



Stages of Change Applied to Individual and Parental Opioid

Use: Quick Reference Resource

The chart below applies the Stages of Change Model framework¹ to individuals and parents with potential opioid use disorders (OUD) who are not in treatment. The examples that appear in each stage may be applicable to more than one stage. However, to avoid redundancy, they will not be repeated. It is important to recognize that the time a person spends in each stage may differ dramatically and that they may move back and forth between stages rather than in a straight linear fashion. Vacillation is to be expected at any point in the change process.² Among people with opioid and other substance use problems, motivation for treatment is an important aspect of treatment success as is intention to stop use and problem recognition.³ Motivation to change may also be impacted by practical considerations such as real or perceived fear of child removal, and access to financial support, transportation, childcare, stigma, and more.⁴ While the information below is specific to opioids, much of the information is also generalizable to other substance use disorders (SUDs). This quick reference resource was developed primarily for child welfare staff to both increase their understanding about the struggles of parents (and others) with opioid use and to inform their interactions with these individuals. A better understanding of the Stages of Change for parents affected by OUD will offer child welfare team members information they may consider in assessing change in parental protective capacity over time.

Stage of Change: PRECONTEMPLATION (no intention of changing opioid use)

Potential OUD-specific Characteristics	Potential Responses from Helping Professionals
<p><i>Individuals and parent with potential opioid use disorders who are <u>not in treatment</u> may...</i></p> <ul style="list-style-type: none">• Avoid considering changing opioid use due to fear of the withdrawal (dope sickness) associated with ceasing or tapering opioid use• Defend/deny opioid use severity, especially if current opioid use started by way of a legitimate prescription for pain management	<p><i>In working with individuals and parents, helping professionals can consider...</i></p> <ul style="list-style-type: none">• Asking them (if they are willing) to describe a typical day of opioid/other substance use⁵—from waking up in the morning to going to bed at night (avoiding withdrawal, pre-occupation, diverted finances, procurement, consumption, potential child exposure – see Day-in-the-Life of handout from www.training.FADAA.org)

Stage of Change: PRECONTEMPLATION (no intention of changing opioid use)

Potential OUD-specific Characteristics	Potential Responses from Helping Professionals
<ul style="list-style-type: none"> • Believe that using opioid painkillers obtained from family, friends, or the street are safe since they are commonly prescribed by credentialed providers • Still have ready access to opioids/currently perceive no opioid <i>access</i> threats • May challenge the accuracy of opioid events or information (e.g., overdose only happens to others, not me, or is from fentanyl and “I don’t mess with that...my opioids are ‘clean’”) • Find their opioid use pleasurable to them or helps them feel “normal” • Rationalize their use of opioids (e.g., “opioids help me relax”) • Minimize any opioid problem: “I have things under control;” “My use presents no risk to my kids;” “I never use needles;” “I don’t get that high” or “I only use on the weekends;” “I can stop anytime” • Be unaware or in denial that their opioid use is affecting their life • Feel hopeless about change, fear failure, or lack the energy required for change • Avoid seeking help due to fear of prosecution • Lack knowledge about or support for change • Not understand treatment benefits or doubt its efficacy • Express hostility or change subjects if their opioid use is raised for discussion • Blame others for their opioid use/behaviors (e.g., it takes the edge off of dealing with the stress my family causes) • Not consider pros and cons of change 	<ul style="list-style-type: none"> • Asking them to share what is happening with their child(ren) during the various phases of daily use (avoiding withdrawal, pre-occupation, diverted finances, procurement, consumption, potential child exposure) • Talking with them about their current opioid access and how they would address unexpected opioid access barriers (e.g., doctor ends prescription; friends, family, or dealer who currently provides opioids loses access to opioids, moves, or goes to jail) • Discussing the fact that about 80 percent of recent heroin users started with prior nonmedical use of prescription pain relievers⁶ • Discussing the inevitable shift from opioids being pleasurable, to using opioids to feel normal/avoid “dope sickness” • Expecting resistance to change at this stage; listening and offering relevant information in a supportive and empathic manner, rather than being judgmental, dismissive, or confrontational⁷ • Anticipating their justification for continued opioid use • Avoiding making them feel shameful • Helping them identify any conflicts between their opioid use and their personal values (e.g., defining any discrepancies) • Identifying areas where you can agree (e.g., safety and health as priorities, agreement to revisit topic when they are ready) • Exploring previous life experiences with and without opioid use and how use came about (“What was life like before opioid/other substance use?”) • Planting seed about access to care (e.g., peer and other recovery support, MAT, and other helping resources) • Using culturally appropriate terminology when discussing substance use • Using the Readiness Ruler⁸

