

NUMINUS

# Applied PAT



MODULE 5:  
SUBSTANCE  
USE DISORDERS



# Introductions



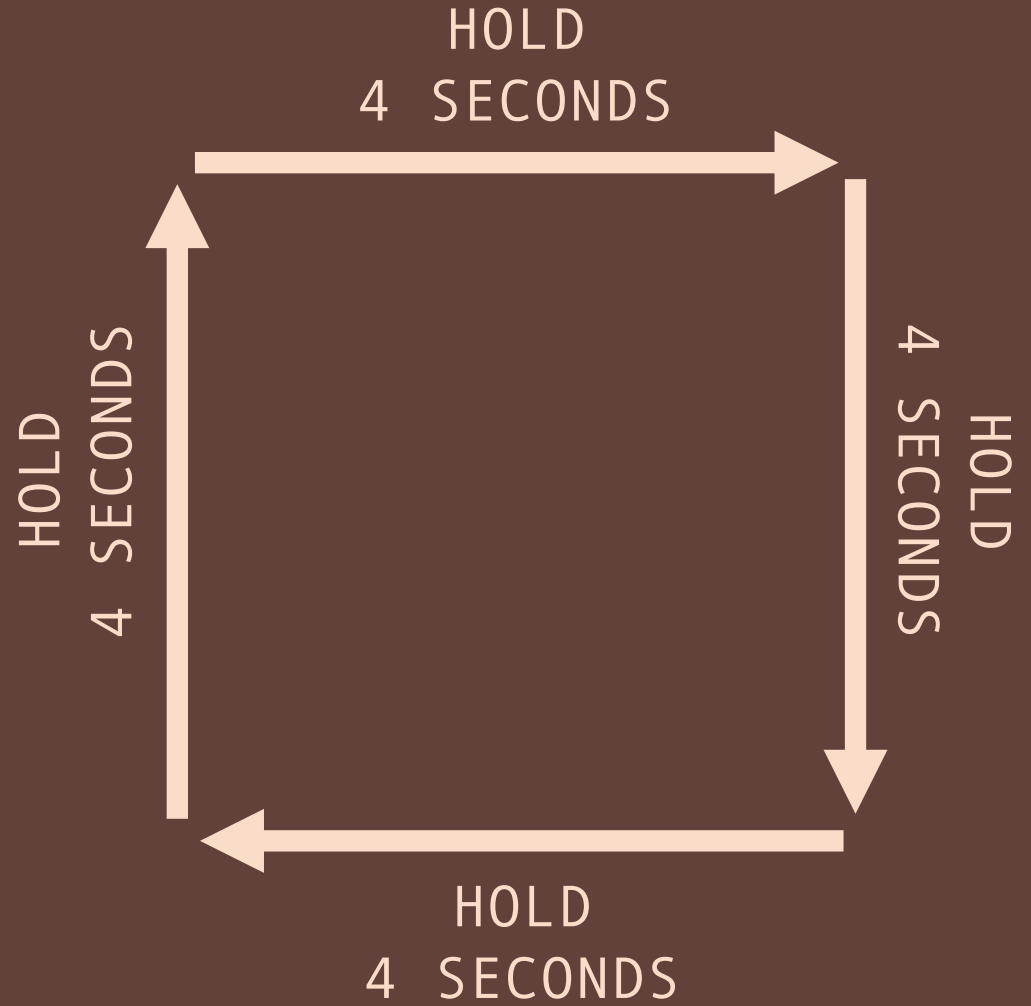


# LAND ACKNOWLEDGEMENT





# BOX BREATHING





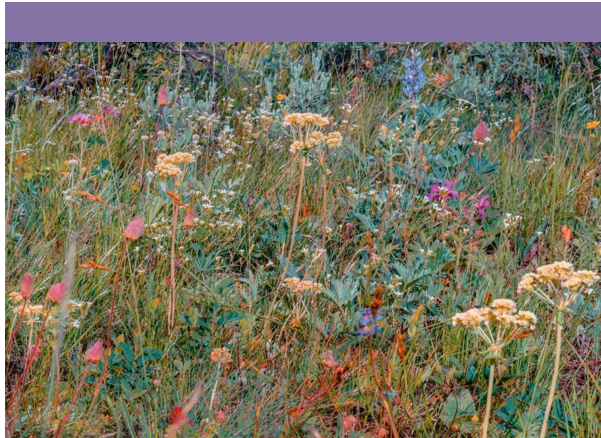
# AGENDA

Welcome, agreements, L.A.	01
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# GROUP AGREEMENTS

