Tools for addictions care: A community learning perspective

Recovery from addiction might be facilitated by using the Stages of Change model in conjunction with motivational interviewing. The patient and his or her addiction problem are viewed nonjudgmentally, and motivation is developed through the partnership of patient and support worker, rather than by assigning this task solely to the patient.

Maia Love, BSc, BGS

Stages of Change model

The Stages of Change model involves five stages of change originally defined by Prochaska and colleagues in 1982.[1] The model is also known as the Transtheoretical model, and its application is referred to as transtheoretical therapy. Using multiple studies of people who successfully achieved abstinence from their addictions, the authors found a common process by which a person moves nonlinearly through five stages—the nonlinear pattern being due to varying points of relapse and then re-entry into one of the five stages. A key point is that relapse in this model is defined as the rule more often than the exception, and thus time is not lost punishing or judging oneself for the relapse, and the focus instead is on recognizing how and why a relapse occurred, and then moving forward. In a recent book, Prochaska and Norcross define a sixth stage—the termination stage, in which the person no longer has any desire whatsoever to return to past addictive behavior.[2]

The five stages in Prochaska's original model are precontemplation, contemplation, preparation, action, and maintenance. Each stage is defined by unique thoughts, feelings, and actions. A person in the precontemplation stage does not think that he or she has an addiction, whereas a person in the contemplation stage recognizes that an addiction exists but doesn't necessarily want to change the addictive behavior. In the preparation stage, the person begins to decrease the addictive behavior. In the action stage, the person follows an action plan with the goal of abstinence. And in the maintenance stage, the person works on maintaining the state of abstinence. By understanding the different states of mind of a client at each stage in the model, a counselor, i.e., health care provider (physician, therapist, etc.) is able to recommend services and support that are best suited to that specific stage (see Table 1).

The tasks of a counselor trained in the Stages of Change model are specific to each stage. For example, the counselor raises doubts when a client is precontemplative, versus helping to avert relapse when a client is in the maintenance stage. Throughout the period of intervention, the counselor is aware of what the client is undergoing at each stage (see Table 2). For instance, the precontemplation and contemplation stages can involve "dramatic relief," a process of experiencing and expressing feelings. To further specify the treatment needed for each stage of change, I worked with Dr Chris Fraser of the Cool Aid Community Health Centre to identify key services. By consulting various community service providers in Victoria, we developed a preliminary chart listing the most appropriate services for each stage of change (see Table 3). We also developed a chart detailing gaps in services (see Table 4).

Motivational interviewing

Motivational interviewing is a technique based on the Stages of Change model, but focusing mainly on the area of motivation.[3] Motivation to

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Table 1. Stages of Change, corresponding beliefs, and support worker tasks.[1]

	1. Precontemplation stage	2. Contemplation stage	3. Preparation stage	4. Action stage	5. Maintenance stage
Thoughts and behaviors reflect a belief that the addiction is…	…not a problem	…a problem that maybe needs to change	…something that needs to change	…something that is changing via abstinence	…no longer a problem because abstinence is reinforced by the maintenance of a certain way of life
Belief summary	"no problem"	"a problem"	"will change"	"abstaining"	"new habits"
Tasks of the support worker	Raise doubts	Strengthen the will to change	Create an action plan	Maintain steps in the action plan	Avert relapse

change is defined as a behavioral probability—something that can be developed rather than something that is either present or absent in a person. The process of developing motivation is clearly delineated in eight skill sets:

- Giving advice
- Removing barriers
- Providing choice
- Decreasing desirability
- Practising empathy
- Providing feedback
- Clarifying goals
- Active helping

At the Victoria Youth Clinic, Dr Doug McGhee combines the Stages of Change model with motivational interviewing. He identifies key interview questions for each stage in his draft of clinician guidelines. Dr McGhee works to understand an addiction from the patient's point of view: "I invite them to hold things that are in discord in their head simultaneously. I put words to the difficulties they are facing. I am on their side, and look at their struggle with them."

