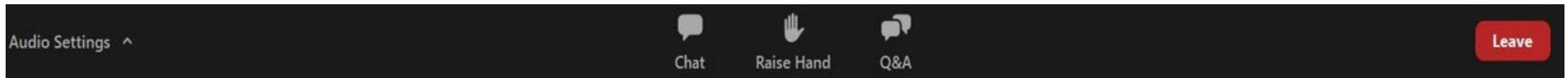# Welcome!

While we wait to start, please review ways to navigate this webinar.

If you move your **cursor** to the **bottom** of **your screen** you will see a **menu**.

This menu allows you to **control**:
- **Raise Hand**
- Access to the **Chat** box
- Access to the **Q & A** box

Camera options are not available for participants. Participants can be unmuted by raising their hand and being recognized by the presenter.
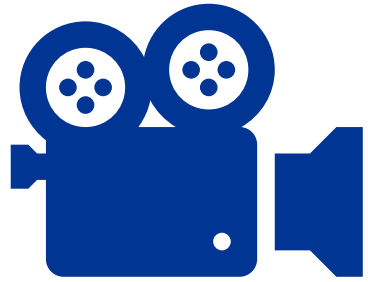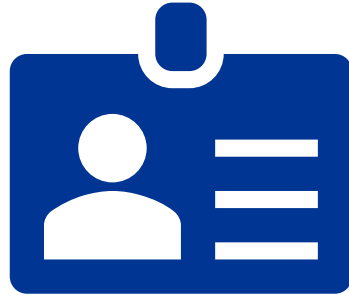
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This session is being recorded to **Tomorrow's Healthcare**.

If you used a forwarded link, we need your **email address**.

Pose questions in the chat to **all participants**.

Please complete the post-session **evaluation**.

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Mutual Agreement

- Everyone on every Program Evaluation and Research Unit (PERU) webinar is **valued**. Everyone has an expectation of **mutual, positive regard** for everyone else that respects the **diversity** of everyone on the webinar.

- We operate from a **strength-based, empathetic, and supportive** framework – with the people we serve, and with each other on PERU webinars.

- We encourage the use of **affirming language** that is not discriminatory or stigmatizing.

- We treat others as **they** would like to be treated and, therefore, avoid argumentative, disruptive, and/or aggressive language.

Mutual Agreement (continued)

- We strive to **listen** to each person, avoid interrupting others, and seek to **understand** each other through the Learning Network as we work toward the highest quality services for Centers of Excellence (COE) clients.

- Information presented in Learning Network sessions has been vetted. We recognize that people have different opinions, and those **diverse perspectives** are welcomed and valued. Questions and comments should be framed as **constructive feedback**.

- The Learning Network format is **not conducive to debate**. If something happens that concerns you, **please send a chat during the session** to the panelists and we will attempt to make room to address it either during the session or by scheduling time outside of the session to process and understand it. **Alternatively, you can reach out offline to your PERU point of contact.**

Acknowledgements

- The COE project is a partnership of the University of Pittsburgh's Program Evaluation and Research Unit and the Pennsylvania Department of Human Services; and is funded by the Pennsylvania Department of Human Services, grant number 601747.
- COE vision: The Centers of Excellence will ensure care coordination, increase access to medication-assisted treatment and integrate physical and behavioral health for individuals with opioid use disorder.

8

Readiness for Change & Recovery

Bill Stauffer LSW, PMAC, PECS
Executive Director
The Pennsylvania Recovery Organizations Alliance

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We are PRO-A!

- One of the first Recovery Community Organizations in the nation, founded in 1998

- Our mission: to mobilize, educate and advocate in order to eliminate the stigma and discrimination toward those affected by substance use disorders to ensure hope, health and justice for individuals, families and those in recovery.

Presentation Objectives

Readiness for Change & Recovery

Those with an SUD may experience conflicting feelings / motivations for change. We will explore basic concepts / dynamics associated with change to support people in developing motivation / resources for long term change in respect to their substance use conditions.

Attendees will:
- Gain insight into how and why people change and associated foundational concepts.
- Consider how to strengthen relational dynamics to support people in developing the readiness to change.
- Be able to use the therapeutic alliance and formal tools like the BARC 10, strength-based assessment processes and recovery planning to support change meaningful to the persons they are serving.

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Why Do People Change?

