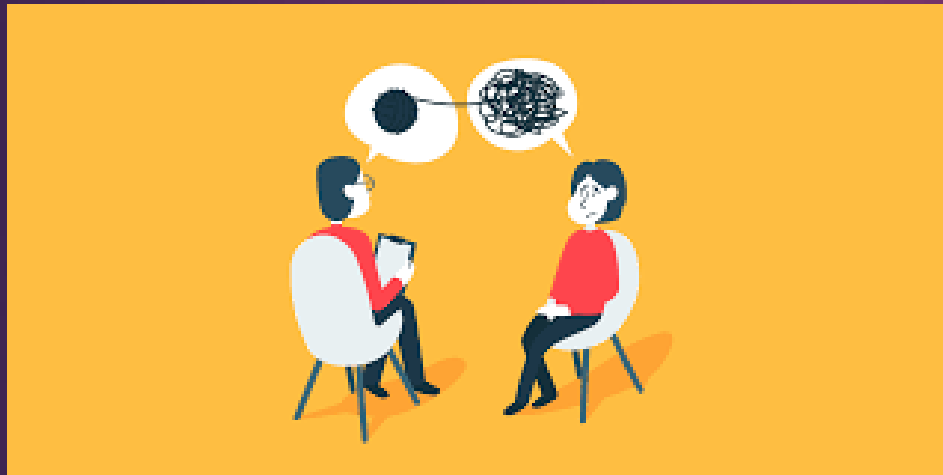


# BRIEF INTERVENTIONS FOR SUBSTANCE USE

PRESENTED BY MICHELLE SANDERSON; COMMUNITY SUPPORT COUNSELOR  
AND TRACIE GROFF; ADDICTION ATTENDANT  
CONCURRENT DISORDERS CAPACITY BUILDING TEAM



# Land acknowledgement

- ▶ We would like to acknowledge that the city of Hamilton is situated upon the traditional territories of the Erie, Neutral, Huron-Wendat, Haudenosaunee and Mississaugas.
- ▶ “Today, the City of Hamilton is home to many Indigenous people from across Turtle Island (North America) and we recognize that we must do more to learn about the rich history of this land so that we can better understand our roles as residents, neighbours, partners and caretakers.”

# AGENDA

- ▶ Introduction to Brief Interventions
- ▶ Introduction to Motivational Interviewing and the spirit of MI
- ▶ Screening and Assessment
- ▶ Substances of Abuse
- ▶ Stage-Wise Interventions

# BRIEF INTERVENTIONS

Brief interventions are those practices that aim to investigate a potential problem and motivate an individual to begin to do something about their substance abuse, either by natural, client-directed means or by seeking additional substance abuse treatment.

# BRIEF INTERVENTIONS

There are six elements that are critical for effective brief interventions. The acronym **FRAMES** was coined to summarize these six components:

*Feedback* is given to the individual about personal risk or impairment.

*Responsibility* for change is placed on the participant.

*Advice* to change is given by the clinician.

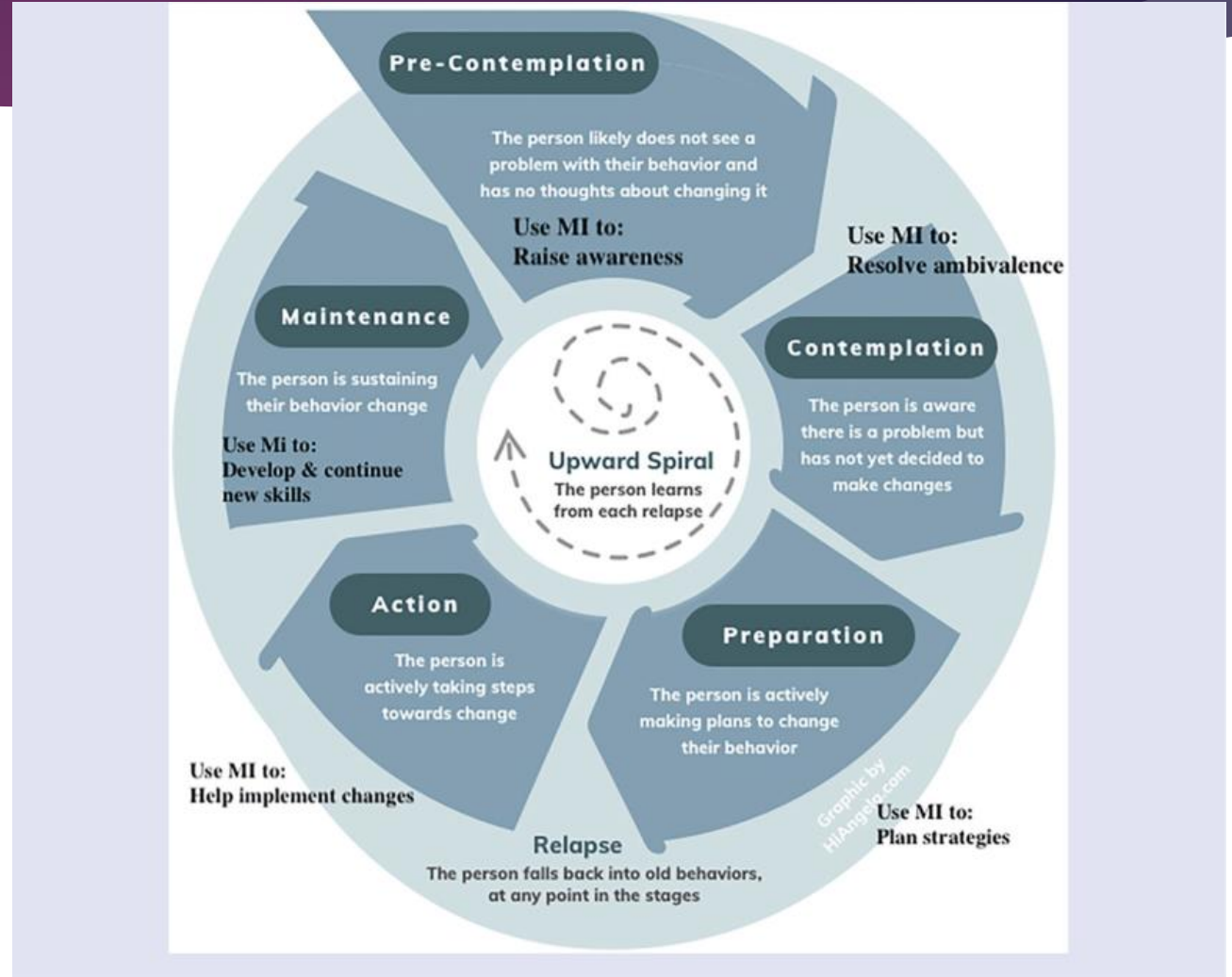
*Menu* of alternative self-help or treatment options is offered to the participant.

