Opioid Use Disorder Education and Treatment ECHO Series

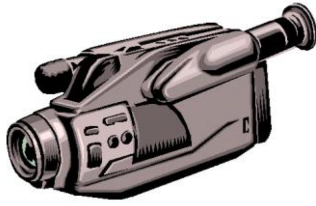
Session 18 – Lapse & Relapse, Motivational Interviewing, Harm Reduction

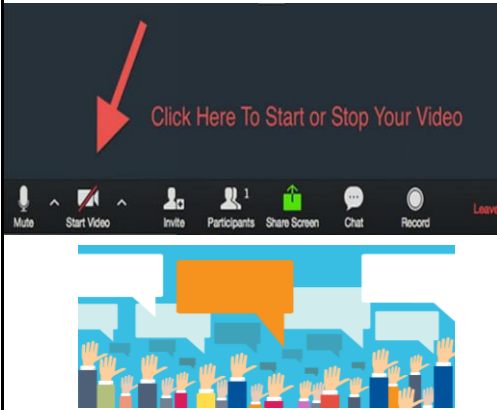
August 16, 2022

Heather Bell, MD and Kurt DeVine, MD

MINNESOTA ACADEMY OF FAMILY PHYSICIANS
STRONG MEDICINE FOR MINNESOTA

Announcements



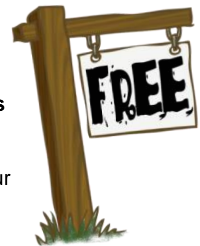


YES, THERE'S *FREE* CME

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Minnesota Medical Association (MMA) through the joint providership of Stratis Health and the Minnesota Academy of Family Physicians. **Stratis Health is accredited by the MMA to provide continuing medical education for physicians.**

Stratis Health designates this educational activity for a maximum of **1 *AMA PRA Category 1 Credits*™.**

Physicians should claim credit commensurate with the extent of their participation in the activity.



Continuing Education Credits and Contact Hours for Other Health Professionals
The OUD Education and Treatment ECHO Series may meet continuing education requirements for your focus. It is the responsibility of the individual to determine if this activity fulfills that requirement.

Upcoming ECHO Sessions

Tuesday

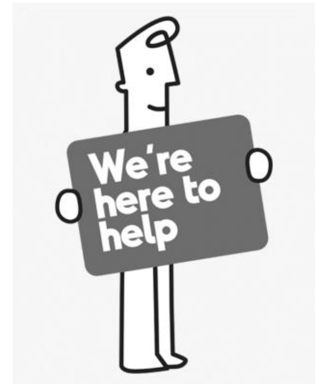
- **Tuesday, September 6:**
  Long-Term Management and Surveillance
- **Tuesday, September 20:**
  Wrap Up – The Barriers, including:
  - Administration
  - Time
  - Schedule
  - Stigma
  - More!
  - And some fun review too!

Wednesday

- **Wednesday, Aug. 17, 2022**
  Dr Jon Cole, Hennepin Healthcare, ED Physician and Toxicologist
- **Wednesday, Aug. 24, 2022 – No ECHO**
- **Wednesday, Aug. 31, 2022**
  Dr. Sarah Spencer, Alaska- Low-Threshold Bup in OUD and Co-Occurring Meth Use Disorder
- **Wednesday, Nov. 2, 2022**
  Sam Quinones, Author, “Dreamland” and “The Least of Us”

TECHNICAL ASSISTANCE

- **We are ALWAYS here for you!**
  - Program implementation
  - Inductions
  - Difficult cases
  - Trouble-shooting
  - Anything!
- **Call us anytime:**
  - Erin Foss, RN, Program Manager/Nurse Specialist efoss@stratishealth.org, Cell: 320-282-6553
  - Heather Bell: 320-630-5607
  - Kurt DeVine: 320-630-2507



StratisHealth | MINNESOTA ACADEMY OF FAMILY PHYSICIANS

NEW! Center for Opioid Resources and Education (CORE)

Online source for progressive recovery tools and resources for opioid and other substance use disorders includes:

- Links to all current OUD ECHOs
- How-tos to simplify starting an MAT/MOUD program
- SUD clinical resources to use in practice
- Info to connect with other MAT/MOUD practitioners
- And more!
- Center for Opioid Resources and Education - Stratis Health

The **Center for Opioid Resources and Education (CORE)** supports clinical and non-clinical health care professionals in responding to the opioid public health emergency by bridging care gaps in disadvantaged, rural, and underserved populations, as part of the **Stratis Health Opioid Addiction in Rural (SOAR)** Extension for Community Healthcare Outcomes (ECHO) online learning series.

https://stratishealth.org/toolkit/substance-use-resources-and-education/

StratisHealth | MINNESOTA ACADEMY OF FAMILY PHYSICIANS

ECHO model = case-based learning!