# CENTRE



Confidentiality



Engagement



Non-judgmental listening

# GROUP AGREEMENTS

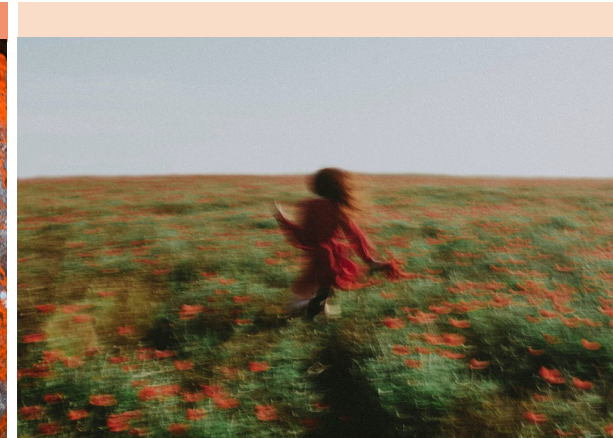
# CENTRE



Timeliness



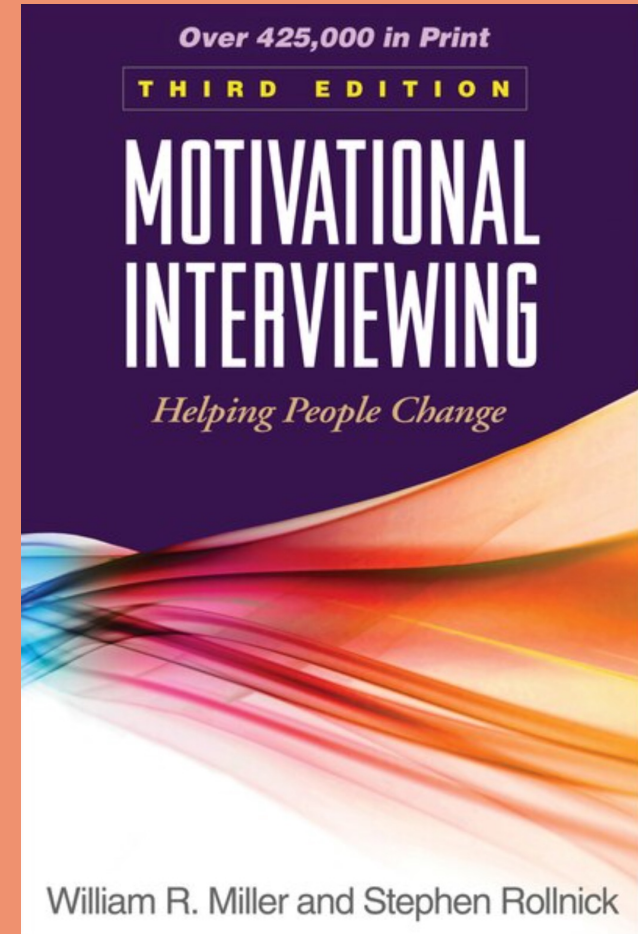
Right to pass



Equity



