



# Opioid Use Disorder: Stages of Change

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Module Five



APPROVAL STATEMENT: The New Mexico Hospital Association Approved Provider Unit is approved as a provider of Nursing Continuing Professional Development by New Mexico Nurses Association CNE Accredited Approver Unit, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

**Immediate Learning Outcome:** 100% of participants acknowledge a better understanding of caring for people with opioid use disorder by changing the culture in the emergency department setting through education of the disease process, identification of words that decrease the stigma of persons with OUD, positive body language, and decreasing withdrawal symptoms and craving.

- Criteria for successful completion: You may receive partial credit dependent on number of webinar sessions attended. You must view an entire session and submit a completed evaluation and attestation for all sessions viewed via Survey Monkey in order to earn up to 4.7 contact hours of approved Nursing Continuing Professional Development/Education and a certificate of completion.
- Conflicts of interest with commercial entities - NONE.
- Joint Providership - NA
- Commercial Support - NONE
- Planners/presenters of this NCPD activity have no conflicts of interest

Evaluation link: [https://www.surveymonkey.com/r/WEBINAR\\_OPIOID\\_ED](https://www.surveymonkey.com/r/WEBINAR_OPIOID_ED)

**Enduring material: expiration date October 31, 2020**

# Learning Objectives

At the completion of this module, you will be able to:

- 1.) Understand and describe basic characteristics of patient in each stage of change.
- 2.) Recognize the stage of change for a patient presenting in your clinical area.
3. List the stages of change in order from Pre-contemplation to relapse.

# Pre-Test

- 1.) True or False
- The stages of change is one-directional, always moving forward.
- 2.) True or False
- If a patient relapses, they must start at the beginning stage known as the pre-contemplation stage.
- 3.) True or False
- The preparation stage of the model is not thought of as a “bridge” between thinking about changing and making a change.