*Empathic* style is used by the counselor.

*Self-efficacy* or optimistic empowerment is engendered in the participant.

# Stages of change

- ▶ Pre-Contemplative
- ▶ Contemplative
- ▶ Preparation
- ▶ Action
- ▶ Maintenance
- ▶ Relapse



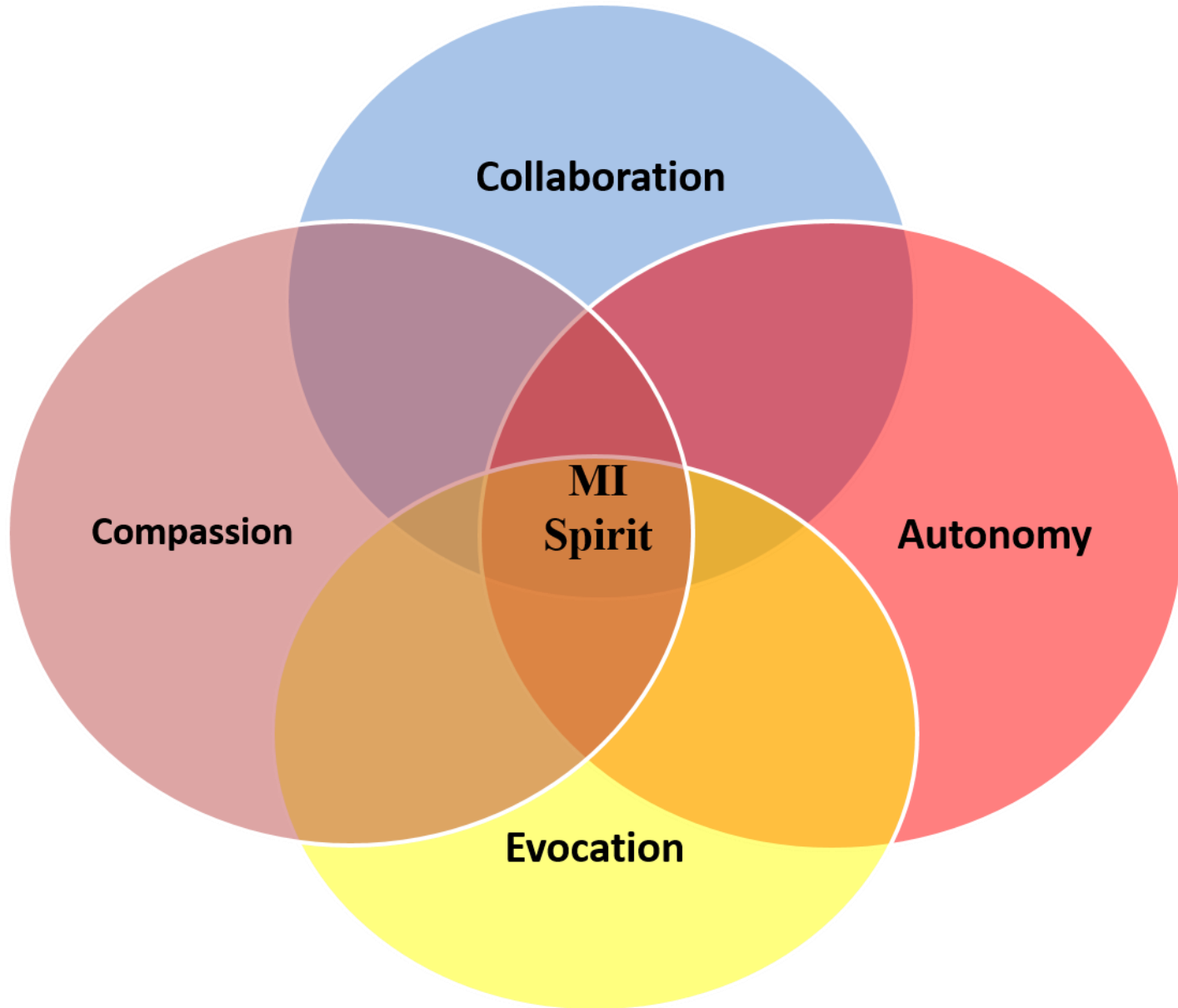
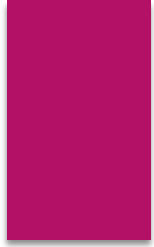
# MOTIVATIONAL INTERVIEWING