# Discussing Substance Use with Open Motivational Interviewing



# Core Skills - Oars



- Open questions
- Affirming
- Reflecting
- Summarizing

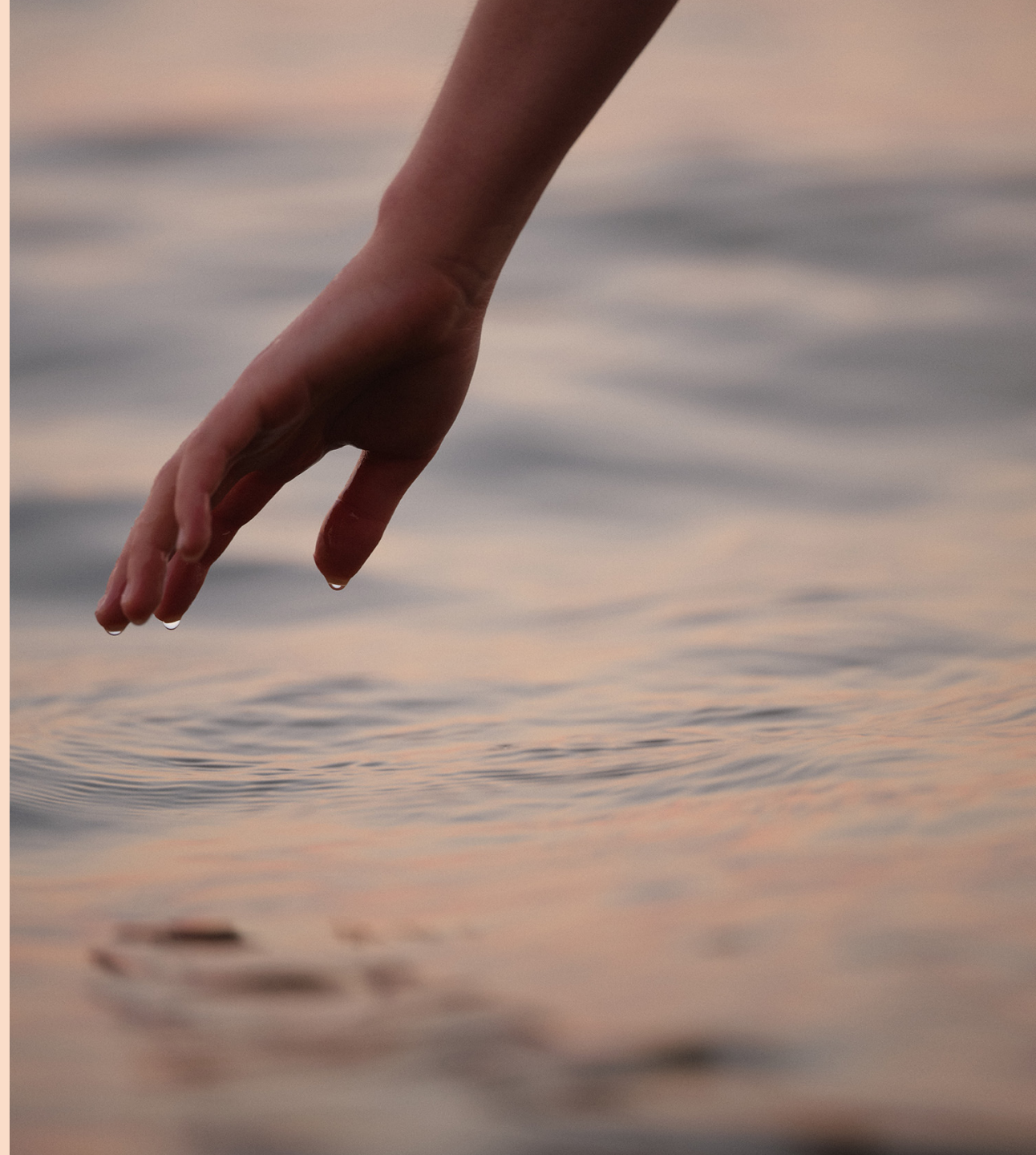


CORE SKILLS

# Open Questions

Ask an open question and then reflect (X2)

