

Non-pharmacological treatment and intervention



Learning objectives

- List two non-pharmacological intervention approaches that can be used with patients who have substance use disorders in primary care.

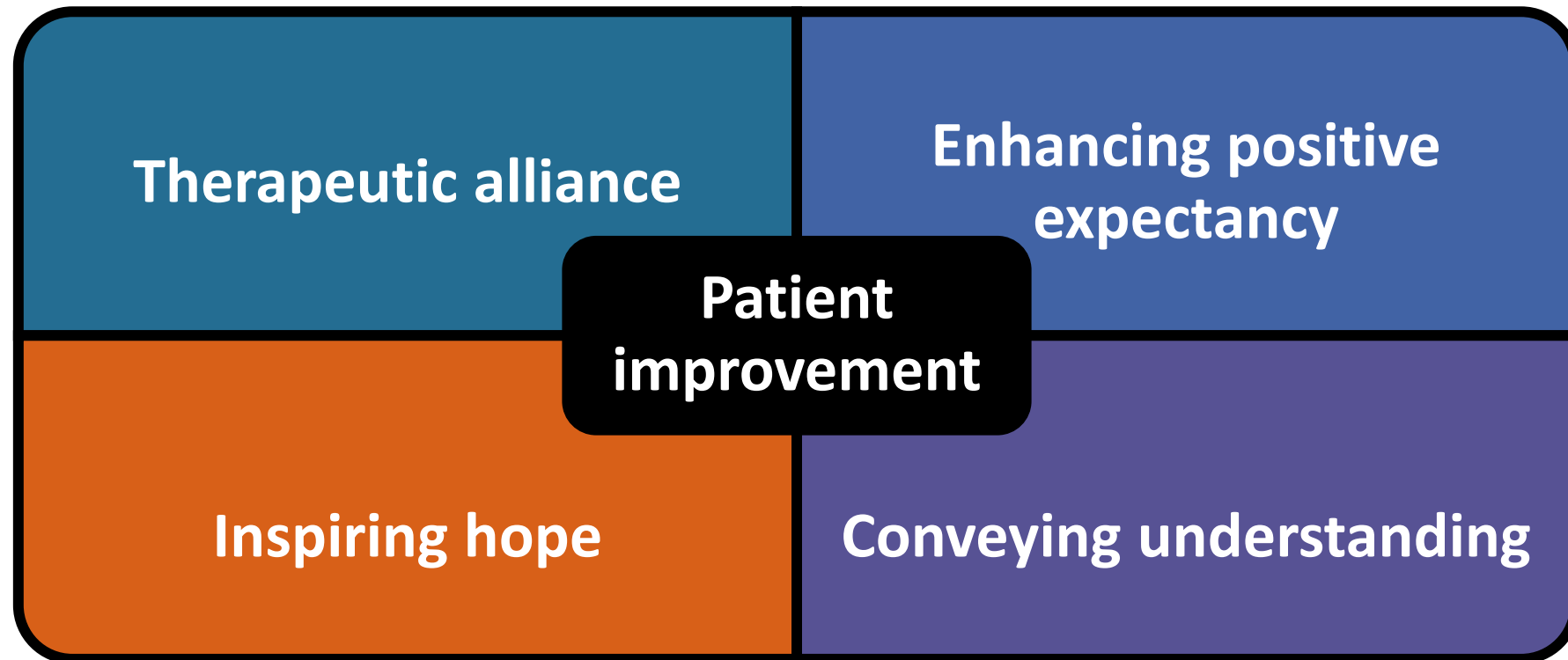


Features of successful SUD treatment¹

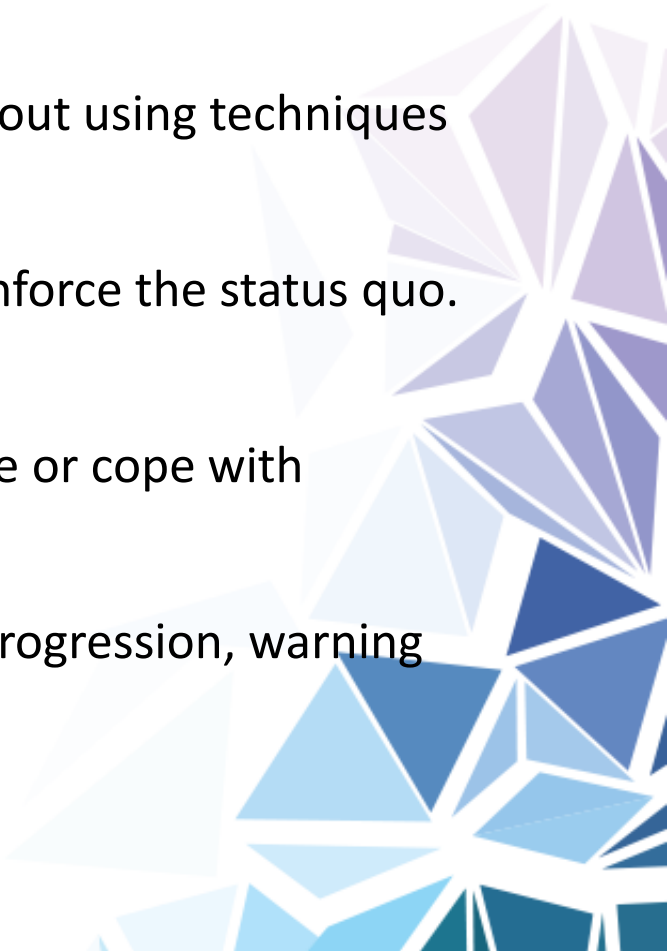
- Regular follow-up
- Medication treatment
- Psychosocial interventions
- Medication adherence monitoring
- Case management

Substance use disorder is a chronic condition. With the collaborative care model, patients with chronic mental health conditions get better faster and stay better longer.

Non-technique-based change agents



Brief interventions

- **Brief Negotiated Interview:** Based in Motivational Interviewing. Explores health behavior changes with patients.
 - **Motivational Interviewing:** It's not just about technical interventions; it's about using techniques that inspire the patient's motivation to change
 - **Behavioral Activation:** Focuses on changing behaviors that maintain and reinforce the status quo. “Outside-In” versus “Inside-Out” approach.
 - **Problem Solving Treatment:** Adaptive problem-solving skills to better resolve or cope with stressful problems.
 - **Relapse Prevention Planning:** Help the patient understand their illness, its progression, warning signs, and triggers to help anticipate and avoid relapse.
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Behavioral interventions

- Include a **patient engagement** component
- Are **time-efficient**; no more than 20-30 minutes per visit
- Follow a **structured, patient-centered** approach
- Are relevant and **applicable to diverse patient populations**
- Have a substantial **evidence base**



Key components of a Brief Negotiated Interview

- Screen and assess
- Raise the subject
- Discuss pros and cons of use
- Provide feedback
- Elicit motivation for change
- Brainstorm strategies for change
- Negotiate a behavioral agreement and set goals
- Plan follow-up



Assessing readiness, important, and confidence

READINESS - How *ready* are you to make this change?

1 2 3 4 5 6 7 8 9 10

Not Somewhat Very

IMPORTANCE - How *important* is it to you that you make this change?

1 2 3 4 5 6 7 8 9 10

Not Somewhat Very

CONFIDENCE - How *confident* are you about making this change?