Stage of Change: CONTEMPLATION (aware that an opioid problem exists, but has no commitment to action)

Potential OUD-specific Characteristics	Potential Responses from Helping Professionals
<p><i>Individuals and parent with potential opioid use disorders who are <u>not in treatment</u> may...</i></p> <ul style="list-style-type: none"> • Begin to acknowledge the personal consequences of their opioid use (e.g., may be at risk for or have lost custody of their children; if pregnant, fears of fetal exposure; sold belongings to procure opioids; traded sex for drugs; had car accident while under influence; losing job or home) • Become increasingly concerned about the potential loss of opioid access and procurement risks • Recognize the exhaustive nature of maintaining their opioid dependency (e.g., opioid procurement consumes thoughts and actions) • Increasingly experience/begin tiring of uncomfortable withdrawal symptoms (e.g., tremors, goosebumps, stomach cramping) when opioid access is delayed • Take to heart confrontations from family or friends about the financial and physical costs of opioid dependency (e.g., stole from friends and relatives, neglected their own physical and dental health or that of their children) • Begin evaluating pros and cons of quitting; risk versus perceived benefit of continuing opioid use • Acknowledge opioid's grip on their life or their children's lives but be hesitant to take the first step needed for change • Begin to think about negative aspects of their opioid habit and the benefits of quitting, but also have fears or doubts about cessation • Think about changing during these difficult times, but return to ambivalence when circumstances temporarily improve • Thoughtfully consider change but not yet pursue it • Be willing to hear about treatment options 	<p><i>In working with individuals and parents, helping professionals can consider...</i></p> <ul style="list-style-type: none"> • Using reflective listening with a tone of empathy and concern (if person is pregnant, express concern for both baby and mom) • 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 recovery⁹ • Raising or reinforcing doubts about the harmlessness of their opioid or other substance use patterns and evoking concerns that all is not well after all • Examining and understanding the reasons for seeking change – extrinsically or intrinsically motivated change • Revisiting/building readiness—see the Readiness Ruler¹⁰ • Providing motivational approaches to encourage change (see the Florida Alcohol and Drug Abuse Association [FADAA] Motivational Interviewing modules)¹¹ • Helping to create a pro/con list for stopping drug use¹² • Inquiring about the “good reasons” for change and the “challenging reasons” • 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 • Framing the process of change within the larger context of values shared with their family, community, and culture¹³ • Eliciting, with permission, what they already know about quitting and their thoughts about quitting • Being aware of shifts back to ambivalence¹⁴

Stage of Change: CONTEMPLATION (aware that an opioid problem exists, but has no commitment to action)

Potential OUD-specific Characteristics	Potential Responses from Helping Professionals
<ul style="list-style-type: none"> • Begin to assess the opioid cessation experiences of others in their opioid-using network • Have a desire to reconnect to their family, social, cultural, community ties and recognize their opioid use as a barrier • Acknowledge their desire to change other health/behavioral health issues (e.g., domestic violence) before they can address their OUD • Acknowledge the purpose that opioid use serves in their life (e.g., helping mask underlying trauma) • Be uncertain about the expectations of change, especially from those around them • Evaluate opioid alternatives (e.g., harm reduction such as stopping injection mode or switching to marijuana or other substances perceived as less harmful) • May assess the extent of opioid cessation support they might count on in this process from others (e.g., spouse/significant other, friends, parents, guardians, other relatives) 	<ul style="list-style-type: none"> • Reassuring them that conflicting feelings and uncertainties are normal and may create hesitancy for change - offer that others have shared the same feelings but have successfully moved forward with change • Inquiring if they would prefer to involve other supportive individuals in considerations of change • 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)¹⁵ • Encouraging visualization of a life in recovery • Discussing recovery barriers and offering concrete barrier reduction assistance (including peer recovery support if available)

