



Even short appointments can help with substance use disorders

PANELISTS

Dr. Melissa Holowaty • Dr. Kimberly Lazare • Dr. Stephanie Zhou

WITH

Dr. Javed Alloo



September 28, 2022

Practising Well: Your Community of Practice



We acknowledge that the lands

on which we are hosting this meeting include the traditional territories of many nations.

The OCFP and DFCM recognize that the many injustices experienced by the Indigenous Peoples of what we now call Canada continue to affect their health and well-being. Even today, as we meet in this virtual space for reasons of improving wellness, many Indigenous communities face barriers of access to the internet and the opportunities it brings.

The OCFP and DFCM respect that Indigenous people have rich cultural and traditional practices that have been known to improve health outcomes.

I invite all of us to stay mindful and reflect on this from the territories where you sit or stand today, as we commit ourselves to gaining knowledge, forging a new, culturally safe relationship, and contributing to reconciliation.

September 30 is

- National Day of Truth and Reconciliation
- Orange Shirt Day



<https://youtu.be/EuW4WbekhxY>

<https://www.youtube.com/watch?v=c3q7byZhbaI>

Hear Phyllis Webstad's story about her, her mother and her grandmother's experiences in residential school, and her Orange Shirt Day.



<https://www.orangeshirtday.org/shirt-retailers.html>

<https://shopnan.ca/products/orange-shirt-day-t-shirt?variant=42860773933219>



Nishnawbe
Aski
Nation



Native-land.ca

During Truth and Reconciliation Week we can teach truth with dignity-we can share Residential School pain but we must also cover resilience & Indigenous contribution-we cannot simply re/victimize our students-we must educate them about Indigenous contribution to our modern world.



Dominic HK Beaudry
@DhkBeau

OjibweOdawaEducator
Ontario



Indigenous voices & stories



<https://www.youtube.com/watch?v=05rXdRi6pkc>



<https://www.cfweradio.ca/news/alberta-news/netflix-teams-with-indigenous-writers-for-new-kid-show/>

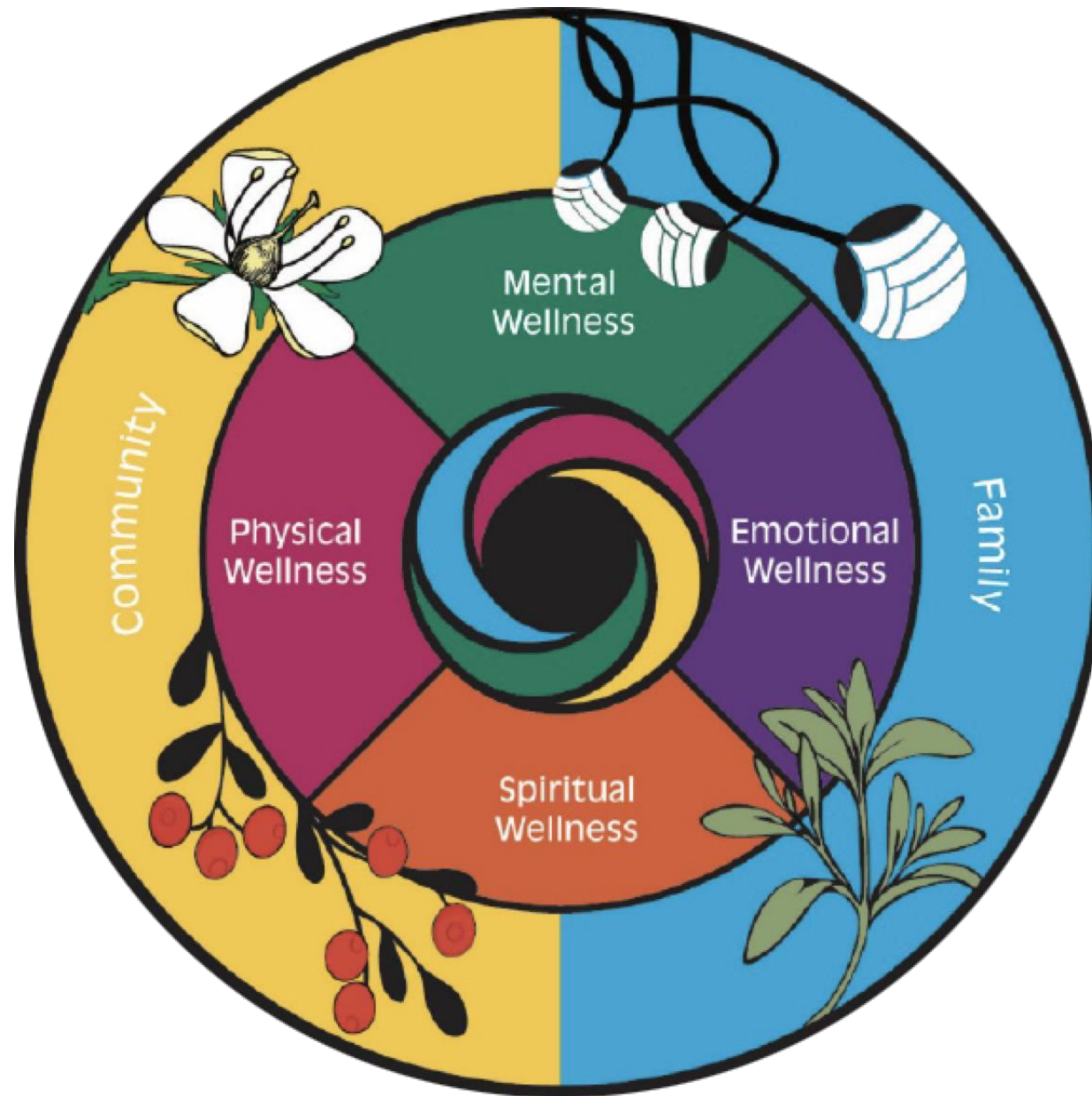
<https://ottawa.elmntfm.ca/blog/2021/01/08/10-family-friendly-indigenous-films-tv-shows-to-educate-your-kids/>

