

*Patient Engagement Learning Series*

# Understanding Stages of Change and Best Interventions for Substance Use

Tuesday, May 25, 2021 at 3:00 pm Eastern Time



**NATIONAL  
NURSE-LED CARE  
CONSORTIUM**  
a PHMC affiliate

# Disclaimer

*Through the Patient Engagement Learning Series, we intend to create a space where providers, community advocates, and patient representatives can engage thoughtfully on challenging topics surrounding patient care. We commit to providing evidence-based data and research to support all content presented.*

*We believe that addressing this topic aligns with the aims of the Learning Series and is therefore integral to our discussion. We welcome your feedback to continue guiding our content development.*

*Funding for this webinar has been provided to the National Nurse-Led Care Consortium through the Patient-Centered Outcomes Research Institute (PCORI) Contract Number 14507. Contents are solely the responsibility of the authors and do not necessarily represent the official views of PCORI.*

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The **National Nurse-Led Care Consortium (NNCC)** is a membership organization that supports nurse-led care and nurses at the front lines of care.

NNCC provides expertise to support comprehensive, community-based primary care and public health nursing.

- Policy research and advocacy
- Program development and management
- Technical assistance and support
- Direct, nurse-led healthcare services

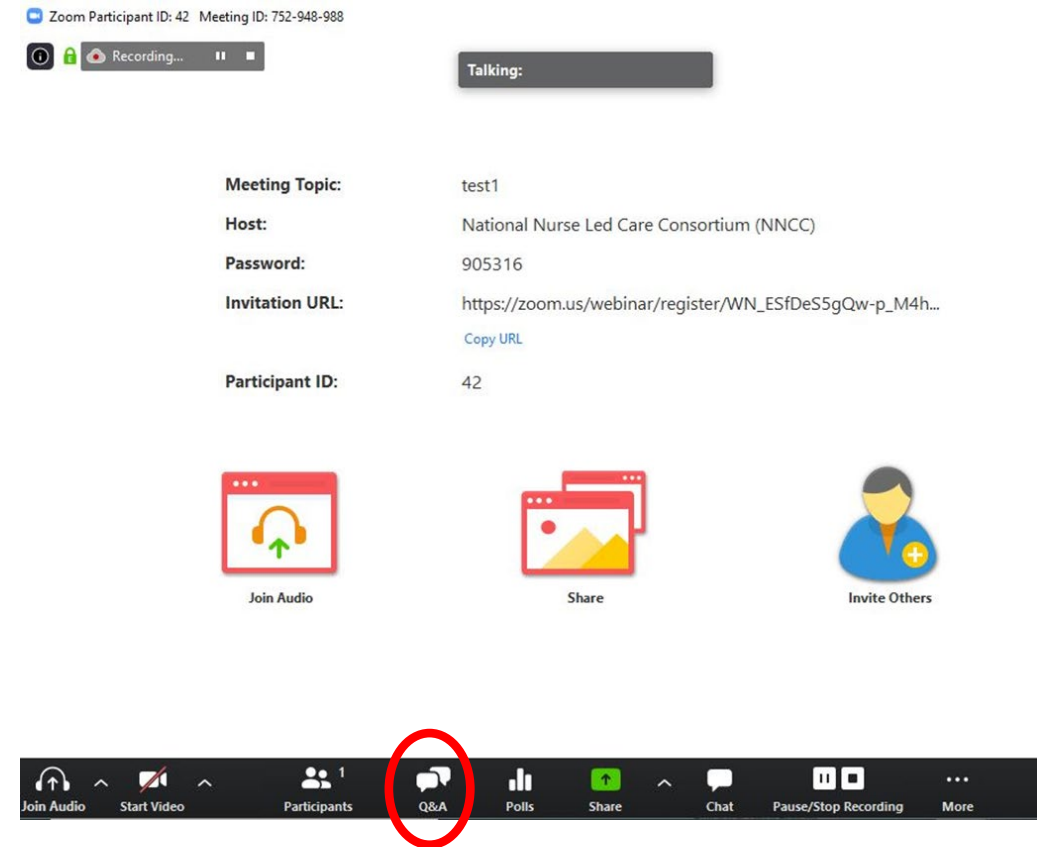
# Housekeeping Items

## Question & Answer

- Click Q&A and type your questions into the open field.
- The Moderator will either send a typed response or answer your questions live at the end of the presentation.

