LUNCH



WHAT STAGE OF TREATMENT ARE THEY IN?

- John is 24, single, with a diagnosis of schizophrenia. He occasionally comes to the mental health clinic usually looking for help with practical needs. He smokes weed daily and has no interest in stopping
- Gina is a single woman with bipolar disorder who is active in Narcotics Anonymous for her cocaine addiction. She has been abstinent for two months. She knows that her cocaine use has had a terrible impact on her life and uses this as a focus of her weekly meetings with her counselor
- Fred has been a client of the mental health clinic for many years. He
 continues to drink at least a quart of wine daily and does not take his
 medication consistently. He does meet weekly with his clinician and
 sometimes calls when in crisis. Fred states he would like to stop drinking
 but feels he can't.

STAGE-BASED TASK AREAS

Different stages have different task areas

Precontemplation/Engagement: focus on engagement and treatment relationship, **do not focus** on behavior (unless barrier to **person's** goal achievement)

Contemplation/Motivation: focus on helping person resolve ambivalence **about change**

Preparation/Motivation: **Resolve ambivalence**, help person develop a change plan

Action and Maintenance/Active Treatment/Relapse Prevention: **focus on skills for making and sustaining changes**

What treatment interventions do you think will be helpful for: small groups

The Precontemplation/Engagement Stage?

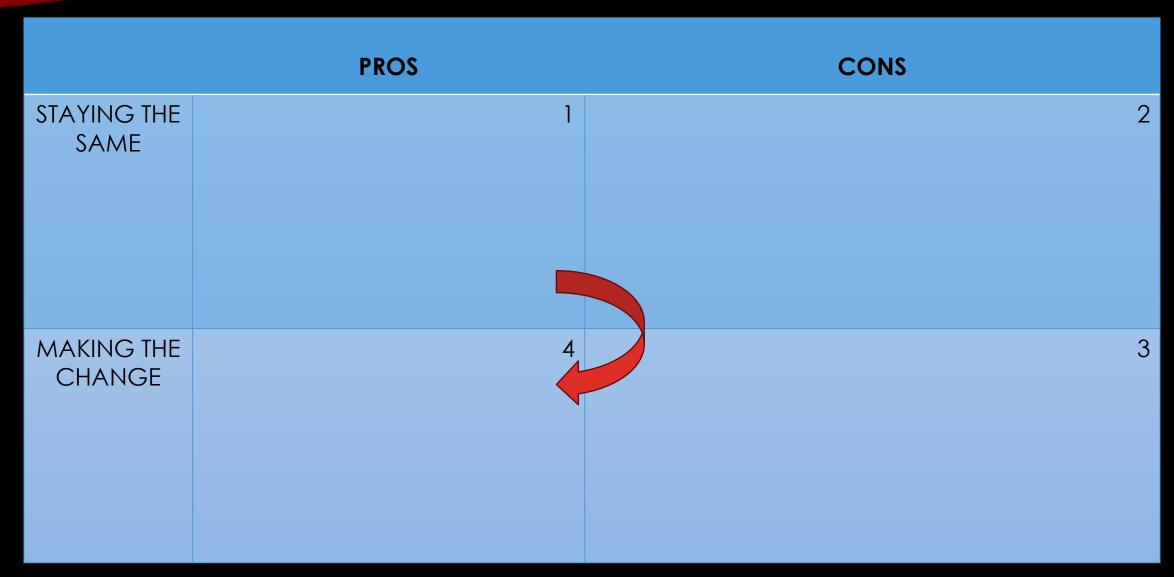
The Contemplation/Motivation Stage?

The Action Stage?

The Relapse Prevention/Recovery?