Motivational interviewing is especially useful in emergency interventions, which has made it popular in the area of adolescent medicine. A recent study found significant reductions in alcohol consumption by adolescents in response to brief motivational interviewing in emergency department settings.[4] In follow-up interviews, 70% of alcohol-positive young adults were in favor of motivational interviewing.[5] Furthermore, motivational interviewing has been found useful for cocaine and heroin abuse. In another recent study, clients receiving motivational interviewing treatment had higher rates of drug abstinence than control groups, with ratios of 17.4% to 12.8%, 40.2% to 30.6%, and 22.3% to 16.9%.[6] Thus, several studies support the efficacy of using motivational interviewing for intervention in addictions medicine.

Table 2. Processes for each stage of change.[1]

Stage	Process	Definition
1–2	Consciousness-raising	Observing, confronting, and interpreting information
1–2	Dramatic relief	Experiencing and expressing feelings
1–2	Environmental re-evaluation	Recognizing that one's behavior affects one's environment
2–3	Self re-evaluation	Clarifying values, imagery, corrective emotional experience
3–4	Self liberation/commitment	Developing commitment-enhancing skills
4–5	Reinforcement management	Rewarding oneself and being rewarded
4–5	Helping relationships	Becoming open and trusting with caring people
4–5	Counter-conditioning	Substituting alternatives for problem behavior
4–5	Stimulus control	Avoiding or countering problem stimuli

In addition, motivational interviewing has shown efficacy for people with substance-abuse rather than substance-dependence issues. In a systematic review, Dunn and colleagues found 11 of 15 studies significantly supported the use of motivational interviewing in brief interventions.[7] A meta-analysis conducted by Burke and colleagues found efficacy for techniques adapted from motivational interviewing for problems with alcohol, drugs, diet, and exercise.[8] In addition, approximately

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Table 3. Services for intravenous drug users in Victoria, BC, 2006, by stages of change.

I Precontemplation

Crystal Meth Victoria Society
Web site about crystal methamphetamine — www.crystalmethbc.ca

Addictioninfo.com
Introduction to the Stages of Change Tool Box — www.addictioninfo.org/content/categories/Help-Yourself/Self-Management-Tool-Box/Stages-of-Change/

Cool Aid Community Health Centre
Motivational interviewing — 385-1466 (A&D counselors), 393-5957 (dental clinic)

Prostitute Empowerment Education and Resource Society (PEERS)
Outreach, help finding housing, care based on harm reduction model — 388-5235

Alcoholics Anonymous (AA) — 383-0415

Narcotics Anonymous (NA) — 383-3553

Mustard Seed — 385-0430

Victoria Native Friendship Centre — 388-5522

Together Against Poverty Society (TAPS) — 361-3521

Victoria Human Exchange Society — 361-2762, 1 800 691-9366

Salvation Army For men — 384-3396

Vancouver Island Addictions Recovery Society (VIARS) — 480-1342

Pacifica Housing — 385-2131, 356-2555, 356-2561

Open Door — 385-2454

AIDS Vancouver Island (AVI) — 384-2366

Streetlink/Sandy Merriman House — 383-1951

Needle Exchange — 384-2366

Victoria AIDS Resource & Community Services Society (VARCS) — 885-8793 (mobile exchange)

Youth Services

YMCA Outreach — 386-7511

Youth Clinic — 388-7841

AIDS Vancouver Island (AVI) — 384-2366

Ministry of Children and Family — 310-1234

Development BC Child and Youth Helpline — 1 866 660-0505
(services available for the hearing impaired)

Crisis Intervention and Suicide Prevention Centre of BC — Tel: 1 800 SUICIDE (784-2433), Web site: www.YouthInBC.com

II Contemplation

Crystal Meth Victoria Society
Web site, brochures, advocacy, outreach — www.crystalmethbc.ca

Addictioninfo.com
Stages of Change Tool Box page for contemplation — www.addictioninfo.org/content/categories/Help-Yourself/Self-Management-Tool-Box/Stages-of-Change/Contemplation/

Centre for Addiction and Mental Health — www.camh.net/

Cool Aid Community Health Centre
Many options of access to service — 385-1466

Mental Health Services
Outreach, education, community services information — 370-8175

PEERS
Hospital/detox visits, counselor, Connections Program — 388-5325

Victoria Detox/Pembroke Place
Focus to encourage the client to have detox, Victoria Clinic has men's and women's support groups — 213-4444