## Continuing Education Credits

- Please complete the evaluation survey after today's training.
- Certificate will arrive within 3 weeks of completing the survey.



# Speakers



**Joshua Palmer, DNP, PMHNP-BC, RN**  
Assistant Professor, Univ. of Pittsburgh  
Doctorate of Nursing Practice: Psychiatric  
Mental Health Nurse Practitioner Program



**Jillian Bird, MSN, RN**  
Nurse Training Manager  
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**Shelley Bastos**  
Patient Representative  
Public Health Management Corporation

# Panel Discussion



**Joshua Palmer, DNP, PMHNP-BC, RN**  
Assistant Professor, Univ. of Pittsburgh  
Doctorate of Nursing Practice: Psychiatric  
Mental Health Nurse Practitioner Program



**Jillian Bird, MSN, RN**  
Nurse Training Manager  
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# Pop Up Question

**Are the stages of change a tool you use when working with patients? If yes, please explain.**

# Understanding Stages of Change and Best Interventions for Substance Use Disorders

Joshua E. Palmer DNP, PMHNP-NP, RN  
Assistant Professor  
University of Pittsburgh



# Disclosures

I have no conflicts of interest or other disclosures to make.

# Objectives



Review the basics of how individuals move towards their personal recovery with substance use.



Understand the brief history of how substance use treatment changed from abstinence model to harm reduction treatment paradigms.



Understand how nursing providers can support those living with substance use disorders with targeted interventions for their stage of change.



Identify methods of Motivational Interviewing to promote an individual's movement into later stages of change.



Understand how medications along with therapy can support those living with substance use disorder.

# DSM-5 Substance Use Disorder (SUD) | Defined

- Identification
  - A problematic pattern of substance use leading to clinically significant impairment or distress
- 2 Criteria (Next)
- Time period
  - Occurring within a 12-month period



# DSM-5 Substance Use Disorder (SUD) | Criteria (1 of 2)

- Substance is often taken in larger amounts or over a longer period than was intended.
- There is a persistent desire or unsuccessful efforts to cut down or control substance use.
- A great deal of time is spent in activities necessary to obtain substance, use substance, or recover from its effects.
- Craving, or a strong desire or urge to use substance.
- Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home.



# DSM-5 Substance Use Disorder (SUD) | Criteria (2 of 2)

- Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of substance.
- Important social, occupational, or recreational activities are given up or reduced because of substance use.
- Recurrent substance use in situations in which it is physically hazardous.
- Substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by substance.
- Tolerance
- Withdrawal



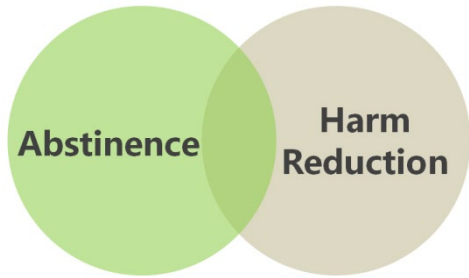
# DSM-5 SUD | Tolerance vs. Withdrawal



- **Tolerance**, as defined by either of the following:
  - A need for markedly increased amounts of substance to achieve intoxication or desired effect
  - A markedly diminished effect with continued use of the same amount of substance
- **Withdrawal**, as manifested by either of the following:
  - The characteristic withdrawal syndrome for substance
  - Substance (or a closely related substance) is taken to relieve or avoid withdrawal symptoms

# Treatment Paradigms (Abstinence vs. Harm Reduction) & Recovery Orientation





# Treatment Paradigms | Abstinence

- Treatment First (Abstinence) is a traditional method of substance use treatment
- Expectation that services and treatment will be provided on cessation of substance use or that the individual is ready for change

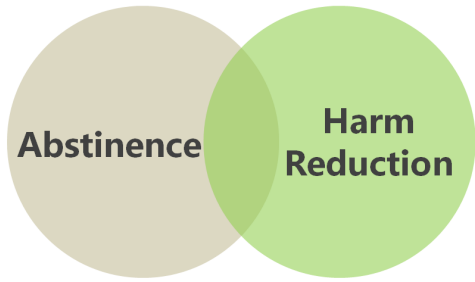
## Pros

- Immediate support and treatment for those who are not using
- The cessation of risk behaviors and use

