



Regrounding Our Response: The Stages of Change

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REGROUNDING OUR RESPONSE Housekeeping

- Please mute yourself
- Utilize the chat box
 - Feel free to type questions as we go, we will answer questions after each learning objective and at the end
- Webinar is being recorded
- Private chats can be read by host
- Take care of yourself, this topic can be difficult!
- Parking Lot for discussion questions: Stasia and Jess will stay on for 15 minutes after the webinar to talk through questions we're unable to address in the meeting
- Evaluations, resources, and PDF of slides will be sent out afterwards



Unmute



Start Video



Invite



Participants



Share Screen



Chat



More

Leave Meeting

REGROUNDING **OUR RESPONSE** Opening Questions

This exercise can help identify values and opinions. Ask yourself what you think about each of these statements and give your honest opinion. There are no right or wrong answers.

Please read each statement carefully and then mark the box that most closely matches your reaction on a scale from 1 (that's nonsense!) to 5 (right on!)

REGROUNDING OUR RESPONSE

Poverty and oppression contribute to drug use	1 2 3 4 5
Abstinence is the ultimate goal of harm reduction activities	1 2 3 4 5
Addiction is a disease	1 2 3 4 5
Drug use is an understandable way to cope with stress, depression and mental illness	1 2 3 4 5
Drugs kill people	1 2 3 4 5
Escape from reality is unhealthy	1 2 3 4 5
Housing reduces the risks of drug use	1 2 3 4 5
In harm reduction it is important to be careful not to enable harmful substance use.	1 2 3 4 5

Values and Opinions Debrief

Even if you didn't get through all the questions, was there anything that:

- You didn't understand
- You weren't sure how you felt about a specific question or questions
- You hope will be covered in today's webinar

Please jot your answers in the chat box

REGROUNDING **OUR RESPONSE** What's the Connection: Brain Injury & Harm Reduction

- The link between substance use related disorders and brain injury is well established in the literature and in the lived experience of individuals with brain injury, their family members and those who provide rehabilitation and other community supports
 - People who have a brain injury are at risk of developing substance use disorders and people with substance use disorders are at risk of sustaining a brain injury
- Lack of awareness due to BI v. lack of awareness/precontemplation in the Stages of Change model and how they are similar and can overlap

REGROUNDING OUR RESPONSE

What is Regrounding Our Response?

- Regrounding Our Response supports a multi-disciplinary network of 100+ Master Presenters across the state trained in 5 core concepts.
- Each concept provides the foundation to address stigma and common misunderstandings about substance use.
- The statewide training network aims to reduce stigma and raise awareness about evidence-based approaches to improve our response to the overdose crisis in Maryland.

REGROUNDING OUR RESPONSE Learning Objectives Across an Educational Continuum



- Why are communities impacted differently by the overdose crisis?
- What is the connection between trauma and substance use?
- How does behavior change, and how can we support people in their progress?
- What are the most effective evidence-based tools to prevent overdose death?
- How can we build comprehensive systems of care for people who use drugs?

Stages of Change: Learning Objectives

- Understand the burden of change
- Understanding how behavior change happens
- Understand how harm reduction strategies keep people safe, build self-efficacy, and support the change process
- Learn how to support people through the process of change

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REGROUNDING OUR RESPONSE The Burden of Change

Change is hard at first,
messy in the middle and
gorgeous at the end.

- Robin Sharma

"I'm not
doing it"



"I shouldn't
have done it"



"It's beautiful"



8 Reasons Why Change is Hard

Negative Emotional Motivation

All or None Thinking

Eating the Elephant All at Once

Neglecting the Right Tools

Trying to Change too Much at Once

Underestimating the Change Process

Forgetting Failure is Given

Not Making a Commitment to Change



Barriers to Drug Use Behavior Change

147 patients in urban United States Community Health Centers who misused drugs, but did not meet criteria for drug dependence, to identify barriers patients believed inhibited drug use behavior change, six major reasons emerged:

Needing drugs to alleviate mental or emotional distress	72 (49.0%)
Proximity to people or places associated with drug use	61 (41.5%)
Belief that drug use enhances quality of life or functioning	52 (35.4%)
Needing drugs to alleviate physical pain or discomfort	40 (27.2%)
Drug use being habitual/fearing consequences of stopping drug use	30 (20.4%)
Drug use hard to stop due to challenges associated with poverty, homelessness	19 (12.9%)

Understanding Substance Use Disorders

- Diagnostic and Statistical Manual 5th Edition (DSM-5) Definition
- Habitual patterns of intentional, pleasurable behaviors
- Behavior becomes:
 - Excessive
 - Problematic - Serious consequences across various areas of life
- Difficult to modify and stop

Substance Use Disorder & Change

- As individuals move through **stages of initiation** they:
 - move from **thinking** about doing it,
 - to **experimenting**,
- to **developing a pattern** of behavior that becomes **habitual** or consistent over time.

