CATEGORY III – COMMUNICATION AND SUBSTANCE MISUSE

1.0 Introduction

Substance misuse features in all aspects of society today and almost everyone knows of someone who has been affected, either as a direct or indirect consequence of alcohol or drugs. In clinical settings drugs (licit and illicit), alcohol and smoking, can feature as a presenting problem of concern or the presenting problem(s) may be indirectly as a result of substance use (e.g. a fall, other accident, convulsions, confusion and psychosis). It is therefore imperative to ensure that appropriate clinical communication skills are used in every clinical setting.

Effective communication is especially challenging when addressing substance misuse in patients, yet it is essential at every stage of the process. An important prelude to this is the ability to build a relationship with a patient to allow an honest conversation to take place. This which will include history-taking, identifying the pattern of misuse, performing relevant mental state and physical examination, assessing readiness for change and negotiating treatment options which may all require specific communication strategies. The opportunity for medical students to identify, practise and reflect on these strategies is of vital importance. It is also important to recognise that patients may not wish to share information about their substance use in front of others who may be present, such as family members or partners, and therefore it is important to undertake an assessment which enables privacy and confidentiality.

LEARNING OUTCOMES

Medical students will gain knowledge in

1. Identifying possible barriers to disclosure about substance misuse.
2. Recognising effective ways of facilitating dialogue about substance misuse.
3. Appreciating the importance of responding to patient cues and of using all appropriate opportunities to ask about possible substance misuse.
4. Recognising the importance of effective communication when using screening tools for assessing substance misuse.
5. Understanding principles of motivational interviewing.

2.0 Context

Patients may present with very different needs and will require a range of responses to meet these. A range of skills and techniques are required to respond to different situations.

2.1 Distinctive features

Patients with substance misuse issues may be embarrassed, ashamed, frightened, defiant, or even unaware. Some patients may be cautious, secretive, aggressive, angry, and suspicious, denying that there is a problem. They may consider that their substance use is a personal lifestyle choice and nothing to do with you. This can make identification difficult when a standard history is taken. Problems with misusing substances apart from alcohol may be difficult to uncover, unless health professionals are aware of the possibility and routinely include relevant questions when taking a social history. Asking appropriate questions in the right way is a skill that can be developed through raised awareness, practice with feedback and self-reflection. Medical students should be encouraged to practise asking the relevant questions, introducing them with a phrase such as, "I am going to ask you some questions now that I routinely ask all patients." Patients might be aware that their substance use is illegal and have realistic concerns about this. Students will need guidance on those cases where confidentiality cannot be guaranteed, for example, where there are issues of child protection or safeguarding of vulnerable adults.

While there are several screening tools that can be used for assessing alcohol misuse or dependence (for example, CAGE, AUDIT, PAT, 5-SHOT) but these must be introduced in a sensitive and supportive way.

2.2 Barriers

Patients may be apprehensive about divulging information about their drug or alcohol use and the impact this has on their lifestyle because they may fear being judged.

If a patient senses that you don't have time that you are rushed, that you seem distracted, or that you are judging or stereotyping them in some way, it is likely that they will not openly describe their issues.

Patients may tell staff what they wish to hear, if they are asked a leading question e.g. you don't drink do you? This suggests that the staff member is looking for no as an answer. The use of open ended questions can elicit more information.

3.0 Assessment

Ensure that all psychiatric assessments include a systematic enquiry and consideration of any possible substance misuse. It is very easy for the role of psychoactive substances to be overlooked otherwise. A patient's response to screening questions (or anything else) that suggests drug or alcohol use should lead to a

detailed drug and alcohol history. All questions should be asked in a non-judgemental, empathic and non-confrontational manner – this can help with developing a therapeutic relationship and facilitate disclosure.

Actively look out for the possible interactions and patterns that can occur:

- Primary psychiatric disorders leading on to substance misuse, possibly as a form of 'self-medication' for distressing symptoms (e.g. increasingly drinking alcohol to alleviate anxiety symptoms/disorders; people with dissocial personality disorders drinking alcohol and abusing drugs from a relatively young age).
- The substance being misused having a direct psychoactive effect which may be a prominent feature of the presentation in a psychiatric assessment.

The psychoactive effects of the substances being used may be a consequence of:

– acute intoxication (e.g. a toxic psychotic effect with paranoia in a prolonged binge of cocaine),

– Withdrawal from the substance (e.g. delirium tremens in alcohol withdrawal; depressed mood with the cocaine "crash")

– More chronic effects of regular use (e.g. relationship between cannabis use and psychosis).

In a chronic situation it is not always obvious what the primary problem was initially.

Mental state examination should be interpreted in the context of these possibilities too. Physical examination and collateral information should include sensitively seeking out further details about the extent of use/ complications of use. The use of investigations, such as urine drug screen and breathalyser, is an important part of assessment.

Remember that more than one substance can be used simultaneously. Also, ensure that the most serious and potentially life threatening complications of drug/ alcohol use which can be part of the presentation are definitively considered and addressed – i.e. delirium tremens, Wernicke's encephalopathy, overdose, severe benzodiazepine withdrawal.