## Cons

- Those with earlier stages of change do not benefit from services
- Limited access to basic needs for earlier stages of recovery





# Treatment Paradigms | Harm Reduction

- Developed in early 1980s as a method of engagement to reduce spread of HIV/Hepatitis
- Part of Housing First Model
- Engagement and reduction in harm; step wise approach to recovery

## Pros

- Increases access to healthcare and basic needs
- Continues engagement to work with Motivational Interviewing and movement through stages of change with provider
- Increases treatment exposure

## Cons

- Continued use and overall risky behaviors
- Possible reinforcement of behaviors or reduction of consequences that encourage movement through stages of change



# Recovery | 10 core principles undergirding a recovery orientation

## Self Direction

Consumers determine their own path to recovery.

## Individualized & Person-Centered

There are multiple pathways to recovery based on individuals' unique strengths, needs, preferences, experiences, and cultural backgrounds.

## Empowerment

Consumers can choose among options and participate in all decisions that affect them.

## Holistic

Recovery focuses on people's entire lives, including mind, body, spirit and community.

## Non-Linear

Recovery isn't a step-by-step process, but one based on continual growth, occasional setbacks, and learning from experience.



# Recovery | 10 core principles undergirding a recovery orientation

## Strengths-Based

Recovery builds on people's strengths.

## Peer Support

Mutual support plays an invaluable role in recovery.

## Respect

Acceptance and appreciation by society, communities, systems of care, and consumers themselves are crucial to recovery.