<https://www.torontopubliclibrary.ca/books-video-music/books/booklists/read-indigenous.jsp>



Medicine Wheel

First Nations, Inuit
and Metis Wellness
ECHO at CAMH



Your Panelists: Disclosures



Dr. Melissa Holowaty @MnHolowaty

Relationships with financial sponsors (including honoraria):

- OCFP Practising Well – SPC member, Implementation Group co-chair, CoP Speaker
- OMA – Board Director
- CFPC – Chair, MIG Addiction Medicine
- ECHO Liver, META:PHI – Advisory Board Member
- Stonehenge Treatment Community, Allergan, Abbvie – Speaker



Dr. Kimberly Lazare @KimLazare

Relationships with financial sponsors (including honoraria):

- Ontario College of Family Physicians – Practising Well CoP Speaker



Dr. Stephanie Zhou @stephanieyzhou

Relationships with financial sponsors (including honoraria):

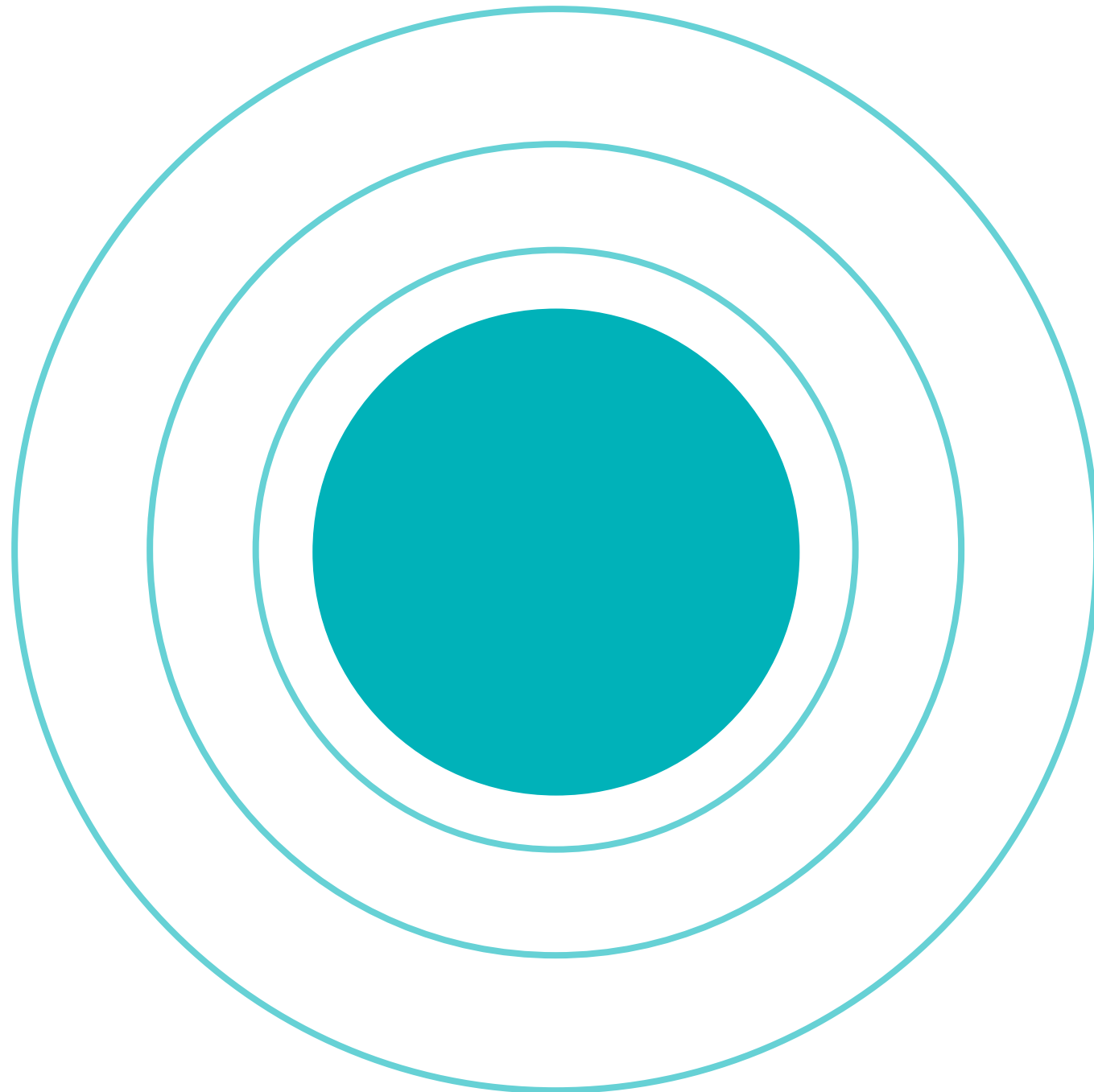
- Ontario College of Family Physicians – Practising Well Implementation Group Member, CoP Speaker
- Canadian Medical Association – Honoraria for practice management lectures
- Habitat for Humanity GTA – Board of Directors member