The Fundamental Question

Personal Growth and Self-Reflection: *Re-evaluation of values, beliefs, and behaviors.*

Life Events and Experiences: *Perspective and priorities change, leading to personal transformation.*

Emotional Triggers and Reactions: *How we feel can be more impactful in respect to change than logical arguments.*

Goal Alignment and Motivation: *Shifting values, aspirations, and new sense of purpose.*

External Influences and Relationships: *Our relationship with others and our world.*

Force and External Factors: *External forces or circumstances can compel people to change.*

Intentional Reasons: *Internal motivation for self-improvement or career advancement.*

Addressing Substance Misuse

Defensiveness is common and understandable

- Most people experience defensiveness when considering problematic drug use.
- Undertones of addiction being a moral weakness **are barriers** to addressing it.
- It is important for us to consider **all of these dynamics** and more in our work.

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On Change

What does it feel like to change something difficult?

- Change is not comfortable for any of us.

- People often experience **internal conflict**, wanting to change and not wanting to change at the same time.

- This is called **ambivalence**, and we work with people to help resolve it.

- "Punishing" people into recovery does not work.

- We **start where they are** to help them with their goals, not our goals for them.

What Not to Do

How do we feel when people do this to US?

Don't:
- Warn or threaten
- Moralize and preach
- Prescribe your solutions
- Judge, criticize and blame
- Order, direct, or command
- Give unwelcomed / make unsolicited suggestions

An important way to deescalate conflict is to avoid getting into it unnecessarily

A Word On "Resistance"

We use the word, what is it in the context of change?

What is resistance?

- Resistance is what happens when we expect or push for change when the participant is not ready for that change.
- Conscious or unconscious defenses against change.
- Participants who exhibit resistance are unlikely to change.

The very concept of resistance can say more about the interviewers agenda, strategies and objectives than the participant they are working with.

PROA Understanding and Reducing "Resistance" MI Sheet

SOBC

The Science of Behavior Change

- Change is complex and the mechanisms of change are not well understood

- There is a developing focus on understanding how to measure change across the domains of self-regulation, stress reactivity / stress resilience, and interpersonal & social processes.

- We are a long way from understanding the complexities of effective change but we are making progress.

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"Engaging in practices that take you off "autopilot" and help you make informed decisions that are in line with your goals can help with behavior change. Reminding yourself of the positive future benefits you'll receive as a result of changing your behavior (e.g., being able to walk with ease when you are 85 years old or being present for the birth of your grandchild) can help you make choices that pay off in the long term.

Paying attention to the times when you are stressed and identifying triggers of stress responses can also help you anticipate and navigate potentially challenging situations that could derail healthy behaviors. Having people in your life who support your efforts at change and who troubleshoot challenges that arise can be a big help as well. Even though successful behavior change is difficult, it's not impossible, especially when you can leverage support that helps to keep you on track." - **Donald Edmondson Principal Investigator OBC's Resource and Coordinating Center**

Our Role

We Are Change Agents

- What we do when we are working with a person matters a **great deal**.

- We can help facilitate change, or we can shut it down, and we may not even be aware of which we are doing.

- How we are, our body language, the words we use, and our methods of supporting change **are vital**.

Do we see our role as sacred and honored
or as just a job?

Question 1

What is resistance?

a. The person we are working with does not want to change

b. It is what happens when we expect or push for change that the participant is not ready for.

c. The person we are assisting is not "working the program."

Foundational Concepts of Change

Addiction Counseling and the Development of Change Models

- **The Stages of Change**: The field has also had a sustained interest in stages of change processes from the early 1970s on. The Stages of Change Model, now **applied broadly across other concentrations**, originated in addiction treatment (White 2004).

