

**Assessment of Stage of Motivation for Change/Treatment
(Related to Substance Use/Mental Health Disorders)**

Stages of Change	Stage of Tx	Interventions
<p>Precontemplation</p> <p>Does not see substance use or mental health issue as a problem, is unwilling to change, or feels unable to change.</p>	Engagement	<p>* Develop a working-together relationship * Remain positive and optimistic * Remember that engagement does not equate to enabling*</p> <p>* Use <i>Motivational Interviewing</i> to Express Empathy and Establish Personal Goals * Provide practical assistance * Reduce harmful consequences * Provide outreach if necessary * Listen for ambivalence about problem behavior * Reflect client statements of the downside of problem behavior * Learn how client experiences life now and how this is different from hopes and aspirations * Increase awareness of the problem* Express benefits of change* Don't push treatment *</p>
<p>Contemplation</p> <p>Has become aware that substance use/mental health issue is a problem and is ambivalent about change</p>	Persuasion	<p>* Client will think a lot and say a lot, but may not do a lot * Be aware that client is weighing the pros and cons of problem behavior* Avoid the Righting Reflex by not offering advice or correcting misperceptions * Use <i>Motivational Interviewing</i> for Developing Discrepancy between problem behavior and client goals/values * Provide information about substance use/mental health and benefits of treatment * Use individual MI, Persuasion Groups, and Family interventions * Use <i>Motivational Interviewing</i> to Support Self-efficacy, to Avoid Arguments, and Roll with the Resistance * Assure client that ambivalence is normal * Use Decisional Balance worksheet *</p>
<p>Preparation</p> <p>Made the decision to change soon and is developing a growing commitment to change.</p>	Persuasion	<p>* Use <i>Motivational Interviewing</i> to Support Self-efficacy * Teach about alcohol, drugs, mental health, activities that promote health and wellness * Improve social support * Refer to therapy, self-help groups * Offer skills training/CBT * Reach out and support families * Encourage commitment to change * Generate a plan and set-up action goals * Support small steps toward change to "test the waters" * Reinforce small successes and problem-solve ways to handle difficulties that arise *</p>
<p>Action</p> <p>Attempts change by implementing a plan. Problem behavior is decreased or stopped for 1 to 180 days.</p>	Active Treatment	<p>* Verbally reinforce efforts and celebrate action steps * Use <i>Motivational Interviewing</i> to Support Self-Efficacy * Link new behaviors with positive outcomes you see * Teach new skills such as drug-refusal skills, identifying and managing triggers and cravings, mental health symptom management skills, social skills, stress management, wellness * Expand support to self-help/mutual support groups, peer supports and substance-free social and wellness activities * Encourage lifestyle changes to support recovery and gain meaningful activity * Attend Active Treatment Group</p>
<p>Maintenance</p> <p>Committed to change, uses strategies and has not had problem behavior for 6 months</p>	Relapse Prevention	<p>* Develop a Relapse Prevention plan to deal with people, places, and things that trigger cravings * Develop <i>Illness Management and Recovery(IMR)</i> plan and/or <i>Wellness Recovery Action Plan (WRAP)</i> to relieve difficult feelings and maintain wellness and/or encourage use of other recovery tools including workbooks such as <i>Pathways to Recovery</i> and <i>A Mindfulness-Based Stress Reduction Workbook</i> * Attend Relapse Prevention and/or symptom management and/or wellness groups * Participate in self-help/mutual support groups * Expand meaningful activity * Develop new goals to enhance quality of life</p> <p>* Help maintain awareness that substance use/mental health relapse can occur * Discourage over-confidence * Empathize with feelings about slips/lapses and reframe as opportunity to learn, be stronger, cope better * Teach CBT/Coping Skills</p>