Stage of Change: PREPARATION (intent on taking action to address opioid use problem)

Potential OUD-specific Characteristics	Potential Responses from Helping Professionals
<p><i>Individuals and parent with potential opioid use disorders who are <u>not in treatment</u> may...</i></p> <ul style="list-style-type: none"> • Actively explore treatment options (including the U.S. Food and Drug Administration’s [FDA]-approved MAT) to consider which best meets needs and life circumstances • Strengthen their resolve by eliminating triggers (e.g., using up/getting rid of “stash,” giving away or discarding drug paraphernalia, moving away from high-use area) • Put support networks in place (e.g., family, social) • Experience emotional manipulation or physical abuse from individuals wanting to prevent pending change • Demonstrate a reflection of what is possible – negotiate with themselves about what is achievable • Make public declarations about stopping opioid dependency • Inquire about tapering/reducing opioid use • Try to stop opioid use on their own • Seek to understand the full spectrum of withdrawal symptoms for opioid use/what to expect from cessation • Attend a support group or read a self-help book • Have fits of anger and tears as they grieve for the loss of their opioid use and former peer network • Have guilt about leaving friends and relatives associated with opioid use • Begin to envision their life free of opioid use • Demonstrate less resistance and denial—reduction in blame of others • Make self-motivational affirmations such as “I am going to beat this;” “I can do this!” • Ask with urgency, “What can I do now to make change/get healthier?” 	<p><i>In working with individuals and parents, helping professionals can consider...</i></p> <ul style="list-style-type: none"> • Supporting self-efficacy and optimism/maintaining a hopeful stance¹⁶ • Continued discussion about recovery and MAT benefits • Discussing how to access assessment, and treatment with concrete offers of assistance (peer recovery) • Identifying and removing barriers to care • Discussing the need to eliminate triggers and change the environment • Reassuring that the timeline to action is not the same for everyone/discuss and develop relevant custody timelines • Helping to develop a plan of action for treatment¹⁷ • Offering to connect them to credible role models who achieved targeted change • Exploring whether spousal or significant other support is available and assist with the engagement of a support person if needed/wanted • Helping to enlist social support • Linking individual, family, community, and cultural values to desired change • Understanding the inevitable grieving process – giving up opioids/other substances can mimic the loss of a friend/demonstrate empathy • Affirming that giving up opioids is their choice to make change – “no one else can make change for you” • Asking open-ended questions to reaffirm actions and engage established goals/Helping them set realistic goals, helping prioritize goals, and creating a timeline for steps to completion • Providing timely and specific feedback regarding goal-setting and other steps towards change

Stage of Change: PREPARATION (intent on taking action to address opioid use problem)

Potential OUD-specific Characteristics	Potential Responses from Helping Professionals
<ul style="list-style-type: none"> • Have fewer questions about the next steps as they complete their goals towards action • Identify barriers associated with treatment enrollment (e.g., child care, transportation, and cost) and initiate barrier reductions • Complete barrier reduction steps (ready for action phase when completed) 	<ul style="list-style-type: none"> • Offering a range of options/choices when possible, rather than a single plan • Being reassuring that change is difficult for all and may take time • Supporting their choice and acknowledging that they may be the best judge of their own course of action • Acknowledging the efforts they have already made • Providing specific and descriptive information; not opinions • Refraining from use of overwhelming technical jargon • Asking for their input about where they see their strengths and challenges • Helping them express and visualize the sequence of their steps to change; reaffirming advantages to life in recovery • Role playing steps towards making changes towards life without opioid use such as asking for support or accessing help to reduce barriers • Secure all necessary referral forms and contact information for treatment options – give “insider information” about resource to help alleviate anxiety • Contacting referral source ahead of their contact/visit – make call/contact while they are at your office to help navigate • Helping with language barriers-seeking interpreter when needed • Navigating resources associated with Americans with Disabilities Act if needed (Federal ADA and Disability Resources)¹⁸ • Prepare them for experiencing frustration in seeking and synchronizing helping resources (e.g., overcoming bureaucratic hurdles) and helping when possible • Reinforcing that they deserve opportunity for a life in recovery • Reengaging discussion about how they are dealing with legal, financial and other health problems – must have plan to address pending matters

