

PRENATAL SUBSTANCE USE PREVENTION PROGRAM



Assessment, Motivation and Relapse
Prevention

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THE 5 A's

- ASK
- ADVISE
- ASSESS
- ASSIST
- ARRANGE



ASK

- **GOAL:** Find out if client is using a substance or has recently quit.



ASK (Continued)

- 1) Focus on other positive lifestyle changes she has made.
- 2) Focus on the client's feelings and behavior.



EFFECTIVE INTERVENTION STYLES Page 1

- Empathy
- Advice: clear and brief
- Remove barriers
- Provide choices
- Decrease desirability
- Provide feedback
- Clarify goals
- Active helping: be available to listen and encourage



EFFECTIVE INTERVENTION STYLES Page 2

- Empathetic styles are associated with little resistance and better long-term change
- Overtly direct and confrontational styles evoke high levels of resistance
- If countered or met with argument, the intervention is counter-productive.



ASK (Continued)

- Remember that environmental stressors may be effecting the clients substance use behaviors and cessation efforts. (violence, harassment)
- Encourage client to gather support from others. Ask her to identify family members and friends who do not use substances to help her with her cessation plan.
 - A. Brainstorm ways to ask for help.
 - B. Discuss whether her partner or close friends smoke, and if so things they could do to support her cessation efforts. (Like not using around her, not offering her substances) If she does not have a support person, offer yourself as part of her support system.



ADVISE

■ GOAL:

- 1) present evidence about the importance of quitting. (Substance use in pregnancy facts power point)
- 2) encourage recent quitters to continue abstinence
- 3) encourage clients who are participating in drug rehab to stay committed and motivated.



ADVISE (Continued)

- Message must be clear, strong and relevant to specific client concerns.
- Clear: “It is important for you to quit now and I can help. Cutting down is not enough.”
- Strong: “Quitting is the most important thing you can do for you and your baby. I will help you.”
- Emphasize the danger of using substances to both mother and baby. (pamphlets, handouts, videos)



ADVISE (Examples)

- Example: Amy, it is important for you to quit using (tobacco, marijuana, cocaine, etc.). I need you to know that quitting increases your chance to have a healthy baby. Your health will also improve....

Example: If client states that she used during her last pregnancy without negative outcomes, reinforce the fact that every pregnancy is different and now is not the time to take chances.

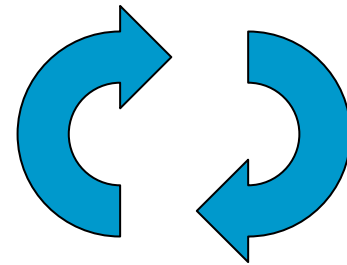


ASSESS

- Willingness to quit.
- Change is an ongoing process.
- Clients are at different stages of change.
- Not all clients are equally ready to change.
- Movement between stages of change can occur in both directions.

BEHAVIORAL STAGES OF CHANGE MODEL

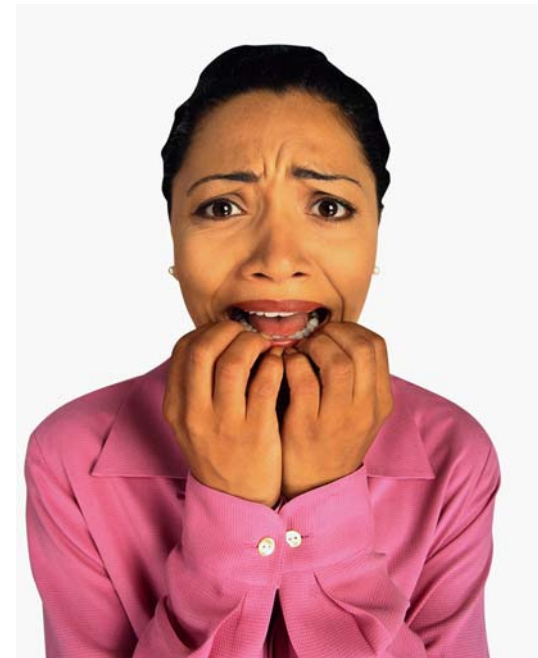
- Precontemplation
- Contemplation
- Preparation
- Action
- Maintenance/Relapse



BEHAVIORAL STAGES OF CHANGE MODEL: PRECONTEMPLATION STAGE

- May not think behavior is a problem.
- May not be receptive to information.
- May be defensive of pressure.
- May have fear of failure.
- May have no interest in changing behavior.

