Helping with Addiction in Primary Care

Elizabeth Morrison PhD, LCSW, MAC
EM Consulting

Helping with Addiction in Primary Care

Elizabeth Morrison PhD, LCSW

Continuing Education Credit

Licensed Nursing Professionals

- This course meets the qualifications for **2.0 contact hours of continuing education credit** for nurses as required by the California Board of Registered Nursing, Provider #18090. The UCSF Center for Excellence in Primary Care is approved by the California Association of Marriage and Family Therapists (CAMFT) to sponsor continuing education for LMFTs, LCSWs, LPCCs, and/or LEPs. The UCSF Center for Excellence in Primary Care maintains responsibility for this program/course and its content.

Licensed Behavioral Health Providers

- This course meets the qualifications for **2.0 hours of continuing education credit** for LMFTs, LCSWs, LPCCs, and/or LEPs as required by the California Board of Behavioral Sciences, Provider #1032866. Any activities within the program that do not have instructional time are not offered for continuing education credit. Course completion certificates will be awarded upon completion of course evaluations. *Documentation must be retained by the Participant for a period of four years after the conclusion of this program*.

1. Check-in; poll
2. Addictive Disorders
3. Stigma, Bias, Judgment
4. Small Group Discussion
5. **How can we help?**
6. Practice

What About Us?

Join at menti.com | use code 5618 8813

Mentimeter

Have you (or are you) struggled/ing with an addictive disorder?

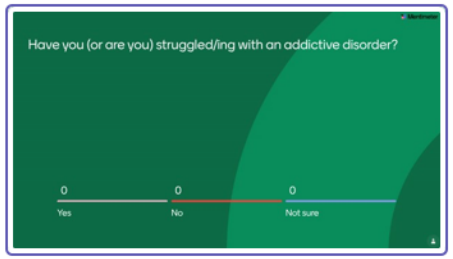
0	0	0
Yes	No	Not sure

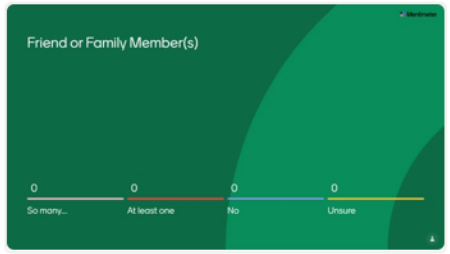
EM

Menti

addiction

Choose a slide to present





Join at menti.com | use code 5618 8813

Mentimeter

0 So many....

0 At least one

0 No

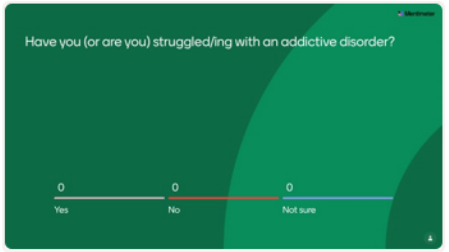
0 Unsure

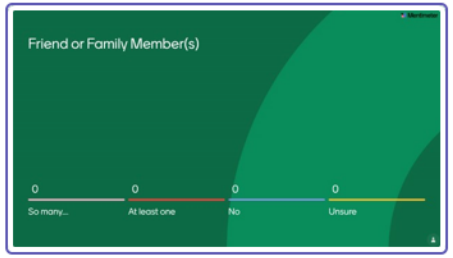
EM

Menti

addiction

Choose a slide to present





QUIZ

Which chronic disease has the highest relapse rates?

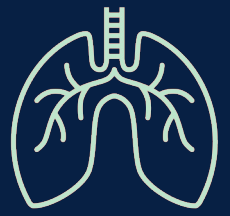
A Diabetes

B Asthma

C Addiction

D Hypertension

15-30%
Diabetes



50-70%
Asthma

40-60%
Addiction

50-70%
Hypertension

10%
Gaming

Work

3-5%
Food

6-14%
Internet

Shopping

3-4%
Sex

1-5%
Gambling

Exercise

1. Using more often and for longer than was intended.
2. Persistent desire or unsuccessful efforts to cut down or control use.
3. A great deal of time is spent in activities necessary to use
4. Craving, or a strong desire to use

Loss of control

5 Recurrent use resulting in a failure to fulfill major role obligations

7 Important social, occupational, or recreational activities are given up or reduced

6 Continued use despite having persistent or recurrent social or interpersonal problems

8 Recurrent use in situations in which it is physically hazardous

9 Continued use despite recurrent physical or psychological problems

Use in spite of consequences

10 Tolerance

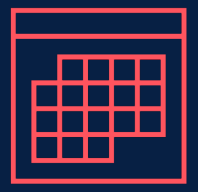
11 Withdrawal

Bio-physio changes

What is not here?