1 2 3 4 5 6 7 8 9 10

Not Somewhat Very



Brief Negotiated Interview for SBIRT



<https://www.youtube.com/watch?v=YZ1AkouPyLA>

Motivational Interviewing Summary

Core skills: OARS

- Open questions
- Affirmation
- Reflection
- Summary

Guiding principles

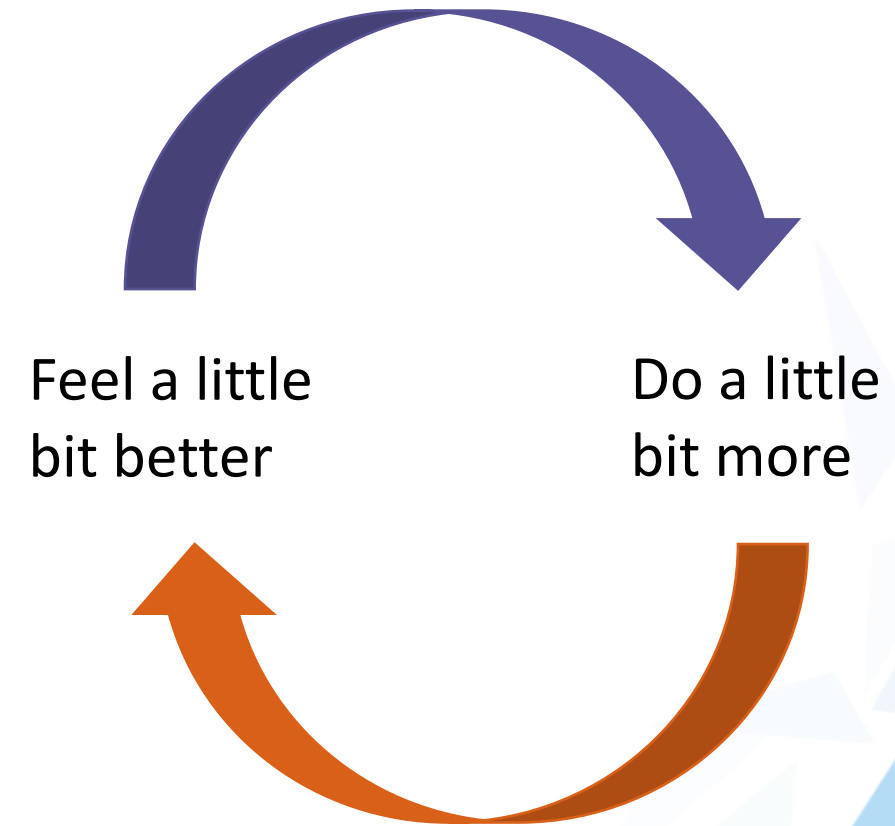
- Resist the fixing reflex
- Understand the patient's motivation
- Listen with empathy
- Empower the patient

Four processes

- Engaging
- Evoking
- Focusing
- Planning

Behavioral Activation

1. Activity monitoring
2. Explore patient values and priorities
3. Identify goals
4. Create activity list
5. Activity planning
6. Follow up

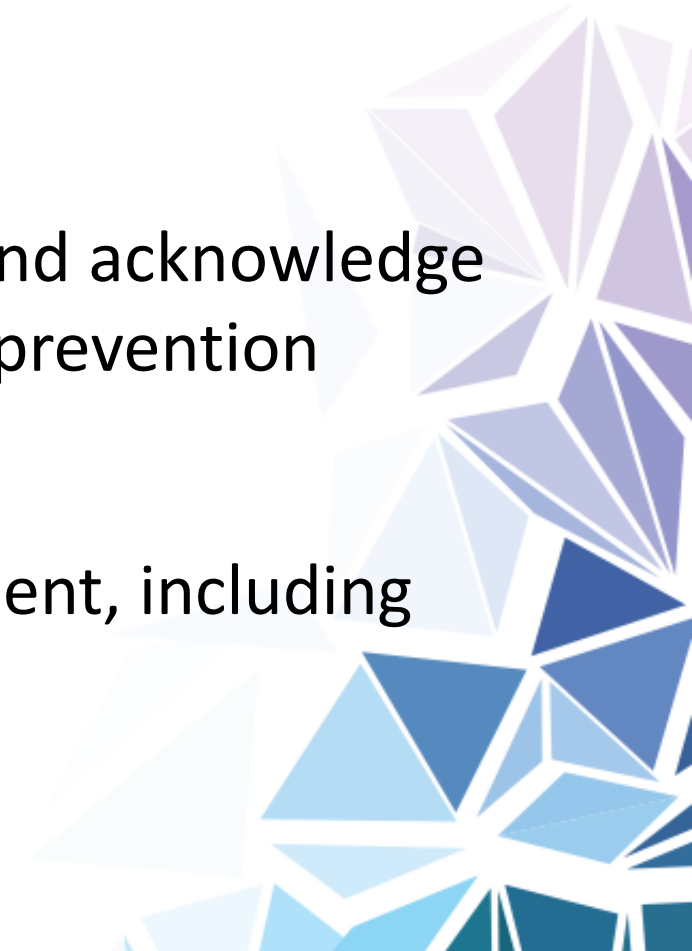


Steps of Problem-Solving Treatment (PST)

1. Identify, clarify, and define the problem
2. Set a realistic, achievable goals within our control
3. Brainstorm solutions
4. Compare solutions by evaluating the pros and cons
5. Choose the preferred solution
6. Make an action plan to implement the solution
7. Monitor and evaluate the outcome