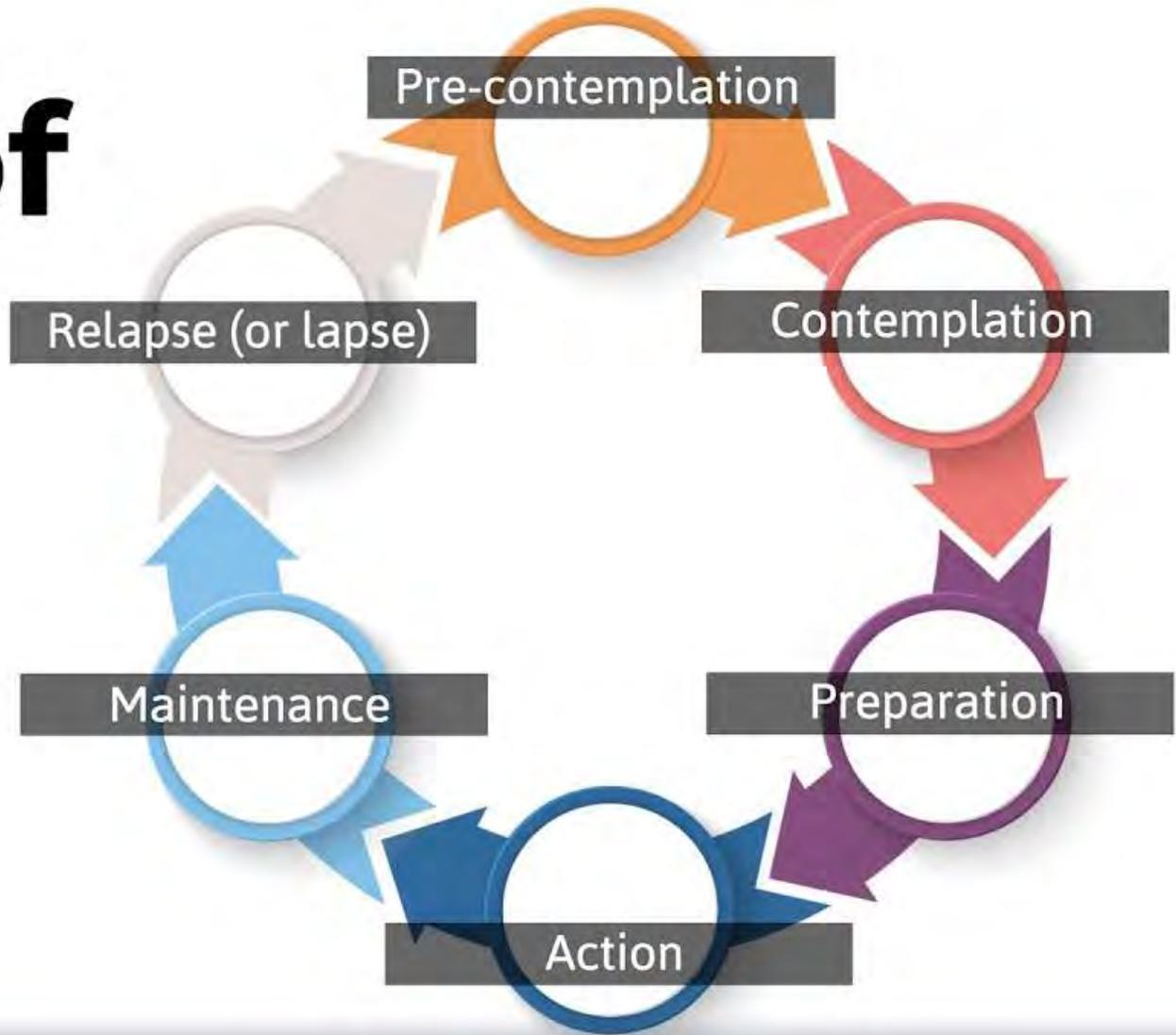
# Pre-Test Answers

- 1.)FALSE
- The stages of change is a fluid model. It moves forward and backwards from stage to change based on the needs of the patient.
- 2.)FALSE
- A relapse is not seen as a failure. If a patient relapses, they rarely return to precontemplation. They have already identified a problem exists and done the “work” of the first stage. A patient cannot unlearn that a behavior exists.
- 3.) FALSE
- Preparation stage is considered a bridge between thinking about change and making a change.

# Transtheoretical Model aka Stages of Change

- Prochaska & DiClemente (1984)
- Well-established, research-based framework for understanding, measuring, evaluating, and intervening in behavior change
- Three major dimensions: stages, process, and markers for change
- Used frequently in group therapy sessions
- One of the most visible, popular and influential models in the addiction field
- As a healthcare provider, important to recognize where your patient is at in the process of recovery

# Stages of change



## Stages of the Addiction Cycle





## STAGE ONE: Precontemplation

- “Problem? What problem?”
- “I don’t use nearly as much as my friends do.”
- “I only use at parties!”
- Ignorance is bliss



## STAGE TWO: Contemplation

- “I do think about (drugs) a lot.”
- “None of my friends use anymore.”
- “I need to do something before I lose my job.”
- Ambivalent– Sitting on the fence



## STAGE THREE: Preparation/Planning

- “ I can go to the clinic near my house.”
- “My wife is going to drive me every day”
- “My insurance plan will cover some of the cost.”

## STAGE FOUR: Action

- “My clinic time is 6:30 AM, just before work.”
- “I am on MAT”
- “Nothing keeps me from getting my dose.”
- Consistently practicing new behavior 3-6 months



“I have been going to clinic every day for 6 months”

“My urine tests are negative”

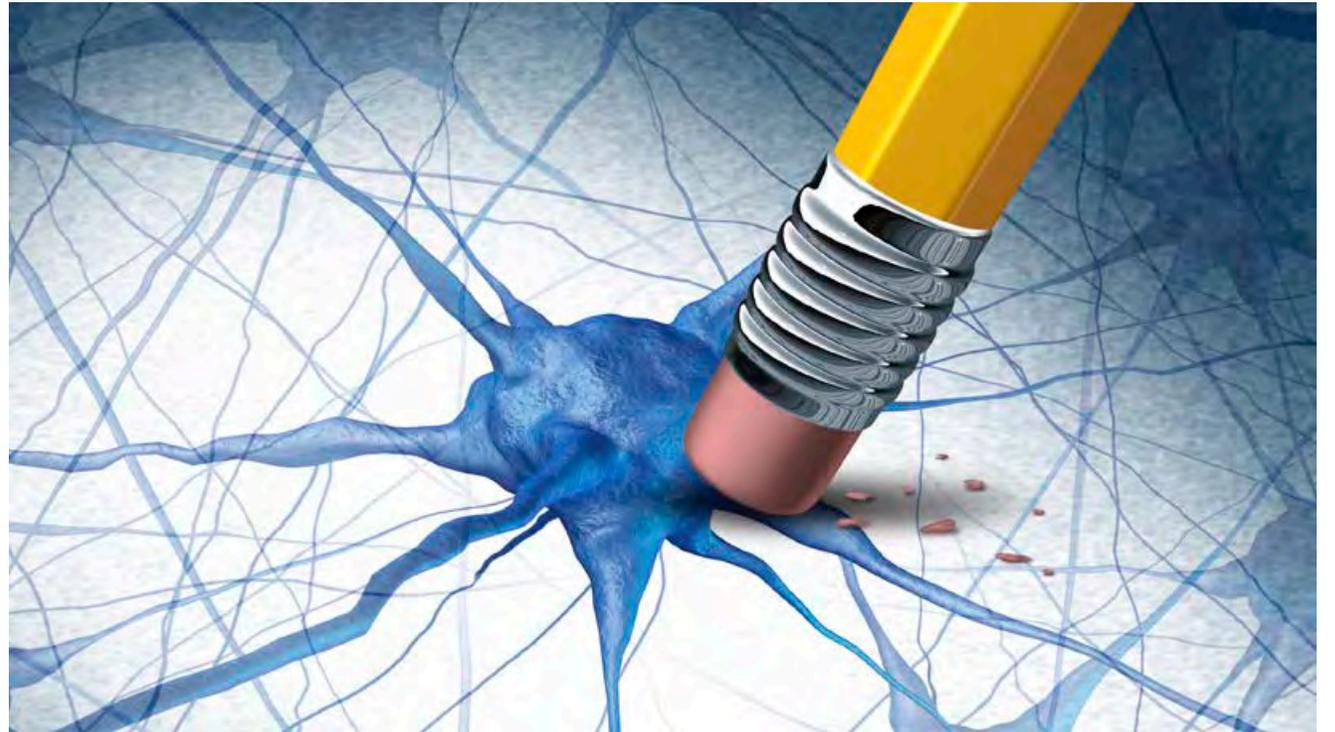
“I joined a group at church, and we talk about our disease.”



