Five Minutes to Help

NJHealth
New Jersey Department of Health
Disaster Preparedness, Resiliency and Emergency Medical Services

RUTGERS HEALTH
Center for Public Health Workforce Development
School of Public Health

August 2026

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Why are we here?

Up to **20%** of individuals who EMS providers administer Narcan to **refuse transport to a hospital** or leave the ER before being seen by a healthcare provider.

First responders are often the **only healthcare professionals** to interact with those patients.

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Goal of Five Minutes to Help

To provide first responders with new skills in motivational interviewing and other communication techniques to apply after revival from an opioid overdose.

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Objectives

After the training, participants will be able to:

1. Describe the **stigma & stereotypes** associated with substance use.
2. Identify several approaches for **addiction treatment** and **harm reduction.**
3. Explain the **stages of behavior change.**
4. Demonstrate **basic motivational interviewing techniques** as a communication tool.

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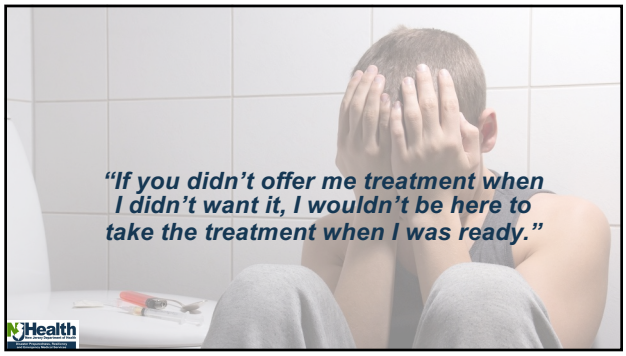

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Section 1

Compassion Fatigue

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Discussion about Successes & Frustrations

What successes have you experienced during an overdose call?

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Discussion about Successes & Frustrations

What frustrations have you experienced during an overdose call?

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Compassion Fatigue

Mental stress resulting from exposure to other people's traumatic events, which negatively impacts first responders' mental/physical health and general wellbeing.

- Depression
- Anxiety
- Irritability
- Dissatisfaction with work
- Post Traumatic Stress Disorder (PTSD)
- Feeling of Moral Injury
- Exhaustion

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Section 2

Substance Use Disorder & Harm Reduction

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Risk Factors of SUD

- Genetic predisposition for an addiction
- Social pressures
- Family history of SUD
- Co-occurring conditions
- Use of drugs early in life
- Inadequate chronic pain management
- Environmental influences

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ASAM American Society of Addiction Medicine

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SUD Treatment Can Help Someone…

- Stop using drugs
- Reduce the frequency of drug use
- Reduce the risk of harm from using drugs
- Be productive in the family, at work, and in society

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Medications for Opioid Use Disorder

Purpose: Curb cravings too prevent the use of opioids

What is MOUD?	Types of MOUD	Benefits of MOUD
MOUD is an evidence-based intervention that is proven to be effective in treating Opioid Use Disorder (OUD)	• Buprenorphine • Methadone • Naltrexone • Suboxone (Buprenorphine + naloxone)	• Reduce opioid use and symptoms related to OUD • Reduce the risk of an overdose related death • Support people who choose to reduce or stop the use of opioids • Decrease the risk of infectious disease transmission

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National Harm Reduction Coalition
FDA: Information About MOUD

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Harm Reduction

- A set of practical strategies and ideas aimed at reducing negative consequences associated with drug use and preventing overdose deaths.
- A movement for social justice built on a belief in, and respect for, the rights and autonomy of people who use drugs.
- Evidence-based and effective in **reducing overdoses and overdose deaths.**
  - The intent is to **reduce the risks associated with drug use.**
  - The purpose is NOT to force people to stop using drugs.
  - The purpose is to **keep people alive long enough for if/when they are ready** to stop using.

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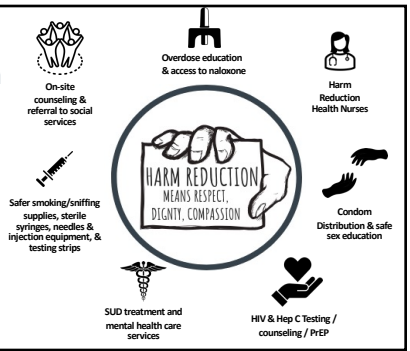
Examples of Harm Reduction

There are Harm Reduction Centers in all 21 counties in NJ.