Stage of Change	Stage of Treatment	Provider's Goal (based on stage) and interventions	Tools & Methods	Want To Avoid
Pre- contemplation Doesn't think their substance use is a problem Not interested in reducing or stopping substance use Feels hopeless about quitting Doesn't like being told what to do	Engagement Not sure treatment offered would be helpful Has mixed feelings about being involved in the treatment being offered Not sure the practitioner would be helpful Feels being hassled about substance use Doesn't have a trusting relationship with the provider	To establish a working alliance with the client Relationship building is key Communicate in the spirit of motivational interviewing Outreach Provide assistance with practical needs e.g., food, housing, finances Harm reduction	Communicate warm respect, friendliness, interest, MI Spirit & OARS Person sets the agenda Show acceptance Involve Peers Give advice and information with permission Complete validated screens give feedback Focus on meaningful life goals	Pushing your agenda Offering ideas too early (the Righting Reflex) Giving advice without permission deciding that substance use is the problem before the person does

DECISIONAL BALANCE



THE INTEGRATED TREATMENT PLAN

- Maximizes self-determination and choice, builds on strengths and remove barriers
- Incorporates Evidence Based Practices for each disorder modified if necessary
- Informed by Integrated Assessment, Stages of Change, Stages of Treatment, Timeline, and the Decisional Balance
- Practitioner and person collaborate on treatment decisions
- Practitioner brings educational information related to goal or problem area, treatment options, risks/benefits, evidence base
- The person brings information based on personal experience, perspective on problems, preferences, values, and potential solutions

AFTERNOON AGENDA

- ☐ Motivational interviewing overview
- □ Action/Active Treatment Stage Interventions

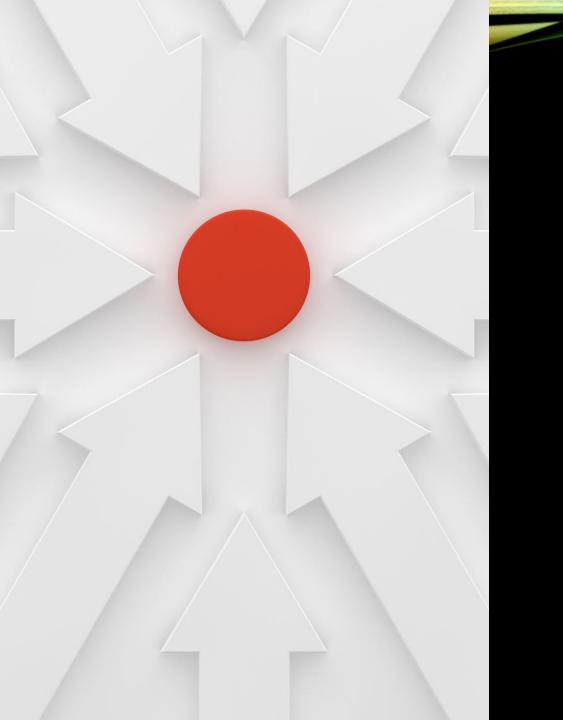
□Groups

□Wrap Up

MOTIVATIONAL INTERVIEWING

A particular way of talking with people about change and growth to strengthen their own motivation and commitment





CHANGE OCCURS AT THE POINT IN TIME WHEN

FEAR OF STAYING THE SAME OUTWEIGHS

FEAR OF CHANGE

THE SPIRIT OF MI

- PARTNERSHIP: PEOPLE ARE EXPERTS ON THEMSELVES
- ACCEPTANCE: WHEN PEOPLE FEEL ACCEPTED AS THEY ARE, THEN THEY CAN CHANGE
- COMPASSION: AN INTENTION TO HEALTH AND WELL BEING OF THE PERSON YOU ARE SERVING
- EMPOWERMENT: IT IS NOT GIVING PEOPLE SOMETHING THEY LACK BUT RATHER HELPING THEM APPRECIATE AND USE WHAT THEY ALREADY HAVE

Engaging: "Can we walk together?"

Focusing: "Where are we going?"

Evoking: "Why would you go there?"

Planning: "How will you get there?"

THE FOUR TASKS OF MI



OARS

Open-ended questions

Affirmations

Reflections

Summaries

COGNITIVE BEHAVIORAL THERAPY

 What are some common risk factors for people with co-occurring disorders?