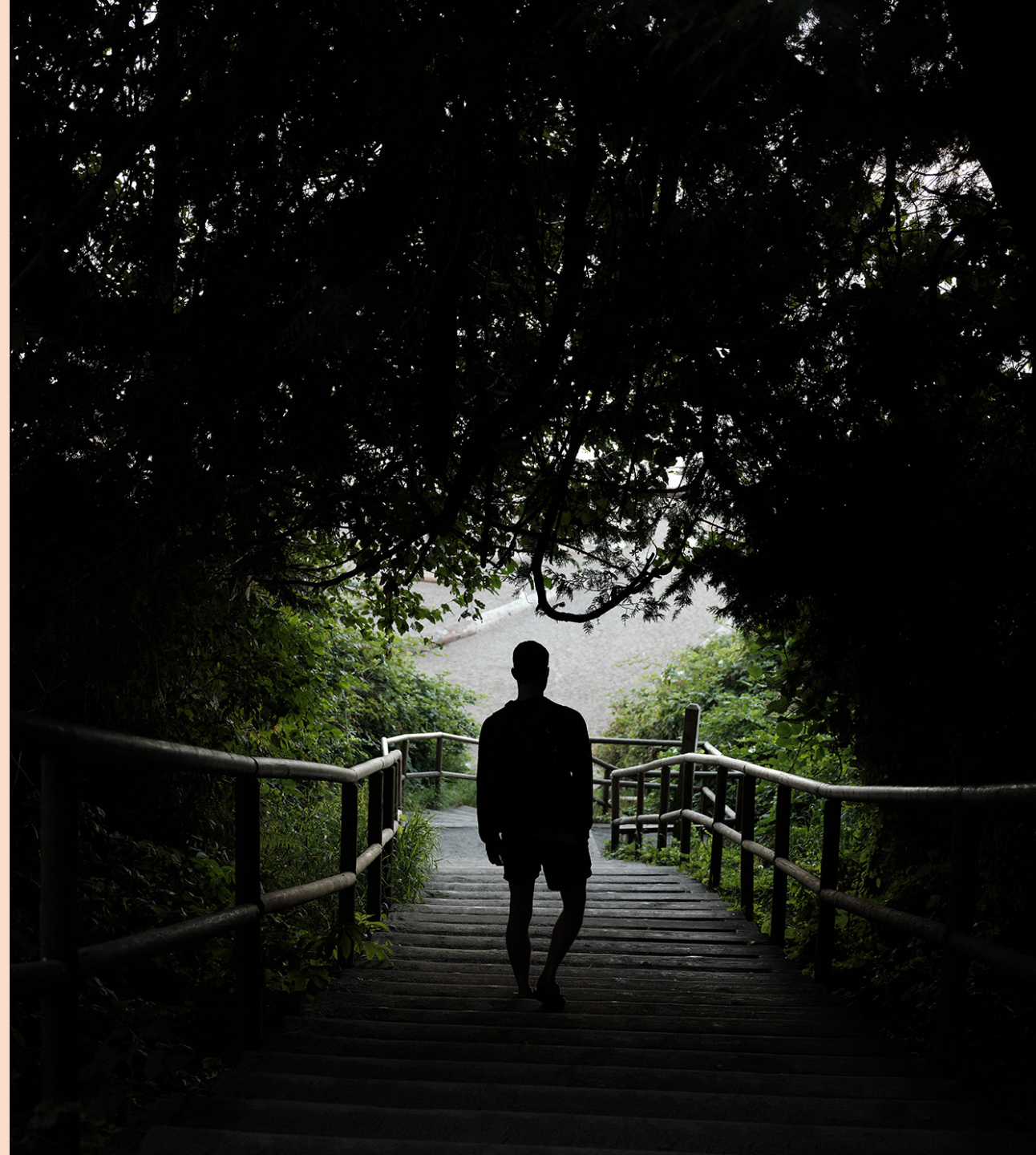
Avoid closed and multiple choice



## CORE SKILLS

# Affirming

- Recognize and acknowledge that which is good
- Support & encourage
- Must be true
- Facilitates retention
- Reduce defensiveness
- Ask clients to describe their own strengths
- Avoid affirmations that begin with the word “I”