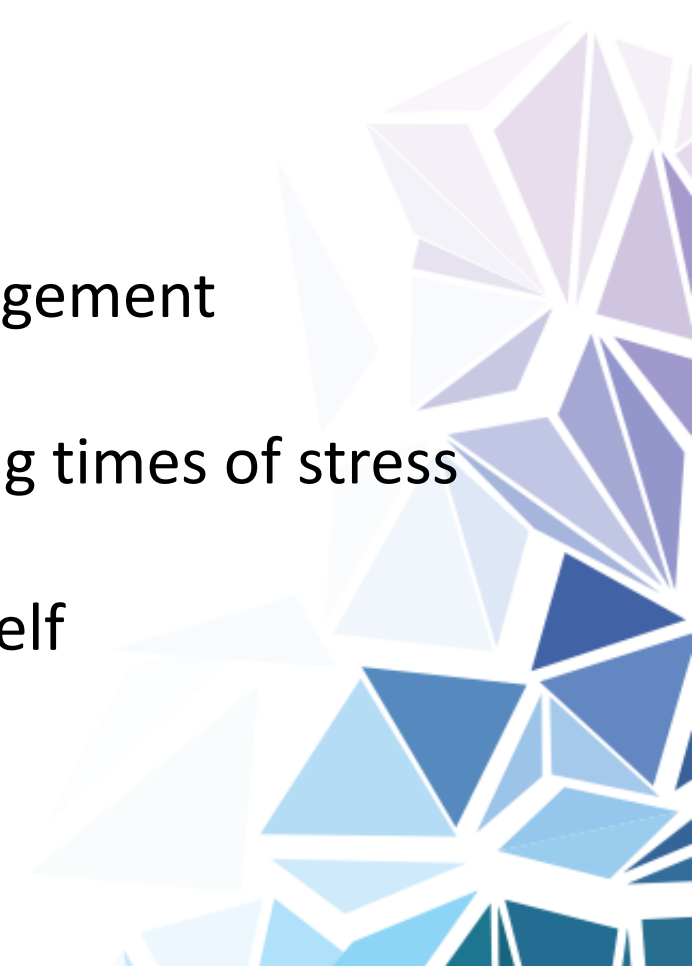


Relapse prevention

- Help patients identify their **use patterns, use triggers, and emotions**
 - The patients is the **expert** on their own substance use
 - Ideally, patients become aware of their **motivations** and acknowledge the **consequences** of their actions during the relapse prevention process
 - Understand the **function** of substance use for the patient, including **positive aspects**
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Common relapse prevention skills

- **Play the tape forward:** envision potential consequences of the decision
- **HALT inventory:** hungry, angry, lonely, tired
- **Mindfulness:** noticing feelings in the moment without judgement
- **Build and use a sensory kit:** self-soothing technique during times of stress
- **Ask for help:** reaching out to others for help is a skill in itself



Relapse prevention plan

Today's Date: _____ Patient Name: _____

I will keep my plan:

I will share my plan with:

I will review my plan:

Maintenance Medications

- *I will take <#> tablets of <dose mg> of <medication name> until <date>*
- I will take < > tablets of < mg> of < > until < / / >
- I will take < > tablets of < mg> of < > until < / / >
- I will take < > tablets of < mg> of < > until < / / >

Call your treating provider or behavioral health care manager with any questions or if you are thinking about stopping a medication (see contact information below).

Things I do to prevent symptoms from returning:

- 1.)
- 2.)
- 3.)
- 4.)

Personal Warning Signs:

- 1.)
- 2.)
- 3.)
- 4.) My PHQ-9 score is ____ or higher and/or my GAD-7 score is ____ or higher.

Things I can do when I notice my warning signs:

- 1.)
- 2.)
- 3.)

If symptoms return, contact:

Treating Provider Name:

Phone Number:

BHCM Name:

Phone Number:

Community support

- Alcoholics Anonymous (AA)
- SMART Recovery
- Online communities
- Religious and spiritual communities



Resources

- [Worksheet for Change](#)
- [Readiness Ruler](#)
- [My Relapse Prevention Plan Template](#)
- [Relapse Prevention Plan Patient Letter](#)



References

1. Duncan, M. (2017). Collaborative care model effective for addiction treatment. Retrieved from <https://psychnews.psychiatryonline.org/doi/full/10.1176/appi.pn.2017.9b9>