Disclosures

Dr. Javed Alloo @javedaloo

Relationships with financial sponsors (including honoraria):

- Ontario College of Family Physicians, Ontario Medical Association, Centre for Effective Practice, Centre for Addictions and Mental Health, Trillium Hospitals, Memotext, Canadian Partnership Against Cancer – Honoraria, Consulting, Employed
- Canada: Novo Nordisk, Boehringer Ingelheim, Lupin, Astra Zeneca – Advisory Boards
- CIHR, U of T – Research Grants





Even short appointments can help with substance use disorders

You raised important questions we'll try work through together today:

1. What are the high yield questions/interventions to use?
2. How do you address the problem when the patient isn't ready?
3. What are some tools we can use after the initial assessment?

And other questions you add in the Q&A box... 

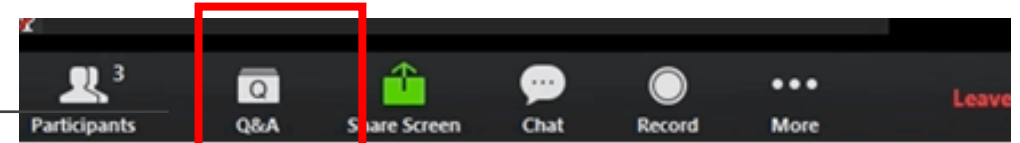
How to Participate



Q&A

Use the Q&A window to ask questions to the panelists; some questions will be answered verbally and some answers will be written directly in the Q&A window.

Click “thumbs up” to up-vote questions you see on the list, to make sure they’re answered



Q&A

All questions (1)

My questions

Lee 01:54 PM

Will there be a follow-up session?



Comment

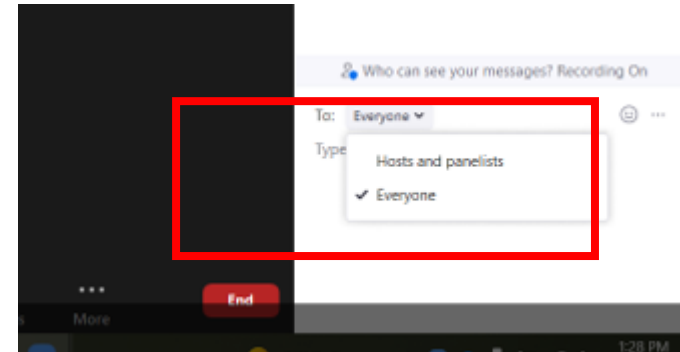
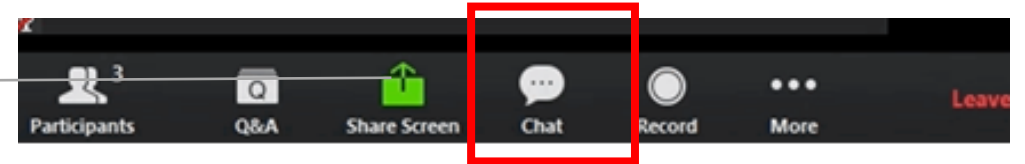
How to Participate



Chat

Use the chat to share reflections or resources.

To send your message to everyone on the call today, make sure to select **“everyone”** from the dropdown menu.



Please introduce yourself in the chat!



@OntarioCollege
#PractisingWell

Separation of risk profiles among those who consumed alcohol or cannabis during the pandemic.



Image credit: <https://wellness.usask.ca/articles/substance-use.php>

↔ 54% of Canadians who consumed alcohol or cannabis did so at levels unchanged pre and post pandemic (some already consumed higher amounts).



22% had decreased drinking during pandemic (higher among young people).



25% had increased drinking during pandemic (30% in Ontario):

36% now had 5+ drink/day weekly.





12% had decreased drinking cannabis use during pandemic.