## CORE SKILLS

# Reflections

- Simple reflections add little
- Complex reflection adds some meaning or emphasis
- Understate > overstate
- Briefer > longer
- Direction - Differential reinforcement
- Curious > Clever
- MI = 2-3 reflections per question
- 50% of responses are reflections
- Other approaches - questions outnumber reflections 10 to 1

## CORE SKILLS

# Summarizing

- Reflections that pull together several things
- Collecting summary
  - series of interrelated items
  - affirmations
- Linking summary
  - reflect and link it to prior conversation
- transitional summary
  - pulling together what's important to shift to something new
- allows people to hear various aspects simultaneously
  - Vs reflections 1 @ time
- Summarize ambivalence



# Listening - Roadblocks

1. Ordering, directing, or commanding
2. Warning, cautioning, or threatening
3. Giving advice, making suggestions, or providing solutions
4. Persuading with logic, arguing, or lecturing
5. Telling people what they should do; moralizing
6. Disagreeing, judging, criticizing, or blaming
7. Agreeing, approving, or praising
8. Shaming, ridiculing, or labelling
9. Interpreting or analyzing
10. Reassuring, sympathizing, or consoling
11. Questioning or probing
12. Withdrawing, distracting, humouring, or changing the subject

# Values & Goals

- When you understand what people value you have a key to what motivates them.
  - longer-term goals
  - How will life be different 1, 5, 10 years from now?
- Understanding values & goals promotes engagement
- Value–behaviour discrepancies
- Convey acceptance and respect
- Question values and follow with reflection



# Discrepancy

- When people are invited to reflect on their values and actions within a safe, nonjudgmental atmosphere they are usually well aware of discrepancies
- The counsellor's task is to help the person continue attending to and reflecting on them without reverting to defensiveness
- In MI, the confrontation is with oneself.
- There is no need to “get in their face” to make it happen.





# Intervention

## RAPPORT BUILDING & INTRODUCTION

### Set tone

- Express empathy and respect
- Introduce intervention
- Clarify motivational stance

### Pros & cons of substance use

- E.g. Pros Alcohol: Relaxing, social context
- E.g. Cons Alcohol: Expensive, leads to conflicts







# Demonstration

DISCUSSING SUBSTANCE USE WITH  
OPEN MOTIVATIONAL  
INTERVIEWING

# Practice

## DISCUSSING SUBSTANCE USE WITH MOTIVATIONAL INTERVIEWING (30 MINS)

- Dyad practice (15 mins each role)
  - One person as therapist and other as “client”
  - “Client” may choose to use own substance use or role play a person with substance use disorder
  - Therapist practices discussing the “client’s” substance use with Motivational Interviewing for 10 minutes
    - Therapist aims to try to apply each of the OARS skills
  - 5-minute debrief (focus on application of OARS skills)
- Switch roles



BREAK

# Introduction to Normative Feedback



# Normative Feedback

Facilitating a conversation in which aspects of a client's substance use and risk factors are shared with the client to elicit reflection

Common categories of exploration when providing normative feedback:

- Substance use patterns / abnormality of substance use
- Finances / cost of substance use
- Reasons for using substance(s)
- Negative consequences associated with substance use
- Risk factors for substance use problems (e.g., depression, anxiety, adverse childhood events)



# Normative Feedback

Feedback provided is specific to the client's experience and the goal of the conversation is understanding:

- The client's feelings about their substance use
- Their thoughts about making changes
- Where barriers to change may arise

