



Stages of Change Applied to Individual and Parental Opioid

Opioid-specific Case Example Exercise

Anna, 3-months pregnant, had been avoiding accessing prenatal care because she feared that her opioid use would be discovered. She was injecting crushed pain medications three times a day and trying to conceal her needle tracks. However, Anna also knew that if her opioid use was discovered, she might lose custody of her child. Anna's partner (the baby's father), had been pressuring her to quit using opioids. Over time Anna was able to stop injecting opioids, but began crushing the pain medications and snorting them. While her plan was to reduce the amount snorted by a little each day, her dope sickness (on top of morning sickness) was more than she could handle on her own, especially since she had a 2-year-old son at home too. Recently, Anna searched the Internet for medication-assisted treatment (MAT) information but didn't understand how it worked or what effect opioid treatment medications would have on her baby, so she gave up further research. Moreover, Anna had no idea where to access such treatment, let alone how she would pay for it. She pushed these thoughts out of her mind until she saw a Florida Department of Children and Families' (DCF) child protection investigator knocking on her door in response to a family member's maltreatment report.

Based on this case example, what stage of change is Anna likely in?

Given Anna's apparent stage of change, describe at least three actions her child welfare case manager might take to support Anna's efforts to make positive changes.

Answer: Anna is likely in the "Contemplation" stage of change. Evidence of this includes the following:

- Anna engaged in harm reduction by replacing injection use with intranasal use (snorting)
- Anna attempted to cut down on the amount of opioid medications used
- Anna took the initiative to search for MAT information on the Internet

In addition to acknowledging the proactive efforts Anna attempted (e.g., reducing harm from needles, reducing the amount of opioids used, researching MAT on the Internet), sample actions her child welfare case manager might take to support Anna's efforts to make positive change could include:

- Using reflective listening with a tone of empathy and concern (if person is pregnant, express concern for both the baby and the mom)
- Reassuring them (if they are pregnant) about the benefits of getting medical help for them and their baby and that it is never too late for that
- Discussing MAT benefits (e.g., retaining/regaining custody of children, returning to work, re-establishing healthy ties to family and friends, focusing on health and healing/a brighter future)
- Involvement of significant others (SOs) if appropriate to help move the parent to contemplation of change, treatment entry, retention and involvement in the therapeutic process, and successful recovery
- Encouraging visualization of a life in recovery
- Discussing recovery barriers and offering concrete barrier reduction assistance (including peer recovery support if available)
- Others (refer to Quick Reference Resource)



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