CORE SKILLS FOR NURSES TREATING OPIOID USE DISORDER

SESSION 2
OBJECTIVES

- Identify core skills of nurses treating opioid use disorder
- Describe the trajectory of treatment with buprenorphine for opioid use disorder
- Discuss the application of core skills throughout treatment and in different treatment settings
CORE BELIEFS

- Addiction Is Not a Moral Failure
- OUD Is Treatable
- People Get Better
- Relapse Is Expected
- Language Matters
• **Person-first**
  – Person with substance use disorder
  – Person with opioid use disorder
• **Examples of preferred language**
  – Use disorder
  – Medication treatment
  – Negative or positive urine test
  – In remission or in recovery
Four Treatment Stages

1. Screening and Intake
2. Medical Induction
3. Stabilization
4. Maintenance
CORE SKILLS

1. Patient Engagement
2. Assessing Treatment
3. Treatment Planning
4. Adjusting Treatment
5. Care Coordination
CORE SKILL # 1: PATIENT ENGAGEMENT

• Motivational Interviewing
  – Adopt the “MI spirit”
  – Partnership
  – Acceptance
  – Compassion
  – Evocation

• Empathy

• Flexibility

• Curiosity
CORE SKILL # 2: ASSESSING TREATMENT

• **Evaluating medication effectiveness**
  – Craving, withdrawal, administration, adherence
  – How much medication do you have left?

• **Addressing Lapse**
  – Get the story: what, who, when, where
  – What would be helpful?
  – Relapse prevention plan

• **Interpreting and responding to UDT results**
  – Is there buprenorphine?
  – Are there opiates?
  – Are there other illicit substances?
  – Prescription Monitoring Database

• **Identifying “progress in treatment”**
  – Pt may make progress in other domains before stopping substance use
CORE SKILL # 2: ASSESSING TREATMENT (CONT’D)

• On-going evaluation for depression and anxiety
  — PHQ-9
  — GAD-7

• Suicide assessment and safety planning

• Sleep hygiene

• Evaluating goals with patient
  — Patient goals
  — Provider goals
CORE SKILL #3: TREATMENT PLANNING

• Appointment frequency
  – Duration at current interval
  – Next step

• Support services
  – MH
  – Pain management

• Recovery groups

• Recovery activities
  – Family, friends
  – Work
  – School
  – Legal entanglements
  – Exercise
  – Spiritual practice

• Harm Reduction
CORE SKILL # 4: ADJUSTING TREATMENT

- Longer appointment intervals for stable patients
- Shorter appointment intervals
- Shorter prescriptions (weekly)

- Recovery support groups
- Behavioral health services
- Intensive outpatient treatment

- Daily observed dosing of buprenorphine at an OTP
- Inpatient treatment with buprenorphine
- Methadone maintenance treatment
CORE SKILL # 4: ADJUSTING TREATMENT

• **Team-based decision making**
  – Weekly team meeting
  – Difficult decisions made together
  – Keeps treatment group accountable

• **Treatment transition**
  – Bridge patient until new treatment is established
  – Warm hand-off
  – Continued contact through transition
Patients with OUD may have co-morbid conditions

- Pain
- Mental health diagnosis
- Hepatitis C
- Endocarditis
- Soft tissue infection

Or the unexpected/expected happens:

- Pregnancy
- Surgery
- Injury
NCM may be coordinating care across systems and disciplines

Systems may not be limited to healthcare:
  - Employment
  - Legal
  - Family Services
CORE SKILL # 6: PROFESSIONAL DEVELOPMENT

- Identify your mentors
- Identify areas of competence
- Identify your resources
- Identify areas for professional development

Create a Professional Development Plan
Prompt

1. Write down any big ideas from this session.
### Lunch

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<thead>
<tr>
<th>Time</th>
<th>Location</th>
<th>Topic</th>
<th>Presenter</th>
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<tbody>
<tr>
<td>11:00 – 12:00 PM</td>
<td>Shades Conf. Room</td>
<td>Core Skills For Nurses Treating Opioid Use Disorder</td>
<td>Addy Adwell RN, BSN</td>
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<tr>
<td>12:00 - 1:00 PM</td>
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<td>Lunch (On Your Own)</td>
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<tr>
<td>1:00 - 2:30 PM</td>
<td>Shades Conf. Room</td>
<td>Polysubstance Use in the Treatment of Opioid Use Disorder with Buprenorphine</td>
<td>Mark Duncan MD</td>
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<td>2:30 - 2:45 PM</td>
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<td>Break</td>
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<tr>
<td>2:45 – 4:00 PM</td>
<td>Shades Conf. Room</td>
<td>Clinical Challenges and Comorbid Conditions</td>
<td>Mark Duncan MD</td>
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<td>4:00 PM</td>
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<td>Adjourn</td>
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