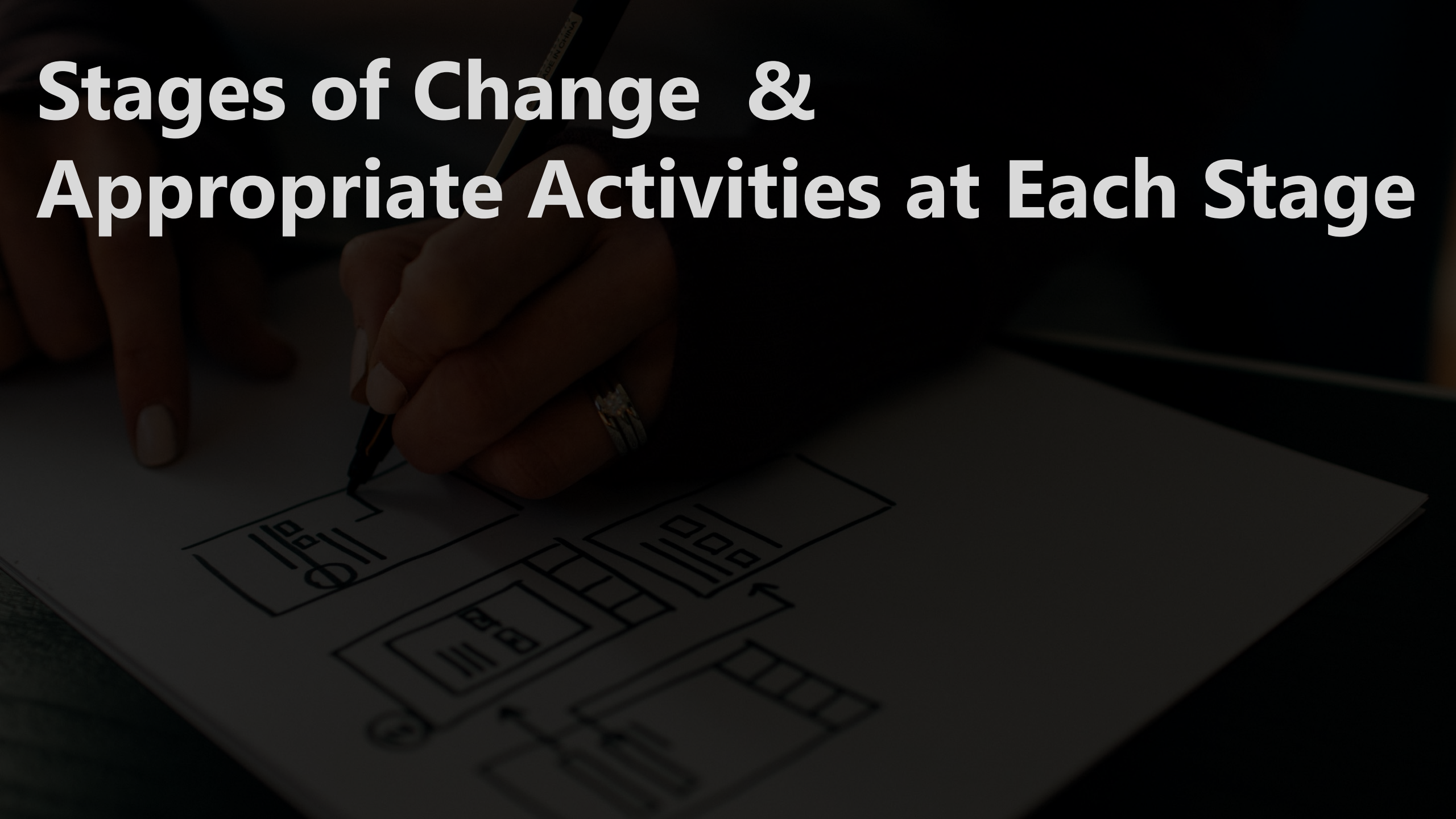
## Responsibility

Consumers are responsible for their own self-care and journeys of recovery.

## Hope

Recovery's central, motivating message is a better future — that people can and do overcome obstacles.

