

Welcome to Alcohol Use Disorder ECHO!

We will begin the session shortly.

Please keep your microphones on **mute** for now to avoid background noise. You are muted if there is a line across your microphone icon.





Welcome to Alcohol Use Disorder ECHO!

ECHO Session #11:
Patient Engagement in AUD Treatment

August 6, 2025



Technology: Your Zoom window



Sound

Stay on mute while others are speaking or presenting to avoid background noise



Chat

Use the chat function to share comments, questions, relevant resources, and engage with faculty and your fellow learners

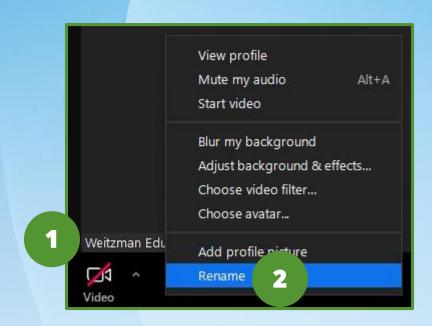


Camera

If possible, share your camera with us

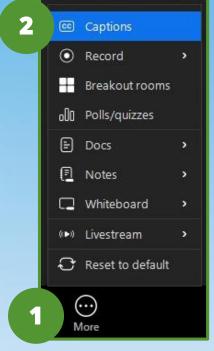


Technology: Your Zoom window, continued



Change your name

- Right click your name in the lower left hand corner of your Zoom window.
- 2. Select "Rename".





Closed Captioning and Live Transcript

- 1. If "Show Captions" does not appear in the bottom toolbar, select "More".
- 2. Select "Captions".
- 3. Select the carrot and then select "View full transcript".



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This series is intended for primary care providers (MDs, DOs, NPs, PAs), behavioral health providers (psychiatrists, psychologists, social workers, therapists), nurses, and other members of the care team.

Please complete the survey and claim your post-session certificate on the WeP after today's session. Please note: Pharmacists must claim credits within two weeks following today's session or we will not be able to award ACPE credits.

You will be able to claim a comprehensive certificate on the WeP at the end of the series, October 1, 2025.

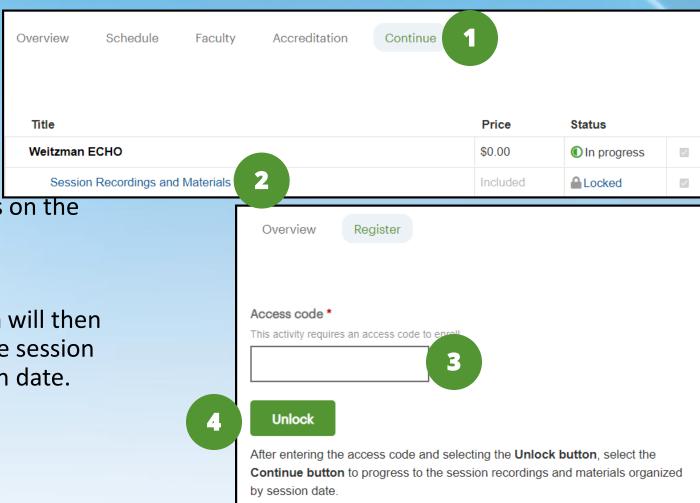




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- 1. Navigate to the **Continue tab** of the activity site within the Weitzman Education Platform.
- 2. Select the Session Recordings and

 Materials link. This may appear at
 the bottom of the list of the
 individual sessions. After reviewing the FAQ's on the
 Overview tab, select the Register tab.
- 3. Enter the access code: WIEd
- 4. Select the **Unlock button**. A **Continue button** will then display and you will be able to progress to the session recordings and materials organized by session date.





This Weitzman ECHO has been made available by:

NIH R25 Alcohol and Other Substance Use Research Education Programs for Health Professionals

This project is supported by the National Institute on Alcohol Abuse and Alcoholism of the National Institutes of Health under Award Number R25AA031951 to translate research into practice on preventing, screening for, and treating alcohol use disorders in primary care. The content is solely the responsibility of the Weitzman Institute and does not necessarily represent the official views of the National Institutes of Health.



