

# INCREASE PATIENT COMFORT

## INTRODUCTION

Health care visits can be stressful for anyone, but patients with substance use disorder (SUD) may experience more discomfort. Due to both external and internal stigma, a patient may find it difficult to answer questions or talk about substance use. When patients know they will not be judged or dismissed because of substance use, they can provide the necessary information to receive the most effective care. This requires a patient to trust their provider and be comfortable with their care.

This resource provides the following tips to increase patient comfort:

- **Screening introduction** techniques and best practices.
- **Language replacement** for stigmatizing verbiage.
- **Refusal response** to help increase substance use disclosure.



## SCREENING INTRODUCTION

**Normalize** the Screen:

"We ask all of our patients some questions about lifestyle behavior."



Be **Transparent**:

"We ask these questions so we can provide the best healthcare possible."



Address **Confidentiality**:

"Your answers to these questions are kept confidential."



Ask **Permission**:

"Is it okay if I ask a few questions about your substance use?"

## LANGUAGE REPLACEMENT

Stigma can be perpetuated by the way we talk about SUD. The words we choose have a **measurable effect** on the way that individuals with SUD perceive themselves and are perceived by others.<sup>1</sup> Using stigmatizing and negative language to describe people with SUD can **negatively impact** their physical and mental health.<sup>2</sup>

### Current Terminology

Addict, abuser, junkie
Substance abuse
Denial
Relapse
Relapse prevention
Clean/sober
Resistant to treatment



### Alternative Terminology

Person with a substance use disorder
Substance use disorder
Ambivalence
Recurrence
Recovery management
Drug-free
Choosing not to

## REFUSAL RESPONSE

- Refusal may indicate patient ambivalence.
- Ambivalence happens when someone values both the old behavior and the new behavior.<sup>3</sup>
- Ambivalence can create conflict within the individual and can make the individual feel stuck.<sup>3</sup>

**"I don't have time and am not interested."**

"These are only a few questions we ask everyone so we can understand all aspects of your health. Do you mind if we take time to go through these together?"

**"Why are you asking?"**

"This is now part of our new routine for complete patient care."

**"I don't have any substance abuse"**

"Thank you for sharing with me. We ask every patient these questions to understand all aspects of their health."

**"I think this is an invasion of privacy"**

"All of the information you share with us today is confidential."

1. van Boekel, L. C., Brouwers, E. P., van Weeghel, J., & Garretsen, H. F. (2013). Stigma among health professionals towards patients with substance use disorders and its consequences for healthcare delivery: systematic review. *Drug & Alcohol Dependence*, 131(1-2), 23-35. 2. Kelly, J. F., Saitz, R., & Wakeman, S. (2016). Language, Substance Use Disorders, and policy: The need to reach consensus on an "Addiction-ary". *Alcoholism Treatment Quarterly*, 34(1), 116-123. doi:10.1080/07347324.2016.1113103. 3. Miller, W. R., & Rollnick, S. (2013). *Applications of motivational interviewing*. *Motivational interviewing: Helping people change* (3rd edition). New York, NY, US: Guilford Press.