Mental Health and Addictions (MHA) on Quadra
MEG and DIP groups — 727-3544

NEED Crisis line — 386-6323

Alcohol and Drug Services (ADS) — 387-5077

AA — 383-0415

NA — 383-3553

Mustard Seed — 385-0430

Victoria Native Friendship Centre — 388-5522

TAPS — 361-3521

Victoria Human Exchange Society — 361-2762, 1 800 691-9366

Salvation Army For men — 384-3396

Vancouver Island Addiction Recovery Society (VIARS) — 480-1342

Pacifica Housing — 385-2131, 356-2555, 356-2561

Open Door — 385-2454

AVI — 384-2366

Streetlink/Sandy Merriman House — 383-1951

Needle Exchange — 384-2366

VARCS — 885-8793

Youth Services

Victoria Youth Empowerment Society (VYES) Detox
Consultation, support, information about drug use, exploring strengths, decision making — 383-3514

VYES Alliance Club — 361-3923

YMCA Outreach — 386-7511

Youth Clinic — 388-7841

AVI — 384-2366

Native Friendship Centre — 388-5522

NEED Crisis Line for Youth — 386-8255

Kids Help Phone For ages 5–20, 24-hour counseling — 1 800 668-6868

Table 3 (continued). Services for intravenous drug users in Victoria, BC, 2006, by stages of change.

III Preparation

Addictioninfo.com
Stages of Change Tool Box page for preparation
www.addictioninfo.org/content/categories/Help-Yourself/Self-Management-Tool-Box/Stages-of-Change/Preparation/

Self-Change Forms
www.nova.edu/gsc/online_files.html

Cool Aid Community Health Centre 385-1466

Mental Health Services 370-8175

Victoria Detox/Pembroke Place 213-4444

PEERS
Elements life skills program 388-5325

MHA on Quadra
MEG and DIP programs, physician referral 727-3544

NEED Crisis Line 386-6323

Alcohol and Drug Services (ADS) 387-5077

AA 383-0415

NA 383-3553

Foundation House
For men 480-1342

Salvation Army For men 384-3396

Needle Exchange 384-2366

Streetlink/Sandy Merriman House 383-1951

Open Door 385-2454

Bridges For women 385-7410

John Howard Society 386-3428

Youth Services

VYES Detox 383-3514

VIHA Dallas Society 721-2669

IV Action

Addictioninfo.com
Stages of Change Tool Box page for action
www.addictioninfo.org/content/categories/Help-Yourself/Self-Management-Tool-Box/Stages-of-Change/Action/

Self-Change Forms
www.nova.edu/gsc/online_files.html

Cool Aid Community Health Centre 385-1466

Mental Health Services 370-8175

Victoria Detox/Pembroke 213-4444

PEERS
Elements life skills course, daily 12-step lunch meetings 388-5325

Mental Health and Addictions (MHA) on Quadra
Intake office
Recovery, DIP, Journeyman, and Fullcircle programs 727-3544

VYES Detox 383-3514

Victoria Detox/Pembroke Place
SAC (IV heroin only)
Most of the clients are in precontemplation 213-4444

Youth and Family Addictions Services 721-2669

NEED Crisis Line 386-6323

ADS 387-5077

AA 383-0415

NA 383-3553

Needle Exchange 384-2366

Streetlink/Sandy Merriman House
Physician referral 383-1951

John Howard Society 386-3428

Victoria Human Exchange Society 361-2762,
Recovery houses 1 800 691-9366

V Maintenance

Adictioninfo.com
Stages of Change Tool Box page for maintenance
www.addictioninfo.org/content/categories/Help-Yourself/Self-Management-Tool-Box/Stages-of-Change/Maintenance/

Cool Aid Community Health Centre 385-1466

Mental Health Services 370-8175

MHA on Quadra
Journeyman and Fullcircle programs 727-3544

VYES Detox 383-3514

AA 383-0415

NA 383-3553

Bridges For women 385-7410

Better Employment Strategies and Techniques (BEST) at Camosun 370-3571

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Table 4. Services needed for intravenous drug users in Victoria, BC, 2006, by stages of change.

