

## Implementation Guide #3: Stage-Matched Interventions for Individuals with Serious Mental Illness (SMI) and Co-Occurring Substance Use

### INTRODUCTION

This implementation guide is the third in a series of 4 such guides designed to provide helpful tips for service providers working in mental health settings serving people with serious mental illness who may also have co-occurring substance use challenges. Service providers who may benefit from these guides include any type of mental health (MH) or substance use disorder (SUD) professional,

including everyone from prescribers to certified peer support specialists, as well as people who work in front line service roles such as case managers, clinicians or care coordinators. Each of the four guides illustrates simple strategies for applying evidence-based integrated interventions in day to day practice.

### FUNDAMENTALS OF STAGE-MATCHED INTERVENTIONS

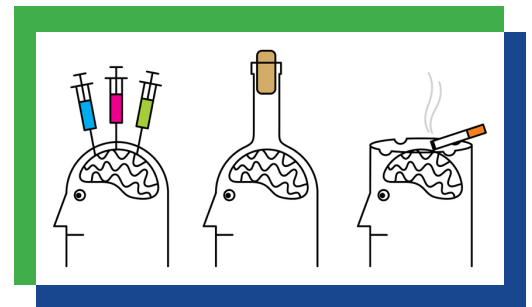
It is common in working with people with SMI who are also using substances that even though WE want them to stop using, they do not share that goal. We often label this as “resistance” or “denial” and experience ourselves struggling with our clients....and they, in turn, may experience themselves as struggling with us. This tends to be not only frustrating, but unproductive. A better approach, based on decades of research, is to recognize that our clients, like ourselves, may be in different “stages of change” for different issues, and the research teaches us that rather than struggling with them, we should have interventions—and outcomes—that are “stage-matched.”

#### Let’s return to the two stories that we introduced in *Implementation Guide #1*:

Manuel is a 25-year-old unmarried Hispanic American who lives with his extended family. He is on disability. He has been diagnosed with paranoid schizophrenia and reportedly uses stimulants, marijuana and alcohol. He has had recurrent hospitalizations as a result of discontinuation of his medication along with increased substance use.

He presents today complaining of “feeling paranoid.” He tells you that he wants to stop using stimulants but doesn’t know how to start, because the urges are very strong. He also says that he thinks marijuana and alcohol help him to be calmer, but he’s been trying to cut down on the marijuana because he knows “too much is bad for me.” He says he’s been using about half as much marijuana as he was before. He doesn’t think he needs to change his alcohol use, but he’s open to discussing it. How do you best intervene?

Cheryl is a 47-year-old divorced Caucasian woman who used to work as a licensed practical nurse and is now diagnosed with major depression and post-traumatic stress disorder (PTSD), as well as having intermittent alcohol binges and suspected misuse of the opioids she is prescribed for chronic back pain. She has a long history of both childhood and adult trauma in her significant relationships. She says today that she wants help to feel less depressed. When asked about her alcohol use, she tells you that she knows she is an “alcoholic” and has tried to stop for periods of time, but



when she's upset, she often binges and then feels even more depressed and ashamed. She's received treatment for her alcoholism in the past, but she says she still can't stay sober. When asked about opioid misuse she becomes very upset and says, "My pain is real! Don't bug me about my pain pills!" How do you best intervene?

**Answer: Interventions and outcomes need to be stage-matched for each person and for each substance.**

**Reminder: All stage-matched interventions occur best within a welcoming, hopeful, empathic connection, as described in Implementation Guide #1. All discussions about substance use will occur best if they happen within a positive relationship.**

### What does the evidence say about stages of change and stage-matched interventions?

- The concept of "stages of change" was introduced by Prochaska and DiClemente in the late 1980's in their work with people who smoke cigarettes. They recognized that individuals who were smoking were in different stages, and that interventions had to be stage matched. They labelled this as the "Transtheoretical Model of Change." This model was later applied to all types of substance use, and their recent work has recognized that stages of change can be applied to all types of issues.