Substance Use Disorder & Change

- Development of & recovery from addiction / SUDs require a personal journey through an *intentional* change process:
 - Marked by personal decisions & choices
 - Influenced at various points by many biological, psychological, and social factors
 - Follows a common path – marked by set of tasks that must be completed to move forward



Ways in Which Addiction is Maintained

- **Brain & Body Changes** – Occur with frequent exposure to the substance or reinforcing behavior
- **Reduced/Impaired Self-Control** – Loss of control over use, despite consequences
- **Importance and Narrowing of Behavioral Repertoire** – Addictive substance or behavior becomes the most important piece of the individual's life

Questions?

Stages of Change: Learning Objectives

- Understand the burden of change
- **Understanding how behavior change happens**
- Understand how harm reduction strategies keep people safe, build self-efficacy, and support the change process
- Learn how to support people through the process of change

Understanding Intentional Behavior Change

People change voluntarily only when:

- They become *interested in or concerned* about the need for change
- They become *convinced* that the change is in their best interest or will benefit them more than cost them
- They organize a *plan of action* they are *committed* to implementing
- They *take the actions* that are necessary to make the change and sustain the change

Recovery from Substance Use Disorders

- Occurs over long periods of time
- Often involves multiple attempts and treatments
- Consists of self change and/or brief interventions or treatments
- Often involves changes in other areas of the person's life (social aspects, coping more effectively with stress/negative mood, etc.)

There are many pathways to recovery

Source: *Bishof et al., 2001; Sobel et al., 2001; Vaillant, 2003*

Substance Abuse and Mental Health Services Administration's (SAMHSA) Working definition of recovery from mental disorders and/or substance use disorders

A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

Stages of Change

Stages of Change

- How many have heard of the Stages of Change Model?
- If yes, how many have incorporated Stages of Change into their approach to either professional or personal relationships?

Stages of Change

What are some examples of ways you've used the Stages of Change?

Please tell us in Chat

**“ Change is a process,
NOT an event. ”**

~ James Prochaska

Stages of Change

Major behavior changes don't happen overnight!

- The process of change can be thought of as moving through a different stages of change that begin **before** a person decides to make a change.
- Each stage represents **important tasks** that the person needs to accomplish in order to successfully change.

Stages of Change Defined

STAGES

KEY TASKS

Precontemplation

Not interested in change

Increase interest and concern

Contemplation

Considering change

Risk-reward analysis and decision making

Preparation

Preparing for change

Commitment and creating an effective/acceptable plan

Action

Initial change

Implementation of plan and revision as needed

Maintenance

Sustained change

Integrating change into lifestyle

The Stages of Change Model

Studies show that people **progress & recycle** through the stages on their way to achieving long-term behavior changes

Stages of Change Defined

- **Precontemplation**-Not thinking about changing
- **Contemplation**-Considering change
- **Preparation**-Making decisions for change
- **Action**-Commitment and beginning to change
- **Maintenance**-Change has become integrated with life

Stages of Change

Prochaska & DiClemente 1992)

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



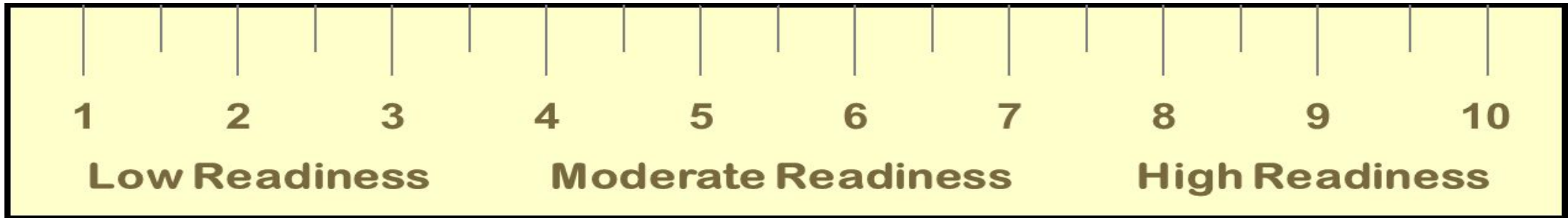
Stages of Rehab in TBI Recovery

Ben-Yishay 1978)

