

# ENGAGING CLIENTS WHO USE SUBSTANCES

RNAO Advanced Clinical Practice  
Fellowship

Stacey Freemantle

## The need for a fellowship:

People with substance use disorders rely heavily on inpatient hospital wards and are one of the more difficult groups for whom generalist nurses provide care. (Ford, Bammer & Becker, 2008).

This specific client population is among the most costly to treat and has the poorest medical and addiction recovery outcomes (Matrino et al, 2015).

## The need for a fellowship:

Hospitalization provides a unique opportunity to identify and motivate patients to address their substance use problems in that patients are accessible, have time for interventions, and are often admitted for complications related to substance use that renders hospitalization a “teachable moment” (Martino et al, 2015).

## Substance Use Disorder

(American Psychiatric Association, 2013)

Problematic pattern of substance use leading to clinically significant impairment or distress, manifested by at least 2 of the following, occurring in a 12-month period:

- substance taken in larger amounts or over longer time than intended
- persistent desire, unsuccessful efforts to cut down or control use
- significant amount of time spent to obtain, use, or recover from use
- craving, strong desire or urge to use
- recurrent use resulting in failure to fulfill major role obligations
- continued use despite recurrent social or interpersonal problems caused or exacerbated by use
- give up or reduce important social, occupational, recreational activities
- recurrent use in physically hazardous situations
- continued use despite recurrent physical or psychological problems likely caused or exacerbated by the substance
- tolerance (need increased amounts to achieve desired effect)
- withdrawal (specific and characteristic of the substance taken)

# Substance Use Continuum

(MacRae, 2017)



# Process of First Use to Dependence

(RNAO, 2015, p.18)

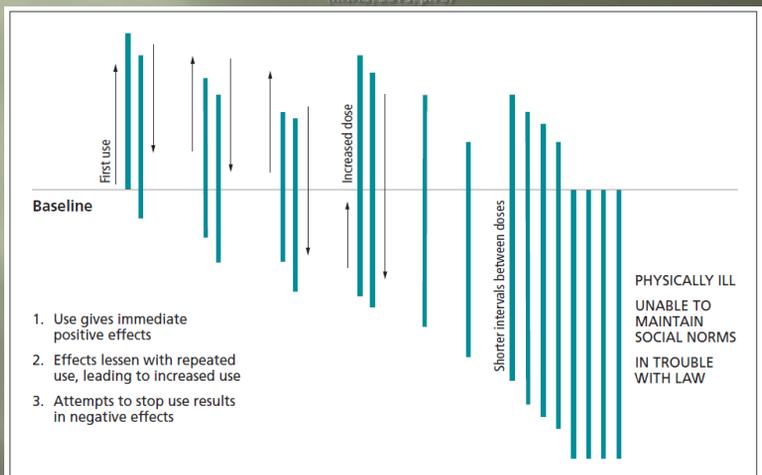


Figure 1. Adapted from M. Dykeman, personal communication, July 24, 2014.

# Neurobiology

(SJCG Mental Health and Addictions Building Capacity Working Group, 2017)

Reward pathway:

- Amygdala – signals pleasure
- Hippocampus – memory of everything surrounding the pleasure sensation (triggers)
- Prefrontal cortex – looks for opportunity to recreate the pleasure

That was  
nice

Remember  
when that  
felt nice

I want to feel  
nice again

# Neurobiology

(SJCG Mental Health and Addictions Building Capacity Working Group, 2017)

The brain is designed to make habitual, automatic decisions.

Addiction is a neoplastic change in the brain.

Changes in the brain lead to disrupted self-regulation and decision making, pathological emotions and thought processes and altered behaviours. (Mate, 2012, p. 146)

# Neurobiology

(SJCG Mental Health and Addictions Building Capacity Working Group, 2017)

Recovery from neoplastic changes takes a very long time (up to 5 years).

The reward pathway needs to heal in order to be able to respond once again to natural pleasures.

There needs to be a focus on grooming other pathways.

