

Patient Insights on Screening and Brief Intervention for Substance Misuse: A Qualitative Inquiry on How to Make these Conversations Work

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Background. ADEPT training prepares clinicians in the University of Missouri healthcare system to address misuse of alcohol and drugs. Motivational interviewing is at the center of our training and features partnering with patients to encourage autonomy in planning and decision-making. Sharing of key information between provider and patient is vital in discovering and developing the patient’s intrinsic motivation for change.

Objective. Learn patients’ feelings about being asked about substance use, and their ideas to make these conversations comfortable and engaging with the shared goal of improving patient health.

Methods. Semi-structured key informant interviews were conducted with 30 women who presented for clinic visits in one Ob-Gyn clinic, some of whom were pregnant.

Results. Patients viewed discussions about substance use as appropriate and important for the health of mother and child. Most who used substances prior to becoming pregnant reported that being pregnant changed their thinking and led them to decrease or quit using while pregnant. Many who told us that screening and intervention is appropriate also said they might feel differently about being asked if they were currently using. Their suggestions for making these conversations more comfortable and productive, and for increasing the likelihood that they would be honest and forthcoming when asked, include having the provider take more time to build trust and rapport, show genuine interest and caring, be non-judgmental about use of alcohol and other substances, discuss and educate rather than lecture, provide information on relevant resources, and importantly, assure confidentiality.

Conclusions. Patients expressed what is most important to them in approaching these conversations about substance misuse and abuse, and ensuring honest, productive interactions. Clinicians seeking to integrate care for these issues routinely may benefit from patient suggestions on best ways to engage and motivate them towards healthy behavior change.

Q1 How does it feel to be asked by your physician or nurse about use of alcohol and other substances?

Themes & Quotes

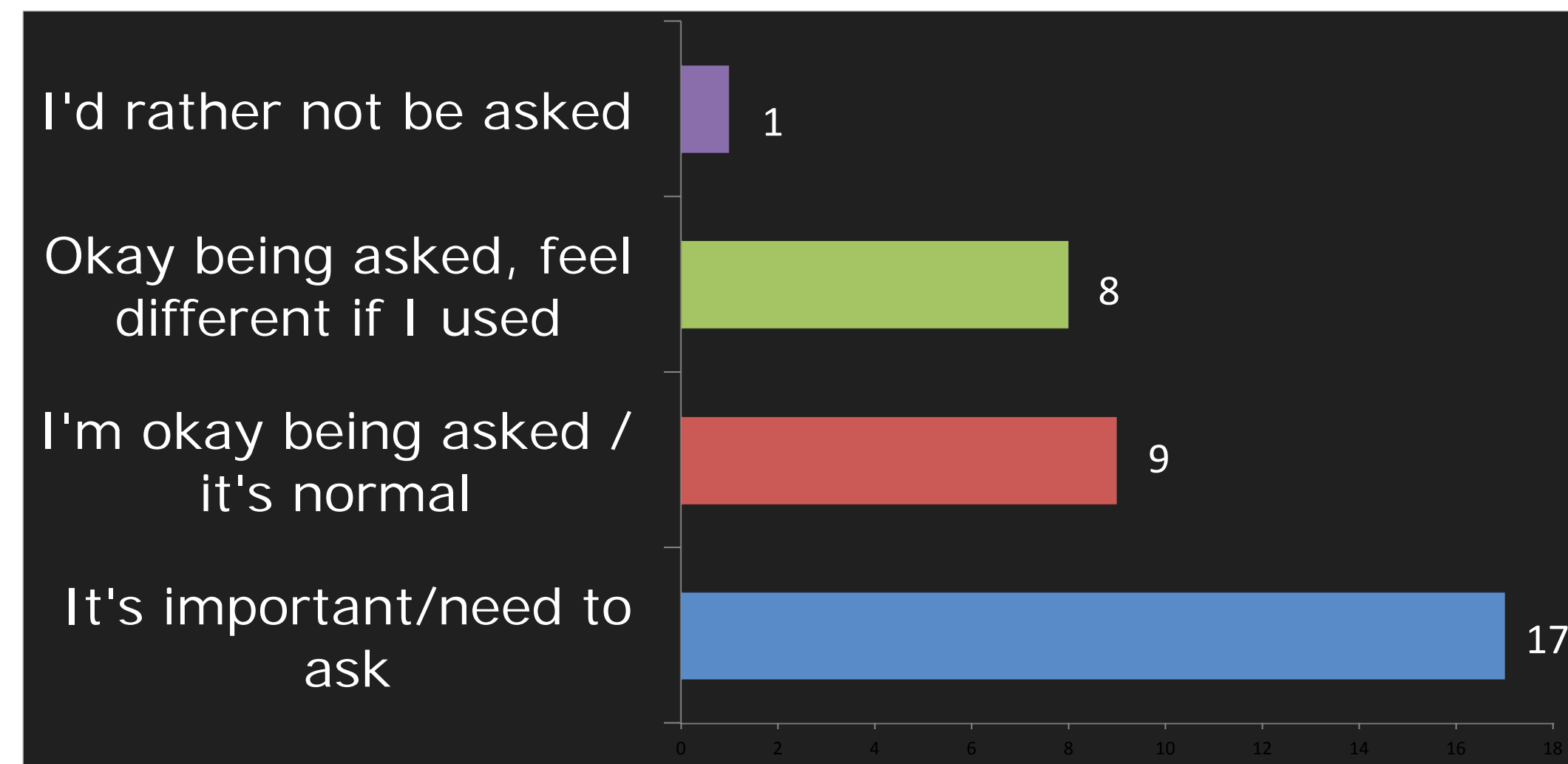
“I think **they just kind of...say, you know, ‘Are you or aren’t you?’**, and then it’s just kind of left alone. I don’t think that people are really open to talking about it... I guess cause **it’s kind of uncomfortable.**”