Stage of Change: PREPARATION (intent on taking action to address opioid use problem)

Potential OUD-specific Characteristics	Potential Responses from Helping Professionals
	<ul style="list-style-type: none"> • Helping to secure a safe location where change is possible (e.g., identifying and navigating to safe shelter if needed) • Anticipating and preventing isolation as they disengage from social networks associated with opioid use • Creating foundation of hope for success • Reviewing rules, requirements, or philosophies of treatment centers/support groups to be sure consistent with their values and makes sense for their situation

Stage of Change: ACTION (active modification of opioid use)

Potential OUD-specific Characteristics	Potential Responses from Helping Professionals
<p><i>Individuals and parent with potential opioid use disorders who are <u>not in treatment</u> may...</i></p> <ul style="list-style-type: none"> • Initiate or support efforts to connect with care (assessment, treatment/MAT, recovery support) • Experience some discomfort as opioid reduction/pharmacotherapy induction is underway and as other life changes begin • Have shifting sleeping patterns • Have difficulty with pain management alternatives if opioid use was initiated for chronic pain • Experience stability for the first time in awhile • Experience regrets or shame as full realization of opioid use consequences are considered (e.g., child neglect or abuse, theft, sex for drug exchanges, job/home/financial losses and more) 	<p><i>In working with individuals and parents, helping professionals can consider...</i></p> <ul style="list-style-type: none"> • Being sure any items that may remain for action do not interfere with treatment (e.g., resolving any warrants or other legal or custody issues) • Reviewing change plan on regular basis and amending it to meet goals • Forging alliance/rapport to improve communication and create a welcoming environment • Being clear about/managing any discrepancies between expectations of treatment and recovery support including timeline¹⁹ • Engaging all necessary health and behavioral health specialists; make referrals as needed with warm handoffs/introductions • Aligning efforts with their cultural needs

Stage of Change: ACTION (active modification of opioid use)

Potential OUD-specific Characteristics	Potential Responses from Helping Professionals
<ul style="list-style-type: none"> • Worry about children or other family members (especially if they are temporarily or permanently separated from them) • Follow a plan of ongoing health behavior change • Experience anger, depression, frustration due to adjustments happening in an opioid-free life • Develop new concerns if/when prior social associations are severed and need to be replaced with healthier associations • Experience surfacing of co-occurring behavioral health issues that had been previously hidden by opioid use²⁰ • Have first awareness of their alarming prior opioid consumption levels and associated risks including mortality • Realize temporary or permanent cognitive impairment from opioid/other substance use causing personal alarm/concern • Experience other health concerns from opioid use (e.g., sexually transmitted disease (STD)/human immunodeficiency virus (HIV), hepatitis, endocarditis, unintended pregnancy)²¹ • Develop awareness of how opioid use affected various aspects of their lives and the consequences of continued use • Begin to envision and express how a life in recovery might be • Express regret for their opioid use and behaviors associated with OUD– may believe they are a “bad” person for using opioids • Understand their legal and financial challenges and other concerns causing alarm, panic and risk for return to use/relapse • Experience an escalation in domestic violence if partner was not on board with pursuit of recovery from OUD • Experience unexpected barriers • Seek more choices and latitude in decision making 	<ul style="list-style-type: none"> • Being explicit about expectations – encouraging clarification • Diminishing rumors or myths about treatment – managing perceptions • Suggesting they keep a diary or a journal-particularly to manage very emotional thoughts/memories • Preparing them for support group/peer recovery support • Helping with arrangements to stay connected/bonded to children while parent is in treatment if appropriate • Helping with plans for safe delivery and follow up support if opioid using woman is pregnant • Helping with unexpected barriers – help identify resources that allow client to remain in continuum of care • Making connection(s) with their support members if okay– maintain their correct contact information

