Nursing and Clinical Staff

This resource is designed for clinical practice staff, including practice nurses, Aboriginal health workers and other allied health professionals, who support patients with management of their chronic disease.

Clinical practice staff deliver meaningful whole of person care for patients. Your ability to spend longer periods of time with patients means you are ideally placed to use motivational interviewing techniques to engage patients and support them on their journey. This is particularly important for patients who use alcohol and other drugs (AOD).

When it comes to AOD, it is recommended that an AOD assessment is included in treatment planning for all patients, even if it is simply just screening for use. Use of AOD is common. Most Australians (85%) use alcohol, with 1 in 4 Australians drinking alcohol at risky levels. Roughly 10% of Australians use cannabis however, less than 5% use other illicit substances.[1]

The RACGP AOD GP Education Resource Library

The RACGP AOD GP Education Resource Library ('the Library') has been developed to help you streamline your consultations and treatment planning process where AOD use is a factor in the patient's chronic condition, or where AOD use is their primary chronic disease. The Library also contains an AOD Resource List of approximately 200 resources that you may find useful in a general practice setting. The AOD Resource List is searchable enabling you to quickly find the resources you need. It can be accessed at the bottom of every page.

We encourage you to explore the Library and bookmark the pages that you find particularly helpful, so that they are readily accessible on your desktop. You may also wish to create an "AOD treatment room file" and have the resources in a display book that can be easily accessed during a consultation.

There are four (4) main themes in the Library:

- How to effectively screen for AOD use.
    - Consider a practice audit for alcohol consumption.
    - Language and communication techniques that prevent patient shame and judgement.
    - How and when to use screening tools to support a patient history.
    - Pacing consults to invest in the therapeutic alliance.

- Motivational interviewing techniques, supporting patient engagement and readiness for change.
    - Roll with resistance and ways to support patient autonomy and choice.
    - Support harm minimisation and brief interventions after screening.
    - Agenda mapping, tailoring each consult to meet the patient where they are at.
    - Educate the patient and prepare them for change.
    - Goal setting to meet the patient's and practitioners needs, promoting autonomy and choice.

- Approaches to behaviours that GPs can find challenging, this includes emergency scenarios.
    - Deprescribing drugs of dependence.
    - Management of distressed or aggressive patients.
    - Management of those who present to the clinic intoxicated or in withdrawal.
    - Trauma informed care to keep practitioners and patients safe.
    - GP self-care, prevention of vicarious trauma and burn-out.

[1] Alcohol and Drug Foundation 2021. Accessed 19 May 2022. Why do people use alcohol and other drugs?

- Taking a longer-term approach to supporting patients with complex needs and associated comorbidities.
    - Optimising your MBS billing arrangements.
    - Personalised management plans.
    - Importance of team-care arrangements.
    - Resources to support a safe GP-led withdrawal for patients.

Motivational interviewing skills support patient engagement

Motivational interviewing skills are heavily promoted within the Library. These skills can assist in all aspects of chronic disease management by helping to engage patients and support behaviour change for a wide range of health care concerns. These techniques are particularly helpful when discussing stigmatised topics such as AOD use.

Some patients present to general practice with AOD use as their primary chronic disease. However, more often AOD use, particularly alcohol, is a co-factor in other chronic conditions.

When a patient presents for a consultation with an issue that does not directly relate to their AOD use, they are less likely to want to make any changes to their usage (this is the pre-contemplative stage). If the patient is aware of harms, and can see the benefits of changing, but are not yet ready, willing, or able to change, this is the contemplative stage.

Motivational interviewing helps clinicians to identify the patient's readiness for change, to "tap into" where the patient is at, where they want to get to, and draw upon their own motivations for change. You can use motivational interviewing in the way you educate patients, design, and agree to goals with patients, and co-design treatment plans. You may notice positive benefits of using this technique include less absenteeism and patients being more likely to adhere to their treatment plan.