“**I think I’d be honest...** For me, someone else’s life is in your hands if you’re pregnant & you’re using. The **physician needs to be comfortable about it...** willing to help you seek help... not just say ‘Don’t do this’... having an **understanding** mind even though they’re concerned about the other life that you’re carrying.”

“**You can’t force** ...if you suspect something bad, **find that common ground** and talk, try to help as much as you can, but they have so much on their plate already... I have no idea what to do to help besides, you know, just saying, **‘We’re here for you, all of us.’**”

“The worry for people that do drugs is if they are honest about it, **are they gonna report it**, and if they got kids, you know what I’m saying...that probably will be the only thing that actually deters people from wanting to tell the truth.”

“**If you’re going to the doctor, they need to know everything to make sure they can treat you.**”



“Some [providers] seem **judgmental...** so that kind of makes you back up a little bit, like, ‘What should I say, what should I not say, **am I gonna offend her?**’”

“Make patients aware that anything you take in affects not only your own health but also the unborn child. Most women will think twice about using. Everybody has a choice; when you’re addicted it’s a lot harder. **Education is everything, and being comfortable with your doctor, to know they’re there to help you, not to judge.**”

“It’s **attitude, how you approach me.** Some nurses have attitude...I’m like ‘Okay, you have this little attitude. I’m not gonna talk to you.’”

“It’s weird when they ask **‘How much do you drink?’** ...**Is it daily or weekly or monthly?** If you drink but aren’t a regular drinker it’s tough to say ‘I do, but I don’t’; if you are a regular drinker, it’s kind of tough, I would imagine, to say ‘Yeah, I do.’”

“If you **talk to them like they’re a real person** they’re more comfortable and reveal more. If you get to know them it can make them open up and ask questions, like ‘Hey, I’m actually doing this. Would this be harmful if I’m only doing this much?’ **Just be there.**”

“I’m fine with it...I’m pretty comfortable cause you know, **they have a right to know.**”

Q2 What can we do to make these conversations most comfortable and productive?

Key Excerpts:

“Make it **conversational vs. lecturing**...when I talked with the intake nurse it was comfortable because everything was more **informative.** ...and **taking away that kind of pointing a finger**, like ‘You do this. You shouldn’t do this’...just ‘This is why you shouldn’t do this’ more than just ‘You shouldn’t do this.’”

“**Time**...Unfortunately time is an issue ...with the volume of patients each doctor has... unfortunately they don’t have a lot of time. I think the **patient might feel rushed and [like their concern] is insignificant.**”

“You should **ask about home environment.** Is everything okay?”