34% had increased cannabis use during pandemic (43% among 15-29yo):



35% now used cannabis 5+days/wk.

Reported reasons for change in substance use:



  **41%** of those who described their situation as **“very or extremely stressful”** (compared to those who described their stress level as “a little or not at all”).

Other reasons: boredom (60%), stress (57%), convenience (lack of schedule & access 53%), loneliness (37%), insomnia (17%).

  Decreased socialization opportunities (58%), personal choice due to health effect (46%), cost (10%), personal responsibilities (8%).

  **45%** of those who **“often or always” felt lack of companionship** (compared to those who “never or hardly ever” felt lack of companionship).

Other reasons: stress (65%), boredom (58%), loneliness (39%).

  Personal choice (disliking effects of substance (64%), decreased socialization opportunities (28%), personal responsibilities (16%).



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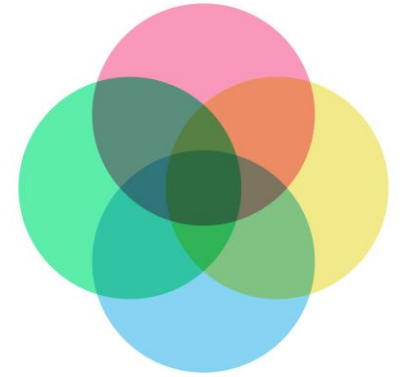
Motivational Interviewing is

an evidence-based skill to

- identify and explore ambivalence,
- elicit change talk, and
- increase motivation for change.



The Spirit of Motivational Interviewing is



a way of being with patients that is:

- **Collaborative**, not confrontational. Their expertise, perspectives and input are recognized as central to the work.
- **Evocative**, not educational. Motivation is enhanced by evoking patients' perceptions, experiences and goals.
- **Accepting** of patients' autonomy and right to make informed choices. They are in charge of their choices and responsible for outcomes.
- **Compassionate** and committed to continue acting in patients' best interests, and informed by empathy for their beliefs and experiences.

How does Motivational Interviewing work?

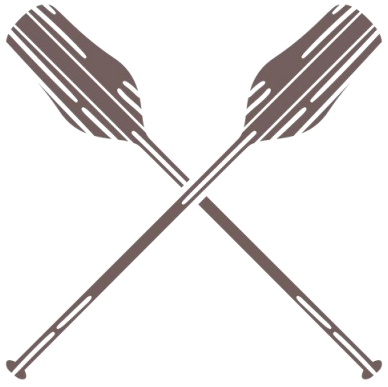
MI is a **collaborative, goal-oriented** style of communication with particular attention to the **language of change**.

It is designed

- to strengthen personal motivation for and commitment to a specific goal
- by **eliciting and exploring the person's own reasons for change**
- within an atmosphere of acceptance and compassion.

It has a small to medium effect size across a number health behaviours.

Hettema 2005; Lundahl,2010



Motivational Interviewing approach & OARS skills

Yale Courses: Motivational Interviewing Basics
For patient-centered conversations:
<https://www.youtube.com/watch?v=TtN0KFEctc0>

Oregon state: OARS cheat sheet & phrases
<https://www.oregon.gov/oha/ph/HealthyPeopleFamilies/ReproductiveSexualHealth/Documents/edmat/OARSEssentialCommunicationTechniques.pdf>

O *Open-ended* questions that allow patients to give more information including their feelings, attitudes and understanding.

A *Affirmations* to help overcome self-sabotaging or negative thoughts.

R *Reflections* as a way to express ambivalence.

S *Summarize* to let your patient know that they are being heard.

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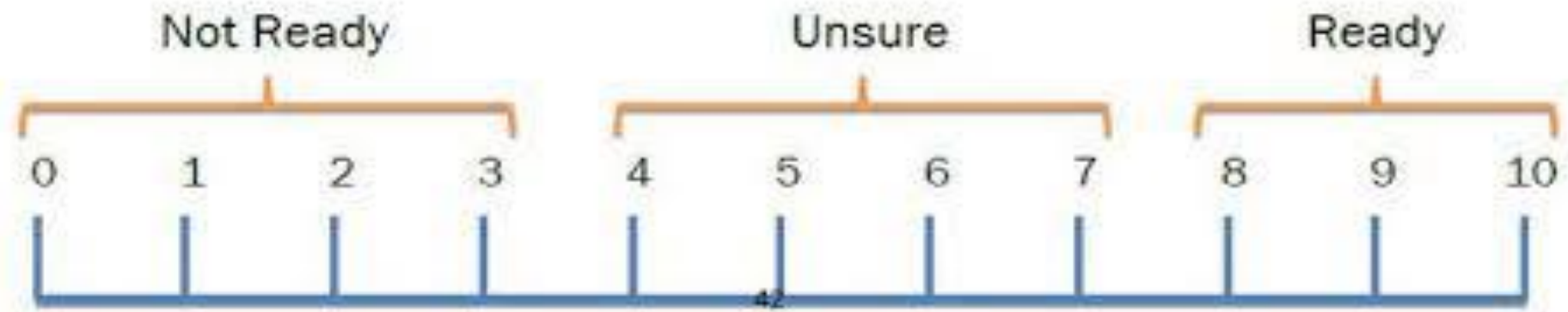


