Engaging the Patient

Kyle

22 y/o Caucasian male

Detox 2021 for IV heroin use

H/o cannabis and sedative use disorders

Single, employed, supportive family

High severity of Social Anxiety Disorder

Working with individual therapist, to whom he had lied about his substance use

Sober for 1 month since discharge from detox

Minimally engaged in IOP due to social anxiety

Question #1: Given his social anxiety, how do you increase engagement in IOP? (select all that apply)

Case continued…

He declines all group services, but continues with his same therapist he has had since adolescence

Remains sober for nearly 1 year

Gradually fades out of treatment

- Drops out of therapy
- Drops out of MAT services

Reappears after not having been seen for 5 months

Case continued…

Had stopped Vivitrol because of side effects (headaches)

Cravings returned and relapsed on IV heroin after 2 weeks

Using almost daily for past 4 months

Last used 7 days ago

Does not appear to visibly be in withdrawal

UDS: +opiates/THC

Requesting Suboxone for MAT

Question #2: Based on his history, how do you respond to his request for Suboxone?

Case continued…

He starts Suboxone and returns in 1 week

- Was planned to be in person, but he switches to virtual visit due to lack of transportation

MAPS shows he has not filled the prescription due to lack of pharmacy stock

Pharmacy was called – they have enough stock and his prescription is ready

He completes psychosocial assessment and is scheduled for IOP

Returns in 2 weeks – “All is going good!”

2 days later, admitted to inpatient psychiatric unit with depression and SI

Admits to lying in order to obtain Suboxone for self-detox from heroin at home

Case continued…

Returns to the office after DC from inpatient, “I feel lost…”

- Intense shame and embarrassment about deceiving the team

Precipitated withdrawal due to taking Suboxone too early at home on his own

Wants to continue Suboxone– understands need to rebuild trust

Agrees to IOP and Recovery Coach services

1 week follow up, “I don’t want to be on Suboxone.”

- Stopped on his own 1 week ago.
- Wants to switch back to Vivitrol

DNS for IOP x 3, removed from group

Cancels 1 week follow up due to “headache.”

Question #3: As his provider, how do you re-establish clinic expectations without intensifying his embarrassment/shame?

Discussion

Case update.

What experience can you share in engaging patients when they've admitted to lying to you?

What approaches do you use to rebuild trust?

How does our documentation reflect our bias?

How does our documentation impact relationship with the patient?

What are some suggestions for his next steps in treatment?