# Stages of Change & Appropriate Activities at Each Stage

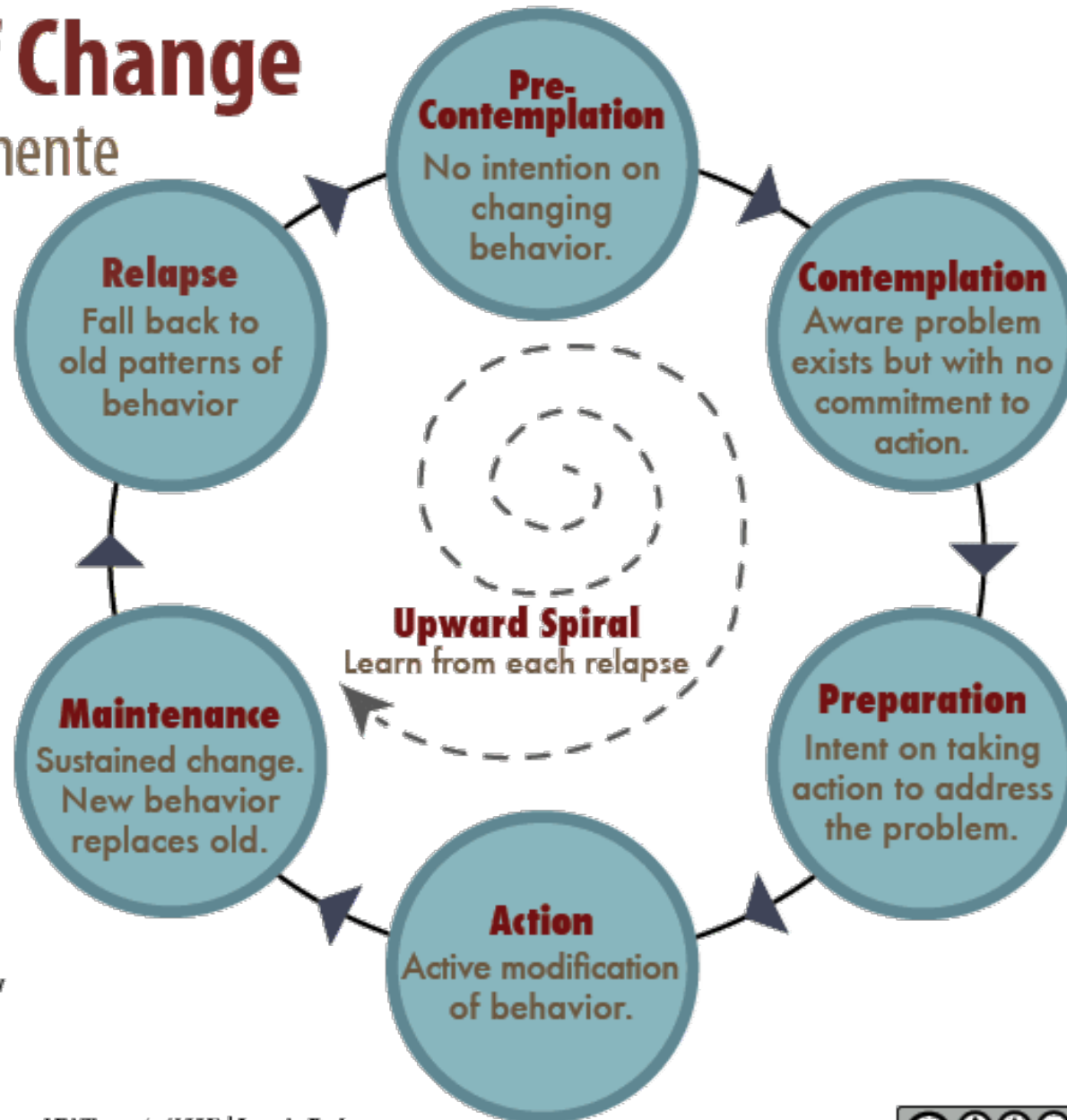




# The Cycle of Change

## Prochaska & DiClemente

- **Precontemplation:** A logical starting point for the model, where there is no intention of changing behavior; the person may be unaware that a problem exists
- **Contemplation:** The person becomes aware that there is a problem, but has made no commitment to change
- **Preparation:** The person is intent on taking action to correct the problem; usually requires buy-in from the client (i.e. the client is convinced that the change is good) and increased self-efficacy (i.e. the client believes s/he can make change)
- **Action:** The person is in active modification of behavior
- **Maintenance:** Sustained change occurs and new behavior(s) replaces old ones. Per this model, this stage is also transitional
- **Relapse:** The person falls back into old patterns of behavior
- **Upward Spiral:** Each time a person goes through the cycle, they learn from each relapse and (hopefully) grow stronger so that relapse is shorter or less devastating.



- Precontemplation
  - Not thinking about changing.
- Contemplation
  - Beginning to think change may be a good thing.
  - Time to Change: 6 Months
- Preparation
  - Making small changes.
  - Time to Change: 1 Month
- Action
  - Undertaking the new behavior.
  - Time to Change: Abstinence < 6 months
- Maintenance
  - The new behavior becomes habitual
  - Time to Change: Abstinence > 6 months

\*Note DSM-5 12 months for remission



The Cycle of Change  
Adapted from a work by Prochaska and DiClemente (1983) | Ignacio Pacheco  
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# Stages of Change | What activity for what stage?

