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CENTER FOR EVIDENCE-BASED PRACTICES

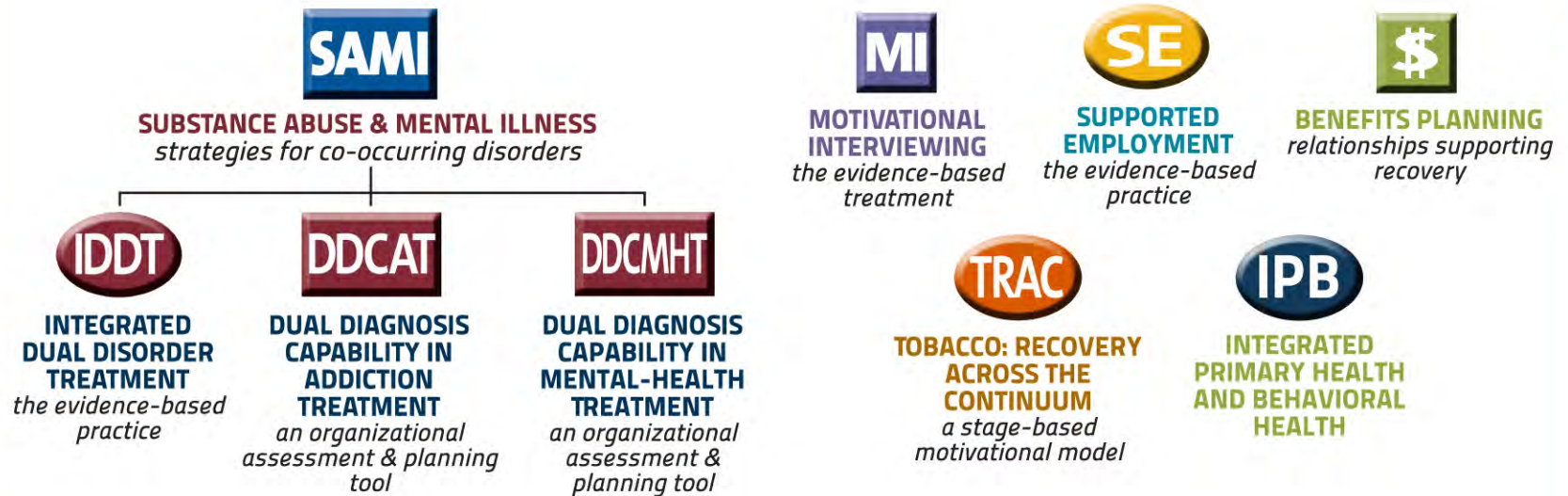


A partnership between the Mandel School of Applied Social
Sciences & Department of Psychiatry at the School of Medicine

A Technical-Assistance Center

Providing consultation, training, and evaluation
for the implementation of integrated behavioral
healthcare services

Service innovations for people with mental illness, substance use disorders



Stage-wise Application Training

Presented by

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Center for Evidence Based Practices

*the Center for Evidence Based Practices at Case is a partnership
between the Mandel School of Applied Social Sciences and the Department of
Psychiatry, CWRU School of Medicine,
Case Western Reserve University
in collaboration with the Ohio Departments of Mental Health and
Alcohol and Drug Addiction Services*

Course of Co-occurring disorders (COD)

- Both substance use disorders and severe mental illness are chronic, waxing and waning
- Recovery from mental illness or substance abuse occurs in stages over time

Stages of Change

- Pre-contemplation
- Contemplation
- Preparation
- Action
- Maintenance/Relapse Prevention

Prochaska and DeClementi, Miller and Rollnick 1991

Stage of Change

Pre-contemplation

- No intention to change behavior - may “wish” - “want to want to change”
- Unaware/lack awareness of problems
- Others are aware of problem
- Present for help under pressure
- May demonstrate change under pressure - though then return to behavior
- Hallmark = resistant to change

Stage of Change

Contemplation

- Aware of problem & seriously thinking about overcoming it
- No commitment to take action
- May remain “stuck” here for many years
- Knowing where one wants to go yet “not quite ready”
- Weighing pro’s and con’s of problem/solution
- Hallmark = ambivalence

Stage of Change

Preparation (Determination)

- Intend to take action soon (perhaps again), may have done so in the past
- Some reduction in problem behavior
- Have not yet reached criteria such as abstinence
- Decision-making stage
- Hallmark = small steps toward action