1. MAFP website (https://bit.ly/OUDCase)
2. Announcements email!
3. **Center for Opioid Resources and Education - Stratis Health**

(www.stratishealth.org/toolkit/substance-use-resources-and-education/)

I WANT TO...

Attend an ECHO or other online educa[tion]

ProjectECHO (Extension for Co[mmun]ity Healthcare Outcomes) is a virtua[l] education, case studies, an[d] continuing medical education credit.

View all ECHO online education series

Stratis Health and MAFP Opioid Use Disorder (OUD) Education and Treatment ECHO Series

First and Third Tuesdays of Each Month through Sep. 2022, 12 -1 p.m. CT

Facilitated by Drs. Bell and DeVine, in partnership with Stratis Health and the Minnesota Academy of Family Physicians (MAFP), this series cove[rs] the fundamentals of OUD and implementation within primary care.

More >

Share and Learn – Submit a Case

If you have a case you would like presented to help learn from each others' experiences and expertise, please **fill out, save, and email this form** to the address listed on the last page prior to the session. *(Please note: You must download the form document before completing and submitting it.)*

BUT feel free to present in any de-identified format!

6

"The Addiction Connection Podcast"

Weekly addiction topics- Tuesday release day!

www.buzzsprout.com/954034
(Or anywhere you get your podcasts!)
Email us questions:
theaddictionconnectionpodcast@gmail.com

7

Help Us Improve!

Take the Survey: bit.ly/OUD-ECHO-survey

We want to learn more about you, how our ECHOs influence your day-to-day work, and common barriers to providing opioid use disorder care. Your feedback helps us build timely and relevant education and training to serve your communities!

Objectives

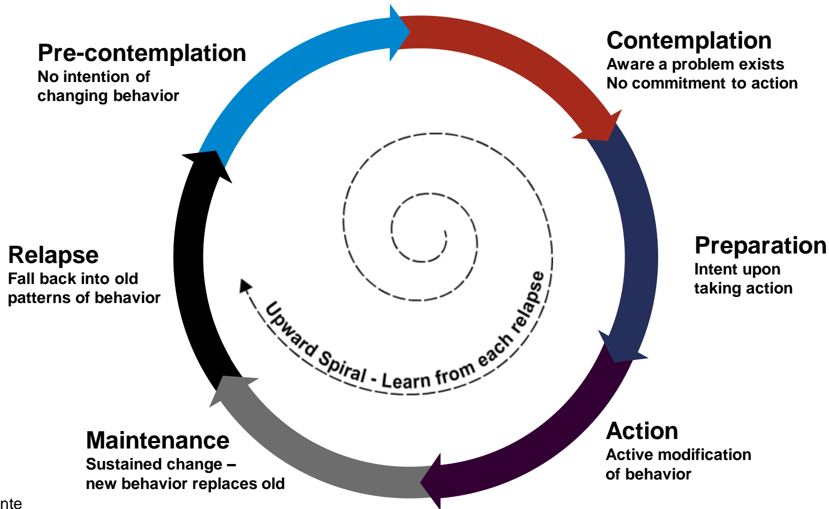
- Understand motivational interviewing and how it is imperative when caring for patients with the disease of addiction.
- Describe the differences in lapse and relapse and how they play a role in recovery.
- Define harm reduction.