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Section 3

Stigma Surrounding Substance Use Disorder

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Individuals living with Addiction Need Support, Not Stigma

- Some of the characteristics in the list we created can be dismissive and dehumanizing
- Stigma can be a barrier for individuals to access care and support
- Language should take the focus off of the individual's disease, and allows us to see them as a person – not a moral failing

AMA Task Force to Reduce Opioid Abuse

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Section 4

Resources

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Resource	Description
NEW JERSEY ADDICTION HELPLINE 1-844-REACHNJ reachnj.gov (1-844-732-2465) REACH NJ	ReachNJ is the state's 24/7 addiction hotline that you can call with a patient to find out about nearby resources that fit the patient's needs. Anyone can call ReachNJ regardless of insurance status or ability to pay.
988 SUICIDE & CRISIS LIFELINE	The 988 suicide and crisis lifeline is a national hotline that anyone can call if they are in crisis. Whether someone is facing mental health struggles, emotional distress, alcohol or drug use concerns, or just needs someone to talk to, their counselors are available.
SafeSpot 1-800-742-4790	SafeSpot is a free, 24/7, national hotline that is staffed by a dedicated team of people with lived and living experience with overdose and drug use.
NALOXONE 365	Pharmacies acquire naloxone through their normal network of medication distributors and after dispensing, bill the state utilizing a special NJMMIS/Medicaid billing code to receive reimbursement at the current Medicaid rate. Website: Stopoverdoses.nj.gov

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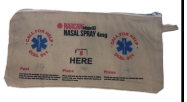
Naloxone Leave Behind

- First responders must offer to leave naloxone and resources behind with a patient, friend, or family member post-overdose if the patient refuses transport to the hospital
- Resources must include information about
  - Recovery
  - Treatment
  - Harm reduction
- Passed in 2021 in NJ
- Email 5MinToHelp@doh.nj.gov to receive FREE naloxone and resources.



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WHY WHAT WE DO… MATTERS

Efficiently links individuals with opioid use disorder to medication-assisted treatment (MAT) programs
24/7, 365 days a year.

Supports patient success through various other resources, including overdose prevention and direct patient follow-up.

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WHY WHAT WE DO… MATTERS

Collaborative Partners:

- First Responders
- Corrections/Courts
- Hospitals
- Community Organizations

Importance of EMS:

- Post-Overdose Fear
- Trusted Source
- Only Healthcare Clinician They May Encounter
- One Patient at a Time
- Long Wait Times / AMA
- Meet Them Where They Are
- Trajectory of Care

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Section 5

Behavior Change

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Behavior Change Discussion Questions

1. What behavior/habit have you tried to change in your life?
2. What barriers/challenges did you experience?
3. Were you successful in changing behavior? Why or why not?

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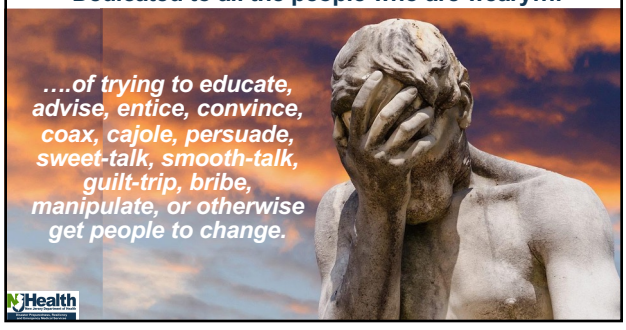
Dedicated to all the people who are weary….



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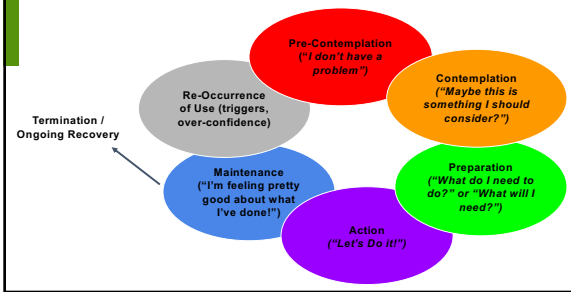
Stages of Behavior Change



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Section 6

Motivational Interviewing

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Motivational Strategies

Fear Based:

- Extrinsic
- Short Term
- Power is external
- Disempowering

Goal Based:

- Intrinsic
- Long Term
- Empowering
- Self-sustaining

Think of goal-based motivation as doing the work from the inside out.