Dr. Stephanie Zhou

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Readiness ruler



MI in ten minutes



- Ask these four questions and listen carefully to what the person says:
 1. Why do you want to make this change?
 2. If you did decide to make this change, how might you go about it in order to succeed?
 3. What are the three best reasons for you to do it?
 4. How important would you say it is for you to make this change, on a scale from 0 to 10, where 0 is not at all important, and 10 is extremely important?
[Follow-up question: And why are you at _____ rather than a lower number of 0?]
- Summarize what you've heard re: the person's motivation for change
- Then ask one more question: So what do you think you'll do?

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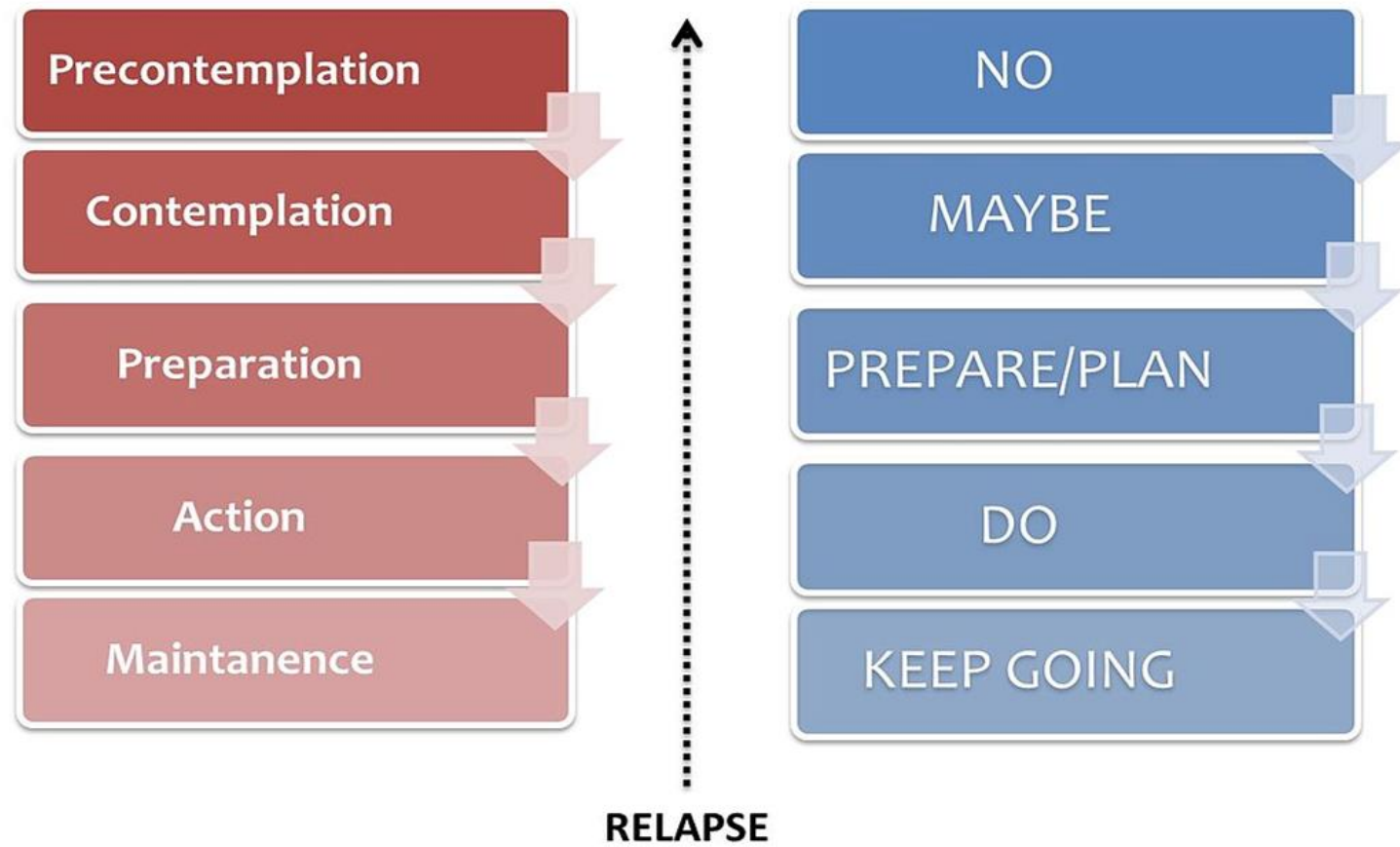
Toronto, ON
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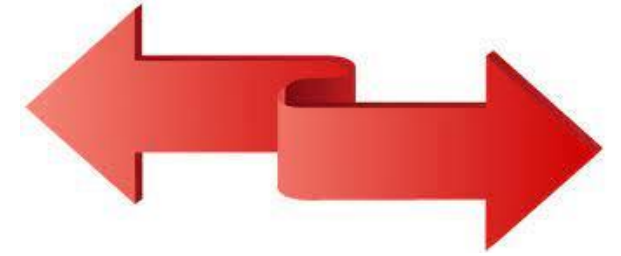
Toronto, ON
@stephaniezhou

