awareness of other other "accountability" groups (e.g. mindfulness) outside of AA
- Lack/Gap of public education about AUD
- Limited capacity / lack of staff who can educate the communities
- Gap in Indigenous-specific needs in providing AUD care

One way to address these common challenges for accessing additional supports is through ***asset mapping***. This is a strategy for identifying existing resources ("assets") in your community, and can be a first step in how you can connect and engage other services and organizations that are local or easily accessible to support your patients living with AUD. More importantly, it's a process for building relationships and engaging the community to create safer and more supportive spaces.

Community Asset Inventory & Relationship Building (see Appendix A) and ***Engaging Interested Parties: Community Relationship Building (see Appendix B)*** are two resources you can use to get started.

These resources have been developed by the Learning About Opioid Use Disorder in Primary Collaborative Project Team for teams delivering opioid agonist therapy and opioid use disorder care, however can be easily adapted for those providing any substance use and mental health services.

Resources to find a counsellor:

- Public programs: https://bc.211.ca (click on "Addiction". "Counselling and Outreach", and enter location)
- Private: http://www.counsellingbc.com
- Health Authority:
    - Interior Health: 310-MHSU (6478)
    - FNHA: List of counsellors accepted by FNHA Benefits plan; 1-833-456-7655 to make referral to virtual SU service
    - VCH: Regional access/intake phone numbers (adults); youth and young adult drop in clinic finder
    - Fraser: Substance Use Services Access Team (SUSAT) 1-866-624-6478
    - Island: Mental Health and Substance Use Service Link 1-888-885-8824
    - Northern: Contact local MHSU Community Programs

Additional Resources:

- www.helpwithdrinking.ca
- Canadian Clinical Guideline for High-Risk Drinking and Alcohol Use Disorder

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Appendix A: Community Asset Inventory & Relationship Building

Step 1: Complete a Community Asset Inventory

A Community Asset Inventory is a living document of resources in your community. For this exercise, we will focus on resources that support the health & wellness of people who use substances. This inventory will serve as a reference tool for care providers and support staff when referring clients to community resources.

Before diving into this work, take time to discuss the following as a team:

- What are your goals related to improving engagement with community resources?
- Who/where do you turn to frequently for support in the community?
- Where do your patients already go for support outside your clinic?
- Where are your gaps in support? What/Who would you like more connection with?

As you create your list, consider the following:

- **Consider who are your formal and informal mentors** in substance use care. If you don't have one, then how could you seek one out?
- **Check the** Pathways Community Resource Directory for an inventory of resources in your community/adjacent communities.
- **Check the following websites** for other resources in your communities:
  - 211 British Columbia: Provide free, confidential referrals to a range of community, government, and social services in your community (including shelters).
  - BC Housing & Outreach Workers: Find the contact information of outreach workers for the unhoused population(s) you serve.
  - Foundry location(s) and Youth Virtual Supports near you for youth and young adults.
  - Indigenous-specific substance use supports in your area:
    - First Nations Health Authority
    - Métis Nation BC
    - BC Association of Aboriginal Friendship Centers
    - Government of BC – Indigenous Services
  - Regional Health Authority specific resources
    - BC Mental Health & Substance Use Services (PHSA)
    - Vancouver Coastal Health Authority
    - Island Health Authority
    - Northern Health Authority
    - Fraser Health Authority
    - Interior Health Authority
  - BC Center on Substance Use Resources (by Health Authority/region)
  - Resources for families & caregivers (BCCSU)

Step 2: Building Relationships

It is important to not only create an inventory of community assets, but also to plan for building relationships within those spaces. Using the 'Engaging Interested Parties Worksheet', consider which of the resources identified in Step 1 are a priority for relationship-building.

- Explore key opportunities and goals of engagement with specific community resources. **Consider the following:**
  - Who is best positioned from your organization to reach out to the community resources?
  - Who is best to connect with at the community resource & what is the best method of introduction?
  - What is your request? What are you offering?
- Here are some tools & videos with information about how to build authentic connections:
  - Culturally Safe Engagement: What Matters to Indigenous (First Nations, Métis & Inuit) Patient Partners Companion Guide
  - Virtual Engagement: Relationship Building, Safe, Authentic and Culturally Appropriate Practices
  - People & Community Partnerships: Building Connections for Health Quality - What We Heard Report – February 2024
  - What Matters To You
- **Identify 1-2 individuals** responsible for maintaining connection & communication with each resource.

Step 3: Maintaining an Accurate Resource Inventory

- Identify 1-2 people* responsible for ensuring the list is maintained and kept up to date.
- Set expectations as a group about how this resource list will be used.
- Set expectations as a group about how frequently it will be updated.
- Set expectations as a group about how changes to the resource list will be communicated.
- Communicate the availability and importance of a Community Asset Inventory, tying it back to patient outcomes and your vision for substance use care at your clinic.