Streamline AOD consultations and care planning

Outlined below are a series of suggested steps/prompts that may help you to streamline your consults for patients whose primary chronic disease is AOD use, or where it is a cofactor in another condition.

Resources are available in the AOD Resource List to support you through these steps, including patient handouts, flowcharts, templates, toolkits, articles with helpful tables and figures, instructional videos, and clinical guidelines. Use this as a guide to find the resources that you think might be helpful as a hard copy "treatment room" resource book.

In the initial consults (for pre-contemplative or contemplative patients)

- Develop the therapeutic alliance / initial screen for use. Search under l*anguage and communication* and s*creening tools* in the AOD Resource list for the following resources.
    - Power of Words (language that prevents shame and judgement)
    - Audit C (alcohol)
    - ASSIST (all substances)

- Raise awareness of existing chronic conditions and the association with AOD use. Search under *comorbidities* in the AOD Resource List.

- Assess the Readiness/Willingness/and Ability of the patient for change. Search under *motivational interviewing* in the AOD Resource list and watch videos on the *AOD screening* or *Approaching those who don't want help* sections of the Library.
    - Motivational interviewing, OARS, or Ready/Willing/Able.
    - Develop discrepancy and roll with resistance.

- Brief interventions, including provision of harm minimisation advice, on the assumption that AOD use will continue. Search under *brief Intervention* and *harm minimisation* in the AOD Resource list for the following resources
    - The FRAMES approach.
    - Insight QLD's two-page ultra-brief interventions toolkit.

- Conduct a more comprehensive assessment for those identified at higher risk of harm. Search *Aboriginal and Torres Strait Islander people*, *custodial health*, *LGBTQIA+*, *pregnancy homelessness rural health*, y*oung people*, for resources targeted at higher risk populations.
    - Allow multiple visits to take a comprehensive substance use history, as well as exploring social/psychological/biological factors, in particular the role of AOD use in the patient's life.

When developing personalised management plans (for patients in preparation and action phase)

- Develop a GP management plan or team care arrangement for substance use disorder (SUD).
    - Search for *template* in the AOD Resource List for templates you can adapt.

- Utilise chronic disease, mental health, and team-arrangement billing items.
    - Search for O*ptimising the MBS* in the AOD Resource list.

- Undertake agenda mapping / determine the patient's motivators to change.
    - Refer to the *How to approach patients who don't want help* and *Complex cases and comorbidities* sections of the Library.

- Agree on treatment goals – for the patient and GP. Aim for a shared agenda.
    - Refer to the *How to approach patients who don't want help* and *Complex cases and comorbidities* sections of the Library.

- Educate the patient, preparing them for the steps involved. Search under *withdrawal management* in the AOD Resource List.
    - For alcohol withdrawal, how to take a CIWA or ASSIST and how to assess other substance withdrawal.
    - For deprescribing drugs of dependence, alleviate patient concern regarding increase in pain or potential withdrawal symptoms.
    - For engaging in opioid pharmacotherapy, set boundaries and expectations, permits and other procedural requirements.

- Identify any trauma informed care needs. Search under *trauma informed care* in the AOD Resource List for specific resources.
    - Triggers, preference to be seated in the waiting room or wait outside and be called in when clinician is ready.
    - A whole of practice approach is helpful.
    - Helps clinicians to identify trauma symptoms and prevent scenarios that evoke memories of trauma for patients.
    - Use flow-charts to support management of emergency scenarios.

- Tackle absenteeism by scheduling reoccurring visits for the time of day that they are "at their best."

- Develop a crisis plan.

- Review current medication treatment plans – weaning / stable / increasing.

- Identify and coordinate a team to support you and the patient on their journey.

