**Project ECHO Recommendation: Case #8 Carolyn Wolf-Gould**

**Main Question:**

“concern about history of drug seeking behaviors documented many times in the chart and lack of transparency with providers. Squirrelly. Didn't follow up appropriately for Gender Transition. Many unanswered questions. I'd like to be helpful to him if I can be. Unsure of my own abilities in dealing with patients I distrust. It makes me angry, which is not the appropriate response if I want to be helpful. This patient has many difficult problems including mental illness and gender dysphoria.”

**Summary of Recommendations:**

1. As practitioners, we gather historical data and use this information to influence sound decision making and judgement in the present. This intuitive approach isn’t always appropriate when determining whether or not to initiate MAT for opioid use disorder in primary care. While concerning, we can’t base the decision to prescribe MAT based on this patient’s history of lying, lack of follow through, and poor communication. Its only after the pt is started on treatment for several weeks that we start to see more positive data in favor of moving towards sustained abstinence. We are in favor of starting this pt on MAT, and perhaps reaching out to him sooner than his next scheduled appt.
2. We all often face frustration and anger with patients who so diligently act in ways against their own health and in ways the make us feel we aren’t able to provide the best and safest treatment. We talked about using the anger you are experiencing with this pt to inform and redirect the approach you take in gathering information in the visit. Instead of asking questions head on, try making a general statement that communicates that lapse and relapse are part of the disease process and if they occur your immediate reaction is not to take away treatment, but rather to inform new ways to keep the patient safe and away from dangerous use. Based on this pt’s history, we also suggested asking an open-ended question about his experience in health care and challenges he might have communicating with or trusting medical providers.
	1. Other helpful perspectives to take on with patients who withhold information and are observed in lying.
		1. **All patients** withhold information, not just those with addiction
		2. There is always a reason, that make sense to the patient, as to why they lie or withhold information. It is often a reason rooted in fear and a perception of keeping themselves or others safe, which may or may not be rational.

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