- Engagement
- Awareness
- Mastery
- Adjustment/Acceptance
- Competence
- Identity



Understanding Stage of Change Using The Readiness Ruler



Using the Readiness Ruler: for example, “*How ready are you to stop using heroin?*” On a Scale from 1-10

Low Readiness, as indicated by choosing 1-4/5 on the readiness ruler can mean:

- “I don’t want to stop now”
- “It’s not causing me any issues... I have it under control”
- “Trying to stop right now is just too much”

Using the Readiness Ruler: for example, “*How ready are you to stop using heroin?*” On a Scale from 1-10

Moderate Readiness, as indicated by choosing 5-7 on the readiness ruler can mean:

- “I’m thinking about stopping”
- “I know that it’s ruining my life”
- “I am interested in talking more about it”

Using the Readiness Ruler: for example, “*How ready are you to stop using heroin?*” On a Scale from 1-10

High Readiness, as indicated by choosing 8-10 on the readiness ruler can mean:

- “I’m tired of this – I’m ready to stop”
- “I’d like to go into a treatment program... I can’t do this on my own”

How does the Readiness Ruler translate to a person's Stage of Change?

RESPONSE

INTERPRETATION

1 or 2	This person is likely in Precontemplation
3 or 4	This person is likely beginning Contemplation.
5 or 6	This person is likely in Contemplation, moving to Preparation
7 or 8	This person is likely in Preparation, moving to Action.
9 or 10	This person is likely in moving from Preparation to Action

Motivational Communication and Stages of Change

Motivational Interviewing

- A collaborative conversational style meant to strengthen a person's own motivation and commitment to change
- Especially helpful to use with individuals who are in the earlier stages of change (Precontemplation & Contemplation)
- With our limited time, we will only cover the philosophy of motivational interviewing

Assumptions of Motivational Communication

- **Motivation is a state of readiness.**
 - It may fluctuate and can be influenced over time.
- **Helper's talking style is a powerful factor.**
 - Empathy is more likely to bring out self-motivational responses and less resistance than judgment.
- **People can struggle with change.**
 - Ambivalence is a normal part of change.
- **Every person has a powerful potential for change.**
 - As a helper, you can help facilitate the natural change process.

Motivational Interviewing Values

- **Partnership/Collaboration**

- Communicate about change as a partnership
- Honors individual's experience and perspective

- **Evocation**

- Empathy is more likely to bring out self-motivational responses and less resistance than judgment. .

Motivational Interviewing Values

- **Acceptance**

- Remaining non-judgmental and accepting people where they are/wherever they are in the change process

- **Compassion**

- Seeking and valuing the well-being of others
- Commitment to pursue welfare and best interests of others

Motivational Interviewing Skills

- **OARS**

- Open-ended, Affirmations, Reflective Listening, Summarize
- Helps engage the individual and encourage self-motivational statements

- **Identifying ‘change’ and ‘sustain’ talk**

- In conversation, people make statements that argue **for** change and argue **against** change

- **Providing information sensitively**

- Elicit-Provide-Elicit

- **Readiness Ruler to Discuss Change**

Questions?