***Therefore: Although the focus of this implementation guide is on stage-matched interventions for substance use, recognize that stage-matching can apply to mental health issues, medical issues, housing, legal issues and so on. If someone asks you what stage of change a client is in, the correct answer is always: For which issue? Stage of change is issue specific not person specific, and interventions for each issue need to be stage matched.***



- Motivational Interviewing, introduced by Miller and Rollnick (Miller, W. R., & Rollnick, S. (2012). *Motivational Interviewing: Helping People Change (3rd ed.)*. New York: The Guilford Press), is the most well-known strategy for working collaboratively with people who may be in earlier stages of change. This intervention emphasizes the importance of "establishing empathy," "avoiding arguing" and "dancing with discord" to help the person "develop discrepancy" between their current choices and their ultimate goals, to help them be empowered to make different decisions about how to proceed.

***Therefore: Using motivational interviewing as a model for facilitating change with individuals who are in earlier stages of change is an important strategy for avoiding struggle and enabling progress. Motivational interviewing is not a technique; it is a way of relating to people in partnership. It takes practice, but ultimately facilitates progress more effectively than confrontation.***

- The research on Integrated Dual Disorder Treatment by Drake and others at Dartmouth Psychiatric Research Center further elaborated on stage-matching. They identified the concept of Stages of Treatment and created the Stages of Treatment Scale (SATS). (See SATS in figure 1.) The SATS can be used every 3-6 months to measure slow progress through the stages. They were able to demonstrate that individuals with serious mental illness and substance use made progress very slowly over time, in general taking 3-4 years from initiation of engagement to stable abstinence, but during that time there was slow movement through the stages of treatment.

*Therefore: Even though it may feel that the person you are working with is making no progress because they are still using substances, they may in fact be making significant progress through the stages. Recognizing and acknowledging this progress not only helps to reduce frustration, it helps you to line up your efforts more effectively to help the client to make progress.*

### A Guide to Stage Identification and Stage Matching

You can be successful with implementation of stage-matching using either Stages of Change or Stages of Treatment. We recommend using stages of change because it is more flexible; it can be applied to any substance and any type of behavior. In the stories of Manuel and Cheryl for example, they are each in different stages of change for different substances.

Here is a simple guide for identifying stage of change:

#### Stage of Change Descriptors (Minkoff & Cline, 2012)

**In relationship to my vision of a successful life and/or my most important personal goals, for EACH problem or issue, which sentence best fits my position on the issue in relation to the person trying to help me.**



- 1: Precontemplation:** You may think it's an issue, but I don't, and even if I do, I don't want to do anything about it, so don't bug me.
- 2: Contemplation:** I am willing to discuss it, think about it, and consider whether to change, but I have no interest in changing, at least not now.
- 3: Preparation:** I am ready to start changing, but I haven't started, and need some help to begin.
- 4: Early action:** I have already begun to make changes and need some help to continue, but I am not committed to maintenance.
- 5: Late action:** I am working toward maintenance but haven't gotten there, and need some help to get there.
- 6: Maintenance:** I am stable, and I am trying to stay that way as life throws challenges at me.

Using these descriptors, can you figure out stage of change for Manuel and Cheryl for each substance?

#### **Here are the answers:**

Manuel is in preparation for stimulant use (I want to change but I don't know how to start), early action for marijuana (I've cut my use in half), and contemplation for alcohol (I don't want to change, but I'm willing to discuss).

Cheryl is in late action for alcohol use (I am trying to quit and I have some tools, but I need more help to be successful) and pre-contemplation for opioid misuse (Don't bug me!).

Recognizing different stages for different issues (and different substances) allows you to engage more successfully in helping each client make slow steps of progress for each substance.

#### **Stage-Matching Tips:**

- 1. Stage-identification requires practice.** Although the "sentence prompts" above are simple, it can take practice to routinely apply them in your work. The more you practice, however, the more automatically you will learn to meet people where they are, rather than where you want them to be. Remember, WE are ALWAYS in the late action stage. It is easy for us to assume people are resistant or "pre-contemplative" because they are not where we want them to be. In fact, our efforts to push people to change, will often cause them to move backwards. Pay attention to where your clients actually are and try to join them in moving forward.

