

Brief Negotiation Interview

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For emergency department patients living with opioid use disorder

Alberta Health Services' emergency department (ED) and urgent care centre (UCC) physicians, nurses and other clinical staff can use this reference guide when talking with patients living with opioid use disorder. The brief negotiation interview can help patients decide if they want to start medications such as buprenorphine/naloxone (Suboxone).

Follow these four steps and their actions with your patients.

Step 1: Raise the subject & establish rapport

QUESTIONS/COMMENTS

Your purpose:

- Avoid judgment
- Raise the subject
- Establish rapport
- Acknowledge the patient
- Assess comfort & use



Ask permission:

- Would you mind if we spend a few minutes talking about your use of opioids?



Engage the patient:

- I mainly want to talk about how it's affected you and how we might be able to help you.



Ask about opioid use and withdrawal:

- How are you feeling right now?
- What withdrawal symptoms do you have right now?
- How often do you use opioids? How much do you take? How do you take them? Do you take opioids alone?
- Do you use other substances?
- Have you ever had drug poisoning or an overdose?

Step 2: Provide feedback

QUESTIONS/COMMENTS

Your purpose:

- Discuss concerns.
- If applicable, connect opioid use to the ED or UCC visit.





Express concern:

- From what you've shared, it sounds like your opioid use is impacting your life.



Connect to health:

- Connect ED or UCC visit to overall health and opioid use.
- Discuss specific patient medical issues and facts.
- Discuss opioid agonist treatment and other risk-reducing strategies with eligible patients. Such as: not using alone, having naloxone kits and using clean drug equipment.

Step 3: Enhance motivation

QUESTIONS/COMMENTS	
Your purpose:	
<ul style="list-style-type: none">• Assess how important it is for the patient to change their opioid use.• Ask motivational questions.• Reflect motivational answers.	
	Gauge desires and goals:
<ul style="list-style-type: none">• What are your goals around your opioid use?• What are some reasons you would engage in treatment?• How has treatment been helpful to you in the past?• Imagine you did start treatment? How do you see your life being different?	
	Reflective listening
<ul style="list-style-type: none">• Give positive reasons for change and reinforce with clinical info. Opioid agonist treatment helps reduce or eliminate use, especially withdrawal discomfort.• Identify barriers to treatment. For example, can't get to clinic (needs ride or transit ticket). No phone (needs to visit an accessible clinic).	

Step 4: Negotiate and advise

QUESTIONS/COMMENTS	
Your purpose:	
<ul style="list-style-type: none">• Negotiate a goal.• Emphasize activities that reduce harm.	
	Next steps:
<ul style="list-style-type: none">• What are the next steps, if any?• Assist the patient's selection of a next step goal.	
	Inform and provide:
<ul style="list-style-type: none">• If applicable, deliver treatment info/education (see orders and program materials).• Deliver harm reduction education (see orders and program materials).• Provide applicable patient handouts.	

Additional Motivational Strategies:

- Refrain from directly countering resistance statements.
- Focus on the less resistant aspects of the statement.
- Restate positive or motivational statements.

Other Helpful Hints:

- Acknowledge patients for their willingness to discuss such a sensitive topic and consider change, and their courage for considering treatment.
- Acknowledge how hard it is to reduce or stop opioid use and highlight that safe and effective treatment is always available.
- View the patient as an active participant in the intervention.

Adapted from:

- Yale University School of Medicine. Project ED Health III. BNI Training

Manual: Opioid Dependent Patients in the Emergency Department. 2009. Retrieved from:

[Use of the Manual \(yale.edu\)](http://yale.edu)

- William R. Miller & Stephen Rollnick. Motivational Interviewing: Helping People Change. 3rd Edition, 2012.