

APPLYING STAGES OF CHANGE TO OPIOID USE

MICRO-
MODULE



FLORIDA DEPARTMENT
OF CHILDREN AND FAMILIES
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FLORIDA ALCOHOL & DRUG ABUSE ASSOCIATION



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THE FLORIDA ALCOHOL AND DRUG ABUSE ASSOCIATION (FADAA)
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LEARNING OBJECTIVES

- List and describe the “stages of change.”
- Identify at least one opioid-specific strategy appropriate to each stage.
- Correctly identify the stage of change in the opioid-specific case example provided.

WHAT ARE THE STAGES OF CHANGE?

- Who developed The Transtheoretical Model (also known as “The Stages of Change”), and why was it developed?
- How are the Stages of Change applied in substance use?

STAGES OF CHANGE

- James Prochaska and Carlo Di Clemente developed The Transtheoretical Model (also known as the “Stages of Change” Model) in 1977.¹
- The change process is conceptualized as a sequence of stages through which people typically progress as they think about, initiate, and maintain new behaviors.²



STAGES OF CHANGE ASSUMPTION



The Stages of Change Model operates on the assumption that people do not change behaviors quickly or decisively. Rather, change in behavior occurs continuously through a cyclical process.

“Substance use disorders (SUDs) differ drastically from other medical conditions in that many of the afflicted do not desire change.”³

HOW ARE STAGES OF CHANGE APPLIED IN SUBSTANCE USE TREATMENT?



- “Motivation can be understood not as something that one has but rather as something one does. It involves recognizing a problem, searching for a way to change, then beginning and sticking with that change strategy.” Miller, 1995.⁴
- Coupling motivational interviewing with the “Stages of Change” model may be effective during various points of the recovery process.⁵

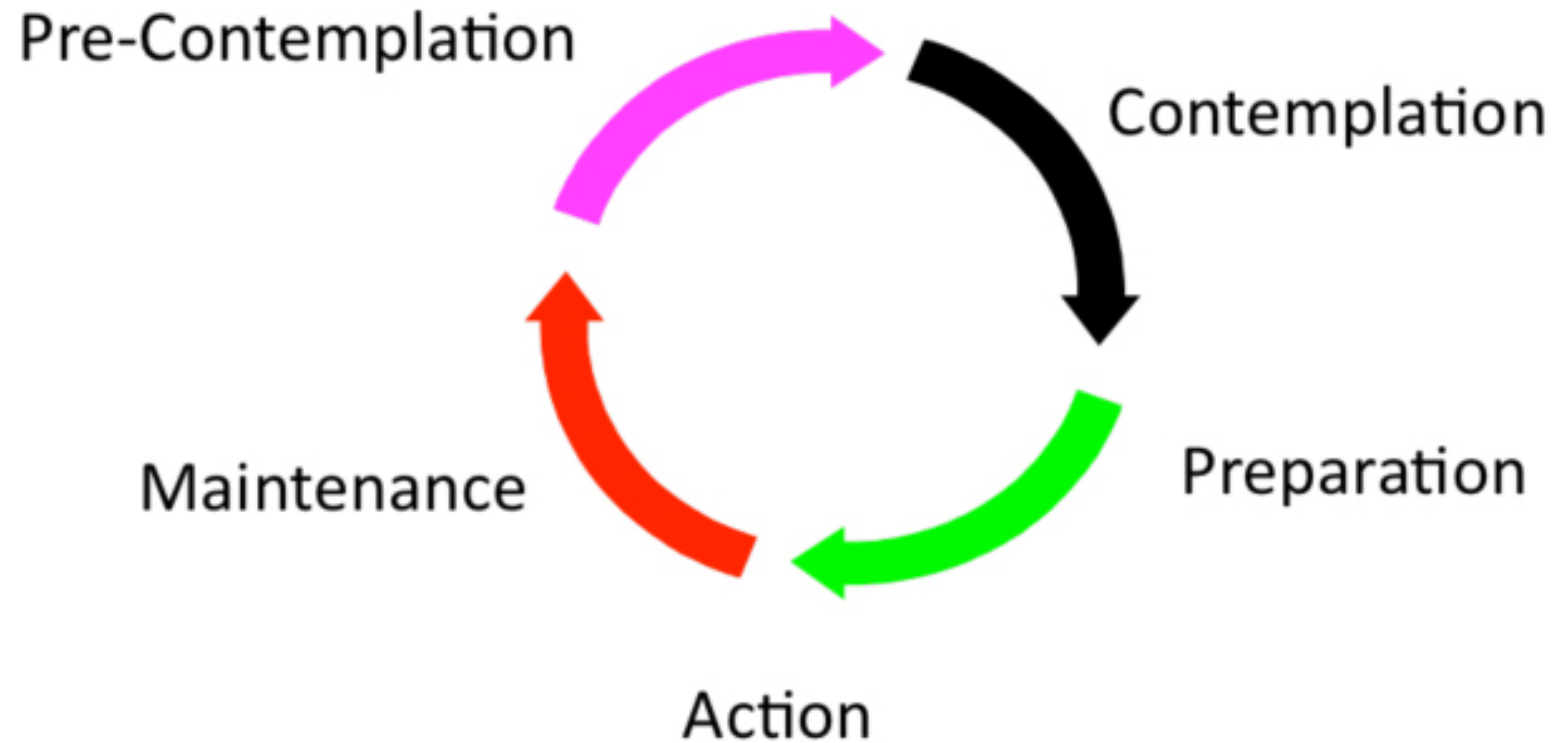
WHAT ARE THE FIVE STAGES OF CHANGE?