 Directly addresses potential risk factors for substance use or a return to substance use



HIGH RISK SITUATIONS (HRS)

- Frequently serve as immediate precipitators of initial use after reduction or abstinence
 - Negative Thoughts & Negative Emotional States
 - Anger, anxiety, depression, frustration and boredom
 - oInterpersonal Conflict
 - Social Pressure
 - oPositive Emotional States, celebrations, exposure to substance related stimuli, testing one's personal control (willpower) and nonspecific cravings.

- Approx. 75% of reported return to use identified with:
 - o Negative emotional states, interpersonal conflict & social pressure

COPING SKILLS

- It is the person's response to HRS that determines if she/he will experience a lapse
- A person's coping behavior is a determinant of the outcome
- People who can execute coping strategies (leave the situation, positive self-talk etc.) are LESS likely to relapse
- People who have coped successfully experience a increase sense of self-efficacy (mastery over a HRS)
- People with low self-efficacy perceive themselves lacking motivation or ability to resist HRS.

THE ABSTINENCE VIOLATION EFFECT (AVE)

- There is a difference between a lapse (first use) and a prolonged relapse
- Progression from lapse to relapse not inevitable
- The AVE influences whether lapse leads to relapse
- There will be an **increase** potential relapse if:
 - o If person feels lapse is due to own personal failure (guilt/negative emotions) "Now that I've blown it might as well keep using or
 - Attributes lapse to stable, global internal factors beyond control ("I have no willpower and will never be able to stop using")

COGNITIVE BEHAVIORAL THERAPY

Specifically, CBT helps people

- Recognize situations in which they are most likely to use
- Avoid those situations when appropriate
- Cope more effectively with a range of problems and problematic behaviors associated with substance use



COGNITIVE DISTORTIONS

- What are some types of negative thinking?
- What ones do you use most?
- What are some unhelpful (negative) thoughts you have heard?



MANAGING NEGATIVE THINKING-COGNITIVE RESTRUCTURING

- Is this thought based on emotion or facts?
- What evidence is there that this thought is accurate?
- What evidence is there that this thought isn't accurate?
- What I tell a best friend if she was in this situation?
- What's the best that could happen?
- What other ways could this information be interpreted?



FUNCTIONAL ANALYSIS

The Situation: Where were you? When was it (day/time)? What were you doing?	Thoughts: What did you start thinking?	Feelings What did you start feeling?	Craving or Use? What substance did you crave/use? How much did you use? How did you get it?	Were there any positive Consequences?	Were there any negative Consequences?

INTRAPERSONAL COPING SKILL TRAINING TOPICS

Managing Unhelpful, Negative Thinking

Managing Urges to Drink

Problem Solving

Increasing Pleasant Activities

Anger Management

Seemingly Irrelevant Decisions

Planning Emergencies

INTERPERSONAL SKILL TRAINING TOPICS

- Nonverbal communication
- Assertiveness
- Conversation skills
- Giving and receiving positive feedback
- Listening skills
- Giving constructive criticism
- Receiving Criticism about Drinking
- Drink Refusal Skills
- Resolving Relationship Problems
- Developing Social Support Networks

How do you teach skills?

TEACHING COPING SKILLS

Behavioral Rehearsal Role Plays

- Individually tailored role plays that allow people to practice relevant skills in the context of personal situations they have encountered.
- Feedback on role play

Reminder Sheets

- Written summary of skill guidelines given to people that to review at home and refer to when needed
- Includes practice exercises for people to take home

Practice Exercises

- Structured Experiences that offer opportunities to practice the new coping skills in real-life situations
- People are expected to bring their responses to following session where the practice exercise is reviewed
- Shape behavior by praising even small attempts at working on practice assignments

