Welcome!



Mute

Minimize Interruptions

Please make sure to mute yourself when you aren't speaking.



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Chat

Go Ahead, Speak Up! Use the Zoom chat to ask questions and participate in activities.



Naming

Add Your Organization Represent your team and add your organization's name to your name.



Tech Issues

Here to Help

Chat Host privately if are having issues and need tech assistance.

While we wait, please rename yourself.



Center for Care Innovations

Addiction Treatment Starts Here SUD Counselor Forum Session #1

"Harm Reduction and Challenging Patients"

November 17, 2021 | 11am–12pm (PT)





Check-in with your name and clinic and tell us what is your understanding of Harm Reduction?



Interventions on high-risk behaviors – having the difficult conversations.

 Focus on Motivational Interviewing tools – exploring ambivalence, identifying stage of change, open-ended questions, listening and validation. Focus on principles of harm reduction. Focus on respecting and supporting patient autonomy. Understand that not all providers have the skillset and time for these interventional discussions. Understand that the SUD case manager can support the therapeutic provider/patient alliance.

We will explore the interventional conversations for this case review:

In the past 6 weeks, Sober Sal, 29 yo, has been running out early, missing scheduled appointments and unable to reach via phone. Today he quickly visited to see if he could get a refill sent to pharmacy. Sober Sal is a tier 4 patient, which means he gets a monthly Rx for suboxone, he has been in the MAT program for 6 months. The SUD case manager agrees to meet with patient after he has submitted a Urine Drug Screen. Urine Drug Screen: POS AMP BUP MET THC. Patient reports his new job is stressful and doesn't allow him to keep appointments. He states his girlfriend, in early recovery also, who was just released from prison had started using meth again. He is concerned for her recovery because they are living together. Patient states his cell phone was stolen. "I can't keep up with all these changes and you guys expect me to come in at times that I cannot make it."

- 1. How does the SUD case manager partner with the patient?
- 2. How does the SUD case manager discuss intensifying care by moving from phase3/tier 4 back to phase1/tier2 without it feeling punitive?
- 3. What are the interventional needs of this patient?
- 4. How does the SUD case manager discuss the methamphetamine use?
- 5. How does the SUD case manager support the therapeutic alliance between provider who is new to treating OUD and patient?
- 6. What are the safety concerns?

Contingency Management Question

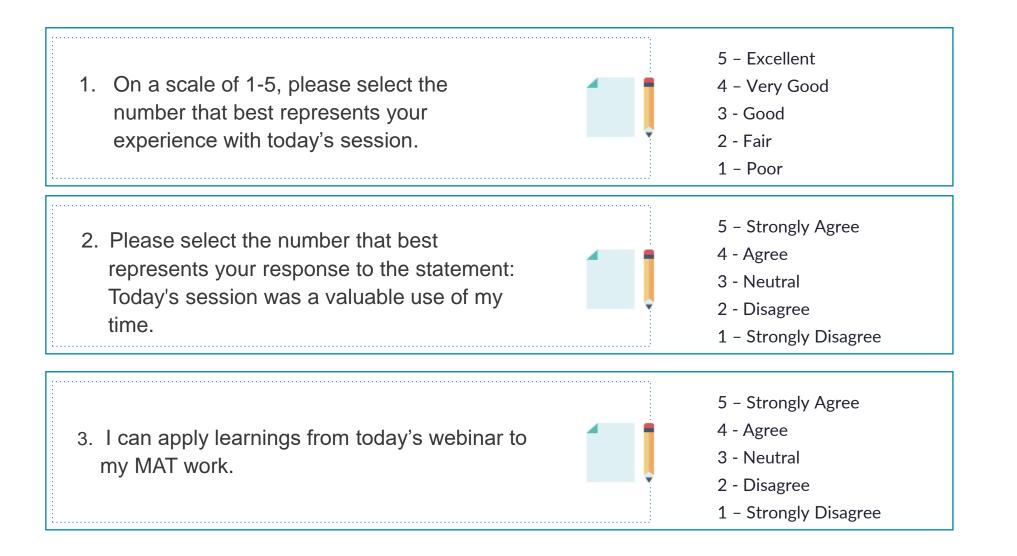
Kim calls her MAT SUD case manager to report that her 14-day supply was stolen from her unlocked car this past Saturday night. Reports she hasn't had any buprenorphine/naloxone in more than 24 hours. Requesting an early refill. What procedures does the SUD counselor follow in the care of this patient?

a) Tell the patient tuff luck, you'll have to wait till your due for your next refill.b) Tell the patient how could you have left your door unlocked and tell them this is there fault and that there is nothing else you can do.

- c) Tell patient you need to speak to the doctor I can't help with that situation, its beyond my scope of practice.
- d) Assess patient situation and circumstances and then assist patient in filing a police report if they are not able to do on their own (you can file a police report most the time online) and get a copy to your prescriber, so the prescriber can get patient an Rx.



Poll





Coming Up – Session #2

Wednesday, December 1, 11am-12pm PT **Topic:** Intake, Workflows, and Assessments

For registration information, go here: <u>https://www.careinnovations.org/events/atsh-peer-forums-registration/#sudcounselornavigator</u>

Any questions? Email meaghan@careinnovations.org



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