

SUBSTANCE USE: WHERE DO WE BEGIN?

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WHAT'S GOING ON IN MICHIGAN

- 2015 total admissions 55,180
 - Alcohol 19,441 (Alcohol only 11,188)
 - Marijuana 5,957
 - Heroin 16,634 (26.7% were 25-29 years old)
 - Cocaine 3,672 (Smoked Cocaine 2,843)
 - Methamphetamine/Amphetamine 936
 - Non-heroin Opiates/Synthetics 7,626
- 2015 Type of Service
 - OP 23,711
 - IOP 2,890
 - Detox: Res 7,624 Ambulatory 146
 - Residential: Short term 6,786 Long term 3,572
 - MAT: OP 6,028 Detox 3,656 Res 767

WHAT'S GOING ON IN MICHIGAN

- ◉ MAPS (Michigan Automated Prescription System)
 - [research\DrugUtilizationReport2016-Updated.xlsx](#)
 - Example: HYDROCODONE BITARTRATE-ACETAMINOPHE 325MG-7.5MG Scripts: 1,369,817
Units: 99,932,337
 - Example: HYDROCODONE BITARTRATE-ACETAMINOPHE 325MG-10MG Scripts: 1,776,420
Units: 172,643,756

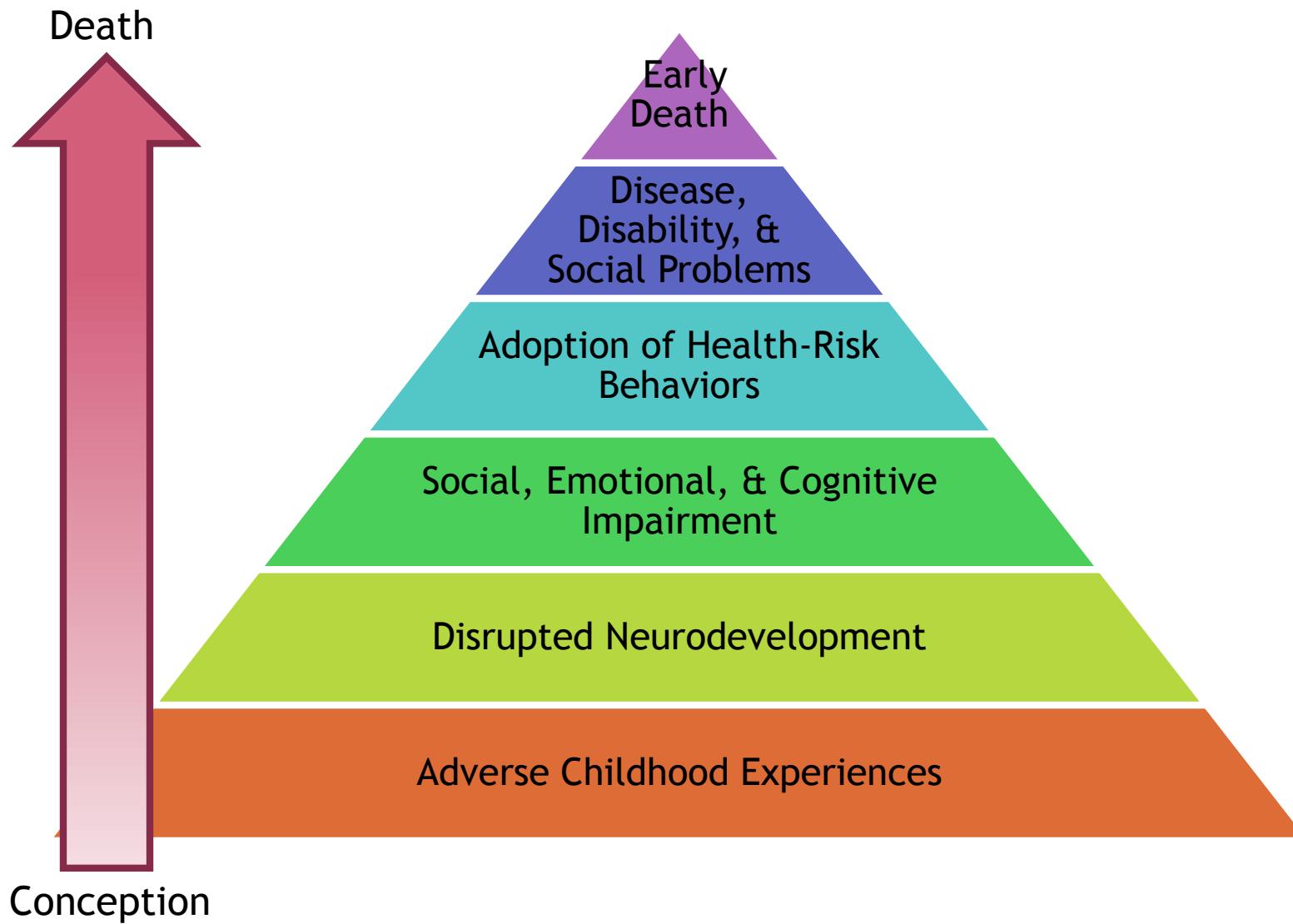
GENERAL KNOWLEDGE

- What is substance use?
- What terms should we use?
 - Substance Use
 - Substance Misuse
 - Substance Use Disorders
 - Mild
 - Moderate
 - Severe

RISK FACTORS

- History of use
- Medication seeking
- History of trauma
- Physical ailments that are related to addiction/use
- Mental health issues
- Friend/Family substance use
- Substance availability
- Cultural attitude towards use
- Perceived risk from using substances
- Lack of support
- Religious/Spiritual Beliefs or Lack of Beliefs
- Aggressive behavior in childhood
- Lack of parental supervision
- Poor social skills
- Community Poverty

CONSEQUENCES OF UNRESOLVED TRAUMA



WORD ON THE STREET IS...