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Steps to Developing Rapid Rapport

- Go to person's eye level or below
- Once lucid, ask permission before entering their personal space
- Ask and use the patient's name
- Ask the patient what pronouns they use
- Lead in slow deep breathing for someone who is anxious
- Unless agitated, join person's verbal tone and pace

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Sympathy vs. Empathy Video

As you watch this video, look for examples of how the characters develop rapport!

https://brenebrown.com/videos/rsa-short-empathy/

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Rapid Rapport Discussion

1. Which animal was most effective in developing rapid rapport and why?
2. Which rapid rapport techniques did you notice in the video?
3. Would you change/add anything about how the animal using rapid rapport responded?

Rapid Rapport Techniques

- Go to person's eye level or below
- Once lucid, ask permission before entering their personal space
- Ask and use their name
- Ask the patient what pronouns they use
- Lead in slow deep breathing for someone who is anxious
- Unless agitated, join person's verbal tone and pace

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What is Motivational Interviewing (MI)?

- General approach to facilitate change
- Communication style to build rapport
- Not based on one scientific theory
- Blending of techniques from other theories
- Avoids labeling patients

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MI recognizes that:

- The ideas most likely to succeed are those generated by the individual.
- Applies principles that emphasize a collaborative relationship
- Can help to influence/ encourage progression through the stages of change

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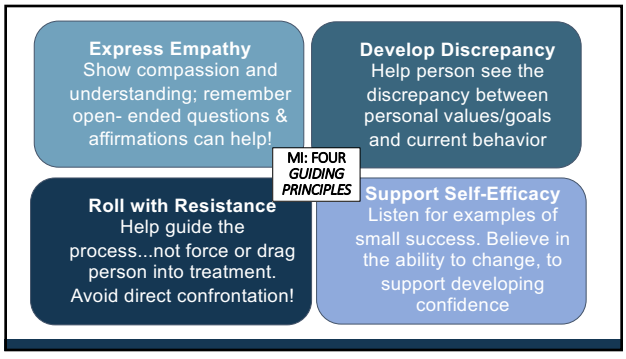

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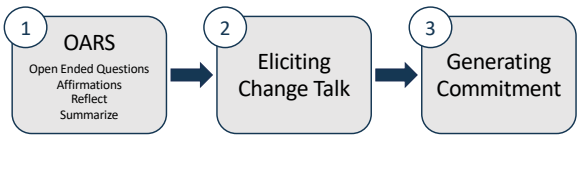
Motivational Interviewing Techniques



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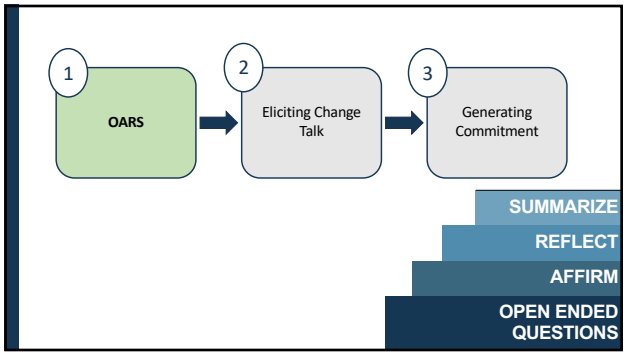

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Open Ended Questions:

1 OARS

Questions that can NOT be answered with yes or no

Purpose:

- Probe widely for information
- Uncover the person's priorities & values
- Avoid 'socially desirable' responses
- Draw people out

Open-Ended questions are the foundation of OARS

OPEN-ENDED QUESTIONS

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Open Ended Questions Practice

1 OARS

Pick one!

The instructor.....

….went to a concert last night. Learn all you can about it!

….. is moving to a new town – learn all you can about why they are moving and why to that particular town.

….started a new job in a new field – learn about this change and what prompted it.

…has just returned from vacation. Learn all you can about why they chose that type of vacation and how it went.

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Yes / No	vs.	Open Ended
Do you want to quit smoking?	→	What are your thoughts about your smoking?
Do you smoke a lot of pot?	→	What do you like about using pot?
Don't you want to stop using substances?	→	What are your concerns about stopping using heroin?

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Yes / No	vs.	Open Ended
Have you had problems with substance use before?	→	Can you tell me about how your substance use has affected you or those around you?
Do you want to go to rehab?	→	What do you think about the idea of recovery?
Have you been in treatment before?	→	What might be some of the benefits of treatment?

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Affirmations

1 OARS

- Affirm the person's struggle, achievements, values and feelings
- Emphasize a strength
- Notice and appreciate a positive action, even a small one

- *"It takes courage to face such difficult challenges."*
- *"You've quit before; That took a lot of strength."*
- *"I know you didn't expect to talk to me today, so I appreciate you doing so."*

AFFIRM
OPEN-ENDED QUESTIONS

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Reflect

1 OARS

- Communicates that you have listened
- Serves as a 'check' that you correctly understood what was said
- An effective, non-confrontational way to reduce resistance
- Expands on the meaning of what was said

- *"What I'm hearing you saying is…"*
- *"So on the one hand it seems like.. and, yet on the other hand..."*
- *"Let me see if I heard you correctly..."*

REFLECT
AFFIRM
OPEN-ENDED QUESTIONS

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Summarize

1 OARS

- *"What you've said is important, and I want to be sure I have it right…"*
- *"So, what I think I hear you saying is…"*
- *"Is there anything else you'd like to tell me about this?"*

SUMMARIZE
REFLECT
AFFIRM
OPEN-ENDED QUESTIONS

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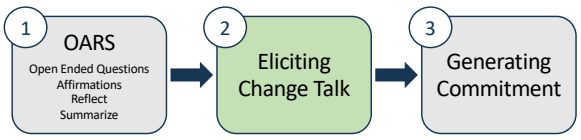
Motivational Interviewing Techniques



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Eliciting Change Talk

2 Elicit Change Talk

Change talk is the language/words someone uses that can 'hint' at and even increase the chances for a positive change.

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Examples of Change Talk

2 Elicit Change Talk

Recognizes the problem:
- "This is getting pretty bad."
- "I guess this has been affecting me more than I realized."
- "I don't know what to do, but something has to change.

Shows concern:
- "I don't know how I can keep up like this."
- "Sometimes when I've been using, I just can't think or concentrate."

Expresses awareness:
- "I think my mom must be really mad at me."
- "I feel terrible about how my drinking has hurt my family."

Sees the cost of continuing current behavior:
- "No one will ever hire me if I keep this up."
- "I'm scared I will overdose again but no one will be there to help me."

Considers the possibility of changing:
- "Tell me what I would need to do if I went into treatment."
- "I think I could stop using if I decided to."

Identifies the benefits of support:
- "I could probably keep my job if I stopped using."
- "I might feel better if I got some help."

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How to Elicit Change Talk

2 Elicit Change Talk

After identifying change talk, you can start to build rapport by asking…

- "How has your drug use affected you and those around you?"
- "What has been the impact of substance use on your job?"
- "What are some things you enjoy doing?"

Another opportunity for open ended questions.

You can engage in a way that feels natural to you – the goal is to build a connection & establish a relationship.

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Developing Discrepancy

2 Elicit Change Talk

- Help the person see the discrepancy between present behavior and their desired behaviors or values
- Listen carefully to the person's statements about personal values and connections to community, family, and faith
- If the person is showing concern about the effects of their behavior, highlight the difference to heighten awareness and acknowledgment of discrepancy

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How to Develop Discrepancy

2 Elicit Change Talk

1. Ask for the 'Pros' of the current behavior:
   - "Tell me about what you enjoy when getting high."
2. Ask for the 'Cons' of the current behavior:
   - "What worries you about using drugs?"
   - "How do drugs affect your family life?"
   - "What might be different in your life if you stopped using?"

Once the person begins to understand how the current behavior conflicts with personal values, amplify and focus on this discordance until they can see this discrepancy and consider a commitment to change.