4.0 Components of effective communication

Effective communication is a core skill required in the assessment and care management of a patient with substance misuse problems.

4.1 Introductions and building rapport

- Introduce yourself.
- Thank the patient for meeting with you.
- Good listening builds a rapport and understanding with the speaker and allows them to freely express their views.

4.2 Elicit change talk

- This involves recognition of a problem around drugs/alcohol, concerns about this, intention to change, optimism about change and commitment to change.
- It is helpful to ask open ended questions, which may start with: How ... ? When ....? Where ....? What ....? Which ....? Why ....? Who ..? What ...? If ....?

e.g.

Can you tell me more about your current drinking?

What problems are causing you concern? How might these be affected by your drugs/drinking do you think?

What concerns do you have about your current use/drinking?

Tell me more about that, can you give me an example of that?

4.3 Non-verbal communication

Use appropriate body language yourself:

- Face the person with an open, attentive posture.
- Maintain good eye contact (look at the speaker a lot, but don't stare all the time).
- Acknowledge that you are listening (see active listening).
- The above are all just as important if you are observing a colleague undertaking an assessment.

4.4 Active listening

- You might reflect back what the speaker is saying in other words to clarify understanding: you paraphrase and repeat
- You can summarise and bring new interpretations to the speaker's words as well as allowing them to add more information. Remember you are co-constructing the history together.
- This demonstrates that you are listening carefully and checks you are understanding correctly what they are saying allowing the speaker to confirm or correct your feedback.
- It also encourages the patient to elaborate and to define their problems.

4.5 Establishing a positive relationship

- Develop an empathic , warm and genuine dialogue.
- Communicate effectively through appropriate use of empathic statements, reflection, clarification, verbal and non-verbal behaviours.
- Deal with emotional content of sessions.
- Be non-judgmental.
- Be non-confrontational.
- Involve patients in decisions about the options of care and treatment.

4.6 Giving service users information about substance misuse

- Provide accurate information on the nature and course of drug misuse and explore the service user's view of this information.
- Provide advice about the risks associated with smoking, drinking and taking drugs.

5.0 Communication approaches

Once a problem with substance misuse has been identified, strategies to assess the extent of the problem, to explore

readiness for behaviour change and to involve the patient in managing the problem will all be more effective if the appropriate communication approaches are used. Again, dealing with these sensitive issues can be made easier if there is a chance to discuss and experiment with different approaches in a safe environment. The ability to communicate effectively with other health-related professionals and agencies, for example, pharmacists and community drug teams, is also important. Linking effective communication with motivational interviewing and health behaviour change models is a useful approach.

Once a problem is disclosed, patients may take a passive approach and expect the doctor to "cure" it, sometimes seeing the concept of "detox" as a complete remedy. It is particularly important in complex disorders like substance misuse to facilitate full patient involvement in all treatment, from a brief intervention/advice to complex care planning. Assessment and intervention often overlap. Building on the components of communication, the "FRAMES" model of brief intervention is commonly used for alcohol misuse, but can be applied more generally.

It is an excellent example of the essential role of effective communication in diagnosis and management:

Feedback: about personal risk or impairment

Responsibility: emphasis on personal responsibility for change.

Advice: to cut down or abstain if indicated because of severe dependence or harm.

Menu: of alternative options for changing drinking pattern and, jointly with the patient, setting a target; intermediate goals of reduction can be a start.

Empathic interviewing: listening reflectively without cajoling or confronting; exploring with patients the reasons for change as they see their situation.

Self efficacy: an interviewing style which enhances peoples' belief in their ability to change.

(Bien et al, 1993)

NICE (2007) recommends that treatment and care should take into account service users' needs and preferences and that individuals should have the opportunity to make informed decisions about their care and treatment, in partnership with their healthcare professionals.

There are a range of tools than can be used in the delivery of treatment interventions.

6.0 Hints and Tips

Useful communication strategies when addressing possible substance misuse:

- Introducing and asking difficult questions in a sensitive manner.
- Use of open directive questions.
- Conveying empathy, respect and a non-judgemental attitude.
- Not making assumptions because of race, religion, sexuality – keep an open mind.
- Identifying and responding appropriately to patients cues.
- Use of questions with a psychological/emotional focus.
- Eliciting and responding to concerns about physical and mental health.
- Identifying, acknowledging and responding appropriately to difficult emotions.
- Reflection.
- Summarising.

7.0 References and further reading

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8.0 Resources

Alcohol Use Disorders Identification Test (AUDIT)
https://patient.info/doctor/alcohol-use-disorders-identification-test-audit

CAGE Questionnaire https://patient.info/doctor/cage-questionnaire

IRETA Motivational Interviewing Toolkit http://ireta.org/improve-practice/addiction-professionals/toolkits-for-practice/mitoolkit/?utm_content=bufferfc2bc&utm_medium=social&utm_source=twitter.com&utm_campaign=buffer

Paddington Alcohol Test 'make the connection' (2011)
https://www.alcohollearningcentre.org.uk/_assets/PAT_2011_Paddington_Alcohol_Test.pdf

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