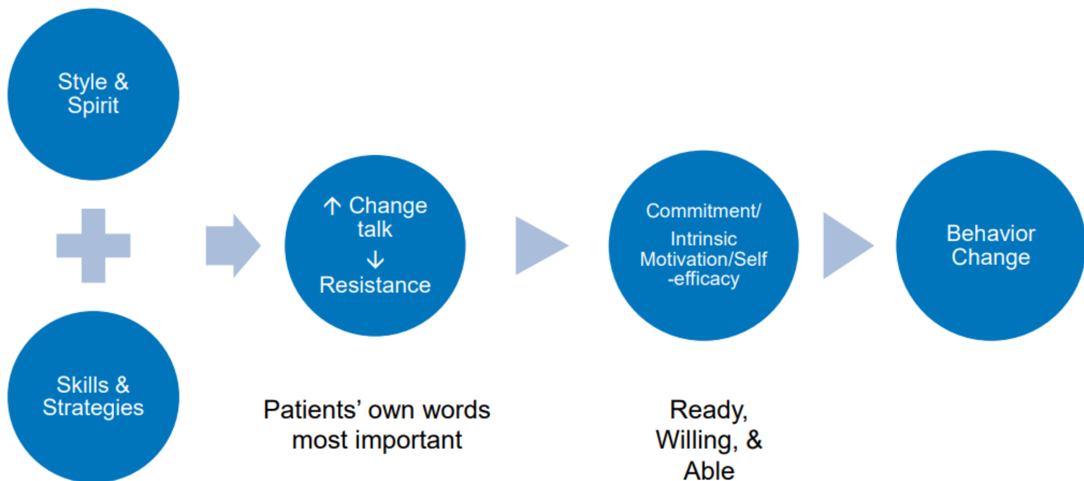
“It's important to meet people where they're at but not *leave them* where they're at.”

StratisHealth | MINNESOTA ACADEMY OF FAMILY PHYSICIANS

Motivational Interviewing

StratisHealth | MINNESOTA ACADEMY OF FAMILY PHYSICIANS


Transtheoretical Model of Change
Pre-contemplation
No intention of changing behavior
Contemplation
Aware a problem exists
No commitment to action
Preparation
Intent upon taking action
Action
Active modification of behavior
Maintenance
Sustained change – new behavior replaces old
Relapse
Fall back into old patterns of behavior
Upward Spiral - Learn from each relapse
Prochaska and DiClemente
12
StratisHealth
MINNESOTA ACADEMY OF FAMILY PHYSICIANS


Style & Spirit
Skills & Strategies
↑ Change talk
↓
Resistance
Commitment/
Intrinsic Motivation/Self -efficacy
Behavior Change
Patients' own words most important
Ready, Willing, & Able
StratisHealth
MINNESOTA ACADEMY OF FAMILY PHYSICIANS

Motivational Interviewing

1. Engaging
2. Focusing
3. Evoking
4. Planning

Motivational Interviewing cont.

1. Engaging
   - Process of establishing a working relationship based on:
     - Trust
     - Respect
   - Client/patient does most of the talking
   - Provider uses 'reflective listening'
   - Both agree on:
     - Treatment goals
     - Collaborate on how to get there

This Photo CC BY-SA-NC

Motivational Interviewing cont.

- Engaging = Empathy
  - Be genuine
  - Display unconditional positive regard
- Collaboration (vs. paternalistic or authoritarian)

This Photo NC CC BY-SA-

StratisHealth MINNESOTA ACADEMY OF FAMILY PHYSICIANS

Motivational Interviewing cont.

2. Focusing:
   - Ongoing process of seeking and maintaining direction
- Focusing = develop discrepancy
  - Find the "hook"

StratisHealth MINNESOTA ACADEMY OF FAMILY PHYSICIANS

Motivational Interviewing cont.

3. Evoking
   - Eliciting the client/patient's own motivations for change
   - Inspiring hope and confidence

- Evoking = Self-Efficacy (vs. imparting or inserting knowledge)
  - Emphasize personal choice
  - Tap into their experiences and ideas

StratisHealth | MINNESOTA ACADEMY OF FAMILY PHYSICIANS

Motivational Interviewing cont.

4. Planning:
   - Client/patient making commitment to change
   - Together with provider develops a specific plan of action

- Planning = roll with resistance
  - Dance, don't fight!
- Autonomy-supportive (vs. Controlling)

StratisHealth | MINNESOTA ACADEMY OF FAMILY PHYSICIANS

“You have to be legitimately okay with patients NOT being ready for change!”

