## University of Kentucky College of Medicine

## Substance Use & Serious Illness Conversation Guide

Set the scene. Because many of these conversations occur in clinical settings, it's important to ask about individual preference for where and with whom the conversation should happen

### "Why are you asking these questions?"

"I'm asking because I'm concerned about your health." Patients may need to hear this repeated several times. If running into hesitancy about having the conversation, consider taking a time out and inviting the patient to provide a time when you can return to this conversation.

## When SUD recovery and/or remission is lower on the priority list

Consider the following potential drivers of lower prioritization of recovery/remission:

- Different explanatory model of SUD or their serious illness.
   Consider exploring what that model is.
- Different weighting of time or function. Consider breaking down short and medium-term goals.
- Different views from family/ friends heavily influencing patient. Consider finding 1:1 time with the patient

I want to use the next 5-10 minutes to discuss your illness—is that ok with you?
What symptoms do you feel need more attention?
Are there symptoms that you feel your team is <u>not</u> addressing adequately
because you use/d [substance]?
What symptoms get/got <i>better</i> when you use/d [substance]? What symptoms get/got <i>worse</i> ?
What else would you want your team to know about you as a person? What would you want them to know about your use of [substance]?

#### ASSESS PROGNOSTIC AWARENESS

SYMPTOM AND STIGMA CHECK-IN

3 F	5 PROGNOSTIC AWARENESS			
	What is your understanding of your illness?			
	Do you know any friends or family members with this illness?			
	How do you anticipate [main symptom of concern] will change over time or with [intervention]?			
	How do you see your illness impacting your [substance] use or recovery?  Recently, have you felt that addressing your substance use is no longer important?			

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When should we check in next?

### **Goals** regarding substance use will likely fall into three categories:

- Maintaining current use, but attempting to reduce harm (Rx: referrals to syringe exchange programs, naloxone Rx, or peer support)
- Reducing current use (Rx: evidence-based medications, referral to residential or outpatient program, or peer support / mutual help)
- Addressing other health or social issues, and revisiting a change in use in the future: (Rx: referrals to syringe exchange programs, naloxone Rx, or peer support)

#### General Tips:

- Write it down! Capturing patient goals, hopes, or worries on paper make it easier to revisit these in the future and explore why priorities may have shifted
- Remember Strengths! Remind patients of the tools and resilience they already have

DISCUSS HOPES & WORRIES	
When you think about your overall health, what are your hopes?	
When you think about your overall health, what worries you?	
☐ How do you see [substance] use impacting your hopes? And your wo	orries?
☐ Would it be ok if I share a concern?	
When I hear [patient hope], I am concerned that [barrier] migway of that.	ght get in the
When I hear [patient worry], I am concerned that you're not account your [patient strength].	taking into
☐ What do you think?	
ALIGN AND EXPLORE NEXT STEPS	
I wish we had clear answers on how to address these challenges. To	start, I think
exchanging some ideas will help.	
To address [patient goal #1], I wonder what additional information y know about [intervention A, B, C]?	ou want to
☐ What do you think is the next step in achieving [patient goal #1]?	
Given what you've shared with me, I recommend	, and I want
to hear what you think about that.	