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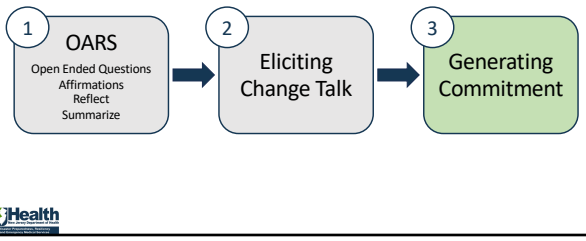
Motivational Interviewing Techniques



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Generating Commitment

3 Generate Commitment

- Generating commitment should follow closely after a patient begins to talk about change
- Provide support to help implement the effort:
  - "What would you like to do next?"
  - "How can we help you?"
  - "What have you tried before? Why did it work/not work?"
  - "What is most important to you right now?"
- Your role is to support the individual and connect them with the appropriate resources to accomplish their next step

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RESIST	UNDERSTAND	LISTEN	EMPOWER
RESIST telling person what to do: • Avoid telling, directing, or convincing the person about the right path to good health	UNDERSTAND the person's motivation • Seek to understand their values, needs, abilities, motivations and potential barriers to changing behaviors	LISTEN with Empathy • Effective listening skills are essential to understand what will motivate the patient, as well as the pros and cons of their situation	EMPOWER the person • Work with the individual to set achievable goals and to identify techniques to overcome barriers

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Motivational Interviewing Role Playing Scenarios

1. 14-year-old overdosed teenager at home

A call comes in from Central Dispatch that a suburban middle-class neighborhood at 10 pm, regarding a 14-year-old female who was found by her parents in an upstairs bathroom. She was found by her parents unconscious on the bathroom floor. The parents were directed by Dispatch to begin CPR. The parents are in their mid 50s and have very limited knowledge of drug use.

Upon your arrival you notice some glassine packets on the floor behind the toilet containing what appears to be Oxycontin. The parents do not recognize their daughter has overdosed. In talking to the parents they are shocked to hear their daughter has been using drugs, and have no knowledge of any prior use and are in denial of her use. She is reversed from the overdose and immediately begins sobbing. The parents are supportive but in denial.

2. Mother overdoses with three children at home

You are contacted by Central Dispatch to respond to a residential address where a nine-year-old child called 911 reporting his mother won't wake up. Upon arrival at the home, you go to the kitchen and find the police present, having reversed the mother from an apparent Opiate (suspected fentanyl) overdose. She appears more embarrassed then angry or fearful, as you begin to interact with her.

You are told there are three children in the home, ages nine, seven and four. The father (35 yrs) and mother (29 yrs) are separated, with the father living with his parents approximately 5 miles away. From her reaction, you believe this mother may have been reversed before.

3. Pregnant Single Women overdoses in library rest room

You receive a call that a young woman has been found in the stall of a library restroom on the floor and unconscious. Central Dispatch said the caller hung up before they could get any further information. You are near library so arrive approximate two minutes from receiving the call. You enter the restroom and find the young Woman, pregnant (approx. 5 months) on the floor. Her breathing is shallow and guttural, and her lips and fingertips are blue.

4. Middle-aged man unresponsive in local diner restroom

You have arrived at about 9:00pm with your fellow responders to find a man, approximately 50 years of age, in the men's room of a local diner, unconscious. He was found by the owner of the diner, who says he has never see the man there before. He appears to be homeless, as there is a larger cart of belongings near him, and there is a syringe lying next to him. The patient also appears to have a wound on his forearm that is not consistent with the injection site and may be associated with xylazine use.

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Role Playing Discussion Questions

1. Which parts of this felt comfortable for you? What felt uncomfortable?
2. How is this similar or different than how you typically interact with a patient post-overdose?
3. What skills from the training did your group use?
4. What feedback did you give your group members?

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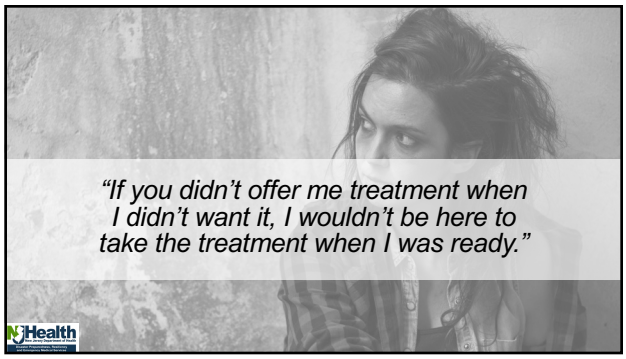

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Contact Information

INSTRUCTOR NAME
EMAIL

INSTRUCTOR NAME
EMAIL

Five Minutes to Help
5MinToHelp@doh.nj.gov

Evaluation

go.rutgers.edu/eval5mins

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