### 2. Stage-matching requires specific strategies for EACH stage. A simple summary is as follows:

- **Precontemplation:** The job is to join the client as a partner in helping them feeling safe discussing the issue without being “bugged,” and the outcome is “contemplation.” That is, to move from “don’t bug me” to “I trust you enough to think with you about this issue and decide what is best for me.” For Cheryl, this might mean apologizing for leading her to feel “bugged” and letting her know that we hope that she can trust us enough to allow us to be a “pain partner” and work with her to identify the right amount of opioids to most successfully manage her pain.
- **Contemplation:** The job is NOT to push the person to change, but rather to “contemplate” together how to decide the right amount of substance use (or other behavior) to achieve their personal goals. This work takes time and involves considering the various pros and cons of use, weighing short term benefits (it makes me feel better in the moment) with long term risks and so on. The outcome is NOT that the person suddenly decides to become abstinent, but rather that the person decides to make a change (I will be using less; I will eliminate use in this circumstance).
- **Preparation:** For the person in preparation, the job is to help that person find a small, successful, achievable next step to make progress, and then to keep working alongside them to make further progress. For Manuel, for example, help him identify a specific situation where he is at risk for using stimulants, and help him to find one specific step that he can take so that he is less likely to use in that situation.
- **Early Action:** Work alongside the person in early action to help them identify what they are doing right (Good job, Manuel, what are you doing that is helping you to cut your marijuana use in half?), and then to help them decide whether what they are doing is sufficient to achieve their goals. (You know, Manuel, even though marijuana helps you feel better in the short run, it still can increase your paranoia over time. Good job cutting down. Now, how do you decide the right amount of marijuana for you to use, and how do you get there?)
- **Late Action:** Help the person identify the things they do that are or have been working, and then work with them to learn additional strategies, practice new skills, or add new supports. For Cheryl, for example, she may have learned about “going to AA meetings and asking for help,” but how well does she ask for help when she needs it? Perhaps she can practice identifying risky situations and asking for help from her treatment team sooner rather than later. It may also be worthwhile suggesting adding medication such as naltrexone, which may help reduce her craving and reduce her lack of control of use should she binge.
- **Maintenance:** For clients in maintenance, help them anticipate future risky situations and loss of supports, and to develop the skills they need to manage these situations. For example, clients may be making progress in going to work, only to discover that their coworkers are all getting high after work, and now the client has more money in their pocket. The work schedule may interfere with attendance at 12 step meetings. Anticipation of the need for developing an enhanced recovery plan DURING





maintenance can often go a long way toward preventing relapse.

- 3. Stage-matching seems to be “slow”, but it’s the fastest way to make progress.** It is easy for us to get frustrated because we want our clients to stop using immediately. We are appropriately concerned about risks and consequences. However, trying too aggressively to make people change will more likely than not push them away, and lead to slower progress. Negative consequences—should they occur—are opportunities for further engagement, and represent good moments to strengthen our partnership with the client so we are helping them think about what has happened and how to prevent those negative consequences in the future, rather than experiencing us as being disappointed or frustrated, which makes us less able to be helpful.
- 4. Stage matching can be applied to group interventions.** Mueser et al (2003) have described how to design group interventions that are stage-matched, to make it more likely that clients in earlier stages will be interested in attending.

### TIPS FOR AGENCY LEADERS AND PROGRAM MANAGERS

It will be easier for your staff to follow the suggestions in this implementation guide if you build these steps into your policies, procedures, practices, and paperwork. Implementation of stage-matching and stage-based interventions requires more than training. It is important to have training complemented by policy, procedure, practice support, and supervision.

Examples of simple steps may include:

- **Create a policy that requires identification of stage of treatment (using SATS) as part of assessment of all individuals with SMI and co-occurring SUD. Another approach is to require identification of stage of change for EACH issue (MH, SUD, housing, criminal justice, etc.) that is affecting the individual.**
- **Incorporate the appropriate tools or prompts into the assessment format**
- **Develop a complementary policy that requires presentation of stage of treatment or stage of change in case presentations and treatment planning. Incorporate the appropriate tools or prompts into formats for these as well.**
- **Provide introductory training to all staff and supervisors regarding how to utilize these concepts. This training should start with stage identification, and then progress to stage-matched interventions. This builds on any prior training in motivational interviewing. Reinforce that training is just an introduction. Everyone will improve as they continue to practice, with reinforcement by supervisors. If possible, provide access to consultation for each program or team to get assistance when there are questions.**
- **Develop the expectation that any groups for co-occurring disorders will be designed to be matched to the predominant “stage” of the participants.**
- **Provide guidance to supervisors on how to provide regular case-based individual and group supervision regarding stage-identification and stage-matched intervention.**
- **Routinely track outcomes for individuals with co-occurring disorders in a way that includes recognition of progress through the stages.**

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