- **Motivational interviewing (MI):** originally developed in part by William R. Miller and Stephen Rollnick in the 1980s to support patients with SUDs. Since then, it's moved beyond the addictive disorders field into public health, medical care, criminal justice, education, sports, and even parenting. It is often engaged when we are helping others make **positive changes** in their lives.
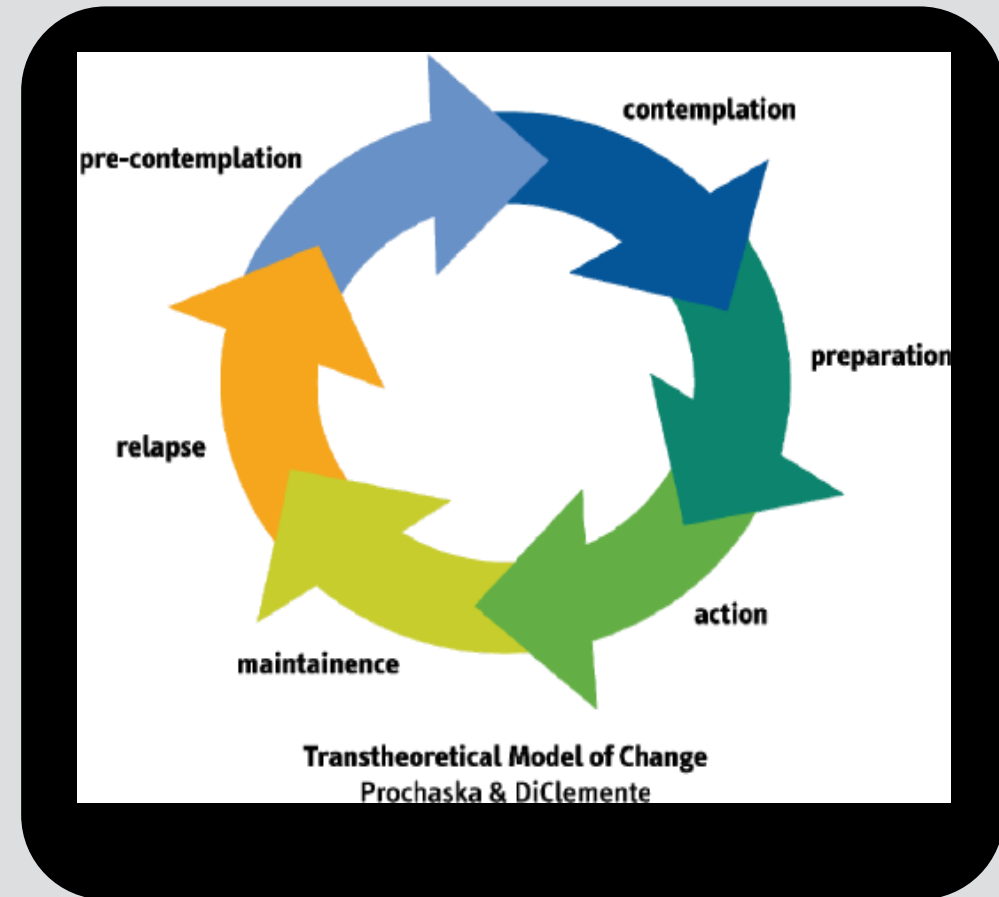
Stages of Change Model

A model of change to understand substance using behaviors and motivation to change.

The six stages of the model are:
1. Pre-contemplation
2. Contemplation
3. Preparation
4. Action
5. Maintenance
6. Re-occurrence

Transtheoretical Model of Change
Prochaska & DiClemente

Prochaska, J. O., DiClemente, C. C., & Norcross, J. C.

Stages of Change

Evidence Based Model

- The Stage of Change model (AKA The Transtheoretical Model) is evidence-based.

- It is possible to be in more than one stage of change at the same time, particularly in respect to when a person is addressing **multiple substance use challenges**.

- The model is applicable to issues **beyond** substance use.

Motivational Interviewing

How We Do Work with Persons Served?

- A process of change closely associated with Prochaska and DiClemente's **stages of change**

- MI's core skills are used to bring the person closer to arguments for their desired **goals**, rather than strengthening their arguments for resisting change

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Five Principles of MI
How to Obtain & Sustain Engagement for Change

1. Express **empathy** through reflective listening
2. **Develop discrepancy** between person served goals or values and their current behavior
3. **Avoid argument** and direct confrontation
4. **Roll with resistance** rather than opposing it directly
5. Support **self-efficacy** and **optimism**

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Express Empathy: Understands / validating perspectives. Involves active listening, reflecting on the client's feelings / acknowledging experiences without judgment.

Develop Discrepancy: Helps people become aware of gaps between current behavior and values or goals. Highlighting discrepancy, can motivate change.

Roll with Resistance: Instead of direct confronting of "resistance," we acknowledge reluctance. We explore ambivalence with new perspectives but not imposing them.

Support Self-Efficacy: Focuses on ability to change and capacity for success. We highlight strengths, past successes, and resources that can support the journey.