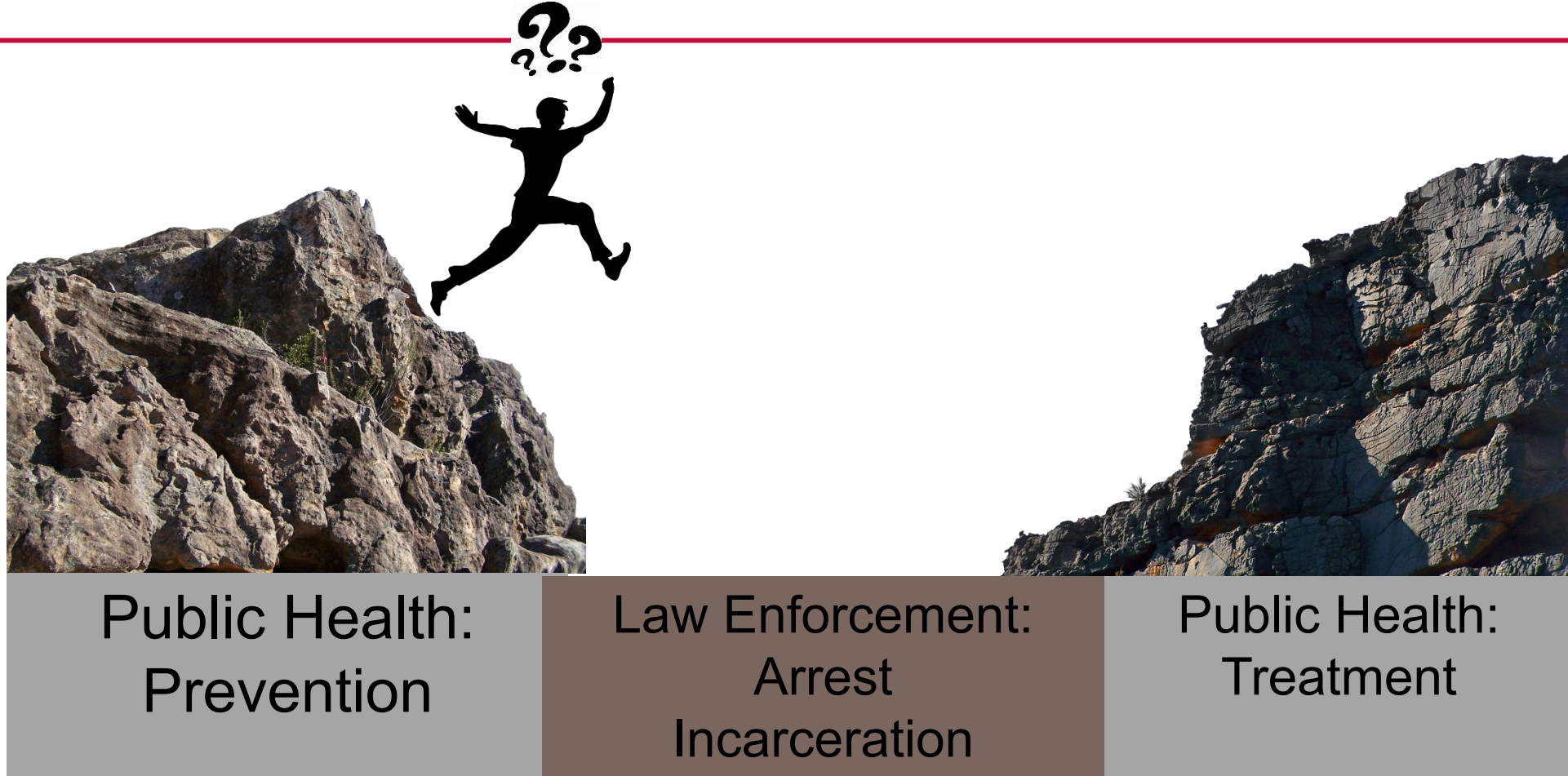
Stages of Change: Learning Objectives

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How Would You Define Harm Reduction?

Type your answers in the chat box!

Current Landscape for People Who Use Drugs



Reimagined Landscape for People Who Use Drugs



What is Harm Reduction?

Provision of services to people who are actively using drugs:

- No expectation that they stop using
 - **What does this mean for Stages of Change framework?**
- Delivered in a **non-judgmental & non-stigmatizing** manner
- Acknowledges harms of drug use
- Presents accurate information about ways to reduce these harms
- Focused on promoting any positive change

Examples of Harm Reduction

- Naloxone distribution and training
- Syringe service programs (SSPs)
- 911 Good Samaritan Policies
- Overdose Prevention Sites
- Medication Assisted Treatment (MAT)

REGROUNDING **OUR RESPONSE** Interventions

- Peer support groups (Narcotics Anonymous (NA), Alcoholic Anonymous (AA), Self Management and Recovery Training (SMART) Recovery
- Overdose Education and Naloxone Distribution
- Law Enforcement Assisted Diversion
- Sterile Syringes and Injection Equipment
- Low barrier Medication Assisted Treatment (MAT)
- Hepatitis C testing for People Who Use Drugs

Why Harm Reduction?

