<table>
<thead>
<tr>
<th>Stage of Change</th>
<th>Definition/Posture</th>
<th>Tasks for person using opioids</th>
<th>Tasks for helper</th>
<th>Skills to Focus On (OARS)</th>
</tr>
</thead>
</table>
| Precontemplation | • Unaware of problem  
                  • Hasn’t thought about change  
                  • Not considering change | • Increasing awareness, concern, hope, and confidence | • Engaging and accepting  
                  • Building rapport  
                  • Increasing person’s perception of risks and problems with opioid use | • O: To identify reasons to consider change  
                  • A: Emphasizing autonomy for deciding whether or not to change  
                  • R: On person’s experience with changing past behaviors  
                  • S: Person’s own reasons for change and ability to change behavior |
| Contemplation    | • Thinking about change  
                  • Considering change but unsure | • Weighing the pros and cons of change  
                  • Making solid decision to change | • Normalizing ambivalence  
                  • Drawing out reasons for change, risks for not changing, and connect with person’s values  
                  • Helping to tip the pro/con list in favor of change  
                  • Strengthening self-efficacy | • O: To identify reasons for/against change and importance of those reasons  
                  • A: Person’s consideration of change  
                  • R: Ambivalence, highlighting differences between values and current behavior  
                  • S: Decision to change, stressing reasons and related values |
| Preparation      | • Making a plan to change;  
                  • Setting goals (usually within a month)  
                  • Thinking about change in the near future | • Making commitment to change  
                  • Creating an effective and appropriate plan | • Offering a menu of options  
                  • Helping determine the best course of action – acceptable & accessible  
                  • Developing a plan, considering barriers for quitting and social support | • O: To identify previous successes with change  
                  • A: Person’s commitment to change  
                  • R: On goals and strategies for change  
                  • S: Details of plan for change |
| Action           | • Making specific changes to lifestyle  
                  • Taking steps toward change | • Adequate implementation of plan  
                  • Problem solving and revising plan as necessary | • Helping implement the plan  
                  • Helping identify and develop skills to cope with change  
                  • Helping problem solve flaws  
                  • Helping revise plan if needed | • O: To identify barriers to change and potential solutions  
                  • A: Any progress in changing  
                  • R: On person’s successes and challenges with change and need to revise plan  
                  • S: Any changes to change plan |
| Maintenance      | • Continuation of desirable actions  
                  • Evaluating effectiveness & planning to sustain efforts | • Integrating new behavior into lifestyle  
                  • Developing strategies for preventing relapse  
                  • Engaging with social support | • Helping identify strengths & strategies to prevent relapse  
                  • Providing support  
                  • Help build a new life  
                  • Focus on wellness and strengths | • O: To identify the benefits of lifestyle with new behavior  
                  • A: Person’s continued commitment to change and healthier lifestyle  
                  • R: On values and progress towards lifestyle change  
                  • S: Impact of change on lifestyle |
| Relapse          | • Part of the process  
                  • Need practice  
                  • Submitting to old habits | • Revising plan  
                  • Re-implementing new plan | • Determining what went wrong & develop prevention plan  
                  • Helping person recycle through stages again  
                  • Normalizing slips and offering encouragement | • O: Identify challenges and successes encountered with change  
                  • A: Person’s self-efficacy to re-engage in the change process  
                  • R: On the importance of continued change efforts  
                  • S: Person’s goals and strengths for change |
EXAMPLE: Joe has had a recent overdose but reports that he is not seeking treatment for his opiate use. Your goal is to connect him with treatment services and encourage him to consider harm reduction strategies in the meantime. Below are several examples of how Joe might respond if he were in varying stages of change for receiving treatment.

<table>
<thead>
<tr>
<th>Stage of Change</th>
<th>Example Statement from Joe</th>
<th>Example Response</th>
<th>Practice: Using one or more of the OARS, how else could you respond to Joe in each stage?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Precontemplation</td>
<td>“There’s no point in me trying to quit. No one ever beats this.”</td>
<td>“You’re feeling really hopeless about ever being able to quit. What changes are you willing to make to keep you safer when using?”</td>
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<tr>
<td>Contemplation</td>
<td>“I’m always telling myself that if I keep using, it’s gonna kill me. But every time I have tried to quit I go back to using. I’m terrified of an overdose every time I use.”</td>
<td>“On the one hand you’re worried you won’t be able to change, and on the other you feel like you can’t afford not to try. Your life is on the line.”</td>
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<tr>
<td>Preparation</td>
<td>“I want to get help. I can’t keep doing this. But the last time I didn’t use for a week I got so sick. I worry if I feel that way I again I won’t stick with it.”</td>
<td>“You are ready to get treatment but worried about feeling sick when you quit. Can I share some information with you about medication assisted recovery?”</td>
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<tr>
<td>Action</td>
<td>“I started the methadone program last month. I had a few slips in the beginning but am starting to feel better now. I think that if I work the program and avoid going into the old neighborhood I can stick with it.”</td>
<td>“That’s huge progress! And you’ve recognized some of your triggers. How do you think you might be able to avoid going into your old neighborhood?”</td>
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<tr>
<td>Maintenance</td>
<td>“I’ve been on the program for a year. I feel really good and even started repairing relationships with my kids. I’ve also been thinking that I might be ready to go back to work.”</td>
<td>“You have really been committed to your recovery and your hard work is paying off. You’re feeling good about this goal and are ready to start thinking about other goals you’d like to work on.”</td>
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<tr>
<td>Relapse</td>
<td>“I was visiting people in the old neighborhood. I thought I could handle it, but I used. My wife is furious with me that I threw away all my progress. I really messed up.”</td>
<td>“I appreciate you coming back and sharing this with me. It sounds like you are feeling bad about this. How could you restart this change. What do you think we need to change about your quit plan to prevent another recurrence?”</td>
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</tr>
</tbody>
</table>

OARS: Open-ended, Affirming, Reflective, Summary