Recipes FOR Change

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Therapeutic Alliance

Improving Engagement and Retention

An effective therapeutic relationship requires:

1. Spirit of Collaboration
2. An Emotional Bond
3. Agreement on Goals and Tasks

The process of creating change is **driven by four key elemen**ts that are the spirit of motivational interviewing:

1. Partnership
2. Acceptance
3. Compassion
4. Evocation

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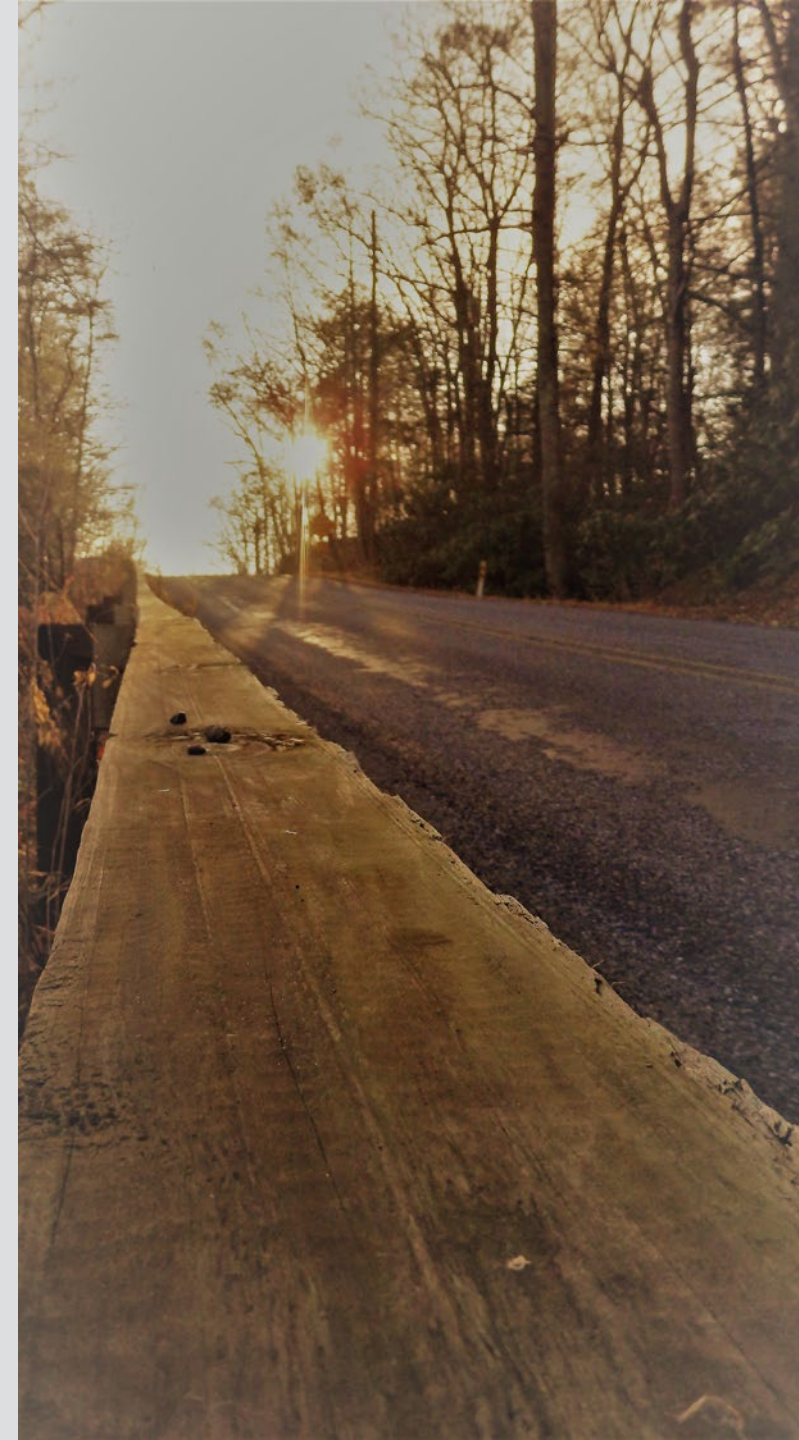
Brief Discussion

What is your experience?

Think about people whom you have worked with. What have you observed about how people **change**? Do people who go along with everything you suggest do better than those who ask a lot of questions and may even be at times argumentative?