**“Enhancing intrinsic motivation to change by exploring and resolving ambivalence.” Miller and Rollnick, 2002**

## THE MI SPIRIT

Encourages ownerships, enhances self-efficacy, assumes competency

- ▶ Respect Autonomy vs. Exert Authority
- ▶ Collaborate vs. Confront
- ▶ Evoke vs. Educate
- ▶ Explore vs. Explain
- ▶ <https://www.youtube.com/watch?v=APPoKvTPhog>
- ▶ <https://www.youtube.com/watch?v=yN2B6823uXg>





# MOTIVATIONAL INTERVIEWING

## CLIENT-CENTERED AND CLINICIAN DIRECTED

### **The client:**

- ▶ shares thoughts and feelings
- ▶ determines the destination

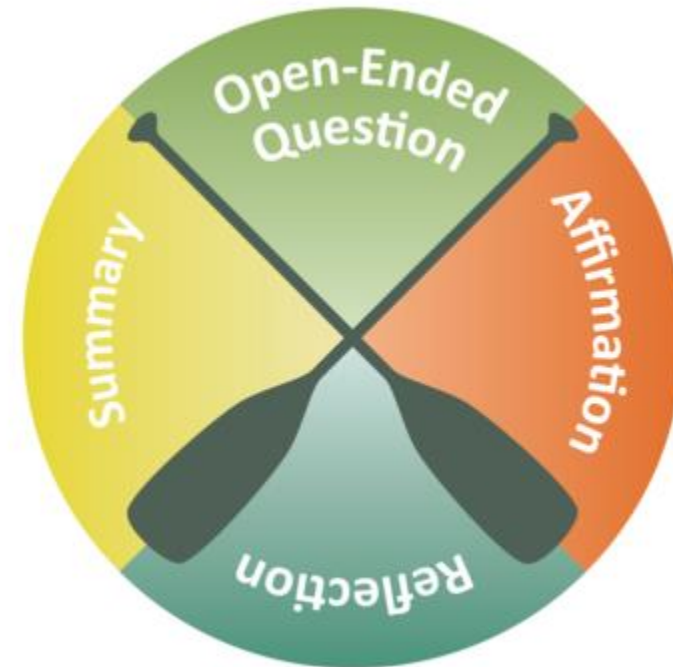
### **The clinician:**

- ▶ listens and reflects client concerns and goals
- ▶ looks to identify alternatives
- ▶ encourages the possibilities of change
- ▶ <https://www.youtube.com/watch?v=8JI0IL9wRjo&list=PLffBXI4nwQ4gdfX3L2nloziobaRdwCWSy&index=3>

# MOTIVATIONAL INTERVIEWING

## ▶ BUILDING MOTIVATION: OARSE

- ▶ Open-ended questions
- ▶ Affirm
- ▶ Reflect
- ▶ Summarize
- ▶ Eliciting change statements



# OARSE

- **OPEN-ENDED QUESTIONS**

- Are those that are not easily answered with a "yes/no" or short answer containing only a specific, limited piece of information.
- Open-ended questions invite elaboration and thinking more deeply about an issue.
- Open-ended questions create forward momentum used to help the patient explore the reasons for and possibility of change.

# OARSE

- ▶ **AFFIRMATIONS**

- ▶ Are statements that recognize patient strengths
- ▶ They assist in building rapport and in helping the patient see themselves in a different, more positive light
- ▶ To be effective they must be congruent and genuine
- ▶ Affirmations are a key element in facilitating the MI principle of Supporting Self-efficacy

# OARSE

- ▶ REFLECTIVE LISTENING

- ▶ increases the possibility of being seen as empathetic
- ▶ increases the chances of establishing a good relationship with a client
- ▶ selects a part of a statement that can be more deeply explored

# OARSE

## ▶ REFLECTIVE LISTENING

- ▶ Shows you understand another's meaning.
- ▶ You generate a hypotheses to another's meaning (your best guess) and see the result.
- ▶ Process checks the listener's perceived meaning against the speaker's own meaning.