- Cam Weaver

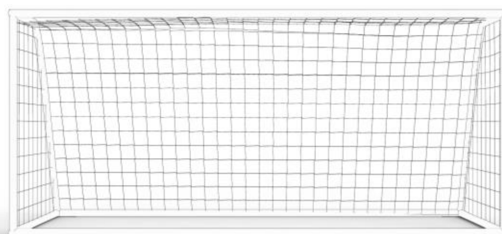
Motivational Interviewing cont.

- Open-ended questions
- Affirmations
- Reflective listening
- Summarizing

This Photo CC BY-NC

MI: Practical Application

- Engagement and 'reflective listening'
- What does the patient want? Why now?
- Clarifying the goals of treatment



StratisHealth | MINNESOTA ACADEMY OF FAMILY PHYSICIANS

MI: Reflective Listening

- **Type of Reflections**:
  - Simple:
    - Restating
    - Paraphrase
  - Complex:
    - Double-sided
    - Affective
    - Amplified

- "So, what I am hearing you say is…"
- "On the one hand, you believe opioids are the only thing that works, but on the other, you are still experiencing a great deal of pain"
- [Pt. expresses anger] "It's frustrating and a little scary to think about making a change"

StratisHealth | MINNESOTA ACADEMY OF FAMILY PHYSICIANS

MI: Change Talk/Sustain Talk

- The Miracle question
- Describe their [own] goals as the presence of something- NOT the absence of something
- Pros and cons: look at both pros and cons of change
  - Counseling with neutrality
  - "Equipoise"- "balance of forces or interests"

StratisHealth | MINNESOTA ACADEMY OF FAMILY PHYSICIANS

MI: Ambivalence/Discord

- The discrepancy
  - Hold patients accountable for their behavior:
    - Pointing out discrepancy between stated goal and current behavior
- When/if behavior continues:
  - Reassess goal
  - Do you want treatment?

StratisHealth | MINNESOTA ACADEMY OF FAMILY PHYSICIANS

MI: Ambivalence/Discord cont.

- "What would have to happen in order for you to be ready to make a change?"
  - Answers to this question allow provider to assess:
    - Patient's understanding of consequences
    - Barriers to change
    - Patient's values
  - Offers a prompt to using complex reflections
    - "So, taking opioids to control your pain is such an important strategy that you are willing to experience [reported consequence] before even considering a change?" – Amplified Reflection

MI: Summary

- Recall patient's goals
- Reflectively listen
- Pros and cons
- Focus, evoke, plan
- Highlight discrepancies

MI: The Empirical Evidence

- Extra-therapeutic and/or client factors (87%)
- Treatment (13%):
  - 60% due to “Alliance” (8%/13%)
  - 30% due to “Allegiance” Factors (4%/13%)
  - 8% due to model and technique (1%/13%)

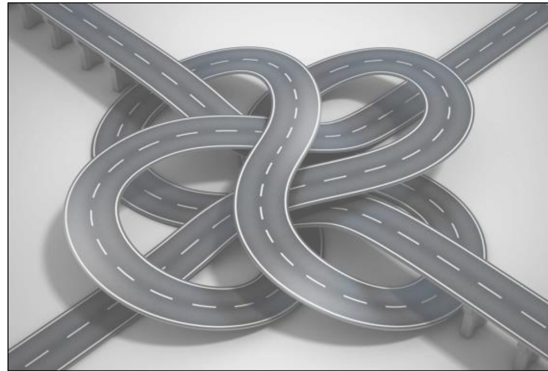
StratisHealth | MINNESOTA ACADEMY OF FAMILY PHYSICIANS

Lapse/Relapse

StratisHealth | MINNESOTA ACADEMY OF FAMILY PHYSICIANS

The nuances of lapse vs. relapse may be difficult to identify, but potentially important to build a path to substance abuse recovery.

Pathways In The Brain…
and why they can't "just stop"



32 StratisHealth MINNESOTA ACADEMY OF FAMILY PHYSICIANS

Neurobiology of Lapse/Relapse

- Substance use affects functioning of the brain making profound changes
- Brain tries to readjust to accommodate the changes the substances enact
- Brain attempts to function normally
- Insatiable urge to use
- Distress (withdrawal) when stopping

33 StratisHealth MINNESOTA ACADEMY OF FAMILY PHYSICIANS

Patient Behaviors and Management

- Lapse:
  - Not uncommon early in recovery
  - AKA a “slip”
  - Episode where patient uses a substance but quickly returns to behaviors that support recovery
  - Common “causes”
    - Around certain people
    - High stress situation
    - Other “triggers”

Patient Behaviors and Management cont.

