# Stages of Change/Treatment for Persons with Mental Illness and Substance Use

**Discuss Stage:**
- During treatment plan development and review, and during team meetings

**Document Stage:**
- At assessment (and in the clinical formulation/narrative), on the initial treatment plan, in progress notes, regularly scheduled treatment plan updates, and at transfer/discharge

<table>
<thead>
<tr>
<th>Stage of Change/Treatment</th>
<th>Description</th>
<th>Treatment Focus</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Engagement</strong></td>
<td></td>
<td><strong>Your Goal:</strong></td>
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<tr>
<td>Pre-contemplation</td>
<td></td>
<td><em>Develop trust/rapport/therapeutic relationship</em></td>
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</tbody>
</table>
| **For:**                  |             | - Help the person get their basic needs met (food, clothing, finances, shelter, safety)  
| Substance Use             |             | - Begin to develop a rapport/regular contact with the person  
| Mental Illness            |             | - Be curious yet sensitive, find out about this person’s story, perspective, and why they seem resistive to making change  
| "This is not me!"         |             | - Be accepting and non-judgmental  
|                           |             | - Understand what matters to the person  
|                           |             | - Invite to engagement activities and encourage peer supports that they are willing to try  
|                           |             | - Decrease the emotional distress by helping to reduce the symptoms, providing crisis intervention  
|                           |             | - Assessment |
| **Early Persuasion**      |             | **Your Goal:**  |
| Contemplation             |             | *Develop the patient’s awareness of issues. Increase the patient’s motivation to make changes.* |
| For:                      |             | - Explore what matters to the person as related to their values & needs  
| Substance Use             |             | - Assesses confidence in their ability to make positive changes  
| Mental Illness            |             | - Provide encouragement and support; instill hope and a sense of possibility and to rebuild a positive self-image  
| "Yes, but…."             |             | - Look at the pros and cons of change (pay off matrix/decisional balance)  
| "I may have a problem"   |             | - Use Motivational interviewing techniques to promote positive interactions:  
|                           |             |   o Listen with empathy/Evoke the client’s concerns and motivations/Develop discrepancy/Roll with resistance/Nurture hope and optimism through supporting self-efficacy  
|                           |             |   o Open ended questions-Affirmation-Reflective listening-Summarize (OARS)  
|                           |             |   o Elicit, explore, reflect, and reinforce their: Desire-Ability-Reasons-Need…to change  
|                           |             | - Invite participation in groups and/or other treatment services  
|                           |             | - Ongoing assessment  
|                           |             | - Offer to engage individual’s support network  
|                           |             | - If living in the community: the individual continues to use the same amount of substances or has reduced substance use for less than 2 weeks  
|                           |             | - Has regular contacts with a team member  
|                           |             | - Beginning to discuss possibilities of considering a change and shows some interest in additional information/education on issues of mental health and/or substance use  
|                           |             | - Not committing to making a personal change though contemplating the possibility  
|                           |             | - Considering, curious about, or starting to participate in services (individual and/or group)  
|                           |             | - Limited hope and optimism  
|                           |             | - Poorly coping/ engaged, yet not self-directed  
|                           |             | - Ongoing assessment  
|                           |             | - Offer to engage individual’s support network  