Stage of change	Service needed
Precontemplation	• Shelter for the hard to house • Shelter for more than 7 days out of every month • Emergency shelter beds for those not under the influence • Designated emergency ward for people with addictions, staffed with doctors 24/7 • Safe housing for people who are still using drugs • Detox beds for youth (only five on Vancouver Island) • Treatment for inmates • Shorter wait lists in the justice system • More evening and weekend programs and drop-in services • Safe places for needle use • Shelter specifically for those with mental health concerns • Emergency psychiatric treatment
Contemplation	• Immediate access to services • Detox on demand, for all drugs, regardless of dual diagnosis, 24/7 • Drop-in services 24/7, one service for youth, one for adult • Safe injection sites with long hours and adequate equipment: crack kits, fitters, cookers, ties • More outreach services • More evening and weekend programs and drop-in services • Shelter where drugs are not allowed to be used on site • Shelter where being under the influence is allowed but not condoned • Services providing information about the how-to of recovery, but not pushing it • Crisis intervention and problem-solving support for underlying problems that activate substance use • Stronger support for families and children so that parents can get treatment without worrying about being away from home • One-to-one counseling with counselors who are allowed to spend time with contemplators
Preparation	• Detox for stimulant users and polydrug use (Victoria Detox only accepts heroin and alcohol addicts) • More outreach services • More evening and weekend programs and drop-in services • Better stabilization (e.g., housing that is continually available) • Treatment that is available regularly • Treatment that is available easily • Short-term financial support from the government for treatment stays longer than 6 weeks • One-to-one counseling with counselors who are allowed to spend time with preparers
Action	• Safe, affordable housing • Detox for crystal meth and marijuana use • Transition beds between treatment facilities • Comprehensive and accessible detox services (more beds for stimulant users only) • Local residential treatment (ideally in a house), especially for women only • Speedier referral for treatment (currently it takes 3 to 4 weeks of drug/alcohol counseling before a referral can be made) • More staff for Holly House and the Grove • Evening and weekend programs • Structured, individualized, funded posttreatment plans that maintain contact for a minimum of 1 year • Strategic efforts to reconnect/connect people with neighborhoods, community, healthy peer groups, family
Maintenance	• Safe, affordable housing • Transition beds between treatment facilities • Evening and weekend programs • More education programs catering to people who are off the streets (e.g., PEERS education groups) • NA/AA-like groups that have other styles of service to suit a wider range of people • "Tune-up" centres that are available 24/7 for immediate help • Mentorship programs

75% of 72 randomized controlled trials support the efficacy of motivational interviewing in facilitating clinically important effects in physiological and psychological diseases.[9]

Research needed

Further research regarding the interventional efficacy of the Stages of Change model and motivational interviewing is needed. In particular, the physicians treating addictions in Victoria are interested in studying the application of these tools in order to balance the large volume of descriptive research that dominates the field of addictions medicine at present. Using the Stages of Change model to structure addictions medicine services as suggested by Dr Fraser may integrate community services in a way that maintains the focus on the kind of care the client is receiving. Also, further development of the definitions within these models can address problems in caring for the subpopulation of intravenous drug users. For this subpopulation, achieving abstinence from the substance is often quite difficult to attain. However, achieving abstinence from sharing needles can have a significant health impact on this subpopulation. Thus further development of these models, supported by research as to the application of these models, can improve community health.

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Information about the Stages of Change model

Addiction Alternatives—Index for Stages of Change information
www.addictionalternatives.com/tools/stages_changes/stageindex.htm

Centers for Disease Control and Prevention – Brief description of the transtheoretical model, and a link to how it relates to AIDS risk prevention
www.cdc.gov/hiv/projects/acdp/change.htm

Ministry of Children and Family Development –
Legal guidelines regarding substance use and child protection
www.mcf.gov.bc.ca/publications/privacy_charter/pfwg_body.htm

Canadian Center on Substance Abuse –
Using the Stages of Change model with pregnant clients
www.ccsa.ca/toolkit/women/section5e.htm

Ohio Valley Center for Brain Injury Prevention and Rehabilitation –
Using the Stages of Change to prevent brain injuries from substance abuse
www.ohiovalley.org/abuse/change.html

Also, see Prochaska JO, Norcross C, DiClemente CC. Changing for Good. New York: William Morrow; 1994. 304 p.

Information about motivational interviewing

Canadian Center on Substance Abuse –
Using the Stages of Change model with pregnant clients
www.ccsa.ca/toolkit/women/section5e.htm

Motivational Interviewing Approach Summary – GP training web site by Brad Cheek, independent web site, UK
www.gp-training.net/training/consultation/motiv.htm

Centre for Addictions and Mental Health – Motivational interviewing course information
www.camh.net/Education/

Nova Southeastern University – Guided Self-Change Clinic – Interactive forms for journaling and remembering key information about self-change from addictions
www.nova.edu/gsc/online_files.html

National Institute on Drug Abuse – Research and initiative re: motivational interviewing
www.nida.nih.gov/blending/MIASTEP.html

Resources for addictions care in BC

BC Ministry of Health—Health and addictions
www.healthservices.gov.bc.ca/mhd/

Provincial Health Services Authority—BC Mental Health and Addiction Services
www.phsa.ca/AgenciesServices/Agencies/BCMHAS.htm

Centre for Addictions Research of BC
http://carbc.uvic.ca/

Vancouver Coastal Health—Addiction services
www.vch.ca/community/addictions.htm

BC Drug Rehab Centres
www.drug-rehab.ca/BCrehabcenter.htm

BC Partners for Mental Health and Addiction Information
www.heretohelp.bc.ca/publications/factsheets/treatment_addiction.shtml

BC Mental Health and Addiction Services
www.bcmhas.ca

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Competing interests

None declared.

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Book review

Living with FASD—A Guide for Parents by Sara Graefe, with foreword by Dr Julianne Conry. Vancouver: Groundwork Press, 2006. ISBN 0-973-54441-4. Paperback, 128 pages. $24.95.

This book is the 3rd edition of a manual originally published in 1994 as *Parenting Children Affected by Fetal Alcohol Syndrome: A Guide for Daily Living.* A foreword by Dr Julianne Conry, pre-eminent psychologist in FAS circles, addresses the need for the manual. The book is divided into three parts.

The first part, called FASD Essentials, deals with facts about FASD (fetal alcohol spectrum disorder), including some characteristics and misconceptions. Unfortunately, the opportunity is missed to discuss in some detail the facts about maternal alcohol ingestion, placental transfer to the fetus, and the deleterious effects of alcohol on organ development and function. The statement is made that "FASD is more likely to occur following continuous or heavy intake of alcohol during pregnancy." We know that the spectrum disorder can result from much less alcohol ingestion in pregnancy, with most injury manifesting in the developing brain. The section finishes with a brief list of misconceptions about FASD.

The second part of the book provides parenting and caregiver suggestions for the care of the child with FASD. This section contains useful and practical suggestions for the successful management of the tasks of daily living, a difficult challenge for children and adults with FASD. However, some recommendations in this section would suggest that children with FASD have more severe handicaps than they are known to have. The special needs of infants, adolescents, and adults with FASD are discussed in this section, including the propensity of adolescents and adults to encounter conflicts with the justice system.

The third part discusses the importance of the need for an accurate medical assessment and diagnosis. The present efforts of the government of BC to establish regional assessment centres, initiatives which also exist in a few other provinces, should help recognition, increase support for affected individuals and their families, and, one hopes, reduce the incidence of FASD.

The importance of a multidisciplinary team assessment is not discussed, but with the publication of the Canadian Guidelines for Diagnosis of FASD (Chudley AE, Conry J, Cook JL, et al. Fetal alcohol spectrum disorder: Canadian guidelines for diagnosis. CMAJ;2005:172 [5 suppl]) an adequate assessment should not be difficult.

This very useful book provides general guidelines for parents and caregivers of children with prenatal alcohol and other substance exposure.

—Kwadwo Ohene Asante, MBChB
Medical Director, Asante Centre for Fetal Alcohol Syndrome

2007 National Physician Survey is here

The 2007 National Physician Survey is now in the field. Completing the survey is your chance to help shape the medical policies, plans, and priorities of the future. In the next 3 years, hundreds of decisions that directly affect the future of our profession will be made by governments, educators, regulators, and professional associations. By completing and returning your 2007 National Physician Survey questionnaire, you can help ensure those decisions are informed deci-