- Reduces overdose deaths

(Seal et al., 2005; Tobin et al., 2009)

- Increases entry into drug treatment

(Hagan et al., 2009; Strathdee et al., 1999)

- Reduces prevalence of sexually-transmitted infections / infectious diseases (STIs/IDs)

(Des Jarlais et al., 2014; Institute of Medicine, 2017; van den Berg et al., 2007; Wodak & Cooney, 2006; Wodak & Maher, 2010)

Why Harm Reduction?

- Promotes respect, compassion, and understanding toward people who use substances
- Meets people where they are ☐ Everyone can benefit!
(Marlatt, 1996)
- Applies commonly used HR principles to substances - e.g., sex education., sober rides, legalizing sex work/drugs (Leslie, 2008; Rekart, 2006)

Debunking Common Harm Reduction Myths

- **MYTH:** Tolerating risky/illegal behavior sends message that these behaviors are acceptable
- **FACT:** No evidence that HR increases drug use or reduces readiness to change drug use.

(Watters et al. ,1994; Normand et al., 1995; Paone et al., 1995; Bluthenthal et al., 2001; Henderson et al., 2003)

REGROUNDING OUR RESPONSE James' Story

“I wish harm reduction was around when I was going through this. It gives options, rather than me having to play diabetic...trying to remember what needles... This service is a blessing because it links to other supports. Through our program we’ve had more than 16 people seek treatment... Other journeys aren’t my journey, and it’s a beautiful thing that I get to experience their journeys while I’m on mine. I can meet a person where they are and not just leave them there... not abandon them. Not make them feel ashamed... that was one of the biggest things I had... all the things I’d done, I thought everyone knew, what I did, who I’d stolen from, all to get another one... That shame and self-doubt kept me from recovery.”

Debunking Common Harm Reduction Myths

- **MYTH:** Evidence does not support HR
- **FACT:** There is evidence to support HR, especially Syringe Service Programs (SSPs). HR is especially effective in conjunction with drug treatment (Kidorf et al., 2011)
 - In Seattle, those involved in SSP were **5 times more likely to enter treatment** than people who inject drugs (PWID) who didn't make use of SSP (Hagan et al., 2000)

Mid-Training Check-In

Thoughts, Comments, Questions?

What is one thing you learned that's new or surprising to you?

Respond in the chat box!

Stages of Change: Learning Objectives

- Understand the burden of change
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How Can We Use This Model?

Meeting People Where They Are

- Identify Stages of Change & understand implications of being in each stage
- Focus on the tasks of these stages and what you can do when you encounter individuals who use opioids / other substances
- Consider how to keep people safe during the Pre-Action Stages (**Harm Reduction**)



Stages

Precontemplation

Not interested in change

Preparation

Preparing for change

Action

Initial change

Maintenance

Long-term change

Tasks Of The Helper

Raise doubt about continuing problematic behavior; Increase person's awareness of risks and problems

Help develop a personalized change plan

Help the person to develop relapse prevention strategies; Adjust change plan as needed

Help person identify strengths for long-term change; Provide support

Precontemplation Tasks & Goals

- ***PRECONTEMPLATION*** - The state in which there is little or no consideration of change of the current pattern of behavior in the foreseeable future.
- **TASKS:** Increase awareness of need for change and concern about the current pattern of behavior; envision possibility of change.
- **GOAL:** Serious consideration of change for this behavior.

What are some reasons people might stay in the precontemplation stage?

Type your answers in the chat box!

5 R's: How & Why People Stay in Precontemplation

- **Reveling:** “I like it the way it is.”
- **Reluctant:** “Not now...not ever.”
- **Rebellious:** “It’s my life, mind your own business.”
- **Resigned:** “The damage is done...there’s no use.”
(Hopeless, helpless)
- **Rationalizing:** “At least I’m not doing...XYZ”
(Harm minimization)

Supporting People in Precontemplation: *Not Interested in Change Right Now*

- Encourage them to start thinking about change
- Emphasize it is their choice
- Ask open ended-questions
- Assist them in identifying and emphasizing possible benefits of change
- Reduce harm

You cannot argue a person into interest or concern.