The five Stages of Change are as follows:⁶

- Pre-contemplation
- Contemplation
- Preparation
- Action
- Maintenance

Note: Some change models include a sixth stage – “Relapse.”



STAGES OF CHANGE

(CONTENT FOR
NEXT 5 SLIDES)⁷

BEHAVIORS ASSOCIATED WITH PRE-CONTEMPLATION



- No desire or intention to change behavior
- Does not acknowledge or believe a problem exists
- Not focused on rational decision making
- Does not see pros of possible change in behavior outweighing the cons
- Feels it's too much work to change behavior
- Tunes out or changes the subject to avoid discussion of behavior

BEHAVIORS ASSOCIATED WITH CONTEMPLATION



- Acknowledges the problem exists but with no immediate commitment to change; remains ambivalent towards change
- May consider the pros and cons of changed behavior
- Weighs the risk-benefit of continued behavior
- Open to receiving information about change

BEHAVIORS ASSOCIATED WITH PREPARATION

- Ready to take action and evaluating what specific areas of change they desire
- Believe that change can lead to a healthier life
- Takes steps towards behavior change and evaluates how to make that change
- Seeks information with intent of making a change
- Obtains necessary resources to make a change
- Removes triggers related to behaviors
- Puts support(s) in place



BEHAVIORS ASSOCIATED WITH ACTION



- Actively making changes by modifying behaviors or adopting new healthy behaviors
- Implementing small incremental changes
- Developing the means to moderate or reduce stress
- Engaging active forms of support
- Focusing on progress

BEHAVIORS ASSOCIATED WITH MAINTENANCE

- Continuing to achieve the progress made during the action stage
- Avoiding triggers of old behavior
- Sticking to limits established during the action stage
- Maintaining or re-engaging forms of support in order to avoid complacency and stress



RELAPSE CONSIDERATIONS

- May be a gradual change rather than a singular event
- May rationalize unhealthy behavior
- Underestimating the need to be prepared and/or mobilize support
- Losing sight of progress rather than seeking perfection
- Expecting positive results too quickly
- Displacement from support systems
- Losing track of their initial motivation for change
- Feeling exhausted from life events



OPIOID-SPECIFIC STRATEGIES APPROPRIATE TO EACH STAGE OF CHANGE

- Sample Quick Reference Resource

SAMPLE QUICK REFERENCE RESOURCE

- The quick reference resource companion to this micromodule is tailored for child welfare staff. Other helping professionals, such as behavioral health clinicians, might respond with added motivational interviewing skills.
- Also, there is no assumed alignment between the columns and actions.
- Slides 18-22 provide a brief snapshot of the quick reference resource for illustrative purposes. The primary content source for this summary information is the Center for Substance Abuse Treatment's Treatment Improvement Protocol (TIP) Series, No. 35.⁸ The full resource document provides additional citations and helpful resources.