# Normative Feedback

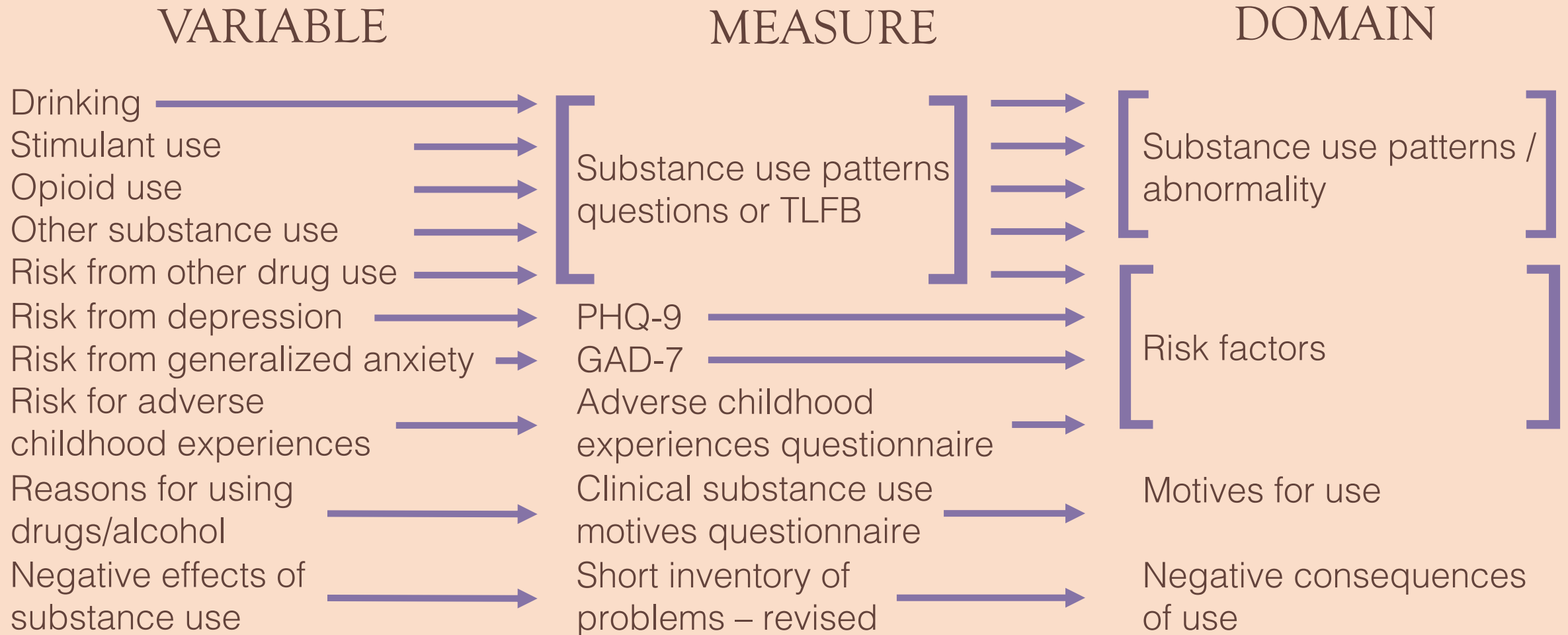
- Provision of personalized feedback is integral component of Motivational Enhancement Therapy
- Provided during the preparation phase of psychedelic-assisted therapy
- May be provided using a formal Personalized Feedback Report or collected and discussed via conversation with client



# HOW TO BUILD A FORMAL PERSONALIZED FEEDBACK REPORT



# Personalized Feedback Report Components









Home Insert Draw Page Layout Formulas Data Review View Automate Tell me

Paste Geneva 9 A A General Conditional

B I U Conditional Format as Table Cell Styles

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A62 fx Physical Health (items 2+10+12)

	A	B	C	D
68				
69	<b>4. Risks from other Drug Use (Substance Use Patterns Questions)</b>			
70				
71		Low	Place a capital X	
72		Medium		
73	X	High		
74				
75				
76	<b>5. Risk from Depression (Patient Health Questionnaire)</b>			
77				
78		None - minimal symptoms	Place a capital X	
79	X	Mild symptoms		
80		Moderately severe symptoms		
81		Severe symptoms		
82				
83				
84	<b>6. Risk from General Anxiety (General Anxiety Disorder - 7)</b>			
85				
86		Minimal symptoms	Place a capital X	
87		Mild symptoms		
88	X	Moderate symptoms		
89		Severe symptoms		
90				
91	<b>8. Risk from Adverse Childhood Experiences (Adverse Childhood Experiences Questionnaire)</b>			
92				
93	Total Score:		4 /10 (max score)	
94				