Disclosures

With respect to this ECHO series, the following disclosure has been made:

- Dr. Carolyn Rekerdres, faculty for this ECHO series, is an independent consultant for Johnson & Johnson
- Dr. Carlos Tirado, faculty for this ECHO series, owns stock and has a grant or contract with Spark Biomedical

Speakers are obligated to disclose any products which are off-label, unlabeled, experimental, and/or under investigation (not FDA approved) and any limitations on the information presented, such as data that are preliminary or that represent ongoing research, interim analyses, and/or unsupported opinion

The views expressed in this presentation are those of the presenter and may not reflect official policy of Moses/Weitzman Health System.

All disclosures of potential relevant financial relationships have been reviewed and mitigated through Moses/Weitzman Health System's accreditation review process.



All Are Welcome





HEALTH CENTER WEEK

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Translating Research into Practice on Alcohol and Polysubstance Use Disorders by Educating the Interprofessional Primary Care Team

Patient Engagement in AUD Treatment

Dr. Carolyn Rekerdres MD

Learning Objectives

- Explain why patient engagement is a cornerstone of modern medicine as regards quality and safety
- Review the difference between Autonomy vs Paternalism and how these issues can affect patient engagement and decision making
- Discuss strategies to build rapport which can translate to increased engagement in care
- Describe how provider attitudes and behaviors can influence treatment outcomes



Patient Engagement

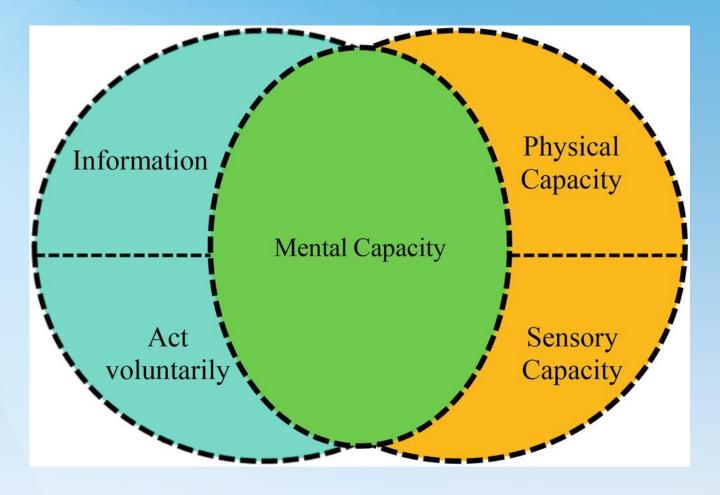
Over 20 years of evidence suggests that engagement of patients in their care with patient-centered decision making, respect for needs and preferences in care can *lead to better outcomes*.



Motivational Interviewing

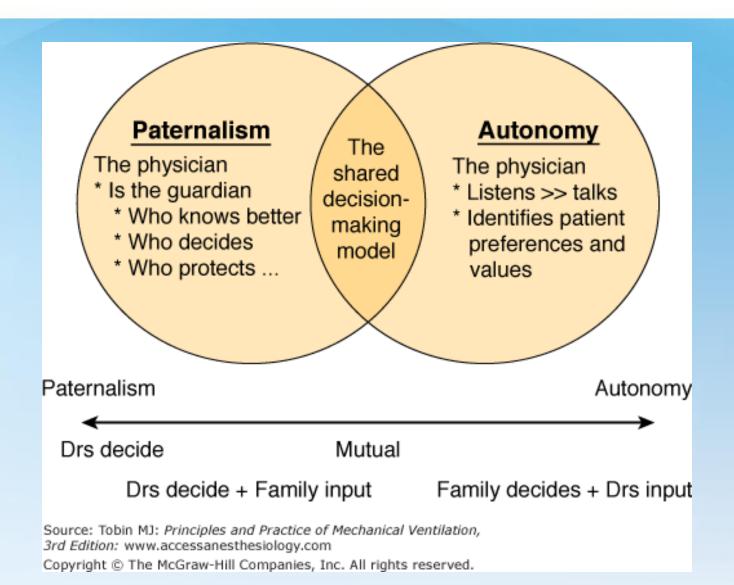
- 1. ENGAGING
- 2. FOCUSING
- 3. EVOKING
- 4. PLANNING