## Precontemplation

- Outreach, reduce risk/harm, basic needs, and empathy

## Contemplation

- Pros and cons of change

## Preparation

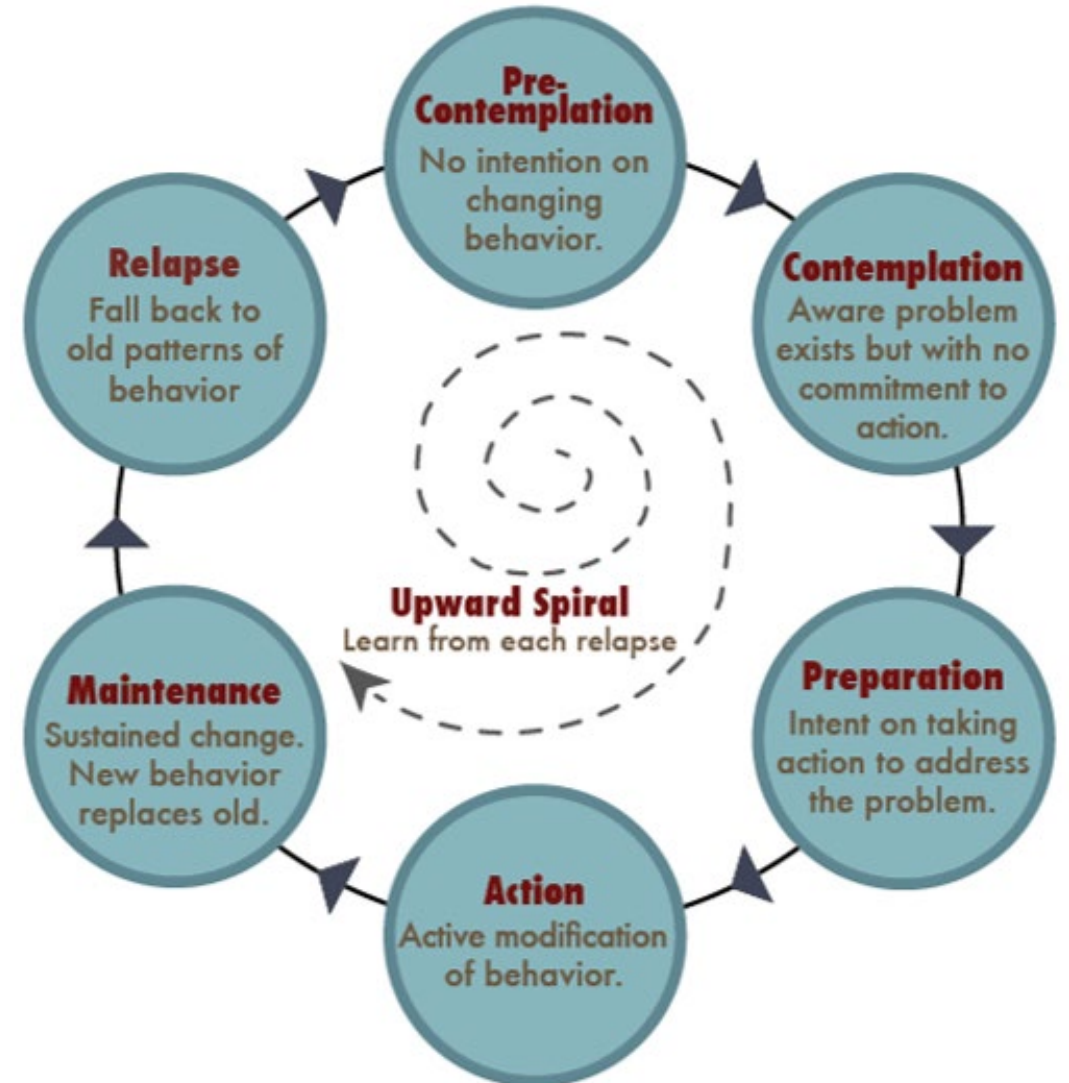
- Education, identify barriers, make a plan, encourage support

## Action

- Skill building, reinforcement, social clubs, treatment

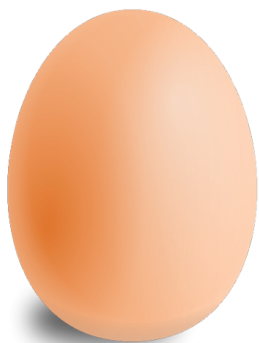
## Maintenance

- Relapse prevention therapy, wellness, meaningful activities, quality of life



## PRECONTEMPLATIVE

In this stage, individuals are not even thinking about changing their behavior. They do not see their addiction as a problem: they often think others who point out the problem are exaggerating.



## CONTEMPLATIVE

In this stage people are more aware of the personal consequences of their addiction & spend time thinking about their problem. Although they are able to consider the possibility of changing, they tend to be ambivalent about it.



## PREPARATION

In this stage, people have made a commitment to make a change. This stage involves information gathering about what they will need to change their behavior.



## ACTION

In this stage, individuals believe they have the ability to change their behavior & actively take steps to change their behavior.

## MAINTENANCE

In this stage, individuals maintain their sobriety, successfully avoiding temptations & relapse.



### HARM REDUCTION

- \* Emergency Services (i.e. Narcan)
- \* Needle Exchanges
- \* Supervised Injection Sites

### SCREENING & FEEDBACK

- \* Brief Advice
- \* Motivational Interventions

SCREENING, BRIEF INTERVENTION, & REFERRAL TO TREATMENT (SBIRT)

### CLINICAL INTERVENTION

- \* Phases/Levels (e.g., inpatient, residential, outpatient)
- \* Intervention Types
  - Psychosocial (e.g. Cognitive Behavioral Therapy)
  - Medications: Agonists (e.g. Buprenorphine, Methadone) & Antagonists (Naltrexone)

### NON-CLINICAL INTERVENTION

- \* Self-Management/Natural Recovery (e.g. self-help books, online resources)
- \* Mutual Help Organizations (e.g. Alcoholics Anonymous, SMART Recovery, Lifering Secular Recovery)
- \* Community Support Services (e.g. Recovery Community Centers, Recovery Ministries, Recovery Employment Assistance)