#### 4. Risk From Other Drug Use

Low 0      Medium 0      High X

#### 5. Risk From Depression

None - minimal             
Mild X  
Moderate             
Mod Severe             
Severe 0

#### 6. Risk From Generalized Anxiety

Minimal             
Mild             
Moderate X  
Severe 0

#### 7. Risk from Adverse Childhood Experiences

**Total Score:**            4 /10 (max)



# Providing General / Normative Feedback

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# Demonstration





# Reflection

Please take 5 minutes to reflect on what part(s) of this feedback process would have the greatest impact on you if you were a client and why.

Be prepared to share your reflections.





# Sharing Reflections



# Introduction to Readiness Rulers & Change Plan

# Readiness Rulers

On a scale from 1 to 10, with 10 being very ready to change, how ready or willing are you to make a change in your [substance use or addictive behaviour]?

1 – NOT  
READY



10 – VERY  
READY

On a scale from 1 to 10, with 10 being very confident, how confident or capable do you think you are in making a change?

1 – NOT  
CONFIDENT



10 – VERY  
CONFIDENT

Why is it a \_\_\_ and not a \_\_\_ [lower number]? What would it take to go from a \_\_\_ to a \_\_\_ [higher number]? What would you be willing to try?



# Change Plan Worksheet Prompts:

- The changes I want to make are..
- The most important reasons why I want to make these changes are...
- The steps I plan to take in changing are...
- The ways other people can help me are...
- I will know that my plan is working if...
- Some things that could interfere with my plan are...

## The Change Plan Worksheet

The changes I want to make are:

The most important reasons why I want to make these changes are:

The steps I plan to take in changing are:

The ways other people can help me are:

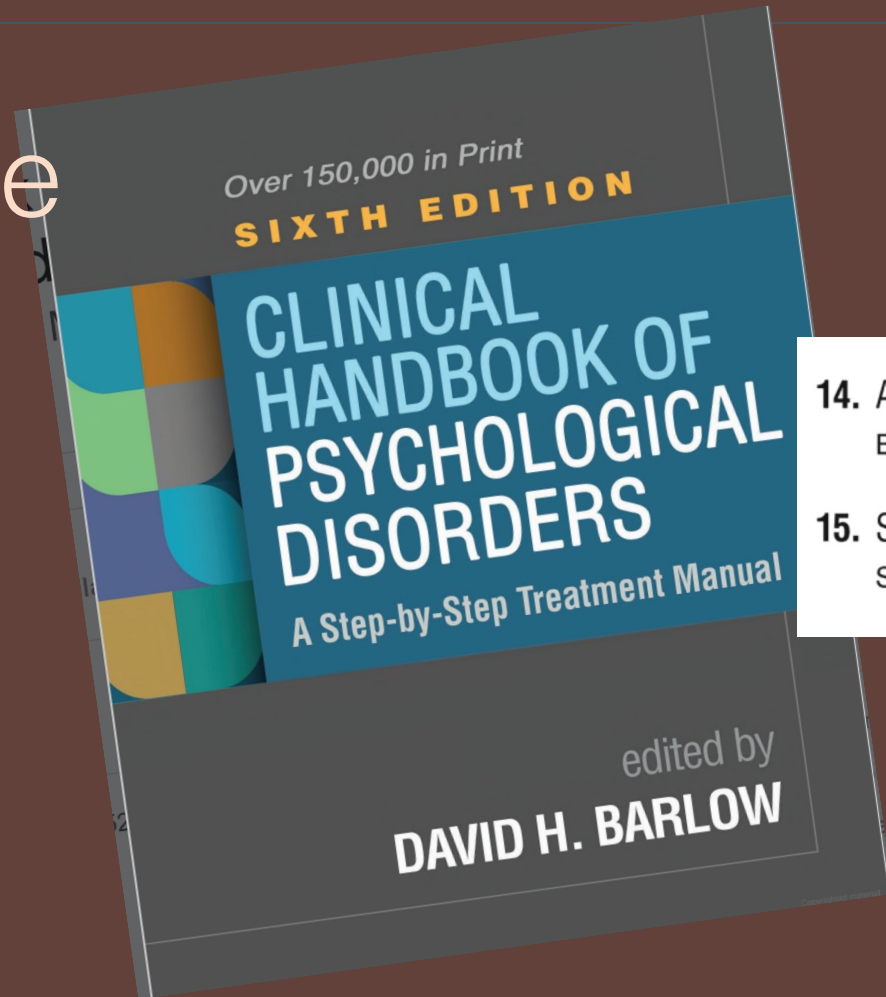
Person	Possible ways to help
--------	-----------------------