Re-engaging after Relapse



	Persuasion	Motivational interviewing
Client's role	Passive	Active
Communication	Directing	Guiding
Partnership	Giving information with the physician's expertise	Collaborating with the client's own expertise
Acceptance	Focus on physician's values, judgment, and reasoning	Focus on client's values, feelings, autonomy, strengths, and efforts
Compassion	Giving priority to the physician's opinion	Giving priority to the client's needs
Evocation	Eliciting perspectives, motivation according to the physician	Eliciting the client's own perspectives and motivation

Major differences between persuasion-based counselling and motivational interviewing approach [Pócs D, Hamvai Cs, Kelemen O. Health behavior change: motivational interviewing. Orvosi Hetilap. 2017 Aug; 158(34):1331-1337



- **Sustain talk**

- “Why I can’t, won’t, shouldn’t, don’t want/ need to change a behaviour, or not a problem”
- It can be an expression of the patient's desire for the way things are, feeling unable to change, having reasons for keeping things the same or needing to keep things the way they are.
- Represent the one side of patients ambivalence about changing

- **Change talk**

- “I am able, I can, I have, I did before, I know I can”
- Primary method for developing discrepancy and creating ambivalence
- MI = focus particularly on listening to change talk and we response to it by using reflections

Be careful about assumptions!



The phrasing of questions can introduce unconscious blame / criticism into the conversation:

- “When are you going to stop?” can be interpreted as a demand rather than a request for info
- “What did you mean by that?” can be interpreted as “How could you say that to me?”
- “Don’t you think that...?” can be a leading question to induce agreement.
- “Why” questions can imply criticism or judgment i.e. “Why don’t you try to get a better job?”

Evoking Change Talk

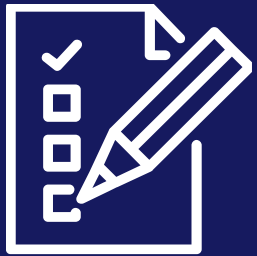


People who are resistant to change are **scared**.

- **Shifting Focus** = changing the subject or steering the conversation in a different direction.
- **Coming alongside** = used to side with patient perspectives, particularly when we hear a lot of sustain talk as to why they can't change, or this isn't the time to change – changes momentum of conversation (goal is to help decrease resistance and/ or sustain talk, and elicit change talk).
- **Agreement with a twist** = an agreement or a reflection (simple or complex) that has a reframe tacked on it (the twist). This helps us to align with patient but to move the conversation in a different direction.
- **Reframing** = taking something patient have said and “framing” it in a different way, so that patients have different perspective or way to look at a situation.
- **Emphasizing personal control** = “Only you can make the decision to change.”
- **Disclosing Feelings** = Sharing our feelings with patient.

Resources

Tools



Links to resources shared today will be sent to participants following the session.

Resources

For You

Motivational Interviewing in Health Care: Helping Patients Change Behavior

<https://www.amazon.ca/Motivational-Interviewing-Health-Care-Patients/dp/1593856121>

Resources

Videos

The Effective Physician: Motivational Interviewing Demonstration

<https://www.youtube.com/watch?v=URiKA7CKtfc>

Motivational interviewing role play

<https://vimeo.com/37220976>

What is the Single Best Thing You Can Do to Quit Smoking? (Mike Evans)

<https://www.youtube.com/watch?app=desktop&v=z16vhtjWKL0>

Motivational Interviewing - Motivating Patients to Adopt a Healthier Lifestyle

<https://www.canada.ca/en/public-health/services/chronic-diseases/videos-on-supporting-behaviour-change/motivational-interviewing-motivating-patients-adopt-a-healthier-lifestyle.html>

