

Shared Decision-Making for MOUD

Conversation Guide

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Overview

This guide contains example language that can help facilitate rapport, trust-building, and engagement in shared decision-making.

Why MOUD shared decision-making matters

- Improves rapport, helping patients feel heard and respected.
- Provides an opportunity for fast-tracking triage.
- Protects against liability.
- Increases patient buy-in and understanding, which improves success rates.
- Complements motivational interviewing as a proven strategy for achieving therapeutic behavior change.

When to have the conversation

- Withdrawal
- Post-overdose naloxone revival
- Patient asks for help
- Signs of substance use complications

Red flags to avoid

- Rushing to solutions
- Pushing one option
- Dismissing past experiences
- Making assumptions

Core principles

- Start with patient's immediate needs.
- Commend patient's courage to have the conversation.
- Validate experiences without judgment.
- Ask about patient experiences/preferences.
- Use motivational interviewing techniques when people want to change.
- Present options clearly without pushing.
- Encourage patients to make their own plan rather than having one laid out for them.
- Support any decision the patient makes.
- Keep doors open for future conversations.
- Meet patients where they are.

Building rapport

Openers

- “I’m glad you came in today.”
- “Can I tell you about some options to help you feel better?”
- “What matters most to you right now?”
- “How can we best help you today?”
- “What kind of help would you like to make changes in your drug use?”

Establishing trust

- “You don’t need to explain or justify anything.”
- “My goal is to help you feel better.”
- “We can talk about staying safer while you make a plan to reduce drug use.”
- “You’re in control of this process.”
- “Let’s focus on what matters to you.”

Addressing common fears

- “We’ll make sure you don’t get too sick.”
- “We have medications to keep you comfortable.”
- “Many people have similar concerns. Let’s talk about them.”
- “We have additional medications that can help you not get sick if you try buprenorphine.”

Engagement

Common scenarios

Acute withdrawal

- “I’m glad you came in today. I know it took courage to seek help.”
- “My goal is to help you feel better.”

Incidental withdrawal

- “I notice you’re not feeling well. We can help you feel better.”

Post-naloxone revival

- “I know waking up here might be confusing or scary. How can I help you get comfortable? Would you like some water?”
- “I’m glad you’re alive, and I’m glad you’re here. My priority is to help you feel better.”
- “The withdrawal you feel after Narcan revival is an opportunity to fast-track starting buprenorphine.”

Common reactions

Defensive or embarrassed

- “Many people have been in similar situations. You don’t need to explain anything. I’m glad you’re here.”
- “I’m not here to judge; I just want to make sure you have what you need to stay safe.”
- “There’s no rush to talk about this. I’m here when you’re ready.”

Wanting to leave

- “I understand you want to leave. Before you go, can I give you some important safety information?”
- “Would you be willing to take some Narcan with you? It’s free, and it could save a life.”

Engagement (continued)

Special populations

Youth/adolescents

- “You can be honest with me; I’m here to help, not to get you in trouble.”
- “What we discuss stays between us, the only time that I have to tell anyone anything is if you are planning to hurt yourself or someone else.”
- “Would you like to involve your family in these discussions? I can make that conversation easier.”
- “We can talk about ways to have these conversations with your family if you want.”

Pregnant patients

- “I can see you care about your baby. Getting help is one of the best things you can do to keep you and your baby healthy.”
- “There are safe treatment options during pregnancy that can help you both.”
- “Many people worry about their baby being taken away. Do you mind if I talk about how starting treatment can keep your family together?”

Chronic pain patients

- “What matters most to you about managing your pain?”
- “We’ll work to manage both your pain and withdrawal.”
- “Getting on MOUD doesn’t mean we won’t treat your pain. We will do both.”

Decision-making

Explore options

Start broad

- “I want to help you feel better. There are several approaches we can take. Can I tell you about them?”
- “Different options work better for different people. Can we talk about what might work for you?”
- “What do you already know about treatment options?”
- “On a scale of 1 to 10, how ready are you to quit using fentanyl entirely?” Followed by, “Why isn’t it *<pick a lower number than they say>*?”

Get specific

- “Have you tried any medications for opioid use before?”
- “What did your recovery look like the last time you were sober, or reduced your use?”
- “What has worked or not worked for you in the past?”
- “What would your ideal treatment look like?”
 - “Do you prefer to take a daily medication or an injection that can be given weekly or monthly?”
 - “Do you prefer to see your care team often for extra support, or have fewer appointments and more flexibility?”
- “Where do you want to get care?”
 - “Do you have access to technology and Wi-Fi?”
 - “Do you have access to transportation?”

Explain MOUD options and follow up care requirements

- “Methadone is a great option for some people, but there are some specific things, like having to go to the clinic daily at first, that can make it challenging.”
- “Buprenorphine treats withdrawal and cravings and can be a longer term medication. But you do need to be in some withdrawal to get started.”

Decision-making (continued)

Common reactions

Fear of withdrawal

- “Many people worry about getting sick. Our priority is keeping you comfortable.”
- “We have several medications to help with any symptoms you may experience.”
- “Most people who follow these protocols don't get sick at all.”

Health care trauma

- “Unfortunately, not everyone in health care always treats people with the respect they deserve. Your health matters to me.”
- “What would help you feel more comfortable about your care today?”
- “You deserve respectful care.”

Past negative experiences

- “I'm sorry you had that experience. Would you tell me more about what happened?”
- “It can be hard to get dosing and timing right when you are trying to figure out medications on your own. We can come up with a plan that might work better this time.”
- “What would help you feel more confident about trying treatment again?”

Wanting to leave before care completion

- “I understand you want to leave. Before you go, can I give you some important safety information?”
- “Would you be willing to take some Narcan with you? It's free, and it could save your life.”
- “Here are some medications that can help you feel better.”
- “You don't need to start these medications for us to treat your other medical problems.”
- “Are you in pain, or in withdrawal? If you felt better would you want to stay?”

Decision-making (continued)

Patient decision

Ready for treatment

- “Based on what you’ve shared, which option seems to fit best?”
- “What else would help you feel confident with your decision?”
- “How can we help make this work for you?”

Unsure

- “It’s normal to need time to think about this.”
- “What additional information would be helpful?”
- “Would you like to talk through any concerns?”
- “Are you interested in leaving with a prescription today, so you can start at home if you decide you’re ready?”

Declines treatment

- “Thank you for being open to this conversation.”
- “Would you like information about options for the future?”
- “Let’s talk about ways to stay safer for now.”
- “Here are some resources on how you can get MOUD if you change your mind.”