## ▶ GOOD OPENING PHRASES

- ▶ *"It sounds like you..."*
- ▶ *"So you..."*
- ▶ *"It seems like you..."*
- ▶ *"You're feeling..."*

# OARSE

## LEVELS OF REFLECTIVE LISTENING

- ▶ **PARROTING** - exact repetition
- ▶ **PARAPHRASING** - repetition with some extra content
- ▶ **GETTING THE GIST** - repetition showing understanding, in therapist's language and more concise

## EXAMPLES

*"I don't have to worry because I only use marijuana"*

**PARROTING:** *"You don't have to worry because you only use marijuana"*

**PARAPHRASING:** *"You are not concerned about using marijuana"*

**GETTING THE GIST:** *"An addiction to marijuana is not a concern of yours"*

# OARSE

## LEVELS OF REFLECTIVE LISTENING

- ▶ **FEELING** - reflecting feeling
- ▶ **FEELING AND CONTENT** - linking thoughts, feelings and events
- ▶ **MEANING** - reflecting the experience as a whole, personal, human, spiritual, universal and existential

## EXAMPLES

*I only use crack on the weekends at parties;  
I'm not addicted or anything"*

**FEELING:** "You're not worried about your crack use"

**FEELING AND CONTENT:** "You only use crack on the weekend so you don't feel you should be worried"

**MEANING:** "You're weekend use of crack doesn't mean that you are addicted"

# OARSE

## ▶ SUMMARY STATEMENTS

- ▶ Linking and reinforcing material that has been previously discussed
- ▶ Are presented throughout the process of exploration and continue rather than interrupt the client's narrative

# OARSE

## ELICITING CHANGE TALK

- This is a conscious and strategic process that is goal directed instead of holding the perspective that we should wait for it to occur
- Change talk verbalizations are statements where the patient is considering change and is in favor of moving towards this

# OARSE

## 10 STRATEGIES TO ELICIT CHANGE TALK

1. Ask evocative questions
2. Explore decisional balance
3. Ask for elaboration
4. Ask for examples
5. Look back
6. Look forward
7. Develop discrepancy
8. Use change rulers
9. Explore goals and values
10. Come alongside

# SCREENING AND ASSESSMENT

- ▶ AUDIT
- ▶ DAST
- ▶ CAGE
- ▶ CIWA
- ▶ COWS

## The Alcohol Use Disorders Identification Test: Interview Version

Read questions as written. Record answers carefully. Begin the AUDIT by saying "Now I am going to ask you some questions about your use of alcoholic beverages during this past year." Explain what is meant by "alcoholic beverages" by using local examples of beer, wine, vodka, etc. Code answers in terms of "standard drinks". Place the correct answer number in the box at the right.

<p>1. How often do you have a drinking obtaining alcohol?</p> <p>(0) Never [Skip to Qs 9-10]            (1) Monthly or less            (2) 2 to 4 times a month            (3) 2 to 3 times a week            (4) 4 or more times a week</p> <input type="text"/>	<p>6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?</p> <p>(0) Never            (1) Less than monthly            (2) Monthly            (3) Weekly            (4) Daily or almost daily</p> <input type="text"/>
<p>2. How many drinks containing alcohol do you have on a typical day when you are drinking?</p> <p>(0) 1 or 2            (1) 3 or 6            (2) 5 or 6            (3) 7, 8, or 9            (4) 10 or more</p> <input type="text"/>	<p>7. How often during the last year have you had a feeling of guilt or remorse after drinking?</p> <p>(0) Never            (1) Less than monthly            (2) Monthly            (3) Weekly            (4) Daily or almost daily</p> <input type="text"/>
<p>3. How often do you have six or more drinks on one occasion?</p> <p>(0) Never            (1) Less than monthly            (2) Monthly            (3) Weekly            (4) Daily or almost daily</p> <input type="text"/>	<p>8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?</p> <p>(0) Never            (1) Less than monthly            (2) Monthly            (3) Weekly            (4) Daily or almost daily</p> <input type="text"/>
<p>4. How often during the last year have you found that you were not able to stop drinking once you had started?</p> <p>(0) Never            (1) Less than monthly            (2) Monthly            (3) Weekly            (4) Daily or almost daily</p> <input type="text"/>	<p>9. Have you or someone else been injured as a result of your drinking?</p> <p>(0) No            (2) Yes, but not in the last year            (4) Yes, during the last year</p> <input type="text"/> <input type="text"/>
<p>5. How often during the last year have you failed to do what was normally expected from you because of drinking?</p> <p>(0) Never            (1) Less than monthly            (2) Monthly            (3) Weekly            (4) Daily or almost daily</p> <input type="text"/>	<p>10. Has a relative or friend or a doctor or another health worker been concerned about your drinking or suggested you cut down?</p> <p>(0) No            (2) Yes, but not in the last year            (4) Yes, during the last year</p> <input type="text"/>

Record total of specific items here

If total is greater than recommended cut-off, consult User's Manual.