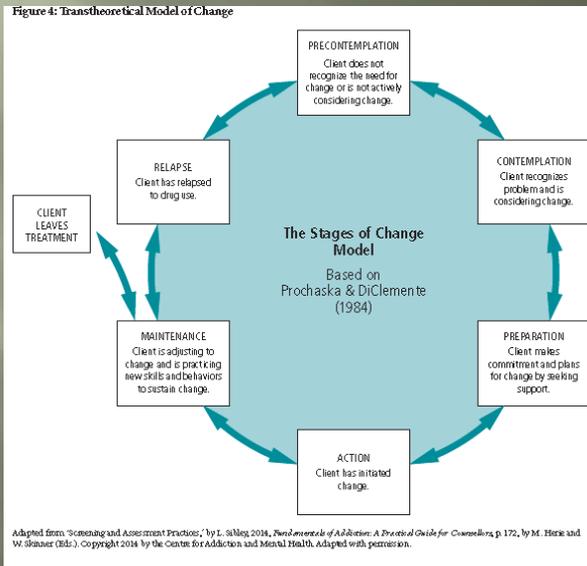


People don't choose addiction,  
but they need to choose wellness.

(SJCG Mental Health and Addictions Building Capacity Working Group, 2017)

# Stages of Change

(RNAO, 2015, p. 23)



## We need to meet clients where they are.

(RNAO, 2017)

### Precontemplation

- ❑ Establish therapeutic relationship
- ❑ Build trust, express concern
- ❑ Evaluate circumstances that led to the client seeking services
- ❑ Educate and inform

### Contemplation

- ❑ Establish therapeutic relationship
- ❑ Weigh pros and cons of use and of change
- ❑ Examine discrepancies between values/future goals and current behaviour
- ❑ Emphasize strengths and abilities

## We need to meet clients where they are.

(RNAO, 2017)

### Preparation

- ❑ Establish therapeutic relationship
- ❑ Clarify goals and strategies for change
- ❑ Offer options and help to access services, treatments, supports
- ❑ Discuss barriers and facilitators

### Action

- ❑ Establish therapeutic relationship
- ❑ Support realistic views, small steps
- ❑ Acknowledge challenges
- ❑ Help client identify rewards for success

## We need to meet clients where they are.

(RNAO, 2017)

### Maintenance

- ❑ Establish therapeutic relationship
- ❑ Affirm resolve and self-efficacy, review accomplishments
- ❑ Be available for support

### Relapse

- ❑ Establish therapeutic relationship
- ❑ Increase support
- ❑ Assist to reevaluate, continue to plan, and develop coping strategies

## Therapeutic Relationship

Clients must first sense our commitment to accepting them for who they are. That is the essence of any healing or nurturing relationship.

We need to demonstrate that we care, not just that we care only if they behave a certain way.



(Mate, 2012)

## Stigma

(SJJG Mental Health and Addictions Building Capacity Working Group, 2017)

Experienced or anticipated exclusion, rejection, blame or devaluation that results from an adverse social judgment about a person or group.

- ❑ Negative thoughts – stereotypes
- ❑ Negative emotions – prejudice
- ❑ Negative behaviours - discrimination

# Stigma

(SJGG Mental Health and Addictions Building Capacity Working Group, 2017)

Impacts of stigma:

- ▣ Delayed recovery
- ▣ Non-completion of treatment
- ▣ Increased involvement in risky behaviours

If the client believes the stigma, they have no motivation to change.