- Often patients may exhibit characteristics of both Pre-contemplation and Contemplation stages. When this occurs, the focus of care is to continue to engage in the therapeutic relationship, help the person get their basic needs met, and begin to assess the readiness to change.
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<tr>
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<tr>
<td><strong>Late Persuasion</strong></td>
<td></td>
<td><strong>Your Goal:</strong></td>
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<tr>
<td>For:</td>
<td></td>
<td><em>Tip ambivalence toward healthy change/</em></td>
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<tr>
<td>Substance Use</td>
<td></td>
<td><em>Enhance motivation to change</em>/ <em>Build Confidence</em></td>
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<tr>
<td>Mental Illness</td>
<td></td>
<td></td>
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<tr>
<td>“I probably do have these problems and want to…”</td>
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<tr>
<td>Preparation</td>
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<td>• Help them prioritize their needs and what it is that they most want or need to address</td>
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<td>• Seek input for their ideas to manage substance and/or mental illness</td>
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<tr>
<td>Early Active Treatment</td>
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<td>• Develop discrepancy between their current behavior, and achieving personal goals</td>
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<tr>
<td>For:</td>
<td></td>
<td>• Elicit and reinforce change talk</td>
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<tr>
<td>Substance Use</td>
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<td>• Explore strengths and weaknesses regarding change and starting to work on developing skills for change</td>
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<tr>
<td>Mental Illness</td>
<td></td>
<td>• Assist them to explore groups and other treatment opportunities that they feel will assist them - show them the “menu” of available helping resources</td>
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<tr>
<td>“I have a problem and will…”</td>
<td></td>
<td>• Ask permission before providing information, advice, or options</td>
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<tr>
<td>“Change is possible…”</td>
<td></td>
<td>• Offer education to help them acquire a knowledge to inform decisions about mental health, substance use, medication, lifestyle</td>
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<tr>
<td>Action</td>
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<td>• Invite and encourage client to try peer support groups (DRA, AA, NA, CA)</td>
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<td></td>
<td></td>
<td>• If individual was not previously willing to attend Persuasion Group or other groups, invite again</td>
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- If living in the community: the individual shows evidence of reduction in use for the past 2-4 weeks (fewer substances, smaller quantities, or both)
- The client has regular contact with a team member
- Has identified a need, desire, and commitment to make a change, yet unaware of what to do next
- Communicating with the team about next steps;
- Participates in services (individual and/or group)
- Demonstrates increased awareness of symptoms and more willing to address impact on life, personal goals, values

- If living in the community: has reduced substance for more than the past month
- Engaged in treatment
- Openly and actively discussing and identifying personal recovery goals; participating in services (individual and/or group)
- Practicing and applying skills

- Support recovery through skills building and knowledge development
  - Skills may include: social skills, communication, relaxation, identifying triggers and cues, refusal, leisure skills, managing unhelpful thoughts and emotions, managing cravings and symptoms, coping skills, etc
- Develop a written recovery plan and develop Behavioral Health Advance Directives
- Identify positive social supports
- Continue to support use of medications known to be effective for MH symptoms and medications known to be effective for cravings & urges to use
- Encourage and continue to provide hope for recovery
- Refer to self-help support groups and peer support
| Action | Late Active Treatment | Your Goal:  
*Help develop individual’s insight*  
*Help client develop and practice recovery skills*  
*Provide hope and encouragement* |
| --- | --- | --- |
| For:  
___ Substance Use  
___ Mental Illness | “I have a problem and will…”  
“Change is possible…”  
• If living in the community: has not used substances for past 1-5 months  
• Engaged in treatment  
• Actively participates in behaviors which develop or maintain recovery skills and supports  
• Openly and actively discussing and identifying personal recovery goals  
• Participating in groups & peer support groups  
• Practicing and applying learned skills  
• Shows a determined commitment to be well | • Develop person’s knowledge and skills to support recovery from co-occurring disorders through groups and in individual sessions  
• Encourage and continue to provide hope for recovery (e.g. support networks, personal interests, other meaningful life activities)  
• Anticipate unexpected obstacles; update recovery plan  
• Encourage ongoing use of formal and informal supports that will assist in recovery |

| Action | Relapse Prevention | Your Goal:  
*Help support lifestyle changes*  
*Provide positive feedback* |
| --- | --- | --- |
| For:  
___ Substance Use  
___ Mental Illness | “What next?”  
• If living in the community: has not used substances for past 6-12 months  
• Continues to actively participate in treatment groups, Peer Support groups, and other activities, applying learned skills and strategies  
• Engaged in recovery activities  
• Acknowledges the need to manage illness and maintain abstinence in order to sustain recovery  
• Continues to show a determined commitment to be well  
• Moving beyond the disabling power of the illness  
• Living a full and meaningful life, characterized by self-management of the illness, resilience and a positive sense of self | • Enhance knowledge and skills to maintain dual recovery in the community  
• Groups provided as needed for enhancement in identified areas  
• Provide positive feedback on success; Encourage continued use and practice of learned skills and strategies for maintaining recovery  
• Explore future transition to lower level of care  
• Help the person trust in their own decision-making ability and take more and more responsibility for their life  
• Alumni activity |

February 10, 2012

Client Name: ..................................................  
Client Number: ...........................................  
Date: ...........................................

Rationale for Stage: