

NAVIGATING THE COMPLEXITY OF PATIENT RESISTANCE/ DISRESPECT AND PROVIDER REACTIVITY

presented by:

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Case Study:

- 30 yr old Caucasian, heterosexual, Male on Parole
- HIV +, Unprotected sex with female partner
- Active Medicinal Marijuana Use
- History of Methamphetamine Use
- History of Psychiatric Medication
- Born addicted to Black Tar Heroin
- Works as a Security Guard

COMMONALITIES: PSYCHIATRIC ILLNESS AND ADDICTION

- Chronic
- Progressive
- Life-threatening
- Relapsing
- Genetic predisposition
- Intertwined
- Highly stigmatized
- Awareness, Acceptance, & Ownership

What is Addiction?

- 1) a psychiatric disorder
- 2) a brain disease
- 3) a chronic, progressive, life-threatening, relapsing, genetically predisposed, highly stigmatized disease that more often than not co-occurs with another psychiatric disorder

What is Addiction?

- 4) an incurable disease that is treatable and manageable
- 5) takes many forms (food, sex, drugs, gambling, work, etc.)
- 6) what is being used in an addictive way is not the problem
- 7) transference of addictive patterns is the norm not the exception

What Does Real Recovery Look Like?

- 1) Awareness
- 2) Acceptance
- 3) Ownership
- 4) Umbrella

RELAPSE

Addiction	Psychiatric Illness
<ul style="list-style-type: none">* Acceptance of disease model* Stage of change* Planning for relapse* Concrete interventions	<ul style="list-style-type: none">* Acceptance of disease model* Stage of change* Planning for relapse* Concrete interventions

STAGE OF CHANGE MODEL

↗ Precontemplation ↘

may/may not be aware of need to change; avoids topic; knows little about it
(Harm Reduction, Disease Management/Education, Intervention, Contingency Management,
and Motivational Interviewing: Awareness)

↖ Contemplation ↗

considers and articulates the advantages and the disadvantages of change
(Harm Reduction, Disease Management/Education, Intervention, Contingency Management,
and Motivational Interviewing: Awareness) Source of motivation: Internal, External, Combination

↖ Preparation ↗

making a commitment to change and creating a plan
(Harm Reduction, Disease Management/Education, Intervention, Contingency Management,
and Motivational Interviewing: Awareness, Acceptance, and Ownership)
Source of motivation: Internal, External, Combination

Adapted from Prochaska and DiClemente, 1984,2002

STAGE OF CHANGE MODEL

Action

implementing the plan; revising the plan as needed; may relapse

(Harm Reduction, Disease Management/Education, Intervention, Contingency Management, and Motivational Interviewing: Awareness, Acceptance, and Ownership)

Source of motivation: Internal, External, Combination

Maintenance

**continue to make significant changes (that were implemented during the action stage);
the changes becomes more habitual; implement strategies to assist in the
prevention of slips or relapse**

Relapse

**part of the change process; can be used as a learning tool via behavioral analysis
Assess veracity of Awareness, Acceptance, and Ownership**

PRECONTEMPLATION

STAGE OF CHANGE

- Provider questions:
 - What happened that brought you to be involved with the courts?
 - Does any drug use on your part have to do with it?
 - Do you identify as an addict? If not, why not? If yes, tell me why and when.
 - Tell me what you know about the disease of addiction.
 - Tell me what recovery involves.

CONTEMPLATION

STAGE OF CHANGE

- Provider questions:
 - ◆ Have you thought about the possibility that you struggle with the disease of addiction? If no, why not? If yes, please share your thinking with me.
 - ◆ Have you tried to control your drug use? In what way? What was the outcome?

PREPARATION

STAGE OF CHANGE

■ Provider questions:

- ◆ You identify as a person burdened with the disease of addiction, yes?
- ◆ What steps have you take historically to address this burden?
- ◆ What was the outcome?
- ◆ How will this attempt at change be different?
- ◆ When would you like to implement this different approach?

ACTION

STAGE OF CHANGE

■ Provider questions:

- ◆ What specific observable steps are you engaged in to address the disease of addiction?
- ◆ What do you miss most about using?
- ◆ What is the hardest thing about recovery?
- ◆ What keeps you from returning to drugs?
- ◆ Transference of addiction is common – what are some of the things you might be likely to transfer your addictive energies onto?

MAINTENANCE

STAGE OF CHANGE

- Provider questions:
 - ◆ Who is supportive of your change?
 - ◆ Who is not supportive?
 - ◆ How do you view yourself as a result of this change?
 - ◆ How substantial are the cravings and the loss of old friends/lifestyle?
 - ◆ Do you see yourself being able to use in a controlled social way?
 - ◆ What concrete, observable, specific actions are supporting the maintenance of your change?

RELAPSE

- Provider questions:
 - Is relapse possible for you?
 - Define relapse.
 - What steps will you take if you feel you are headed for a relapse?
 - If you relapse, who will you tell? How quickly will you tell?
 - What are some specific signs unique to you, that indicate you may be headed for a relapse?

Case Study - Aspirational

- Functions of the dysfunction
- No rescue fantasies
- The right to self-determination
- No ego involvement in the outcome
- Treat the person, not the illness
- Client resistance is usually more reflective of the provider's limitations
- Don't personalize the resistance or the anger
- "Patient's" vs. "Client's"
- Talk with not "AT"
- **PROVIDER SELF-CARE**

Questions / Answers