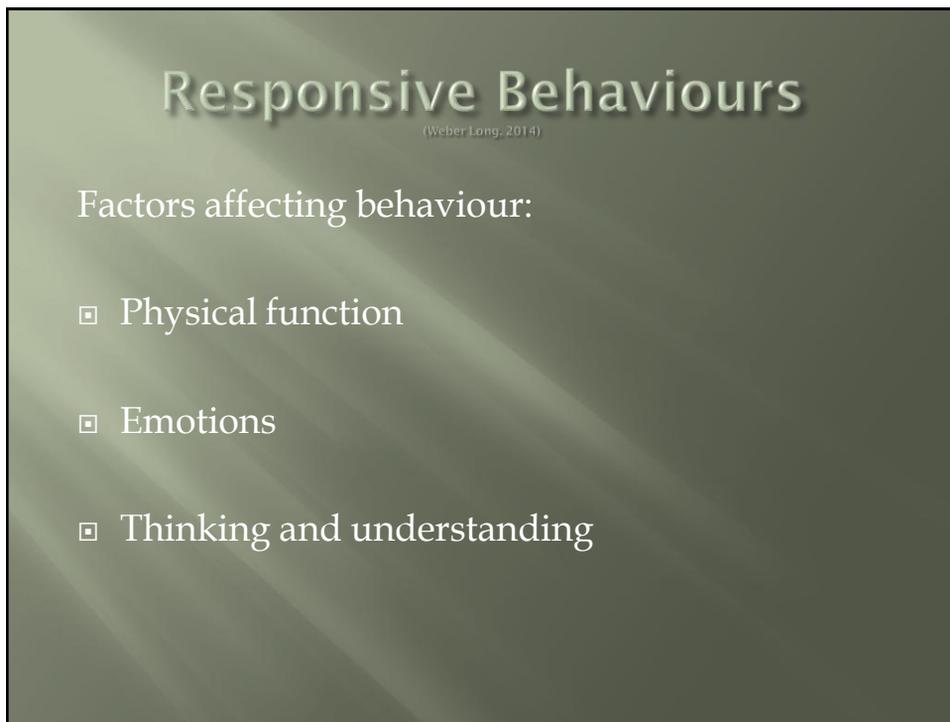
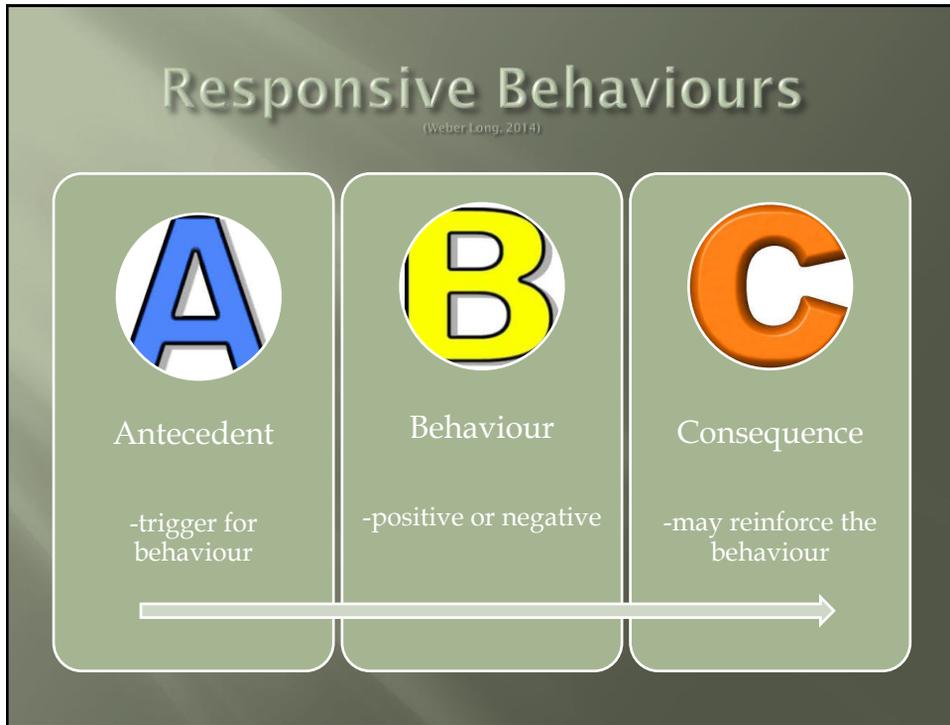
# Stigma

(SJGG Mental Health and Addictions Building Capacity Working Group, 2017)



We can decrease stigma through:

- ▣ Education
- ▣ Understanding
- ▣ Reflective practice



## Responsive Behaviours

(Weber Long, 2014)

Some of *our* behaviours might be triggering or reinforcing our clients' challenging behaviours:

- ▣ Showing annoyance, frustration, anger
- ▣ Engaging in power struggles
- ▣ Nagging, arguing, repeated demands
- ▣ Threatening, teasing, mocking
- ▣ Giving a "dose of your own medicine"

## Responsive Behaviours

(Weber Long, 2014)

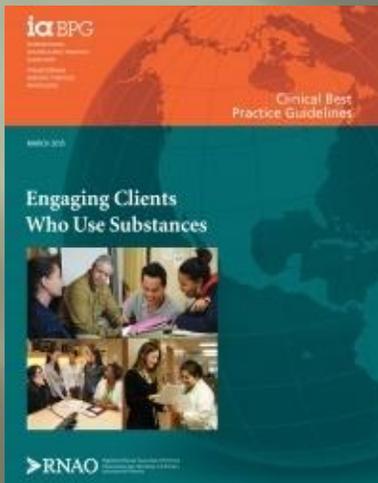
We can behave in ways that support positive behaviours from our clients:

- ▣ Active listening
- ▣ Allow choices
- ▣ Praise, Compliments, Acknowledgement
  
- ▣ Therapeutic relationship

Positive behaviours are promoted if a client values your relationship.