# AUDIT

# DAST

## DAST (Drug Abuse Screening Test)

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Score: \_\_\_\_\_

- |  |     |    |
|--|-----|----|
| 1. Have you used drugs other than those required for medical reasons?  | Yes | No |
| 2. Have you abused prescription drugs?   | Yes | No |
| 3. Do you abuse more than one drug at a time?  | Yes | No |
| 4. Can you get through the week without using drugs (other than those required for medical reasons)?                     | Yes | No |
| 5. Are you always able to stop using drugs when you want to?   |     |    |
| 6. Do you abuse drugs on a continuous basis?   | Yes | No |
| 7. Do you try to limit your drug use to certain situations?  |     |    |
| 8. Have you had "blackouts" or "flashbacks" as a result of drug use?   | Yes | No |
| 9. Do you ever feel bad about your drug abuse?   | Yes | No |
| 10. Does your spouse (or parents) ever complain about your involvement with drugs?                                       | Yes | No |
| 11. Do your friends or relatives know or suspect you abuse drugs?  | Yes | No |
| 12. Has drug abuse ever created problems between you and your spouse?  | Yes | No |
| 13. Has any family member ever sought help for problems related to your drug use?  | Yes | No |
| 14. Have you ever lost friends because of your use of drugs?   | Yes | No |
| 15. Have you ever neglected your family or missed work because of your use of drugs?                                     | Yes | No |
| 16. Have you ever been in trouble at work because of drug abuse?   | Yes | No |
| 17. Have you ever lost a job because of drug abuse?  | Yes | No |
| 18. Have you gotten into fights when under the influence of drugs?   | Yes | No |
| 19. Have you ever been arrested because of unusual behavior while under the influence of drugs?                          | Yes | No |
| 20. Have you ever been arrested for driving while under the influence of drugs?  | Yes | No |
| 21. Have you engaged in illegal activities to obtain drugs?  | Yes | No |
| 22. Have you ever been arrested for possession of illegal drugs?   | Yes | No |
| 23. Have you ever experienced withdrawal symptoms as a result of heavy drug intake?                                      | Yes | No |
| 24. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, or bleeding)? | Yes | No |
| 25. Have you ever gone to anyone for help for a drug problem?  | Yes | No |
| 26. Have you ever been in hospital for medical problems related to your drug use?  | Yes | No |
| 27. Have you ever been involved in a treatment program specifically related to drug use?                                 | Yes | No |
| 28. Have you been treated as an outpatient for problems related to drug abuse?   | Yes | No |

Question	Scoring System					Your Score
	0	1	2	3	4	
How often do you have a drink that contains alcohol?	Never	Monthly or less	2–4 times a month	2–3 times a week	4+ times a week	
How many standard alcoholic drinks do you have on a typical day when you are drinking?	1–2	3–4	5–6	7–9	10+	
How often do you have 6 or more standard drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often in the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often in the last year have you failed to do what was expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often in the last year have you needed an alcoholic drink in the morning to get you going?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often in the last year have you had a feeling of guilt or regret after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often in the last year have you not been able to remember what happened when drinking the night?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Have you or someone else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
Has a relative/friend/doctor/health worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year	

# CAGE

**Scoring:** 0–7 = sensible drinking; 8–15 = hazardous drinking; 16–19 = harmful drinking; 20+ = possible dependence.

# CAGE-AID

## CAGE-AID Questionnaire

Patient Name \_\_\_\_\_ Date of Visit \_\_\_\_\_

When thinking about drug use, include illegal drug use and the use of prescription drug use other than prescribed.

### Questions:

	YES	NO
1. Have you ever felt that you ought to cut down on your drinking or drug use?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have people annoyed you by criticizing your drinking or drug use?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever felt bad or guilty about your drinking or drug use?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover?	<input type="checkbox"/>	<input type="checkbox"/>

Patient \_\_\_\_\_

Date |\_|\_|\_|  
y m d

Time \_\_\_\_ : \_\_\_\_  
(24 hour clock, midnight=00:00)

Pulse or heart rate, taken for one minute: \_\_\_\_\_

Blood pressure: \_\_\_\_/\_\_\_\_

CIWA

**NAUSEA AND VOMITING**—As “Do you feel sick to your stomach? Have you vomited?” Observation.

- 0 no nausea and no vomiting
- 1 mild nausea with no vomiting
- 2
- 3
- 4 intermittent nausea with dry heaves
- 5
- 6
- 7 constant nausea, frequent dry heaves and vomiting

**TREMOR**—Arms extended and fingers spread apart. Observation.

- 0 no tremor
- 1 not visible, but can be felt fingertip to fingertip
- 2
- 3
- 4 moderate, with patient’s arms extended
- 5
- 6
- 7 severe, even with arms not extended

**PAROXYSMAL SWEATS**—Observation.

- 0 no sweat visible
- 1 barely perceptible sweating, palms moist
- 2
- 3
- 4 beads of sweat obvious on forehead
- 5
- 6
- 7 drenching sweats

**ANXIETY**—Ask “Do you feel nervous?” Observation.

- 0 no anxiety, at ease
- 1 mildly anxious
- 2
- 3
- 4 moderately anxious, or guarded, so anxiety is inferred
- 5
- 6
- 7 equivalent to acute panic states as seen in severe delirium or acute schizophrenic reactions

**AGITATION**—Observation.

- 0 normal activity
- 1 somewhat more than normal activity
- 2
- 3
- 4 moderately fidgety and restless
- 5
- 6
- 7 paces back and forth during most of the interview, or constantly thrashes about

**TACTILE DISTURBANCES**—Ask “Have you any itching, pins and needles sensations, any burning, any numbness or do you feel bugs crawling on or under your skin?” Observation.