### CONTINUING CARE (3m- 1 year)

Recovery Management Checkups, Telephone Counseling, Mobile Applications, Text Message Interventions

### RECOVERY MONITORING (1-5+ yrs)

Continued Recovery Management Checkups, therapy visits, Primary Care Provider Visits



# Motivational Interviewing

A dark, low-key photograph of three people in conversation. The image is dimly lit, with the subjects appearing as silhouettes against a slightly brighter background. In the center, a woman with long dark hair is looking towards the left. To her left, another woman is seen in profile, facing right. To the right, a third person is partially visible, wearing a blue top. The background features a dark grid pattern, possibly a window or a decorative screen, with some faint greenery visible. The overall mood is serious and focused.



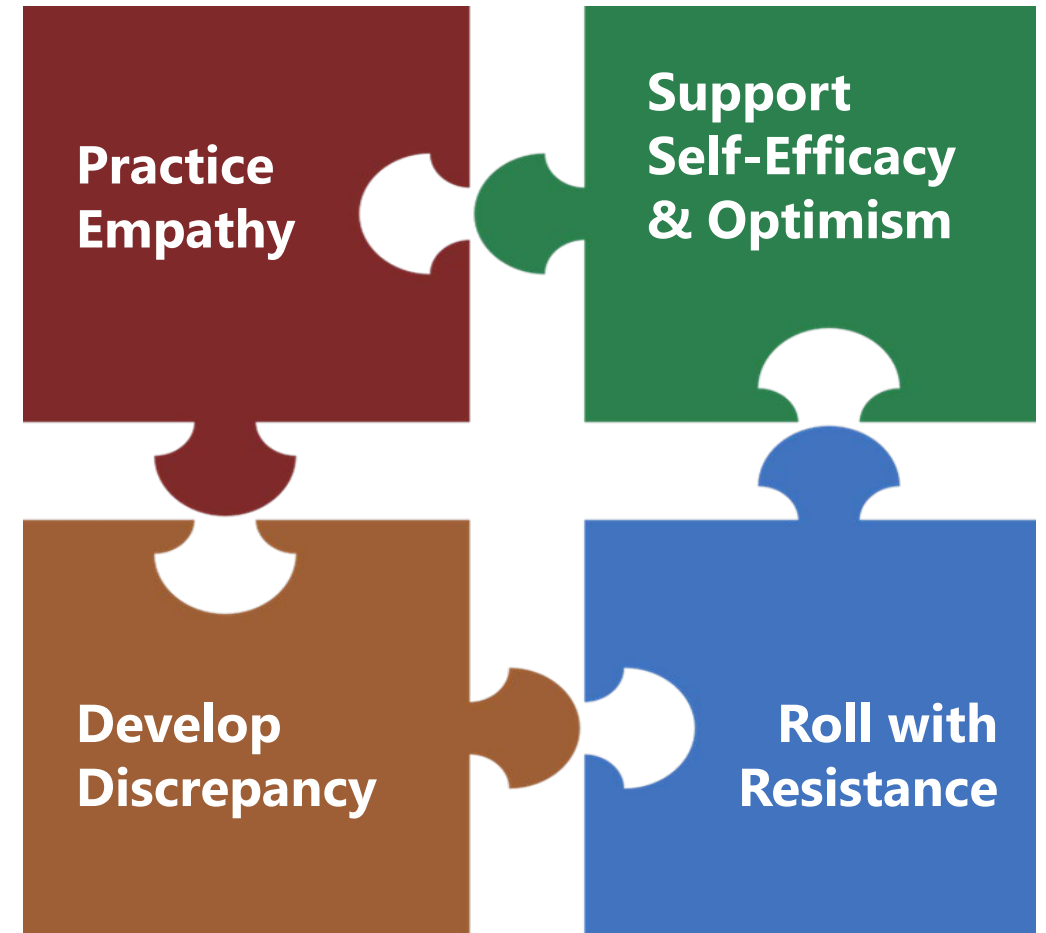
# Motivational Interviewing | Intro.

- Clients who believe that they can change do so.
- Those who are told that they are not expected to improve indeed do not.
- Directing someone to change does the opposite.