COPING SKILLS - EXERCISE

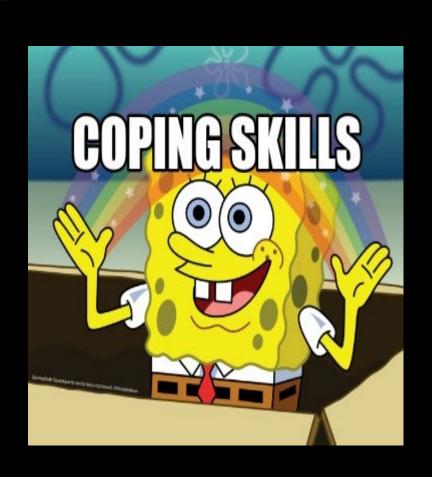
Role play modeling

- You are going to design for your co-workers a skill module for refusing offers of drugs/alcohol (an HRS)
- olnclude the rationale, skill steps, modeling and role play activities, methods for assessing role play performance (feedback) and homework assignments

COPING WITH CRAVING

- Understand the client's experience of craving
- Convey craving as normal, time-limited experience
- Identify craving cues and triggers
- Teach and practice craving and urge control techniques
- Explain conditioned cues via Pavlov's study
- Convey time-limited nature of craving by metaphor of wave – dissipates in less than an hour
- Explain process of extinction of conditioned responses

STRATEGIES FOR COPING WITH CRAVING



- Distraction
- Flashcards
- Talking about craving
- Going with the craving (riding the wave)
- Recalling negative consequences
- Using self-talk
- Any others?

RELAPSE PREVENTION INTERVENTION STRATEGIES

Enhancing Self-Efficacy

- Strategies designed to increase a person's sense of mastery and of being able to handle difficult situations without lapsing.
 - Use a Collaborative relationship
 - Identify successful changes in the past
 - Teach that changing a habit is a process of skill acquisition
 - Break down the overall task into smaller more manageable subtasks
 - Reinforce small increments in performing a skill
 - Give positive feedback on successful performance on tasks even those unrelated to SU.

RELAPSE PREVENTION INTERVENTION STRATEGIES

Lapse Management

Halt lapse/ Damage control

- "If I get into a high-risk situation and use alcohol or drugs, I should STOP DRUG/ALCOHOL EARLY before it does any more damage to my health, relationships and finances
- Provide client with emergency card (what to do in event of a lapse).
 - Bounce Back Into Treatment
 - Call my support person
 - Talk with my doctor
 - Discuss this slip in group and figure out how to prevent it next time

RELAPSE PREVENTION INTERVENTION STRATEGIES

Changes in Lifestyle Self-Control

- Develop Healthy Pleasures (watching TV, reading, listening to music)
- Develop Healthy Habits (taking medications, saving money, attending meetings, exercising regularly)
- Engage in positive roles (work, relationships, parent)
- Involvement in supportive social network of non-users

DEVELOPING A RELAPSE PREVENTION PLAN

- Use functional assessment
- Identify highest risk situations
- Identify ways to avoid or cope with high risk or likely warning signs (U-turns and coping skills)
- List reasons why you desired to quit
- Support person to contact
- Write it down on an emergency card for client and clinician
- Client and clinician review it regularly
- Use relapse as learning experience
- Modify as needed



COMMON THEMES OF GROUP TREATMENTS FOR CO-OCCURRING DISORDERS

- Education about effects of substance use
- Non-confrontational
- Avoidance of high levels of negative affect in group
- Fostering social support between group members
- Encouraging attendance at self-help groups for substance use
- Addressing problems related to mental health challenges



DIFFERENT TYPES OF GROUP TREATMENT

- Social skills training
- Stage-wise
 - Motivation groups
 - Active treatment groups
- Education/supportive
- 12-step

MOTIVATION GROUPS

- Group Guidelines:
 - Confidentiality
 - Alcohol and drug use (ok but not in group)
 - Active psychosis
 - No disruptive behavior
 - Member check-in
 - Others?

ACTIVE TREATMENT GROUPS

- For people interested in working directly on strategies for reducing their use or maintaining abstinence.
- All members have already developed awareness of negative effects of SU on their lives
- For people in Active Treatment or Relapse Prevention Stages.

People whose SA continues to be active and severe not appropriate.

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