- 0 none
- 1 very mild itching, pins and needles, burning or numbness
- 2 mild itching, pins and needles, burning or numbness
- 3 moderate itching, pins and needles, burning or numbness
- 4 moderately severe hallucinations
- 5 severe hallucinations
- 6 extremely severe hallucinations
- 7 continuous hallucinations

**AUDITORY DISTURBANCES**—Ask “Are you more aware of sounds around you? Are they harsh? Do they frighten you? Are you hearing anything that is disturbing to you? Are you hearing things you know are not there?” Observation.

- 0 not present
- 1 very mild harshness or ability to frighten
- 2 mild harshness or ability to frighten
- 3 moderate harshness or ability to frighten
- 4 moderately severe hallucinations
- 5 severe hallucinations
- 6 extremely severe hallucinations
- 7 continuous hallucinations

**VISUAL DISTURBANCES**—Ask “Does the light appear to be too bright? Is its colour different? Does it hurt your eyes? Are you seeing anything that is disturbing to you? Are you seeing things you know are not there?” Observation.

- 0 not present
- 1 very mild sensitivity
- 2 mild sensitivity
- 3 moderate sensitivity
- 4 moderately severe hallucinations
- 5 severe hallucinations
- 6 extremely severe hallucinations
- 7 continuous hallucinations

**HEADACHE, FULLNESS IN HEAD**—Ask “Does your head feel different? Does it feel like there is a band around your head?” Do not rate for dizziness or lightheadedness. Otherwise, rate severity.

- 0 not present
- 1 very mild
- 2 mild
- 3 moderate
- 4 moderately severe
- 5 severe
- 6 very severe
- 7 extremely severe

**ORIENTATION AND CLOUDING OF SENSORIUM**—Ask “What day is this? Where are you? Who am I?”

- 0 oriented and can do serial additions
- 1 cannot do serial additions or is uncertain about date
- 2 disoriented for date by no more than 2 calendar days
- 3 disoriented for date by more than 2 calendar days
- 4 disoriented for place and/or person

Total CIWA-A Score \_\_\_\_\_

Rater’s Initials \_\_\_\_\_

Maximum Possible Score 67

## COWS

### APPENDIX 1

#### Clinical Opiate Withdrawal Scale

For each item, circle the number that best describes the patient's signs or symptom. Rate on just the apparent relationship to opiate withdrawal. For example, if heart rate is increased because the patient was jogging just prior to assessment, the increase pulse rate would not add to the score.

Patient's Name: _____ Date and Time ____/____/____:_____	
Reason for this assessment: _____	
<b>Resting Pulse Rate:</b> _____ beats/minute <i>Measured after patient is sitting or lying for one minute</i> 0 pulse rate 80 or below 1 pulse rate 81-100 2 pulse rate 101-120 4 pulse rate greater than 120	<b>GI Upset: over last 1/2 hour</b> 0 no GI symptoms 1 stomach cramps 2 nausea or loose stool 3 vomiting or diarrhea 5 multiple episodes of diarrhea or vomiting
<b>Sweating: over past 1/2 hour not accounted for by room temperature or patient activity.</b> 0 no report of chills or flushing 1 subjective report of chills or flushing 2 flushed or observable moistness on face 3 beads of sweat on brow or face 4 sweat streaming off face	<b>Tremor observation of outstretched hands</b> 0 no tremor 1 tremor can be felt, but not observed 2 slight tremor observable 4 gross tremor or muscle twitching
<b>Restlessness Observation during assessment</b> 0 able to sit still 1 reports difficulty sitting still, but is able to do so 3 frequent shifting or extraneous movements of legs/arms 5 unable to sit still for more than a few seconds	<b>Yawning Observation during assessment</b> 0 no yawning 1 yawning once or twice during assessment 2 yawning three or more times during assessment 4 yawning several times/minute
<b>Pupil size</b> 0 pupils pinned or normal size for room light 1 pupils possibly larger than normal for room light 2 pupils moderately dilated 5 pupils so dilated that only the rim of the iris is visible	<b>Anxiety or Irritability</b> 0 none 1 patient reports increasing irritability or anxiousness 2 patient obviously irritable or anxious 4 patient so irritable or anxious that participation in the assessment is difficult
<b>Bone or Joint aches If patient was having pain previously, only the additional component attributed to opiates withdrawal is scored</b> 0 not present 1 mild diffuse discomfort 2 patient reports severe diffuse aching of joints/muscles 4 patient is rubbing joints or muscles and is unable to sit still because of discomfort	<b>Gooseflesh skin</b> 0 skin is smooth 3 piloerection of skin can be felt or hairs standing up on arms 5 prominent piloerection
<b>Runny nose or tearing Not accounted for by cold symptoms or allergies</b> 0 not present 1 nasal stuffiness or unusually moist eyes 2 nose running or tearing 4 nose constantly running or tears streaming down cheeks	Total Score _____  The total score is the sum of all 11 items  Initials of person completing assessment: _____

Score: 5-12 = mild; 13-24 = moderate; 25-36 = moderately severe; more than 36 = severe withdrawal

This version may be copied and used clinically.