Resources

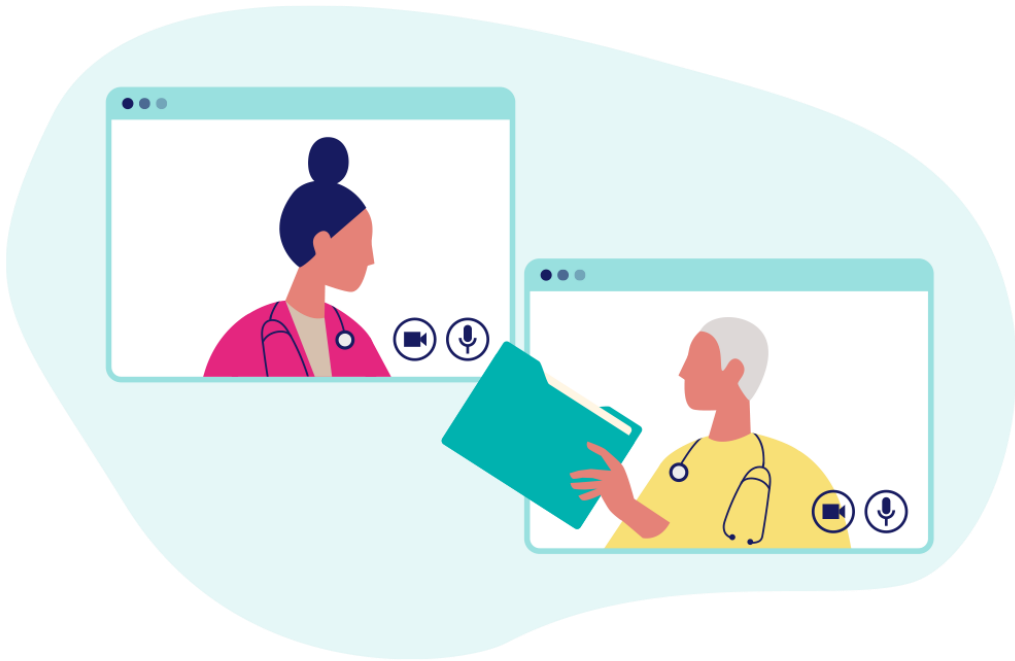
Education



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Peer Connect

An opportunity to partner with another family physician, one-to-one or in a small group, for support as you explore clinical complexity and increase your confidence caring for patients with mental health challenges, substance use, and chronic pain. A focus can be on your well-being as you engage in this challenging work.



[Connect Now!](#)



Contact us!
practisingwell@ocfp.on.ca



<https://www.ontariofamilyphysicians.ca/education-practice-supports/practising-well/peer-connect>

Resources

Education



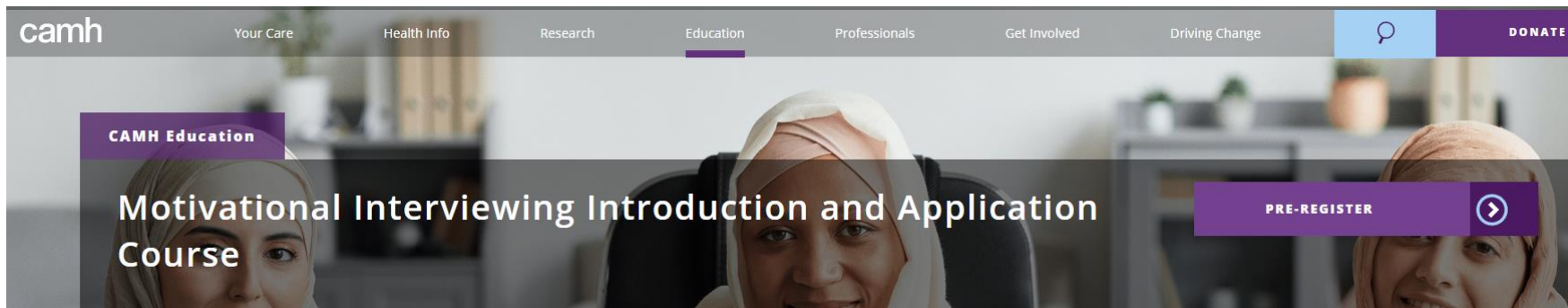
Course Overview

Intermediate Practice in Motivational Interviewing

Welcome to the online module *Intermediate Practice in Motivational Interviewing*. This module will provide intermediate-level practice for health professionals looking to refresh and/or enhance their MI skills through interactive activities.


Intermediate Practice in Motivational Interviewing

<http://test.teachdev.ca/ola/index.html> (free)




<https://www.camh.ca/en/education/continuing-education-programs-and-courses/continuing-education-directory/motivational-interviewing-introduction-and-application-course> (\$)

ECHO-ONMH Programs




Addiction Medicine & Psychosocial Interventions

Mondays – 2:00-4:00PM
8 sessions
(Sep. – Dec. 2022)




Adult Intellectual & Developmental Disabilities

Fridays – 9:30-11:00AM
6 sessions
(Oct. – Nov. 2022)




First Nations, Inuit, and Métis Wellness

Fridays – 12:00-2:00PM
12 sessions
(Oct. 2022 – Feb. 2023)




General Mental Health

Tuesdays – 2:00-4:00PM
20 sessions
(Oct. 2022 – Mar. 2023)




Integrated Mental and Physical Health

Fridays – 12:00-1:15PM
(2023)



Obsessive Compulsive Disorder

Thursdays – 12:00-1:45PM
10 session
(Sep. – Nov. 2022)



Psychotherapy

Thursdays – 12:00-1:30PM
12 sessions
(Sep. – Dec 2022)



Trans & Gender Diverse Healthcare

Thursdays – 9:00-10:30AM
16 sessions
(Oct. 2022 – Feb. 2023)

- + Early Psychosis Intervention, Spreading Evidence Based Treatment (EPI-SET), offered monthly
- + ECHO Coping with COVID offered weekly on Fridays

Fall 2022 Registration (free): <https://edc.camhx.ca/redcap/surveys/?s=87CJR7RJWLLY8YP7>

Mailing list for future sessions: <https://echoontario.us14.list-manage.com/subscribe?u=8e45dd4c90daf383c7427c8a0&id=8b47ed41c3>

Save the date!



