Emergency Department Warm Handoff: For Opioid Use Disorder

1. Patient present with withdrawal symptoms? (No)
   - Patient present with opioid use disorder (Yes)
     - Patient present with opioid use disorder (Yes)
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HELPFUL HINTS/TECHNIQUES WHEN INTERACTING WITH AN INDIVIDUAL WITH A POTENTIAL SUD

• **Permission**: Asking permission to talk about the issue shows respect for the patient’s autonomy, which can help to minimize resistance. It keeps the conversation focused on the patient.

• **Open-ended questions**: Using open-ended questions can help the conversation move forward. Open-ended questions encourage patients to tell their story. Generally try to avoid questions that can be answered with yes, no or other one-word answers. And listen when the patient responds.

• **Listen reflectively**: The provider should focus on listening to the patient, using reflective listening as a tool. Reflective tools such as repeating, rephrasing and paraphrasing keep the focus on the patient and reveals behavioral change opportunities. Listening with an attitude of respectful curiosity is easier when the patient is held up as expert and the physician recognizes him or herself to be more of a companion in the process of change.

• **Affirmation**: Affirmation allows the provider to work with the strengths and acknowledge the patient’s efforts. Affirmation can build confidence. Affirmations must be sincere to be effective.

• **Roll with ambivalence**: As the patient talks, we are listening for information that could assist the patient in developing a plan to put them on course for less risky behavior. Listen for change talk, opportunities where the patient is willing and able to makes changes. Talk of change often produces “but” or “if” statements indicating ambivalence. Ambivalence is not indecision but rather the equal desire for two opposing realities at the same time. Acknowledging the ambivalence can be the first step to finding a way out of it. The interviewer should use one of the following techniques to illicit “importance” and “confidence” statements from the patient. When you hear ambivalence, help the patient identify the ambivalence.

• **Summarize plans**: Summarizing, or restating what you have heard, can be helpful at transitions or near the end of the conversation. If the patient has used a change statement, make sure to include it in your summary.

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