# Motivational Interviewing | Principles

- **Practice Empathy**
  - Non-judgmental treatment
  - Accurate empathy refers to the clinician's sincere desire to understand the client's experience and motivations, as they relate to the problem
- **Develop Discrepancy**
  - People are more likely to change when they can see that their actions are not in line with their values
  - Engaging to develop discrepancy between client statements client behaviors
- **Roll with Resistance**
  - Avoiding the "Righting Reflex" when things seem off track or patients are not following sensible decisions
  - Avoid fighting resistance
- **Support Self-Efficacy and Optimism**
  - Empowerment & optimism
  - Recovery
  - Avoiding guilt cycles



# Motivational Interviewing | Process

- **Engaging:**
  - The relational foundation: Listening; accurate empathy; striving to understand fully from the client's perspective without agenda
- **Focusing:**
  - Guiding client to a target behavior that is important to them.
- **Evoking:**
  - Drawing out client's intrinsic **motivation** (reasons/importance for change) and their own ideas for change.
- **Planning:**
  - Consolidating commitment by selectively reinforcing commitment language



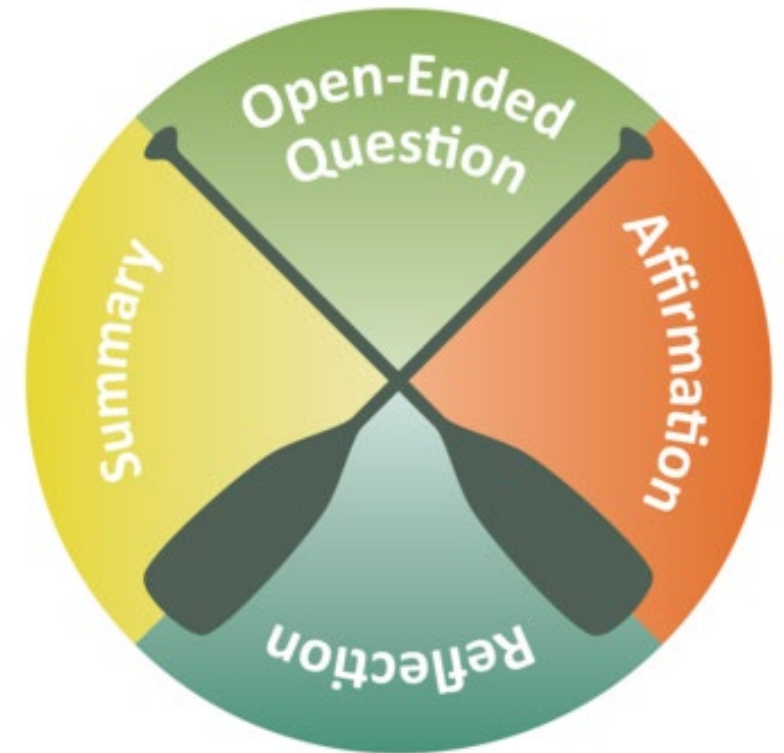
# Motivational Interviewing | Technique

**O** *Open-ended* questions that allow patients to give more information including their feelings, attitudes and understanding.

**A** *Affirmations* to help overcome self-sabotaging or negative thoughts.

**R** *Reflections* as a way to express ambivalence.

**S** *Summarize* to let your patient know that they are being heard.



# Medications



# Medications for Substance Use Disorder

At what stage is this appropriate?

- A. Precontemplation
- B. Contemplation
- C. Action

Medications for SUD are more beneficial for action stages; where individuals are identifying and working on cessation.



# Substance Tx | Medications – Use Disorder Tx



## Mood

- Depression/Antidepressants/Stabilizers



## Opioid Use Disorder

- Suboxone (buprenorphine)
- Methadose (methadone)



## Alcohol

- Anabuse (disulfiram)
- Campral (acamprosate)
- Revia (naltrexone oral)
- Vivitrol (naltrexone inj.)



## Nicotine

- Zyban/ Wellbutrin (bupropion)
- Patches/Gum/Lozenge
- Chantix (varenicline)



Questions?



# Pop Up Question

**Can working with patients with low readiness to change contribute to provider burn-out? What are suggestions to help mitigate burn-out when working with populations not ready to change?**

# Discussion



## *PCORI NP Interest Survey*

We want to hear from NPs! The National Nurse-Led Care Consortium (NNCC) is conducting a national survey to inform us on the impact of COVID -19 on NP provided office-based SUD treatment.

[Click here if interested](#)

*Participants will be entered into a raffle to win one of ten \$25 gift cards.*



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