Type of substance

Anger



Frequency of use

Law-breaking

Less than 1 in 10 people who need addiction treatment, *get it*.

This is much lower for people of color.

Everything you do to help is SO IMPORTANT!

QUIZ

Having lived experience of an SUD makes people more effective helpers...

Stigma toward addictive disorders

is increasing

Cause & Choice

Stigma, judgment & bias
are harmful

Research on Stigma Harm

Medical Conditions

Mental Health

Substance Use Disorders

SCREENING!

FEAR

“You are going to die if you keep using"

PUNISHMENT

Jail, Prison, Probation, CPS

SHAME

“You need to think about your kids now”

Most of us have been conditioned to relate to substance use in **STIGMATIZING** ways

Street Drugs

High Utilizer

Dirty UA

Lying

Addict

Tweaker

Crackhead

Non-compliant

Drug Seeking

Abuser

Judgment “leaking”

Tone & Body Language

Scolding: What did you expect?

Should, must, need to, have to...

Lack curiosity, questions

Lack of friendliness, warmth

Where do our SUD biases originate?

- Movies & TV
- Family
- Culture & Religion
- Peers
- School
- Our Experience
- Magazines & Books
- Workplace

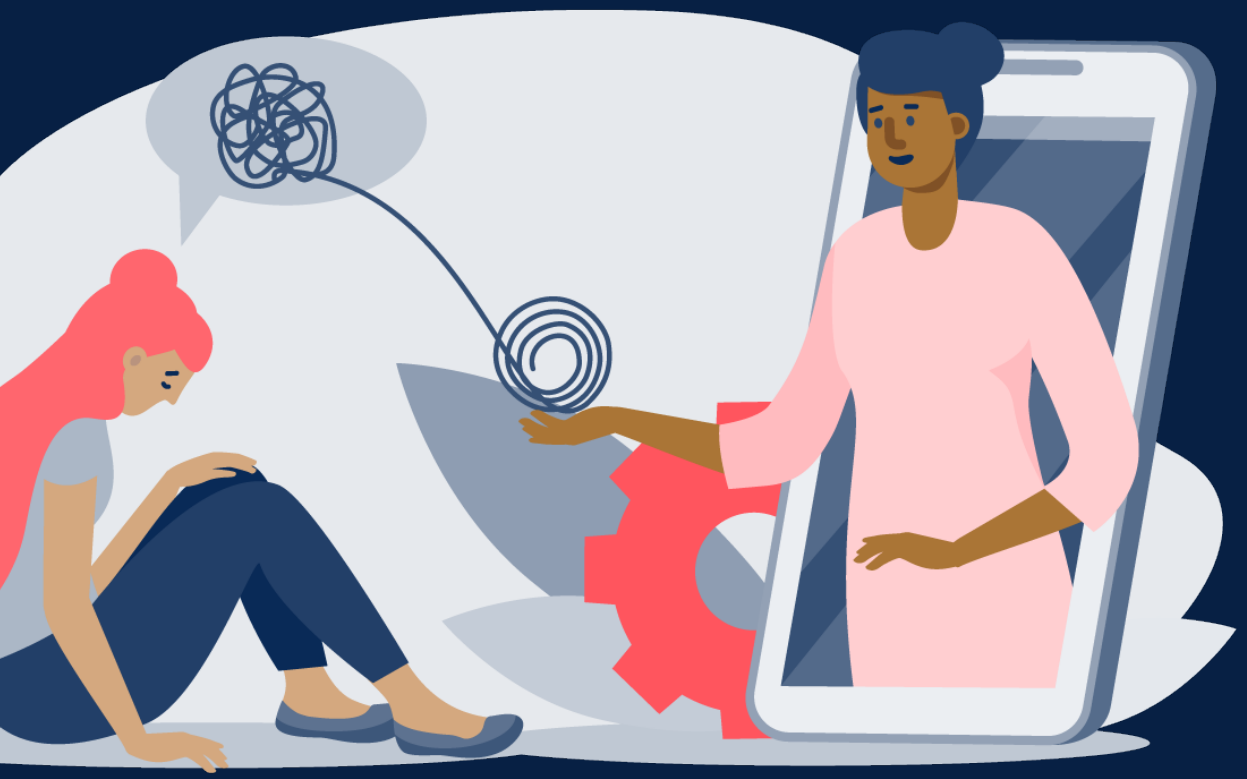
Let's chat!