*Everyone is responsible for connecting with community resources and communicating changes but having 1-2 people in charge of the list ensures it is reviewed on a regular basis.

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Substance Use/Recovery Services	
Detox Services	
Location	
Contact Info	
Treatment (short/long term)	
Location	
Contact Info	
Mentor/Informal OAT Support	
Provider/Group	
Contact Info	

Harm Reduction Services	
OPS/SCS 1	
Location	
Contact Info	
Hours	
OPS/SCS 2	
Location	
Contact Info	
Hours	
Drug Testing/Harm reduction supplies	
Location	
Contact Info	
Hours	

Mental Health Services/Counselling	
Youth Supports	
Location	
Website	
Contact Info	
Hours	
Low-income Counselling Supports	
Website	
Contact Info	
Hours	

Housing Supports	
Shelter	
Location	
Contact Info	
Hours	
Short/Long Term Housing Supports	
Location	
Contact Info	
Hours	

Community Connection/Supports	
Recovery Support 1	
Location	
Contact Info	
Hours	
Recovery Support 2	
Location	
Contact Info	
Hours	
Local Law Enforcement/Jail SUD Treatment	
Location	
Contact Info	
Hours	
Transportation Supports	
Organization	
Contact Info	
Hours	
Local Community Action Team (CAT)	
Contact Info	

Indigenous-Specific Supports	
Local Band/Leadership	
Location	
Contact Info	
Indigenous Treatment Center	
Location	
Contact Info	
Hours	

Food/Nutritional Supports	
Food Bank	
Location	
Contact Info	
Hours	
Breakfast/Lunch Club	
Location	
Contact Info	
Hours	

Other Supports	

This has been adapted from the LOUD in PC Coll

Appendix B: Engaging Interested Parties: Community Relationship Building

Consider:

1. What do your community relationships look like in your practice setting?
2. How do you think building/strengthening these relationships will improve workflow and care?
3. What would you want to discuss with these individuals/groups as you implement/expand OAT prescribing?

Priority	Interested Party	Individuals/ Groups to Engage	How Can I Engage Them?	Interested Party Assets	Interested Party Needs	What Am I Asking Them to Commit To?

More About the AUD Guidelines

Canadian AUD Guidelines & Help with Drinking Website

The Canadian Guideline for the Clinical Management of High-Risk Drinking and Alcohol Use Disorder (2023) is a set of 15 recommendations derived by a national guideline committee, spanning the identification and clinical management of high-risk drinking and AUD in youth and adults with a focus on primary care practice. The purpose of it is to support health care providers with the implementation of evidence-based prevention, harm reduction, and treatment interventions for high-risk drinking and AUD in their scope of practice. Content includes:

- *Principles of Care*
- *Screening, Diagnosis & Brief Intervention*
- *Withdrawal Management*
- *Ongoing Care (Medication, Psychosocial Treatments, Community-Based Supports)*
- *Working with Specific Population*

A summary of the recommendations can be found on pages 17-18. You can also refer to the *helpwithdrinking.ca* website for information and resources for the public and for health care providers that are all based on the Canadian Guideline for the Clinical Management of High-Risk Drinking and Alcohol Use Disorder. The website can be useful for:

- *Those currently struggling with alcohol*
- *Those who have struggled with alcohol in the past*
- *Those who have someone they love struggling with alcohol and are looking for ways to help them*
- *Health care providers looking for information and point-of-care tools to support patients with alcohol use disorder (screening, diagnosis and treatment)*

Common Questions

- **What are the actual risks of different levels of drinking, based on the new recommendations for at-risk drinking? Here is some information and resources to explore:**
    - At-risk drinking is different from AUD; AUD is one of the conditions that you're at risk for if you're drinking at one of these levels
        - *To determine risk levels, see various screening tools here for adults and youth*
        - Screening tests for AUD are focused on a risk level of 7+; AUDIT or AUDSIT C are recommended screening tools for more severe levels
    - Canada's Guidance on Alcohol and Health (2023) is a document that gives you the risk profile for various risk factors, with information that came from Canada's previous Low-Risk Guidelines (2018)

- **Concurrent Disorders: What should we know about depression, SSRIs and AUD?**
  While there is limited evidence in existing literature showing benefit in using SSRIs in populations with AUD and major depression, consider:
    - *When treating a patient who has AUD and depression, be intentional in monitoring how both conditions may impact each other as they're both so interconnected*
    - Make sure medication you're prescribing is not having a negative impact on the other (e.g. a patient who is already on an SSRI)
    - Viewing SSRIs as "another tool" in the toolbox in care planning; the level of motivation for a patient to engage in a care plan plays a big role and SSRIs may be helpful in reducing some of their symptoms of depression and increase levels of engagement in their alcohol treatment plan
    - Exploring recent systematic reviews for more information