FEAR OF FAILURE



BEHAVIORAL STAGES OF CHANGE MODEL: CONTEMPLATION STAGE

- Client beginning to seek information.
- Becoming aware of consequences
- Thinking about change.
- May be concerned about others behaviors (secondhand smoke)
- May doubt buy – in and support from others.

■ LEARNING





SELF AWARENESS TOOLS

CONTEMPLATION STAGE

- Fagerstrom Questionnaire: Used to determine level of nicotine addiction
- “Why I Smoke?” quiz: Used to increase the clients understanding of their reasons for smoking. Categories include:
 - 1)For energy, 2)Physical Pleasure, 3)Habit or Routine, 3)Addiction, 4)Stress Management, 5)Social
- If client is using drugs, refer into a rehab program.

BEHAVIORAL STAGES OF CHANGE MODEL: PREPARATION STAGE

- May be tapering, postponing, switching brands.
- May be journaling when, where, why behavior is repeated.
- Preparing home, car and others for behavior change
- Acquiring supportive aids (snacks, crafts, etc.)
- May be delaying cessation attempt.
- Needs support to pick a quit date.

KICK BUTT



BEHAVIORAL STAGES OF CHANGE MODEL: ACTION STAGE

- Needs to know that change can be done in steps; however reinforce that cold turkey for smoking cessation is often the best.
- May be in outpatient rehab or participating in a support group.
- Implements personal cessation policies.
- Not using substance.

■ MAKING A CHANGE



BEHAVIORAL STAGES OF CHANGE MODEL: MAINTENANCE STAGE

- Long term: 2 years
- Needs help to avoid temptations from self and pressure from others.
- Anticipate tempting and/or challenging situations
- Prepare in advance
- Planning is key to being successful



BEHAVIORAL STAGES OF CHANGE MODEL: RELAPSE STAGE

- Discuss self forgiveness and moving past mistakes.
 - Analyze what happened
 - Learn to identify and control environment cues
 - Learn to handle unexpected stress
 - Learn to be assertive
- STARTING AGAIN





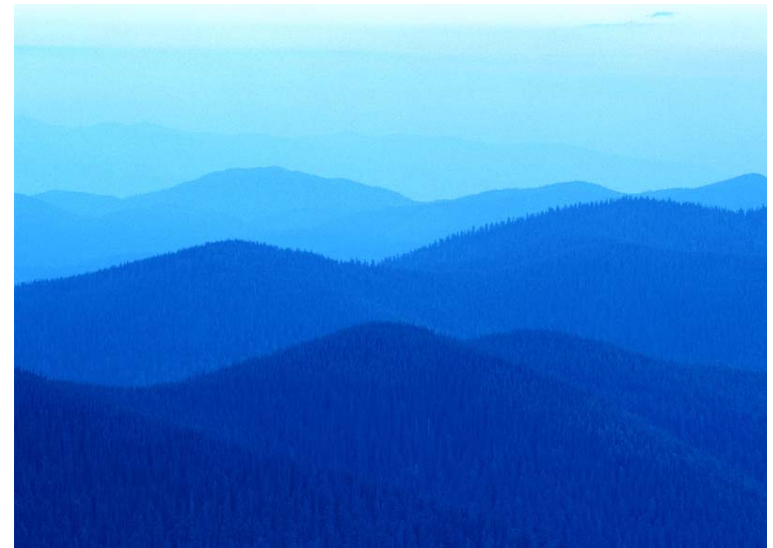
ASSESS (CONTINUED)