# Consequences

## RNAO Best Practice Guideline: Engaging Clients Who Use Substances



Information on substance use.

Evidence-based clinical practice recommendations.

Resources for implementation and further learning.

### Recommendation 1.1

- ▣ Screen all clients to determine whether they use substances.

### Recommendation 1.2

- ▣ For clients who use substances, an appropriate tool should be used to determine level of support required.

### Recommendation 1.3

- ▣ Conduct a comprehensive assessment with all clients who screen positive for substance use, as appropriate based on knowledge, skill, time, setting and resources.

Plan of care –although not a specific recommendation, is identified in the recommendations for planning, implementation, and evaluation.

(RNAO, 2015)

## Pilot Project

1.1 CAGE-  
AID  
(Nursing)

1.2 GAIN-SS  
(Social  
Work)

1.3 Referral  
for  
assessment  
(SW/SMSC)

Plan of care  
(SMSC/  
health care  
team/ client)

## Recommendation 1.1

### Screen all clients to determine whether they use substances.

#### CAGE-AID

1. In the last 3 months, have you felt you should cut down or stop drinking or using drugs?
2. In the last 3 months, has anyone annoyed you or gotten on your nerves by telling you to cut down or stop drinking or using drugs?
3. In the last 3 months, have you felt guilty or bad about how much you drink or use drugs?
4. In the last 3 months, have you been waking up wanting to have an alcoholic drink or use drugs?

[http://www.mqic.org/pdf/CAGE\\_CAGE\\_AID\\_QUESTIONNAIRES.pdf](http://www.mqic.org/pdf/CAGE_CAGE_AID_QUESTIONNAIRES.pdf)

## Recommendation 1.2

### For clients who use substances, an appropriate screening tool should be used to determine level of support required.

#### Global Appraisal of Individual Needs – Short Screener (GAIN-SS)

- ▣ 3-5 minute screener for the general population that identifies a need for referral.
- ▣ Assesses internalizing disorders, externalizing disorders, substance use disorders, and screens for crime and violence.

## Referral for Comprehensive Assessment and Plan of Care Recommendation 1.3

Direct Referral: if the client consents to meet with a staff member from SMSC to address their substance use

Indirect referral: if client is not willing to meet with a staff member from SMSC, but staff at SJH feels that assistance is needed for the development of a plan of care

## References

- American Psychiatric Association. (2013). Substance-Related and Addictive Disorders. In American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders (5<sup>th</sup> Ed.)* (pp.481-589). Arlington, VA: American Psychiatric Association.
- Ford, R., Bammer, G. & Becker, N. (2008). The determinants of nurses' therapeutic attitude to patients who use illicit drugs and implications for workforce development. *Journal of Clinical Nursing*, 17, 2459- 2462. DOI: 10.1111/j.1365-2702.2007.02266.x
- MacRae, C. (2017). Substance use issues RNAO best practice champion workshop level 2 [power point slides].
- Martino, S., Zimbren, P., Forray, A., Kaufman, J., Desan, P., Olmstead, T. A., Gueorguleva, R., Howell, H., McCaherty, A. & Yonkers, K. A. (2015). See one, do one, order one: a study protocol for cluster randomized controlled trial testing three strategies for implementing motivational interviewing on medical inpatient units. *Implementation Science*, 10(138). DOI: 10.1186/s13012-015-0327-9
- Mate, G. (2012). In the Realm of Hungry Ghosts: A Close Encounter With Addiction. Toronto, ON: Vintage Candaa ed.
- Registered Nurses' Association of Ontario [RNAO]. (2015). Clinical Best Practice Guideline: Engaging Clients Who Use Substances. Toronto, ON: Registered Nurses' Association of Ontario.
- Registered Nurses' Association of Ontario [RNAO]. (2017). Addressing Substance Use Webinar eLearning Series. <https://elearning.rnao.ca/course/index.php?categoryid=7>
- SJCG Mental Health and Addictions Building Capacity Working Group (2017). Neurobiology of Substance Use and Mental Health Education Session [video].
- SJCG Mental Health and Addictions Building Capacity Working Group (2017). Reducing Stigma Through Compassion and Inclusion Education Session [video].
- Weber Long, S. (2014). Caring for People with Challenging Behaviours: Essential Skills and Successful Strategies in Long-term Care (2<sup>nd</sup> Ed.). Baltimore, Maryland: Health Professionals Press, Inc.