# SUBSTANCES OF ABUSE

ALCOHOL

▶ NON/PALATABLE ALCOHOL

INHALANTS

CANNABIS

AMPHETAMINES

OPIOIDS

COCAINE

▶ CRACK COCAINE

# SUBSTANCES OF ABUSE: INTOXICATION AND WITHDRAWAL SYMPTOMS

## ALCOHOL INTOXICATION

- ▶ Relaxation
- ▶ Loss of inhibitions
- ▶ Slurred speech
- ▶ Drowsiness
- ▶ Flushed skin
- ▶ Impaired attention
- ▶ Slowed reflexes
- ▶ Double or blurred vision
- ▶ Inability to stand

## ALCOHOL WITHDRAWAL

- ▶ **Appear 6-24 hours after stopping**
- ▶ Increased anxiety
- ▶ Agitation
- ▶ Hypertension
- ▶ Diarrhea
- ▶ Insomnia
- ▶ Hallucinations
- ▶ Tachycardia
- ▶ Seizures\*
- ▶ Nausea and Vomiting
- ▶ Delirium Tremens\*

# SUBSTANCES OF ABUSE: INTOXICATION AND WITHDRAWAL SYMPTOMS

## CANNABIS INTOXICATION

- ▶ Relaxation
- ▶ Mood swings
- ▶ Euphoria
- ▶ Increased appetite
- ▶ Decreased Inhibitions
- ▶ Blood shot eyes
- ▶ Fatigue
- ▶ Paranoia
- ▶ Delusions

## CANNABIS WITHDRAWAL

- ▶ Restlessness
- ▶ Decreased appetite
- ▶ Irritability
- ▶ Night Sweats
- ▶ Anxiety and general fear
- ▶ Sleep difficulties
- ▶ Vivid dreams
- ▶ Tremor

# SUBSTANCES OF ABUSE: INTOXICATION AND WITHDRAWAL SYMPTOMS

## METHAMPHETAMINE INTOXICATION

- ▶ Constricted pupils
- ▶ Sweating
- ▶ Nausea
- ▶ Euphoria
- ▶ Anxiety
- ▶ Excitation
- ▶ Alertness
- ▶ Hallucinations
- ▶ Paranoia

## METHAMPHETAMINE WITHDRAWAL

- ▶ **Withdrawal after peaks 2-3 days**
- ▶ Psychosis
- ▶ Difficulty concentrating
- ▶ Paranoia
- ▶ Auditory/visual hallucinations
- ▶ Depression
- ▶ Picking at skin
- ▶ Agitation
- ▶ Suicidal/Homicidal Ideation
- ▶ Nausea
- ▶ Convulsions

# SUBSTANCES OF ABUSE: INTOXICATION AND WITHDRAWAL SYMPTOMS

## OPIOID INTOXICATION

- ▶ Euphoria
- ▶ Drowsiness
- ▶ Lack of motivation
- ▶ Constricted pupils
- ▶ Convulsions
- ▶ Pulmonary edema
- ▶ Shallow breathing
- ▶ Extreme drowsiness
- ▶ Respiratory arrest

## OPIOID WITHDRAWAL

- ▶ **Withdrawal usually starts 1-3 days after last use**
- ▶ Restlessness
- ▶ Anxiety
- ▶ Muscle tremors
- ▶ Irritability
- ▶ Loss of appetite
- ▶ Vomiting
- ▶ Insomnia
- ▶ Severe Depression
- ▶ Chills alternating with flushing and sweating

# SUBSTANCES OF ABUSE: INTOXICATION AND WITHDRAWAL SYMPTOMS

## COCAINE/CRACK COCAINE INTOXICATION

- ▶ Rapid Euphoria
- ▶ Hypertension
- ▶ Increased alertness
- ▶ Insomnia
- ▶ Anxiety
- ▶ Agitation
- ▶ Headaches
- ▶ Chest Pain
- ▶ Tactile Hallucinations
- ▶ Delusions

## COCAINE/CRACK COCAINE WITHDRAWAL

- ▶ **Withdrawal peaks 2-4 days after**
- ▶ Anxiety
- ▶ Paranoia
- ▶ Chronic fatigue
- ▶ Irritability
- ▶ Difficulty concentrating
- ▶ Hunger/ Increased appetite
- ▶ Insomnia/ hyper-insomnia
- ▶ Depression
- ▶ Suicidal or Homicidal ideation
- ▶ Convulsions

# STAGE WISE INTERVENTIONS

## PRE-CONTEMPLATION

- ▶ Establish rapport and build trust-engagement
- ▶ Facilitate discussion to identify risks and consequences
- ▶ Help link current behaviours with values
- ▶ Facilitate discussion to examine benefits of change
- ▶ Listen for change talk
- ▶ Express concern and keep the door open
- ▶ Ask permission