Ontario College of
Family Physicians

FMS 2023

FAMILY MEDICINE SUMMIT

Knowledge for the Now

January 27 and 28, 2023

Resources

Supports



Links to resources shared today will be sent to participants following the session.

Resources

Supports



OMA Physician Health Program

<https://php.oma.org>

Centre for Addiction and Mental Health
Health Care Provider (HCP) Resource Site

<http://www.camh.ca/covid19hcw>



- PARO 24/7 Helpline for Residents, Family Members, Medical Students
- 1-866-HELP-DOC

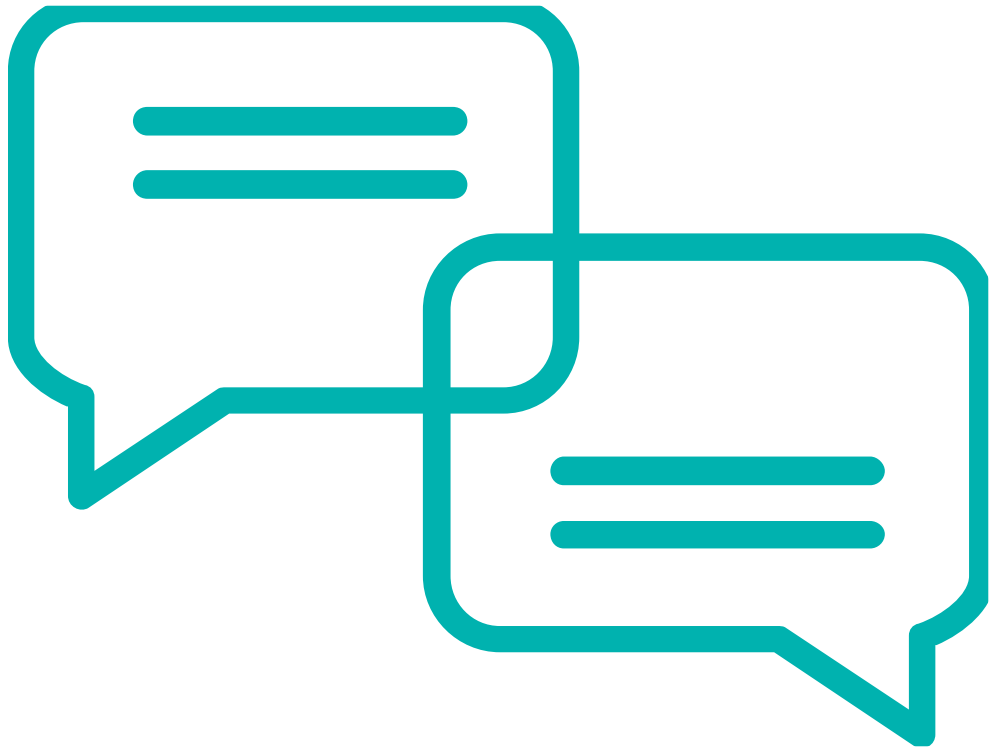


- <https://www.ontario.ca/#support-health-care-worker>
 - Self-led / With peers / Talk to a clinician
- [Ontario Shores Centre for Mental Health Sciences, Whitby](#)
- [St. Joseph's Healthcare, Hamilton](#)
- [The Royal Ottawa Mental Health Centre, Ottawa](#)
- [Waypoint Centre for Mental Health Care, Penetanguishene](#)
- [Centre for Addictions and Mental Health \(CAMH\), Toronto](#)



- ECHO Coping with COVID
 - for health providers (educational credits)
 - Fridays 2-3pm EST
- <https://camh.echoontario.ca/echo-coping-with-covid/>

Support for you and those you care about.



One thing you might do differently...

in short visits with patients to address substance use?

Upcoming Community of Practice

Effective ways to support the mental health of children in your practice.

with Drs. Deema Abdul Hadi, David Brault and Sara Gelfand

October 26, 2022
8:00am – 9:00am

[Register Now](#)

practisingwell@ocfp.on.ca



This one-credit-per-hour Group Learning program has been certified by the College of Family Physicians of Canada and the Ontario Chapter for up to 1 Mainpro+ credit. The Practising Well Community of Practice includes a series of planned live, interactive sessions. Each session is worth 1 Mainpro+ credits, for up to a total of 24 credits.

Thank You!

Please help us make these sessions better by filling out the evaluation you'll receive by email shortly.

Direct Credit Entry



Do you want the OCFP to submit your earned Mainpro+ credit directly into your Mainpro+ account?

Please email practisingwell@ocfp.on.ca with your 6-digit CFPC number
(Hint: Your CFPC # begins with a "6").