◎ Activity

- With those around you answer as many of the questions as you can on the “Name That Street Drug” sheet
- Return to the larger group and review the answers

REFERRAL

ASAM (American Society of Addiction Medicine) PPC-3 (Patient Placement Criteria)

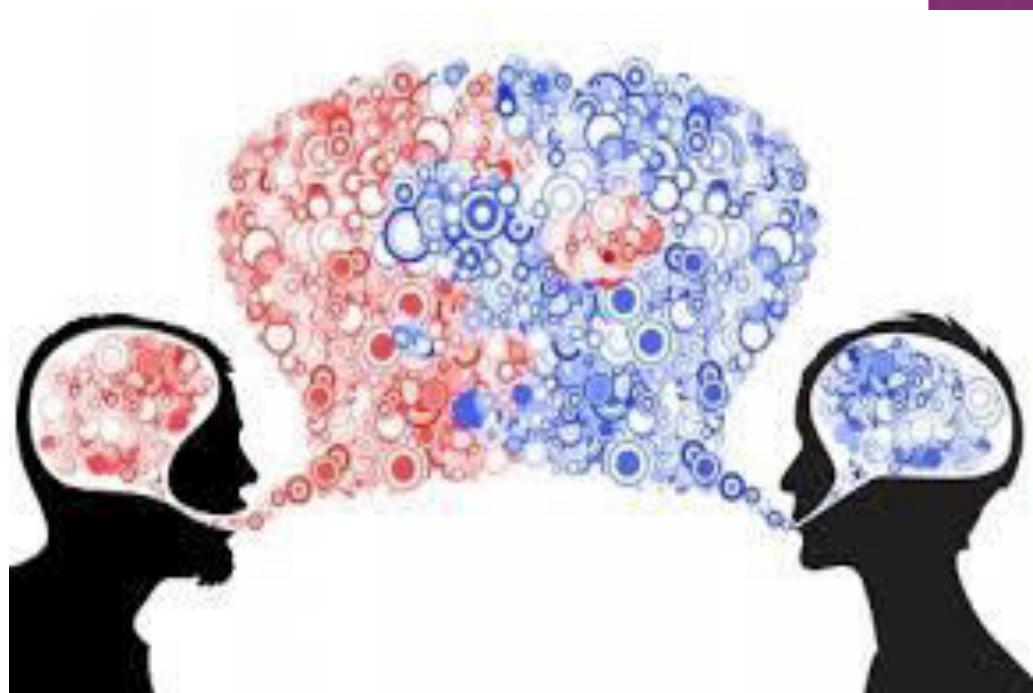
Dimensions	0 none or very low	1 mild or minor	2 moderate	3 serious	4 severe
1. Acute Intoxication and/or Withdrawal Potential					
2. Biomedical Conditions and Compliance					
3. Emotional/Behavioral or Cognitive Conditions and Complications					
4. Readiness to Change					A: B:
5. Relapse, continued Use or Continued Problem Potential					A: B:
6. Recovery/Living Environment					A: B:

REFERRAL- COMMUNITY LEVELS OF CARE

- Outpatient
- Intensive Outpatient
- Community Case Management
- Residential
 - Short-Term
 - Long-Term
- Withdrawal Management
 - Ambulatory/Outpatient
 - Sub-Acute
 - Acute

ENGAGING INDIVIDUALS

- Learn the “stages of change” and basics to motivational interviewing.
- Learn how both stages of change and motivational interviewing assist in engagement and relationship development.



Transtheoretical Model: “Stages of Change”



KEYS TO THE STAGES OF CHANGE

- Change comes from the individual
- Pick interventions related to the individuals' readiness for change
- Resistance is natural and based on changes being forced on the individual
- We all experience the stages of change
- Allow the individual to make their own decisions



MOTIVATIONAL INTERVIEWING

- How do you motivate someone?
- What does “motivational interviewing” mean to you?
- Definition: “Our best current definition is this: Motivational interviewing is a directive, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence. Compared with nondirective counselling, it is more focused and goal-directed. The examination and resolution of ambivalence is its central purpose, and the counselor is intentionally directive in pursuing this goal.” Rollnick S., & Miller, W.R. (1995).

PRINCIPLES & SKILLS

- Express Empathy
- Develop Discrepancy
- Roll with Resistance
- Support Self-efficacy
- Open-ended Questions
- Affirmations
- Reflective Listening
- Summaries

Principles

Skills

THINGS TO REMEMBER

- Everyone needs the freedom to make their own decisions
- Meet the individual where they are at
- Everyone goes through stages when making changes
- By allowing the individual to make their own choices and discover their own path our job becomes less stressful



QUESTIONS/COMMENTS