- Client's level of motivation to quit.
- If client wants to quit or has recently quit proceed with the 5 A's (Assist)
- If the client does not want to quit proceed with the 5 R's

MOTIVATIONAL TECHNIQUES

■ The 5 R's

- Relevance
- Risks
- Rewards
- Roadblocks
- Repetition





5 R's - RELEVANCE

- Ask client to verbalize why quitting is important at this time
 - 1) pregnancy
 - 2) age
 - 3) family (child in home, role model)
 - 4) social situation

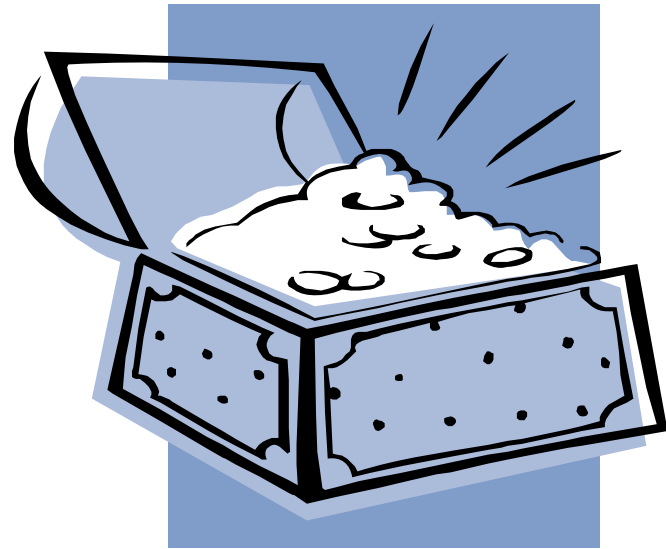


5 R's - RISK

- Ask client to verbalize her personal potential for negative consequences
 - 1) Risk to self
 - 2) Risk to pregnancy, newborn, child
 - 3) Environmental: History of illness, illness of extended family, spouse, children

5 R's - REWARDS

- Ask client to identify potential benefits of quitting



5 R's - ROADBLOCKS

- Ask client to identify barriers or challenges to quitting.





ROADBLOCK: WEIGHT GAIN

- 1) Facts about quitting and weight gain.
- 2) Plan to quit when food will be less of an issue.
- 3) Be careful not to substitute food for substances.
- 4) Look for ways to reduce cravings.
- 5) Increase activity.
- 6) Watch out for stress.
- 7) Get support.
- 8) Watch what you eat.



ROADBLOCK: WITHDRAWAL SYMPTOMS/SIGNS OF RECOVERY

- 1) Irritable, nervous, anxious grumpy
- 2) Spaced out, less efficient, unable to concentrate
- 3) Lightheaded, dizzy, over stimulated
- 4) Sleepy, weak, no energy
- 5) Sleep disturbances
- 6) Hungry
- 7) Increased coughing
- 8) Headache
- 9) Itchy scalp, hands and/or feet
- 10) Tremors, shaky
- 11) Mouth sores, bad taste, sore gums or tongue, dry tongue
- 12) Strong emotions, dreams of smoking

ADAPTED FROM: FOR YOU AND YOUR FAMILY – A GUIDE FOR PERINATAL TRAINERS AND PROVIDERS. CALIFORNIA DEPT. OF HEALTH SERVICES, TOBACCO CONTROL SECTION, 1991.



ROADBLOCKS: OTHER SMOKERS

- FAMILY
- FRIENDS
- SOCIAL SITUATIONS
- WORK PLACE
- GATHERING SUPPORT



STRESS MANAGEMENT

Tips

- 1) Take care of yourself.
- 2) Keep a thought journal.
- 3) Do not do more than is possible in a day.
- 4) Talk to someone.
- 5) Put things in their place.

Continued on the next page..



Stress Management Continued

- 6) Practice a stress management technique.
- 7) Volunteer.
- 8) Laugh and laugh often.
- 9) Clarify your values and live by them.
- 10) Seek professional help when necessary.