Share what you know about your SUD biases...what they are, where they may have come from, how you are handling them...

What does NOT work for you when others try to help you make a change?

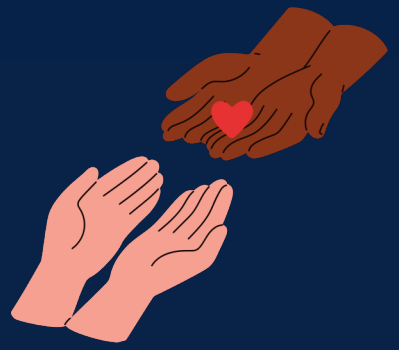
You need to tell him how you feel...	ADVICE
You were probably afraid about what he thought...	ASSUME
Have you thought of...	ADVICE
There's nothing to worry about...	REASSURE
You son didn't mean that – he does love you...	MEDIATE
At least you had your father for that long...	MINIMIZE
Every situation has a silver lining...	MEANING MAKING
Well, what did you expect...	JUDGMENT

Empathy
is Healing



The foundation of EVERY SINGLE counseling approach, theory, strategy or philosophy is...

Empathy



Empathy

Judgment

Empathy Research

Medical Conditions

Mental Health

Substance Use Disorders

IPV
Parenting
Public Health

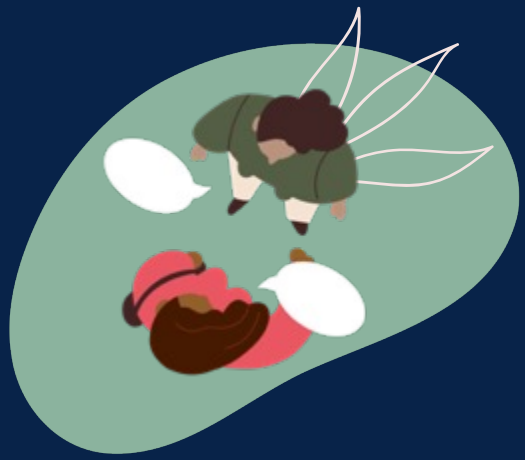
How?

Empathy
MUST BE
RECEIVED
to be effective.

Communicating Empathy

Friendly Body Language

Affirming Strengths



Empathic Reflection

Countering Shame

Open Ended Questions

Acknowledging Feelings

Home Stance

Friendly Body Language

Affirming Strengths

Empathic Reflection

Countering Shame

Open Ended Questions

Acknowledging Feelings

Where are you strong?

What is more challenging?

Open Ended Questions:

Tell me more (about)...

How (did you/are you)...

What are your thoughts about...

Empathic Reflection:

I hear...

It sounds like...

You are...

Acknowledging Feelings

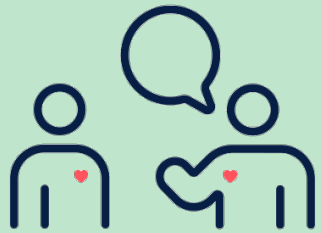
- ✓ *Acknowledging feelings* communicates empathy for most people.
- ✓ It demonstrates we are *not scared or distressed* by their feelings.
- ✓ We don't have to be 'right' about the feeling

We don't need to "fix" feelings.

I can hear you are feeling sad...

It sounds like it was frustrating for you...

I can see you are hurt...



Sharing: Something MILDLY troubling

Practicing:

1. ***Empathic Reflection of Feelings***
2. ***An Open-Ended Question***

Countering Shame

Communicating belonging, normal-ness, human-ness

Many people are...

We all sometimes...

It is so common...

Signs **boundaries** may be necessary, to feel empathy:

Telling others what to do, repeatedly

Giving advice **without** someone asking

Doing things for others that we are **angry** about

Criticizing, to get someone to change

Arguing to get them to change

www.emorrisonconsulting. com

Elzabeth@emorrisonconsulting.com