PRE-CONTEMPLATION

Stage of Change: Pre-contemplation

Potential OUD-specific Characteristics	Potential Responses from Helping Professionals
<p>Person/parent may...</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• Believe that using opioid painkillers obtained from family, friends, or the street are safe since they are commonly prescribed by credentialed providers	<p>In their work with persons and parents, helping professionals can consider...</p> <ul style="list-style-type: none">• Establishing rapport and trust• Acknowledging their thoughts and concerns, preference to avoid withdrawal discomfort, and prior efforts to quit• Educating them about opioid medication-assisted treatment[s] (MAT) that do not require a person to be in full withdrawal (just very early stages with minimum temporary discomfort), and provide associated informational resources

CONTEMPLATION

Stage of Change: Contemplation

Potential OUD-specific Characteristics	Potential Responses from Helping Professionals
<p>Person/Parent may...</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/associated scramble and risk• Increasingly experience/begin tiring of uncomfortable withdrawal symptoms (e.g., tremors, goosebumps, stomach cramping) when opioid access is delayed	<p>In their work with persons and parents, helping professionals can consider...</p> <ul style="list-style-type: none">• Using reflective listening with a tone of empathy and concern (if person is pregnant, express concern for baby <u>and</u> 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 recovery• Examining and understanding the reasons for seeking change – extrinsically or intrinsically motivated change• Revisiting/building readiness—see Readiness Ruler

PREPARATION

Stage of Change: Preparation

Potential OUD-specific Characteristics

- Person/Parent may...
- 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 "stash," giving away or discarding drug paraphernalia, moving away from high-use area)
 - Put support networks in place (e.g., family, social)

Potential Responses from Helping Professionals

- In their work with persons and parents, helping professionals can consider...
- Supporting self-efficacy and optimism/maintaining a hopeful stance
 - Continued discussion about recovery and MAT benefits
 - Discussing how to access assessment, and treatment with concrete offers of assistance (peer recovery/warm handoffs)
 - Identifying and removing barriers to care
 - Discussing the need to eliminate triggers and change the environment

ACTION

Stage of Change: Action

Potential OUD-specific Characteristics

Person/Parent may...

- Initiate or support efforts to connect with care (assessment, treatment/MAT, recovery support)
- Experience some discomfort as opioid reduction/induction/medication calibration 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

Potential Responses from Helping Professionals

In their work with persons and parents, helping professionals can consider...

- 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 timeline

MAINTENANCE

Stage of Change: Maintenance

Potential OUD-specific Characteristics

Person/Parent may...

- 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 drug use, drug procurement, or sex exchange

Potential Responses from Helping Professionals

In their work with persons and parents, helping professionals can consider...

- 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?)

OPIOID-SPECIFIC CASE EXAMPLE EXERCISE

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.

Opioid-specific Case Example Exercise (cont.)

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) case worker 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 sheet is at same location as this module).

QUICK REFERENCE RESOURCE

Stages of Change Applied to Individual and Parental Opioid Use: Quick Reference Resource

Thank you for completing this micromodule. Please consider reviewing this module's quick reference resource (partially pictured on the right). It is available for download in the same location as this module.

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
Person/parent may... <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• Believe that using opioid painkillers obtained from family, friends, or the street are safe since they are commonly prescribed by credentialed providers	In their work with persons and parents, helping professionals can consider... <ul style="list-style-type: none">• Establishing rapport and trust⁵• Acknowledging their thoughts and concerns, preference to avoid withdrawal discomfort, and prior efforts to quit• Educating them about opioid medication-assisted treatment[s] (MAT) that do not require a person to be in full withdrawal⁶ (just very early stages with minimum temporary discomfort), and provide associated informational resources• Engaging in myth busting discussions about “clean” opioids (e.g., that most opioid medications on the street are counterfeit even if they look legitimate, and may contain fentanyl and other dangerous substances)⁷

FOR QUESTIONS OR ADDITIONAL INFORMATION

For additional opioid training modules:

- <http://www.training.fadaa.org/>

CITATIONS

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2. Center for Substance Abuse Treatment. Enhancing Motivation for Change in Substance Abuse Treatment. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 1999. (Treatment Improvement Protocol (TIP) Series, No. 35.) Chapter 1—Conceptualizing Motivation and Change. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK64972/>
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