Contemplation Tasks & Goals

- **CONTEMPLATION** - The state where the individual examines the current pattern of behavior and the potential for change by thinking about risks vs. rewards
- **TASKS:** Analyze pros and cons of current behavior and the costs and benefits of change. Decision making.
- **GOAL:** An evaluation that leads to a decision to change.

Supporting People in Contemplation: *Ambivalent About Making a Change*

- Promote harm reduction
- Help support them in making a decision
- Explore reasons for change
- Assist them in identifying values
- Support their self-confidence/
self-efficacy
- Explore ambivalence and the pros and cons of change
- Encourage them to make the arguments for change
- With permission, share important information

Preparation Tasks & Goals

- ***Preparation:*** - The stage when an individual makes a commitment to take action to change the behavior *and* develops a plan and strategy for change
- **TASKS:** Increase commitment and creating a change plan.
- **GOAL:** An action plan to be implemented in the near future.

Supporting People in Preparation: *Planning for Change*

- Continue to promote harm reduction
- Help them develop an effective and acceptable plan
- Make it a collaborative plan - you can't do it for them!
- Support the plan with your help or resources
- Encourage them to set a timeline or date to begin/make the change
- Help them identify possible barriers & a plan for overcoming them

Action Tasks & Goals

- **ACTION** -- *The stage in which the individual implements the plan, takes steps to change the current behavior, and begins creating a new behavior*
- **TASKS:** Implementing strategies for change
 - Revising the plan as needed
 - Encouraging/sustaining commitment in the face of difficulties
- **GOAL:** Successful action to change current pattern. New pattern established for a significant period of time (3-6 months)

Supporting People in Action: *Starting to Make the Change*

- Support the change and help spot possible problems in the plan
- Encourage them to reward themselves as they make progress
- Check in with them about any difficulties they are having
- Help them to revise the plan when needed
- Highlight when there is support for change
- Assist with breaking down barriers (e.g., no transportation)

Maintenance Tasks & Goals

- **MAINTENANCE**-- The stage where the new behavior pattern is sustained for an extended period of time and is integrated into the lifestyle of the individual
- **TASKS:**
 - Sustaining change over time and across a wide variety of situations
 - Avoiding going back to the old pattern of behavior
- **GOAL:** Long-term sustained change of the old pattern and establishment of a new pattern of behavior.

Supporting People in Maintenance: *Sustaining Change over Time*

- Support them in creating an environment that supports sustained change as much as possible
- Continue helping them to identify and emphasize benefits of change
- Support their self-efficacy/confidence
- Encourage them to watch out for events that can disrupt change
- Help them address any remaining barriers

Relapse and Recycling

Change is NOT a linear process!

REGROUNDING **OUR RESPONSE** Definitions

- **Regression** represents movement backward through the stages
- **Slips** are brief returns to the prior behavior that represent some problems in the action plan
- **Relapse** is a return or re-engaging to a significant degree in the previous behavior after some initial change
- After returning to the prior behavior, individuals **Recycle** back into pre-action stages

