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

- **SAMI**: SUBSTANCE ABUSE & MENTAL ILLNESS strategies for co-occurring disorders
  - IDDT: INTEGRATED DUAL DISORDER TREATMENT the evidence-based practice
  - DDCAT: DUAL DIAGNOSIS CAPABILITY IN ADDICTION TREATMENT an organizational assessment & planning tool
  - DDCMHT: DUAL DIAGNOSIS CAPABILITY IN MENTAL-HEALTH TREATMENT an organizational assessment & planning tool

- **MI**: MOTIVATIONAL INTERVIEWING the evidence-based treatment
- **SE**: SUPPORTED EMPLOYMENT the evidence-based practice
- **$**: BENEFITS PLANNING relationships supporting recovery

- **TRAC**: TOBACCO: RECOVERY ACROSS THE CONTINUUM a stage-based motivational model
- **IPB**: INTEGRATED PRIMARY HEALTH AND BEHAVIORAL HEALTH

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Stage-wise Application Training

Presented by

Stephanie Lagalo

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

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
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, 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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- Stories  
- Booklets  
- Posters  
- Audio  
- Manuals  
- Fidelity scales  
- More

www.centerforebp.case.edu
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

Booklets

Posters

Audio CDs & free mp3 downloads

www.centerforebp.case.edu/resources/tools
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