Stage of Change: MAINTENANCE (sustained positive change in opioid use/new behavior replaces old)

Potential OUD-specific Characteristics	Potential Responses from Helping Professionals
<p><i>Individuals and parent with potential opioid use disorders who are <u>not in treatment</u> may...</i></p> <ul style="list-style-type: none"> • Notice they have more free time – become anxious about unstructured time –think about their past opioid use (“old friend”) • Be tempted to engage in risky relationships if feeling isolated and disconnected, especially if new healthier social connections have yet to be established • Struggle with new healthy relationships if previous relationships were conditional on opioid use and procurement, or sex exchange • Struggle with new parenting role and experiences • Feel time is insufficient to focus on their steps to change – return to daily activities (child care, work, care of loved one, etc.) and knows that exhaustion can lead to temptation • Need extrinsic motivators to keep momentum of treatment in place • Experience financial support challenges staying in treatment • Begin to identify areas of expertise in work life • Realize the need to improve education (GED/higher education) and work skills (vocational training) for meaningful work or completion of continuing education • Recognize her need for improved parenting skills – awareness of child neglect during opioid use • Struggle with family members – too much inquiry, suspicion, hovering, restrictions • Eventually start to feel healthier, more functional, and more connected to children/other family members 	<p><i>In working with individuals and parents, helping professionals can consider...</i></p> <ul style="list-style-type: none"> • Recognizing that as the new behavior is becoming firmly established, the threat of a return to the old patterns should become less frequent and less intense²² • Recognizing ambivalence if they withdraw from steps associated with their recovery-encourage discussion where treatment not meeting their goals or why no longer ready to maintain change • Recognize/intervene/support before return to use behaviors • Helping with ongoing development of coping strategies – brainstorming/make list of high-risk situations- developing plan for each (e.g., what will you do when a friend drops by with drugs?) • Discussing natural reinforcers – walking, sports, volunteering, faith/spiritual exploration, learning new language, planting a garden, attending a free lecture, taking art class, taking a free course, visiting local attractions not associated with substance use (art museum) – discovering their interests and hobbies- redirecting to local resources • Ensuring social/recreational reinforcers come from multiple sources and are varied • Helping them identify/connect to new sources of support and social/community connections (e.g., self-help, faith study groups, sports partners, volunteer organizations, peer recovery groups) • Providing parenting support, mentors, and coaching • Using role play scenarios to help them set boundaries for relationships • Providing local resources for recovery and support groups such as Narcotic Anonymous, 12 Step, local faith-based support groups, Peer Recovery community organizations • Encouraging healthy food choices (e.g., Choose MyPlate)²³ • Offering other healthy lifestyle tips (e.g., ChooseMyPlate.gov Resources)²⁴ • Offering external motivators

Stage of Change: MAINTENANCE (sustained positive change in opioid use/new behavior replaces old)

Potential OUD-specific Characteristics	Potential Responses from Helping Professionals
	<ul style="list-style-type: none">• Seeking out and referring to therapeutic workplaces and/or workplaces that offer supportive work options• Connecting them to literacy center(s) if needed (ESL, GED or vocational skills)• Connecting to MAT-capable recovery housing or other affordable safe housing resources• Role playing telephone skills for seeking employment• Referring to employment agencies for job application• Referring to vocational services for job application skills and interview skills (vocational outreach organization or local community college)• Helping them manage disappointments in job seeking progress and other disappointment that could trip up their recovery progress• Referring to parenting and child development classes

Citations

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