STAGE FIVE: Maintenance

## Relapse as a Stage

- “I slipped last month and now I need help”
- “I am having a hard time fighting the cravings”
- “I can’t get a ride to clinic, so “Oh well”.
- “Fall From Grace...”





## Things to know about RELAPSE

- Rarely does a person return to Precontemplation stage
- Relapse is part of the illness
- People learn from their mistakes
- Sometimes it takes 4 or 5 attempts to get to maintenance and stay there
- There is a 50% success rate with MAT/counseling VS Counseling alone
- Remember the definition of addition:
  - A Chronic, often reoccurring disease of the brain

# How to Recognize Each Stage

## Pre-Contemplation (Resisting change)

- Patient avoids the subject
- Failure to take responsibility
- Presence of defense mechanisms such as **Denial** “I haven’t got a problem”, **Rationalization** (making excuses), **Intellectualization** (avoids engaging with problem emotionally), **Projection** “My friends have a problem, I don’t”, and/or **Displacement** (blaming others).

## Contemplation (Change is on the horizon)

- Patient seriously thinking about doing something
- May still have some procrastination (Just not quite there)
- May insist on the perfect solution before acting

# How to Recognize Each Stage- continued

## Preparation (Getting Ready)

- The patient has decided on action and is making the steps necessary to prepare for a behavioral change

## Action (Time to Move)

- The patient is taking the steps required for a behavioral change

## Maintenance (Staying There)

- The patient is general open to discuss his/her progress with healthcare providers

## Relapse (Recycling)

- Remorse is palpable. Listen

# Stages of Change and Techniques To Use

## Stage of Change

- **Pre-contemplation**
- Ignorance is Bliss



## Technique

- Validate lack of Readiness, decision is the patients
- Encourage re-evaluation of *current* behavior
- Encourage self exploration, *not action*
- Explain and *personalize* the risk

# Stages of Change and Techniques to Use

## Stage of Change

- **Contemplation**
- Sitting on the Fence



## Technique

- Validate lack of readiness, decision is *theirs*
- Encourage evaluation of pros and cons of behavior change
- Identify and promote new positive outcome *expectations*

# Stages of Change and Techniques to Use

## STAGE OF CHANGE

- **Preparation**
- Some experience with change and are trying to change
- “Testing the waters”



## TECHNIQUE

- Identify and *assist* in problem solving (obstacles)
- *Help* patient identify social support
- *Verify* that patient has underlying skills for behavior change
- Encourage *small* initial steps

# Stages of Change and Techniques to Use

## STAGE OF CHANGE

- **Action**
- Practicing new behavior for 3-6 months



## TECHNIQUE

- Focus on restructuring cues and social support
- Bolster self-efficacy for dealing with obstacles
- Combat feelings of loss and reiterate long-term benefits
- These patients will generally tell you all about their success-acknowledge it.