Capacity Considerations



Front. Psychol., 13 August 2019
Sec. Theoretical and Philosophical Psychology
Volume 10 - 2019 | https://doi.org/10.3389/fpsyg.2019.01857





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Patient Factors that Predict Engagement

- Heavier drinking with more severe medical outcomes
- Higher baseline self efficacy
- Patients who have a clear goal for treatment



Provider Characteristics that predict engagement

- Patients who perceived their treatment team as supportive while in inpatient care were more likely to still be in treatment 12 months later
- Confidence and Competence (this is the basis of all influence)
- Rapport built through genuine curiosity about the patient's condition
- Non-Judgment



Charisma

- The strength of influence is defined psychologically as a combination of competence and confidence
- Affability is the strength of likeability
- Influence and affability together produce charisma which is advantageous in engagement







Open Ended Questions

- "What are some of the reasons you've thought about changing your drinking?"
- "What would be different in your life if you reduced or stopped your drinking?"
- "What do you think you could do differently if you wanted to change?"
- "What are the good things about your current drinking pattern?" Followed by, "What are the less good things?"
- "What would be the consequences of not changing?"
- "What have you tried in the past to change your drinking?"



Affirmations

- "It took a lot of courage to come in today."
- "It's so good to see you here today."
- "I can see you're really trying to make this change."
- "You're so resilient. I see how hard this is for you."



Reflective Listening

- Patients feel heard when you let them know that you are listening. This can be done even when you are concurrently documenting.
- "So what I'm hearing you say is,...."
- Pay attention to affect- circle back on those statements



Summary Reflections

- "What we discussed today was______"
- "You have a goal of _____ but you are worried about _____. We are going to work together by _____ and then meet again in ____ time."
- SUMMARIZE what the patient says- focusing on change statements



Language Matters

- Reflect abnormal urine drug screen or lab results in clinical language without judgment
- Avoid using stigmatizing language like "clean" or "dirty"
- Remember that the patient's goals may be different from your idea of what success looks like
- Choose terminology like describing the harm of "drinking behaviors" vs telling someone that they are "an alcoholic"



Final Thoughts

- Making time for open ended questions, summary and reflection can sometimes require scheduling additional visits
- Stages of change fluctuate- that's ok!
- If a patient comes back, then you are both doing something right



Questions?

Feel free to unmute or put your questions in the chat!





Patient Information: Male (He/Him), 25 Years Old Main Questions/Concerns:

1. What would be the best approach to help include his family in limiting access to the restaurant bar?

Medical Background:

Pertinent Medical History/Diagnoses:

25-year-old ale with history of asthma, vitamin D deficiency, and depression.

Psychiatric History:

- Depressive symptoms: Endorses 7 depressive symptoms more than half the days, but nothing every day. No suicidal ideation.
- Anxiety Symptoms: Since childhood; Endorses 4 anxiety symptoms several days, easily annoyed or irritable more than half the days, and feeling afraid as if something awful might happen nearly every day.

Past and Current Alcohol and Substance Use:

- Began drinking alcohol with family at gatherings around age 13
- Increase in drinking since parents opened neighborhood restaurant bar
 4 years ago; has unlimited access to restaurant bar
- Patient reports he started running for exercise and reduce amount of time spent in family bar; will go for run around midnight and come back to family bar around 2am and stay until close at 4am
- Began drinking daily after breakup in December 2024

Medications:

- Montelukast 10mg
- Albuterol Sulfate inhaler
- Ergocalciferol 1,250 mcg

Social/Cultural Factors:

Social History:

- Patient lives with parents and cousin
- · Family history of alcoholism
- · Family views against seeking mental health treatment
- Broke up with long-term girlfriend in December 2024
- Limited social supports
- Isolates when not at the family bar or parties

Stage of Change: Contemplation

Prior and Current/Proposed Treatment Plan:

- No history of treatment, but considering treatment
- Has had 1 session to address passive S/I after provider visit
- Has follow-up appointment scheduled to discuss next steps in treatment



Thank You!

- The next ECHO session takes place on: Wednesday, August 20th at 12:00 PM EST/9:00 AM PST
- Please complete your session evaluation to claim your CME credit