Relapse prevention and self-help strategies (to support patients in action and maintenance phase)

- Consider a social prescription to support patients with connection to community, including peer-groups such as Alcoholics Anonymous (AA) or Narcotics Anonymous (NA).
- Explore apps on smartphones that can help patients maintain their goals and cope with cravings.
- Advice to help patients cope with cravings include:
    - delay
    - distract
    - deep breathing
    - drink water
    - positive self-talk
    - relaxation and imagery.
- Offer assistance (as appropriate) with non-medical issues that are priorities for the patient, (such as housing services, Centrelink, repair relationships with family/ friends).
- Promote the use of patient resources or self-help strategies. Search under *patient resources* in the AOD Resource List.
- Aim to instil hope in the patient, using CHIME and FRAMES to structure advise after lapse or relapse, focusing on the patient's strengths and resilience. Search for *FRAMES*, *Out-of-home care toolbox*, *YoungparentsAOD Toolbox* and *YouthAOD Toolbox* in the AOD Resource List.

Prioritise your self-care

Everyone deals with the challenges of working in a fast-paced general practice setting differently. Vicarious trauma and burn-out is a very real issue for those who support patients who use AOD. Consider ways that you can ensure your own health is optimised, and not impacted by the important work that you do every day.

Things that can help maintain good health include strategies to optimise the physical activity in your life, eating and sleeping well, finding ways to mentally wind down and investing in healthy social relationships.

Once you finish work, if you find your mind is unable to 'let go', remaining focused on the working days' events, or if you find yourself using alcohol or other drugs as a manner to cope with the stress, please seek further support.

Your own GP can be a great source of help. Additional resources for those who work in the health sector can be found in the AOD toolbox, or visit healthdirect.

Emergency scenarios

While most patients with AOD issues are help-seeking and 'blend in' with the rest of the clinic patient population, conversations with some patients can be challenging due to a range of factors, including:

- histories of life trauma
- AOD use
- high health needs
- mental health problems
- stigma and difficulties outside of their medical treatment.

Anger or challenging behaviours are unlikely to be personal. They may be a symptom of their experiences with health systems or of their AOD use. Outward displays of anger or challenging behaviours may result from emotions such as fear, shame, loneliness, poor self-worth, and fear of abandonment. Patients may unconsciously transfer negative emotions from past experiences to their current situation.

In dealing with these challenging conversations, consider the following:

- Step back and look at the bigger picture.
- Ask yourself what the reason behind their attitude and behaviour is.
- Remember that it is normal for people to have emotions and it is important to handle a patient who is emotional with compassion.
- Portray your actions as being in the patient's best interest.
- Use a sequence of 'yes' questions. It is very hard to remain angry with someone who you keep agreeing with. e.g., 'Have I got that right?' or 'Is that what you mean?'
- Inform the treating doctor promptly, so that a safety/urgency assessment can be performed.
- Assess any safety concerns and put safeguards in place for support.
- Flag any behavioural concerns to the treating doctor.

Resources

- Read through the frequently asked questions on the *Challenging behaviours and safer prescribing* section of the Library to consider approaches to managing scenarios that GPs often find challenging:
    - What do I do if my patient is threatening to hurt themselves?
    - What do I do when I inherit a patient who is seeking scripts?
    - What do I do if my patient is ambivalent about their substance use?
    - What do I do if my patient doesn't stick to their treatment plan?
    - What do I do if I feel that my patient is trying to manipulate me?
    - What do I do if a patient presents in withdrawal or intoxicated and is agitated?
    - How do I support a patient on high levels of medication or polypharmacy?

- Search for "*flow chart"* in the AOD Resource List to access resources on how to de-escalate a situation and how to manage a patient in distress. These flow charts (with prompts) will help you to support the management of patients in an emergency and include symptoms of withdrawal/intoxication for common substance use.

- Search the AOD Resource List for the topic *suicide and overdose prevention*. These resources include instructions on how to use intramuscular naloxone or intranasal naloxone for opioid overdose.

- 'General Practice - A safe place' is a useful resource on patient-initiated violence in general practice. Its associated educational module has a range of cases and teaching content on how to avoid and manage workplace conflict.