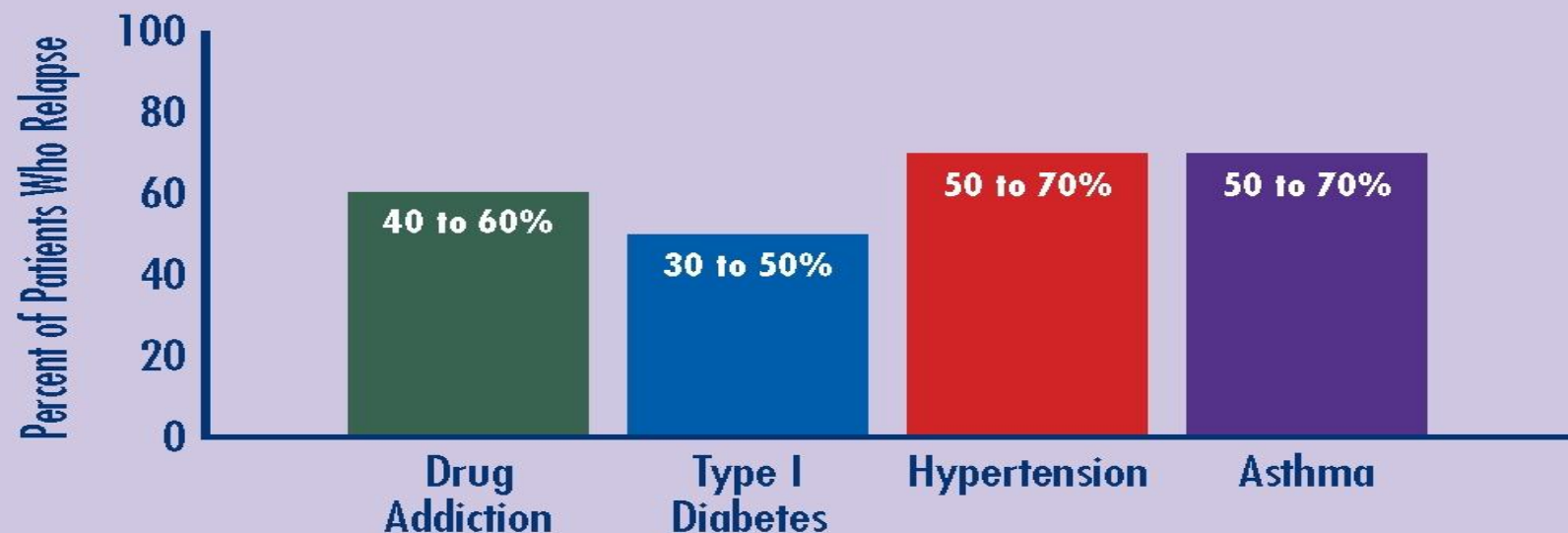
Relapse Triggers

- Craving, Urges, and Temptation
- Social Cues and Situations
- Pleasure and Positive Reinforcement
- Testing Control
- Significant Others
- Stress, Negative Mood
- Traumatic event (TBI?)
- Life!

Relapse/Recycling

- Relapse shouldn't be seen as a problem of substance use disorders, rather it is a **natural part of the process** of behavior change
 - Is a natural part of other types of behavior change, e.g., trouble with sustaining changes in exercise/healthy eating, relapse in eating disorders
- Most successful changers make **repeated efforts** to get it right.
- Can represent that there's inadequate completion of stage tasks

COMPARISON OF RELAPSE RATES BETWEEN DRUG ADDICTION AND OTHER CHRONIC ILLNESSES



Relapse rates for drug-addicted patients are compared with those suffering from diabetes, hypertension, and asthma. Relapse is common and similar across these illnesses (as is adherence to medication). Thus, drug addiction should be treated like any other chronic illness, with relapse serving as a trigger for renewed intervention.

Source: McLellan et al., JAMA, 2000.

Keys to Successful Recycling

- Blame and guilt do not motivate people to change
- Support re-engagement in the process of change:
 - Persistent efforts
 - Repeated attempts
 - Helping people take *the next step* - matching strategy to stage of change
 - Talk to the person in an encouraging way that increases their motivation to give it another shot

What types of support help people change?

- Housing stability
- Employment status
- Family connection
- Self-worth
- Personal freedom

What types of support help people change?

- Most individuals with substance use disorders will recycle through multiple 'quit attempts' and multiple interventions in order to accomplish each stage task well enough to support recovery
- It may be helpful for people to think of 'lapses' or relapses as a learning opportunity, e.g., falling while learning to ride a bike

Concluding Thoughts

How Can We Use This Model?

Meeting People Where They Are

- Stages of Change is a way for you as the helper to support someone to move towards **their own goals**
- Now we can identify stages of change & understand implications of being in each stage
- Focus on the tasks of these stages and what you can do when you meet or work with someone who uses opioids or other substances
- Consider how to keep people safe during the pre-action stages (using harm reduction)

Concluding Thoughts: Helping Change Happen

- Understand that change is a **complex process**.
- Identify where the person is at in the change process, and for *what* changes (remember, stages of change are behavior-specific)
- Have conversations about change, focusing on important personal values and the possibility of change

Concluding Thoughts: Helping Change Happen

- Help to identify and address current challenges/barriers.
- Keep in mind that supporting the individual's change process requires:
 - Patience
 - Persistence
 - Optimism
 - Realism
 - **Compassion**

Contact Information

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Contact Information & Thank You

Thank you BIAMD for hosting!

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