# STAGE WISE INTERVENTIONS

## CONTEMPLATION

- ▶ Help client develop their awareness of the problem and increase motivation to change
- ▶ Decisional balance / Payoff Matrix
- ▶ Education/ Support
- ▶ Elicit change talk / summarize change talk statements



# STAGE WISE INTERVENTIONS

## PREPARATION

- ▶ Help client recognize negative effects of current behavior
- ▶ Develop hope that life can improve by reducing or abstaining
- ▶ Explore new, constructive tasks
- ▶ Consider barriers and problem solve around them
- ▶ Help enlist social support
- ▶ What's worked, what hasn't

# STAGE WISE INTERVENTIONS

## ACTION

- ▶ Support realistic view of change through small steps
- ▶ Acknowledge difficulties and reinforce small gains
- ▶ Examine triggers and coping strategies

# STAGE WISE INTERVENTIONS

## **MAINTENANCE**

- ▶ Support lifestyle changes
- ▶ Affirm resilience and self-efficacy
- ▶ Relapse prevention planning
- ▶ Review long term goals

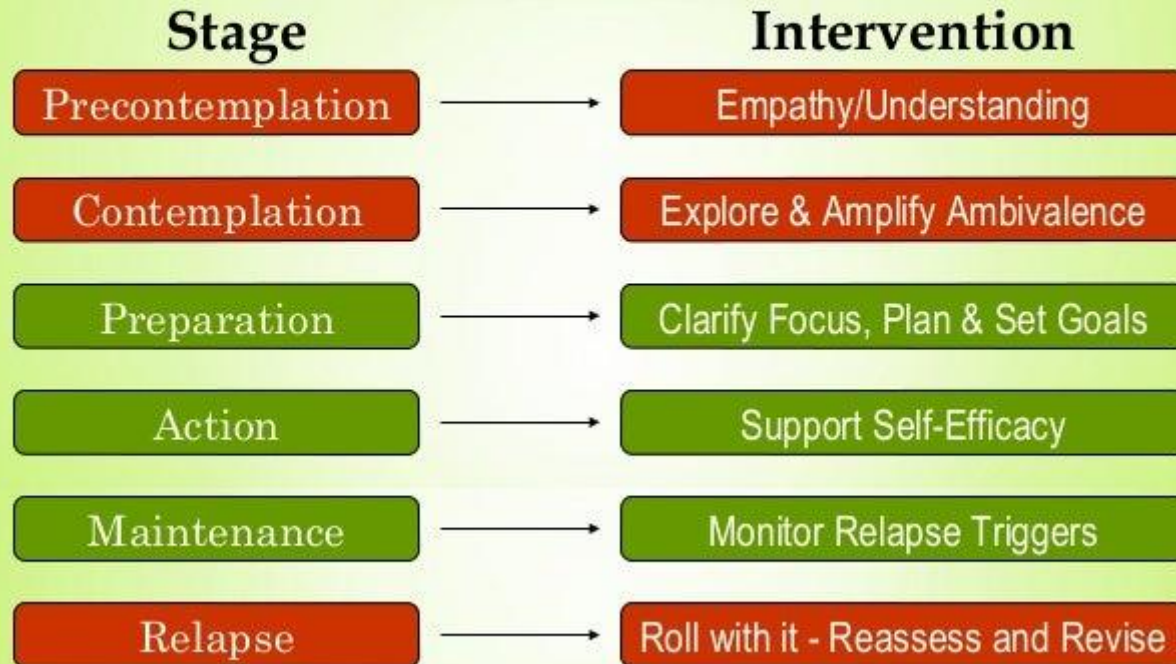
# STAGE WISE INTERVENTIONS

## RELAPSE

- ▶ Affirm that slips and relapses are normal and can be overcome
- ▶ Reframe slips as learning opportunities
- ▶ Review and revise plan as needed
- ▶ Reenter change cycle and commend willingness to reconsider positive changes

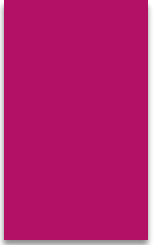


## Stage Matching Interventions



## **Stages of Change & Therapist Tasks**

<b>PRECONTEMPLATION</b>	<b>Raise doubt - Increase the patient's perception of risks and problems with current behavior</b>
<b>CONTEMPLATION</b>	<b>Tip the decisional balance - Evoke reasons for change, risks of not changing; Strengthen patient's self-efficacy for behavior change</b>
<b>PREPARATION</b>	<b>Help the patient to determine the best course of action to take in seeking change; Develop a plan</b>
<b>ACTION</b>	<b>Help the patient implement the plan; Use skills; Problem solve; Support self-efficacy</b>
<b>MAINTENANCE</b>	<b>Help the patient identify and use strategies to prevent relapse; Resolve associated problems</b>
<b>RELAPSE</b>	<b>Help the patient recycle through the stages of contemplation, preparation, and action, without becoming stuck or demoralized because of relapse</b>



BE STUBBORN  
ABOUT  
YOUR GOALS,  
AND FLEXIBLE  
ABOUT  
YOUR METHODS.