Stage of Change

Action

- Individuals modify behavior, experiences, or environment to overcome problems
- Requires considerable commitment of time and energy
- Change is visible and recognized
- Action does not = change (6 months)
- Hallmark = visible modification of behavior

Stage of Change

Relapse Prevention/Maintenance

- Work to consolidate gains attained
- A continuation (not absence) of change
- From 6 months - indeterminate (lifetime ?)
- Remains free of addictive/problem behavior
- Hallmark = stabilizing behavior change & avoiding relapse

Stages of Change and Stages of Treatment

- Pre-contemplation - Engagement
- Contemplation and Preparation - Persuasion
- Action - Active treatment
- Maintenance - Relapse Prevention

Stage of Treatment Engagement

- No relationship with clinician
- Does not consider substance use or mental illness a problem

Stage of Treatment Engagement Interventions

- Outreach
 - Meet client where they are at
 - Go to their environment
- Practical assistance
 - Financial entitlements, clothing, housing, employment, family relationships, medical
 - Develop small steps towards big goals

Stage of Treatment Engagement Interventions

- Crisis interventions
 - When symptoms or substance use pose risk of danger to self or others
- Build alliance
 - Relationship is key
 - Understand client's world and goals
 - Acceptance and empathy, offer hope
- Assessment

Stage of Treatment Engagement Interventions

- Assessment
 - Comprehensive Longitudinal
 - Contextual
 - Identify and monitor the interactive course of both disorders
 - Process, not Event

Stage of Treatment Persuasion

- Regular contact with clinician
- Does not view substance use or mental illness as problem, but will contemplate impact of substance use/mental illness on life

Stage of Treatment Persuasion Interventions

- Motivational counseling
 - Express empathy
 - Develop discrepancy
 - Roll with resistance
 - Support self-efficacy
- Decision balance
 - Explore benefits and consequences of changing, or not

Payoff Matrix

21

Advantages of

Advantages of Not

Disadvantages of

Disadvantages of Not

Stage of Treatment

Persuasion Interventions

- Provide options and support choices related to:
 - Reduction in substance use
 - Employment
 - Housing
 - Relationships
- Education
 - Information on SUD & MH
 - Interaction between disorders
 - Health promotion

Stage of Treatment

Persuasion Interventions

- Assessment
- Goal setting
 - “What’s in it for me?”
 - Collaborate to develop goals
 - Small change strategies
 - Establish time frame
 - Highlight discrepancy between clients goals and current behavior

Stage of Treatment

Persuasion Interventions

- Peer support
 - Persuasion group
 - Social skills training group
 - Facilitate peer interaction
- Family interventions
 - Education,
 - Skills training
 - problem solving

Stage of Treatment

Active Treatment

- Regular contact with clinician
- Recognition that substance use or mental illness interferes with personal goals
- Working on acquiring skills and supports to move towards life goals

Stage of Treatment

Active Treatment Interventions

- Substance abuse counseling
 - Tailor focus of substance abuse counseling to the client's unique cues and consequences
 - CBT
 - Develop action plan
 - Identify goals, triggers or cues, reinforcers or consequences
 - Target ways to cope with or avoid cues to use
 - Target ways to get positive consequences without using

Stage of Treatment

Active Treatment Interventions

- Collaborate to develop other plans
 - Independent living
 - Work
 - Relationships
- Skills training
 - Coping skills
 - Social skills
 - Work skills
 - Leisure skills

Stage of Treatment

Active Treatment Interventions

- Link with self-help
 - Respect client preference
 - active assistance
- Medication treatments
- Provide close follow-up
- Family treatment
- Link with additional needed resources

Stage of Treatment Relapse Prevention

- No substance abuse for 6 months
- Furthering recover to other areas of life

Stage of Treatment

Relapse Prevention Interventions

- Similar to active treatment
 - Focus moves towards sustaining life-style changes that support recovery
 - Expanding recovery to other areas of life
 - Continue skills training
 - Self help
- Relapse prevention plan

Different services are helpful at different stages of treatment

- **Engagement**

- Outreach, Practical help, Crisis intervention, Develop alliance, Assessment **(Build Relationship)**

- **Persuasion**

- Understand what matters to the person, Explore goals, Explore concerns and awareness of problem (Motivational counseling), Family support, Peer support

(Tip Ambivalence)

- **Active Treatment**

- Substance abuse counseling, Recovery skills training, Self help groups **(Develop Skills)**

- **Relapse prevention**

- Relapse prevention plan, continue skills building in active treatment, expand recovery to other areas of life

(Support Life Changes)

Substance Abuse Treatment Scale (SATS)

Relevant for assessment and treatment

1. *Pre-engagement*

No contact with a counselor

2. *Engagement*

Irregular contact with a counselor

3. *Early Persuasion*

Regular contact with a counselor,
but no reduction in substance
abuse

4. *Late Persuasion*

Regular contact with a counselor
and reduction in use (< 1
month)

Substance Abuse Treatment Scale (SATS) Relevant for assessment and treatment

5. *Early Active Treatment*

Reduction in use > 1 mo.