I will know that my plan is working if:

Some things that could interfere with my plan are:

# Incorporating Relapse Prevention Skills

# CBT for Substance Misuse



<b>14.</b> Alcohol Use Disorders	555
Barbara S. McCrady and Elizabeth E. Epstein	
<b>15.</b> Substance Use Disorders	612
Stephen T. Higgins, Sarah H. Heil, and Kelly R. Peck	



COGNITIVE BEHAVIOURAL THERAPY (CBT)

# Substance Misuse

“...drug use is considered learned behavior that is maintained, at least in part, by the reinforcing effects of the pharmacological actions of drugs in conjunction with social and other nonpharmacological reinforcement,, (Higgins, Heil, & Lussier, 2004).

The reliable empirical observation that abused drugs function as reinforcers in humans and laboratory animals provides sound scientific support for that position (Griffiths, Bigelow, & Henningfield, 1980; Higgins et al., 2004).”



## CBT

# Substance Misuse

Cognitive-behavioral/ relapse prevention therapy includes:

- Functional analysis training to identify environmental antecedents and consequences that influence their drug use.
- Skills training on how to rearrange one's environment to avoid or manage high-risk settings.
- Identify and modify unrealistic expectations about drug use & cope with craving and thinking patterns that increase risk
- Social skills training to cope with social anxiety & skills deficits limit clients' access to healthier reinforcement



CBT

# Coping Skills

- Reducing barriers to action
- Enlisting social support
- Initiating the plan on a specific date
- Preparing social support action





# CBT Activities

A specific daily schedule:

- Enhances your client's self-efficacy
- Provides an opportunity to consider potential obstacles
- Helps in considering the likely outcomes of each change strategy



# Triggers and Consequences

## WHAT IS A TRIGGER?

Trigger → Thoughts → Feelings → Behavior → Consequences

## TYPES OF TRIGGERS

- Person
- Place
- Thing/Time

## STRATEGIES FOR DEALING WITH TRIGGERS

- Avoid
- Alter
- Substitute

# Assertiveness & Drink/Drug Refusal

1. Make no first word
2. Offer a one-line explanation (ok to lie?)
3. Request an alternative
4. Confront – broken record
5. Leave (have you put yourself in a position to do this?)



# Life Enhancement Strategies & Relapse Prevention

WHAT TYPES OF ALTERNATIVES ARE THERE?

Long-term goals/life areas/values

- Family
- Social
- Intimate
- Education/training
- Employment/career
- Hobbies/recreation
- Volunteer work/charity
- Physical/health issues
- Spirituality
- Psychological/emotional issues

# Life Enhancement Strategies & Relapse Prevention

Focus on activities w/ immediate & certain small rewards

Over time these activities lead to completion of larger goals

Generate examples of short-term activities

- Don't get frustrated, this is unfamiliar
- If alternatives were obvious, you'd be doing them
- Ask others what they do

# Sharing & Discussion

Please share a relapse prevention skill or strategy that you like to use or have used in the past.





# Closing