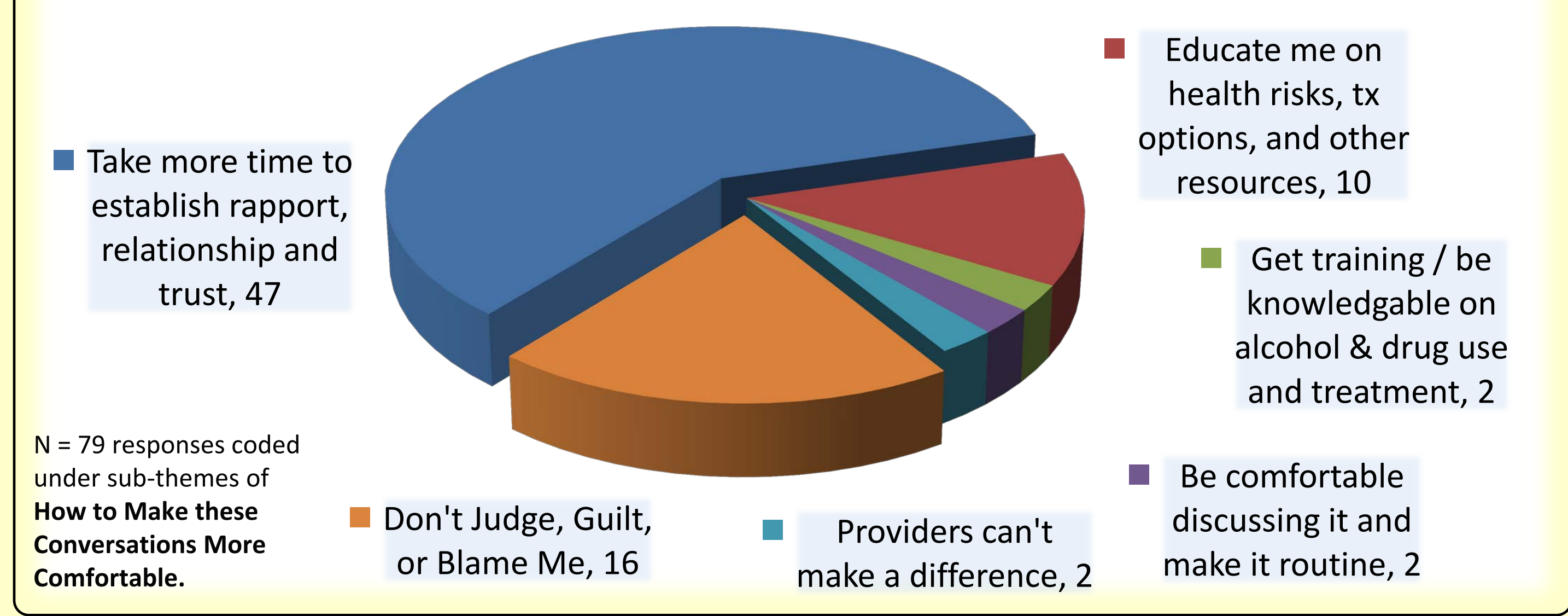
“**No judgment, No lecturing.** There are tones in voices. You can tell when somebody is like ‘What?!.’”

“With a pregnant patient **feeling guilty, instead of badgering & telling them how wrong it is, to find out what and how they use, you need to take a more individualized approach.**”

“Sometimes you feel like **they’re busy**, feel you may be asking too many questions. Or if you’re doing something wrong, it’s **more of a lecture than just explaining why not to.**”

“**Be non-judgmental...and just thorough about everything.**”

Emergent Themes per Patient Suggestions on How to Improve Conversations about Substance Use



“My doctor (I like) tries to stay active with me. She’s just very into the health care thing and trying to make sure that we are, you know, taken care of as patients, **individually.**”

“Bedside manner, **friendliness** & you have to be **nonjudgmental...** real important to have a nonjudgmental approach to it.”

“People are worried about **being judged**...I mean seriously, you don’t know anything about me. Maybe that’s part of, you know, feeling judged. They don’t want to be judged so they are less than honest.”

“**Talk nice, and try to understand.** Once that certain [condescending] tone is switched on, you feel like a little kid again and are gonna stop listening and be defensive. I don’t like judgment. **I don’t want people judging me.**”

“I’d be open, as long as it’s not negative & trying to instill something into me. The fact that you want to talk about it... I’m all ears. **It’s just not going to happen unless it’s something I want to change for myself.**”

“**Just be honest**... Dr. [X] is a great doctor and has helped me out ...explaining things to me, explaining quite well... I’m comfortable with him. **He makes me feel comfortable.** I don’t know how he does it...just his personality, I guess.”

MI Spirit (Miller & Rollnick, 2012) features:
Partnership
Acceptance
Compassion
Evocation
In their own words, patients express the importance of these as well.