6. *Late Active Treatment*

No abuse for 1-6 months

7. *Relapse Prevention*

No abuse 6-12 months

8. *Remission*

No abuse over one year

Mueser, Drake, McHugo, McFadden, Ackerson (1995)

Common Staging Errors

1. Instrument Issues/Inconsistencies

- No staging tool used at all
- No staging tool present while staging
- Wrong staging tool used
- Staging only completed by individual and not team

-Use SATS

-Look at SATS, and Follow Guidelines

-SOCRATES, SOC, URICA are not for this purpose

-Staging is team based activity requiring multi-disciplinary input

Common Staging Errors

2. Frequency

- Too Often
- Irregular/Random

-Formally stage every 6 months, and/or discuss whenever clinically indicated

Common Staging Errors

3. Stage of Change vs. Stage of Treatment

- Stage of Change does not address provider behavior and relationship
- Stage of Change informs *client* readiness
- Stage of Treatment informs clinical intervention(s)

-Use Stage of Treatment (SATS) to guide interventions

Common Staging Errors

4. Documentation

- Staging is being done, but not reflected in clinical record

Documentation of stage in ISP and elsewhere (ex: Progress notes, quarterly summaries, etc.)

- **reinforces stage appropriate treatment.**
- **increases likelihood of communication among team members re: stage appropriate strategies**

Common Staging Errors

5. Lost in Translation

- Staff are not yet proficient at stage appropriate interventions (ex: have not yet learned MI, CBT, or lack engagement skills, etc.)
 - Staging occurs, though subsequent interventions don't reflect appropriate strategies for the identified stage
- Train and supervise for full spectrum of skills appropriate to each stage
- **Supervision, supervision, supervision**

Stage-wise Application Training

Application Exercise

- Divide into groups
- Using vignette conduct team meeting
- Identify SA stage of treatment, provide rationale
- Identify MH stage of treatment, provide rationale
- Develop stage appropriate interventions, provide rationale
- Document on response sheet and be prepared to share with larger group

Our Mission

The Center for Evidence-Based Practices (CEBP) at Case Western Reserve University is a technical-assistance organization that promotes knowledge development and the implementation of evidence-based practices (EBPs) for the treatment and recovery of people diagnosed with mental illness or co-occurring mental illness and substance use disorders.

Our technical-assistance services include the following:

- Service-systems consultation
- Program consultation
- Clinical consultation
- Training and education
- Program evaluation (fidelity & outcomes)
- Professional peer-networks
- Research

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- Evaluation resources (fidelity & outcomes)
- Professional peer-networks
- Stories
- Booklets
- Posters
- Audio
- Manuals
- Fidelity scales
- More

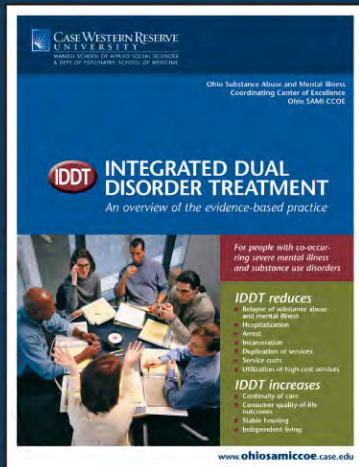
Stories

- News about us and our collaborators.
- Recovery stories told by consumers, family members, service providers, employers.
- Conversations with people who implement service innovations.

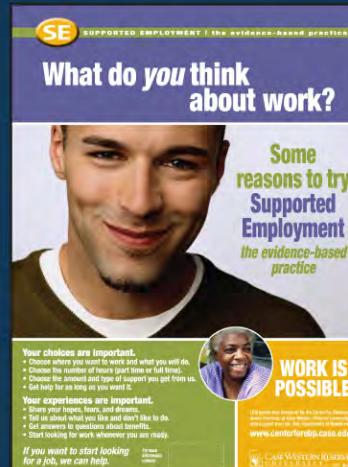


Tools | Education & Advocacy

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www.centerforebp.case.edu/resources/tools

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