5 R's - REPETITION

- The cycle of assessment, education and attempting motivation to action should be repeated at every contact with the client.
- Remind clients who have previously quit, that most successful quitters have made repeated quit attempts



FEAR OF FAILURE

- Age 22: Failed a business,
- Age 23: Ran for legislature and lost,
- Age 24: Failed another business,
- Age 27: Had a nervous breakdown,
- Age 31: Defeated for elector,
- Age 34: Defeated for Congress,
- Age 39: Defeated for Congress,
- Age 46: Defeated for Senate,
- Age 47: Defeated for vice-president,
- Age 49: Defeated for Senate,
- Age 51: Elected president

ABRAHAM LINCOLN



Failure is a misunderstood and under utilized asset. Within every failure is an opportunity to learn. For inspiration, consider and remember this man's resume.

From an email sent by CEO Bill Corley of the Community Health Network: March 10, 2003



5 R's – FOR THOSE WHO CONTINUE TO USE SUBSTANCES

- Promote harm reduction
- 1) reduce use
- 2) abstinence just prior to delivery
- 3) increase other health protection behaviors like exercise, proper nutrition



ASSIST

- Help develop a quit plan
- Ask client to set a quit date
- Encourage removal of substances from environment
- Encourage client to consider change of people, places and things (for drug use)
- Encourage client to tell friends, family and co workers about decision to quit.



ASSIST – Problem solving

- Total abstinence is best – not even a puff
- Discuss previous quits
- Anticipate and plan for challenges
- Ask client to identify and plan for triggers (roadblocks/barriers)



ROADBLOCKS/BARRIERS

Barriers to Clients' Understanding and Accepting Messages

- Limited Literacy Skills
- Distractions that Disrupt Attention
- Language Differences
- Varied Ethnic and Cultural Beliefs
- Alcohol/Drug Dependence



PREDICTORS OF RELAPSE

- Concerns about weight gained during pregnancy
- Duration of breastfeeding
- Pre-pregnancy smoking/substance use rate
- Partner using/smoking



RELAPSE PREVENTION TECHNIQUES

- Contact with client during OB stay
- Phone contact within two weeks postpartum
- Contact with client at two week and six week postpartum clinic visit
- Long term contact (6 months if possible)



RELAPSE PREVENTION/MAINTENANCE

- Abstinance Violation Effect



RELAPSE

PREVENTION/MAINTENANCE

- Identify and develop challenges for
RESUMPTIVE THOUGHTS: thoughts that influence relapse, play the good angel – devil on shoulder
- Preparing client for stressful situations
- Coping with slips (mistakes not failures)
- Exercise
- Relaxation Techniques (stress management, meditation, yoga, massage)



SUMMARY

- **Assess – Assist:** **Assess – Assist:**
- Studies show that brief, stage specific advice enhances motivation to quit and doubles the six month quit rates.
- Quitting is a on going process.
- Clients need motivated and encouraged through the stages of change and when relapse occurs
- Empathetic approaches are the most productive



BE PATIENT! CHANGE IS VERY DIFFICULT!

- “To cease smoking is the easiest thing I ever did. I ought to know because I’ve done it a thousand times.”

~~Mark Twain~~

THE BEGINNING



Prenatal Substance Use Prevention Program

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All Information, Materials and Resources Adapted From:

- 1) Guide for Counseling Women Who Smoke: North Carolina Project Assist
- 2) National Cancer Institute: NIH Publication Number 95-1647
Revised September 2005
- 3) Health Care Education and Training, Inc.: March 2002
- 4) You Can Quit Smoking: US Department of Health and Human Services
- 5) Alcohol, Tobacco, and Other Drugs May Harm the Unborn: US Department of Health and Human Services
- 6) The Addiction Workbook: Patrick Fanning and John O'Neill, LCDC
- 7) Motivate Healthy Habits: Change yourself before helping others: Rick Botelho, MD
- 8) National Institute on Drug Abuse Research Report: Publication Number 06-4342. Revised July 2006