- Lapse:
  - Can feel like a setback in recovery- even if the person regains sobriety
  - Can be a productive reminder that you have to remain dedicated to recovery

Patient Behaviors and Management cont.

- Relapse:
  - Continued behavior change which involves substance use
  - Prolonged use and absence from programs
  - Can escalate use
  - Patients ALWAYS welcomed back (in our program)
    - Re-induction
    - Treatment?

36

StratisHealth | MINNESOTA ACADEMY OF FAMILY PHYSICIANS

Lapse and Relapse: Prevention Strategies

- Requires a lot of effort and focus
- Individual needs to understand that it is a normal thing in the recovery process
- Personal acceptance is vital

This Photo CC BY-SA

37

StratisHealth | MINNESOTA ACADEMY OF FAMILY PHYSICIANS

Lapse and Relapse: Prevention Strategies cont.

- Self-care practices:
  - Eat well
  - Adequate seep
  - Physical exercise
  - Personal hygiene

This Photo CC BY-NC-ND

StratisHealth MINNESOTA ACADEMY OF FAMILY PHYSICIANS

Lapse and Relapse: Prevention Strategies cont.

- Self-care practices:
  - Recognize significance of 'habits'
    - Making new friends?
    - Leaving old allies/neighborhoods?
  - Seek support:

StratisHealth MINNESOTA ACADEMY OF FAMILY PHYSICIANS

Harm Reduction

StratisHealth | MINNESOTA ACADEMY OF FAMILY PHYSICIANS

Harm Reduction

- Respectful nonjudgmental approach to reducing harms of substance use that meets people "where they are at"

StratisHealth | MINNESOTA ACADEMY OF FAMILY PHYSICIANS

Harm Reduction cont.

StratisHealth | MINNESOTA ACADEMY OF FAMILY PHYSICIANS

Harm Reduction cont.

- Conventional approach to addiction treatment was to decrease consumption of psychoactive drugs and achieve abstinence
- Harm reduction focusses on decreasing the adverse health, social, and economic consequences, rather than decreasing consumption (ASAM Essentials 188)

StratisHealth | MINNESOTA ACADEMY OF FAMILY PHYSICIANS

Harm Reduction cont.

- How does harm reduction influence patient management?
  - Patients should not be discharged from MAT clinics for unexpected urines
  - Accept patients into MAT programs, even if the have previously “failed”
  - Teach sterile injection techniques in case of relapse to decrease spread of infectious disease

StratisHealth | MINNESOTA ACADEMY OF FAMILY PHYSICIANS

Harm Reduction cont.

- Examples:
  - Medications for opioid use disorder (MOUD)
  - Needle exchanges
  - Naloxone access
  - Safe/Supervised injection sites

StratisHealth | MINNESOTA ACADEMY OF FAMILY PHYSICIANS

Harm Reduction

- Examples of harm reduction in addiction:
  - MOUD
    - Decreases HIV/Hepatitis spread
    - Decreases death
    - Decreases crime
    - Improves social functioning
    - Benefit to cost ratio = 4:1 (ASAM Essentials: 189)

Harm Reduction

- Examples of harm reduction in addiction:
  - Needle exchange
    - Decrease spread of infection
    - Entry point for treatment
    - Decrease health care costs

IV needle use, and especially meth use, associated with HIV infections

In Twin Cities, HIV infections on the rise among people who inject drugs

Health Department officials say the outbreak marks a 'significant increase'

Jon Collins February 4, 2020 11:08 PM

StratisHealth | MINNESOTA ACADEMY OF FAMILY PHYSICIANS

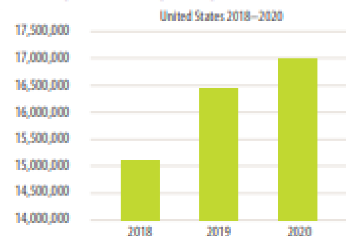
Naloxone Distribution

- 3 million people with OUD in U.S.
- Annual all-cause mortality ~5%
- Multiple nonfatal opioid overdoses (>10X)
- How much naloxone is enough?

