Working with MATx Patients:
The Rules of Engagement
10 Rules of Engagement

1. Do a self-assessment of attitudes.
2. Create a culture of compassion.
3. Be realistic.
4. Know your role & your limits.
5. Own your feelings.
6. Watch your mouth.
7. Do not get into power struggles.
8. Learn motivational enhancement techniques.
9. If you don’t know, ask.
1. Do a self-assessment of attitudes

- What are your attitudes, beliefs, values about addiction, and/or drug use, in general?

- Do you know or love someone who struggles with addiction?
  - How has this impacted you?

- What is your own substance use or abuse history?
  - How does this shape your attitudes?
    - “I got clean on my own, why can’t this person? (too rigid)
    - “I know how difficult it is, this person needs more leniency. (too enabling)

- If you have unresolved issues around any of the above, seek help before you dive into treating others who struggle with addiction.
2. Create of culture of compassion.

- Start where the patient is.
  - Have realistic expectations (see rule #2).
- Trust (but verify).
- Do not gossip or speak ill of patients with other staff.
- Model person-centered language with staff.
- Keep your own motivations in check.
  - Think first, speak second.
- Take time for self-care.
  - Compassion for self creates more space for compassion for others.
3. Be realistic.

- Addiction is a chronic, relapsing disease.
  - Relapse is part of recovery. If we become punitive or punishing while treating patients, they are less likely to engage.

- Patients in active addiction lie, cheat, steal and manipulate to get what they think they need.
  - Manipulation has worked for them. In many cases, manipulation is a survival skill.
  - We cannot expect them to suddenly stop these behaviors w/o having them learn other ways to get their needs met.
4. Know your role and your limits.

- We cannot treat this disease, alone.
  - Recovery is multifaceted.
- We are not responsible for a patient’s relapse.
- We will not work harder than the patient.
  - Don’t be a rescuer, or you will drown too.
- We must maintain professional and ethical boundaries.
  - Providers who work with those struggling with addiction often burn out due to unhealthy boundaries.
    - Boundaries that are too rigid.
    - Boundaries that are too diffuse.

- We must be aware and check in with our own internal experiences while interacting with patients.
  - How is my current internal state impacting me in this moment?
5. Own your feelings.

• Our feelings are our own, and we have to own them.
  • Patients behaviors do not MAKE us angry.

• If we find ourselves becoming emotionally flooded during an interaction with a patient, it’s a signal that we need to stop and reflect on what is happening.

• We can only be manipulated if we allow it.
  • Pay attention to your gut.
6. Watch your mouth.

- Use person-first language.
  - Patient who struggles with addiction, rather than “an addict.”

- Don’t use stigmatizing terms:
  - Junkie, addict, abuser, drug-seeker
  - Dirty (as in positive drug screen)
  - Get “clean”
  - Habit (implies there is simply a lack of will power)

- Don’t use shame, guilt, or fear-mongering to coerce into compliance.
  - “Don’t you love your children enough to get clean for them?”
  - “If you don’t stop using, you will be dead within 6 months.”
7. Do not engage in power struggles.

- Direct argument and aggressive confrontation will increase client defensiveness and reduce the likelihood of behavioral change.

- Ambivalence about substance use (and change) is NORMAL and constitutes an important motivational obstacle in recovery.

- The alliance between you and the patient is a powerful tool that can, and should, be used in each visit to slowly and consistently move the patient towards their goal of long-term recovery.

- An empathic, supportive, yet directive, style provides conditions under which change can occur.
8. Learn motivational enhancement techniques.

- Take a motivational interviewing training.
  - It is the most effective tool for working with people who struggle with substance-use disorders.
    - Express empathy through reflective listening.
    - Develop discrepancy between clients' goals or values and their current behavior.
    - Avoid argument and direct confrontation.
    - Adjust to client resistance rather than opposing it directly.
    - Support self-efficacy and optimism.

9. If you don’t know, Ask.

• If something comes up that you are unsure how to handle, or you feel like the pieces are not fitting together, ask for help.
  • Get consultation
  • Attend an ECHO clinic 😊

• If you aren’t sure what a patient means, ask them to clarify.
  • i.e. drug culture, slang, etc.

• Be humble.
  • We cannot truly be culturally competent. We must be culturally humble.
10. Practice self-care

• Again, compassion for self creates more space to have compassion for others.

• We must take time for ourselves and practice good self-care in order to be present, mindful, and engaged with our patients.
  • We cannot give to others what we do not have.