# Stages of Change and Techniques To Use

## STAGE OF CHANGE

- **Maintenance**
- Continued commitment to sustaining new behavior



Under maintenance

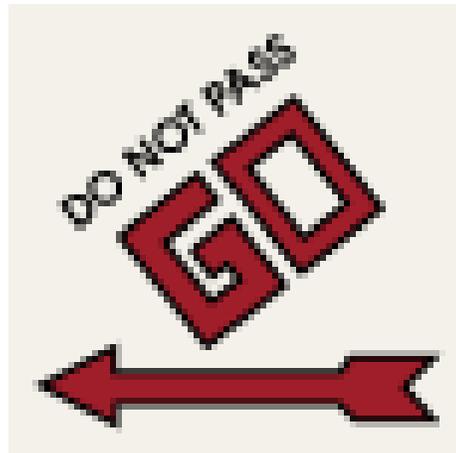
## TECHNIQUE

- Plan for follow up support
- Reinforce internal rewards
- Discuss coping with relapse (do not fall into the “don’t ask don’t tell” trap—talking about the possibility WILL NOT cause relapse to happen)

# Stages of Change and Techniques to Use

## STAGE OF CHANGE

- RELAPSE
- Resumption of old behaviors
- “Fall from Grace”



## TECHNIQUE

- Evaluate trigger(s) for relapse— Remember, **Addiction is NOT a moral failing. Genetics, social environment, and neurochemicals play a part.**
- Reassess motivation and barriers
- Plan *stronger* coping strategies

## Important things about Relapse

- Most patients DO NOT achieve maintenance on the first attempt. It can take 4-5 or more times before a patient maintains sustained maintenance
- Relapse is part of recovery for MANY people. Do not be judgmental
- Patients can and do achieve remission/recovery
- When a patient relapses, they rarely (if ever) return to the first stage of pre-contemplation. They have already identified their problem. Typically, they will fall somewhere between contemplation and preparation.

# Small steps lead to Big Victories

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Sources: Grimley 1997 (75) and Prochaska 1992 (148)

## Summary

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The Stages of Change model is dynamic; it moves forward and backward, always in some type of movement.

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Slips are possible but not fatal. View them as opportunities to reassess plans and learn.

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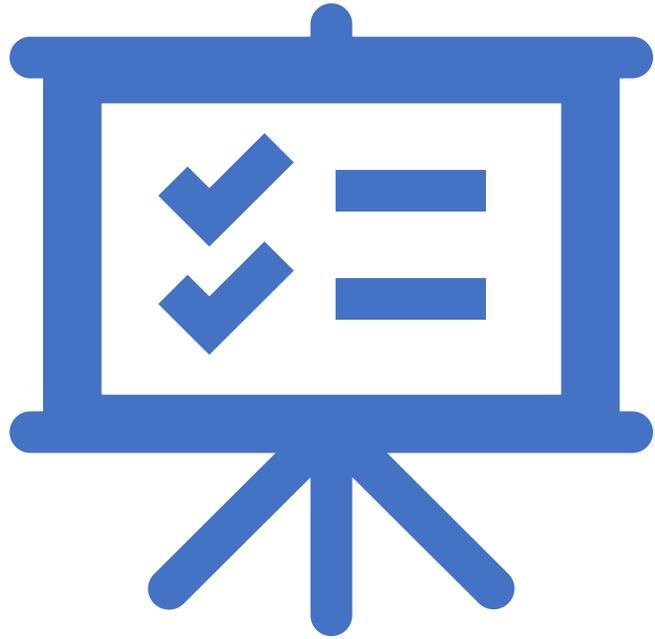
Change does not happen instantly. Change can be internal and not visible. *It is still change.*

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Experiences and activities within each stage allow the patient to move from one stage to the next.

## Post Test

- 1.) True or False:
- Pre-contemplation is typically a stage of “ignorance as bliss”.
- 2.) True or False:
- Relapse is part of recovery
- 3.) True or False
- A patient practicing a new behavior for >3 months is in the “Action” stage of Change.



## Post Test Answers

- 1.) **True** In the pre-contemplation stage, the patient is not currently considering change and demonstrates a lack of readiness due to his/her choice to remain ignorant to the problem.
- 2.) **True** Addiction is an often-reoccurring illness. Research shows that many patients go through the stages of change 4-5, or more times, before achieving maintenance for >6 months.
- 3.) **True** Action stage is typically 3-6 months of sustained new behavior without relapse. Maintenance is typically post 6 months to five years.

# REFERENCES

- Velasquez, M. et al., Group Treatment for Substance Abuse 2<sup>nd</sup> ed., 2016. Guilford Press. New York, New York.



# Thank You

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