Relational Elements
& the Dynamics of
Change

We Are Change Agents

How We Are Matters as Much as What We Do

To be effective we need to be:

- Fully present in listening and response
- Open to **new information and opportunities**.
- Hopeful in our outlook / viewing recovery as probable
- Empathetic to experiences well beyond our own
- Inquisitive and curious **lifelong learners**

How do we learn or unlearn these processes over time?

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Questions to Consider

How often do we consider these things?

- What are we asking people to give up when they change their use of substances and all associated facets of their lives?

- What are the hopes and dreams of the people we serve? Do we ask? Do they know we care about those thing? Are we serving those goals?

- What made us ready for change in our own lives when we decided to do difficult things that we decided was worth the effort?

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The BARC - 10

Measuring Recovery Capital and Engagement

Brief Assessment of Recovery Capital (BARC-10)

- Serve as a potentially helpful additional tool for researchers and theoreticians to explain how individuals achieve recovery.
- Clinicians may find it helpful in establishing care plans and ranking priorities in ongoing client support.
- There is additional utility in settings where brevity is valued such as health care systems, electronic health records, as well as peer-to-peer recovery support services.

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Use of BARC-10 In Care

Measuring Engagement and Alliance

It is a strength-and used to assess personal, social, physical, and professional resources in an individual's environment

- It is used to initiate and sustain recovery, including structural supports such as living space and community relationships.

- Studies of it indicate that it has high internal consistency with recovery capital components and concurrent validity measures

- The briefer BARC-10 may serve as a potentially helpful additional tool to explain how individuals achieve recovery, and in establishing care plans and ranking priorities in ongoing client support.

Recovery Planning

- Recovery Planning is the Keystone of Recovery Management

- Person-directed care puts the individual as the expert. They know what they need and want.

- Assisting in the creative process empowers individuals, builds participation in all domains of life, and limits potential for harm.

- Placing the individual in the driver's seat builds recovery capital and self-sufficiency. It also promotes autonomy.

10 Principles of Person-Directed Planning

- Self-determination and community inclusion are fundamental human rights.

- Active participation and empowerment are vital.

- All parties have full access to the same information.

- Abilities and choices define supports.

- High expectations for recovery are the norm.

- Quality of life and promotion of recovery are the focus of care and planning.

- Person chooses from a flexible array of supports and/ creates new support options with the team.

- Diverse supports, including self-management, peer support, holistic medicine, and natural supports, are valued along with professional services.

- Access to an inclusive community setting is emphasized.

- Responsible risk-taking and growth are valued as part of recovery.

Why Recovery Plans?

- Consistent and regular review allows the individual to see **both progress and barriers**.
- Recovery goal plans are fluid and subject to revision at any stage of service.
- Respects that a person's recovery journey is **theirs,** and we are **supportive**.
- Allows for and actively includes cultural values.

We cannot support change if we ourselves are on autopilot. The people we serve will rarely change if they, too, remain on autopilot. An authentic therapeutic relationship is the heart and soul of change. What will we do today to be and do our best so those we serve will be best served?

"Engaging in practices that take you off "autopilot" and help you make informed decisions that are in line with your goals can help with behavior change. Reminding yourself of the positive future benefits you'll receive as a result of changing your behavior (e.g., being able to walk with ease when you are 85 years old or being present for the birth of your grandchild) can help you make choices that pay off in the long term. **- Donald Edmondson Principal Investigator OBC's Resource and Coordinating Center**

Question 2

What is a factor in a person being ready for change:

1. They understand we are the experts on recovery and that their best thinking got them here.
2. They sign the plan we have developed for them.
3. They are active participants in their own, self defined journeys of recovery.

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We are
The Change Agents!

1. Change is a complex, multidimensional process.
2. It can be very difficult and shaming or forcing change rarely yields esults.
3. Our connection to those we serve is vital to supporting their goals.
4. We have many tools to improve the readiness people have in respect to change.
5. MI and Stages of Change are evidenced based strategies to support the change process.

"What makes night within us may leave stars."
— Victor Hugo, Ninety-Three

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PROA Understanding and Reducing "Resistance" MI Sheet

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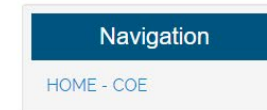Pennsylvania Recovery
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Together we can!

Wrap up and Next Session

- Please complete the **session evaluation**
- Slides and recording available on Tomorrow's Healthcare

- **Next Session:**