Harm reduction and other community-based organizations **distributed more than 3.7 million doses of naloxone between 2017–2020.**[5]

During the COVID-19 pandemic, the number of **individuals filling a naloxone prescription from retail pharmacies decreased more than 26%.**[6]

Prescriptions for buprenorphine and naloxone have increased only marginally in the past three years despite rising mortality. The AMA encourages physicians to prescribe naloxone to patients at risk of overdose.



www.end-overdose-epidemic.org/wp-content/uploads/2021/09/AMA-2021-Overdose-Epidemic-Report_92021.pdf

StratisHealth | MINNESOTA ACADEMY OF FAMILY PHYSICIANS

We (docs) need to do better prescribing naloxone with opioids

- 2.3% of encounters with patients on chronic opioids for pin include naloxone Rx

Stein et al. J Gen int med Oct 2021 36(10) p2952

StratisHealth | MINNESOTA ACADEMY OF FAMILY PHYSICIANS

Supervised Injection Sites

- Offer sterile equipment
- Clean environment
- Mitigates sharing of needles and supplies
- Access to naloxone
- Increased treatment referrals
- Lower crime
- Less drug paraphernalia

This Photo CC BY-ND

StratisHealth | MINNESOTA ACADEMY OF FAMILY PHYSICIANS

I DON'T PROMOTE DRUG USE.

I DON'T PROMOTE CAR ACCIDENTS EITHER, BUT I STILL THINK SEATBELTS ARE A GOOD IDEA.

Harm Reduction - practicing common sense since the 1980's.

52

For questions regarding content:

Heather Bell
heather.bell1012@gmail.com

Kurt Devine
kmdevine.truk@gmail.com

@echocsct

Podcast: The Addiction Connection

Funded fully or in part by the Minnesota Department of Human Services (MN DHS). The views expressed do not necessarily reflect official MN DHS policies; nor mention of trade names, commercial practices, or organizations imply endorsement by the state of Minnesota.

MINNESOTA ACADEMY OF
FAMILY PHYSICIANS
STRONG MEDICINE FOR MINNESOTA

Sources

- Bayley C. Assessing the Ethical Issues in "Safe Injection" Sites. Catholic Health Association. Oct 2017.
- Beletsky L, Davis CS, Anderson E, Burris S. The Law (and Politics) of Safe Injection Facilites in the United States. AJPH. Feb 2008
- Dolan, K.; Kimber, J.; Fry, C.; Fitzgerald, J.; McDonald, D.; & Trautmann, F. (2000). Drug consumption facilities in Europe and the establishment of supervised injecting centres in Australia. Drug Alcohol Rev, 19(3), 337-346.
- Encyclopedia Britannica. Hippocratic Oath. Hedrich, D. (2004). European Report on Drug Consumption Rooms (pp. 96)
- Kerr, T., Oleson, M., & Wood, E. (2004). Harm Reduction Activism: A case study of an unsanctioned user-run safe injection site. Canadian HIV/AIDS Policy & Law Revieq, 9(2), 13-19.
- Kimber, J., Dolan, K., van Beek, I., Hedrich, D., & Zurhold, H. (2003). Drug consumption facilities: an update since 2000. Drug Alcohol Rev, 22(2), 227-233.
- Mee-Lee, David. What Using The ASAM Criteria Really Means: Skill- Building and Systems Change. Davis, CA (530)753-4300.
- Miller, SD. Mee-Lee, D. Plum, B. (2005). Making Treatment Count. In J. Lebow (ed.) Handbook of Clinical Family Therapy. New York: Wiley

Sources

- Miller, William. (William 2013). Motivational interviewing; helping people change. Rollnick, Stephen. 3rd ed. New York, NY. Guifford Press.
- Prochaska, James O, Norcross, John C. (2007). Systems of Psychotherapy: A Transtheoretical Analysis. Thomson/Brooks/Cole.
- Rogers, Carl R. (1942). Counseling and psychotherapy. Cambridge, MA: Riverside Press.
- Schacter. Psychology 2nd Ed. Worth Publishers.
- Shmerling RH. The Myth of the Hippocratic Oath. Harvard Health Blog. Nov 2015.
- Wampold, B. (2001). The Great Psychotherapy Debate. New York: Lawrence Erlbaum.
- World Health Organization. (2004). Advocacy Guide: HIV/AIDS Prevention Among Injecting Drug Users. (pp. 120).