Stage of Treatment	Goal	Provider Do's	Provider Don'ts
<p>Pre-engagement</p> <p>No Contact with provider and meets criteria substance use or mental health disorder.</p> <p>Engagement</p> <p>Irregular contact and meets criteria for substance use or mental health disorder</p>	<p>Establish a working alliance</p>	<p>Engage client in the community * Crisis intervention * Practical help to obtain benefits, housing, food, clothing, medication, health care * Develop relationship by expressing interest and empathy * Reinforce honesty * Find ways to discuss Substance Use/Mental Health * Ask to discuss Substance Use/Mental Health * Instill belief in recovery * Identify goals that may not be related to substance use or mental health issues * Express hope</p>	<p>Don't:</p> <p>Require abstinence or medication</p> <p>Start substance use or mental health treatment</p> <p>Confront substance use or downplaying mental health symptoms</p> <p>Ignore substance use or mental health symptoms</p> <p>Punish substance use, disinterest in mental health symptom management (including non-adherence to medication)</p> <p>Start therapy</p>
<p>Early Persuasion</p> <p>Regular contact, substance use symptoms same/decreased or no/some acknowledgement of mental health symptoms for less than 2 weeks</p> <p>Persuasion</p> <p>Regular contact, substance use symptoms reduced or some acknowledgement of mental health symptoms for 2-4 weeks.</p>	<p>Help client view substance use and/or mental health issue as something to be worked on.</p>	<p>Ask to discuss Substance Use/Mental Health * Educate about Substance Use, Mental Health and their interaction* Set goals * Build awareness of problem</p> <p>Help envision life w/o substance use/ mental health symptoms * Develop motivation * Provide family support * Provide peer support * Help find meaningful activity* Help find wellness activities* Talk about ambivalence * Encourage self-help group * Persuasion Group Therapy * Individual Motivational Interviewing therapy * Express hope</p>	<p>Don't</p> <p>Require abstinence or mental health symptom management (including medication adherence)</p> <p>Offer too much Tx</p> <p>Ignore SU/MH</p> <p>Require Inpatient Tx</p> <p>Take substance use or disinterest in mental health symptom management personally</p> <p>Lose hope</p>

<p>Early Active Treatment</p> <p>Engaged, substance use reduced or acknowledgement of mental health symptoms > 1 month.</p> <p>Late Active Treatment</p> <p>Engaged, has not used substances or has actively worked to manage mental health symptoms for 1 to 5 months.</p>	<p>Help client decrease or stop substance use, and/or help client to manage mental health symptoms, so that they are no longer a problem.</p>	<p>Substance Abuse/Mental Health counseling</p> <ul style="list-style-type: none"> * Skills training * Develop Meaningful activity * Develop wellness activities* Self-help groups * Peer supports * Cognitive-behavioral therapy * Motivational Interventions * Begin relapse prevention/mental health symptom management * Medication for Substance Use cravings/Mental Health symptoms * Teach relaxation * Teach anger management * List triggers and coping * Role-play drug-refusal and social skills * Family education, therapy, support 	<p><u>Don't</u></p> <ul style="list-style-type: none"> Ignore a slip Express disappointment Discharge too soon Overload with goals Take slip or lapse in mental health symptom management personally
<p>Relapse Prevention</p> <p>Engaged, has not used substances or has actively managed mental health symptoms for 6 to 12 months.</p> <p>Remission/Recovery</p> <p>Has not use substances or has actively managed mental health symptoms for > 1 year.</p>	<p>Relapse Prevention</p>	<p>Relapse prevention for Substance Use and Mental Health issues</p> <ul style="list-style-type: none"> * Wellness and Recovery Workbooks* Skills training * Individual and Group Therapy * Family education and support * Self-help groups * Peer supports <p>Be ready to intensity services if needed *</p> <ul style="list-style-type: none"> Expand wellness focus to health, work, exercise * Normalize relapse * Discourage over-confidence * Encourage being a role model 	<p><u>Don't</u></p> <ul style="list-style-type: none"> View relapse or lapse in mental health symptom management as failure