

OVERVIEW OF COD TREATMENT STRATEGIES

Stage of Change	Stage of Treatment	Clinical Focus	Strategy	KMHS Appropriate Services
<p>Pre-Contemplation</p> <ul style="list-style-type: none"> • Hasn't considered change • Doesn't understand risk • Unwilling/unable to change • May have more pros than cons for change <p style="text-align: center;">DOESN'T SEE IT</p>	<p>Engagement</p>	<p>Outreach</p> <ul style="list-style-type: none"> • Provide outreach in community-based settings. <p>Trusting Relationship</p> <ul style="list-style-type: none"> • Gain permission from consumers to share in their process of change. • Ask consumers what is important to them. • Listen to and respect their priorities. • Get to know the person for who they are. <p>Practical Support</p> <ul style="list-style-type: none"> • Provide support for daily living (i.e., food, clothing, housing, medicine, safety, crisis intervention). <p>Assessment</p> <ul style="list-style-type: none"> • Assess continuously for consumers' personal histories, goals, & readiness-to-change. 	<ul style="list-style-type: none"> • Establish Rapport. • Explore Concerns. • Raise doubts. • Increase client's perception of risk. <p style="text-align: center;">SEES IT</p>	<p>Primary Clinician Role:</p> <ul style="list-style-type: none"> • Engage & establish relationship. • Help client identify their vision of a happy, hopeful life and work toward this with them • Openly discuss client's psychiatric and substance use symptoms. • Focus all behavioral change efforts on reinforcing honest dialogue. • Affirm small steps. • Incorporate into groups as able & ready to participate. <p>COD Drop-In Groups:</p> <ul style="list-style-type: none"> • Day by Day • COD Workshop • Living in Balance • Drugs of Abuse & MH • COD at Movies <p>Pathways Role:</p> <ul style="list-style-type: none"> • Consultation • Engagement 1:1 per clinician request

OVERVIEW OF COD TREATMENT STRATEGIES

Stage of Change	Stage of Treatment	Clinical Focus	Strategy	KMHS Appropriate Services
<p>Contemplation</p> <ul style="list-style-type: none"> • Understands risk • Considering possibility of change • Ambivalent • Not prepared to change <u>yet</u> <p style="text-align: center;">SEES IT</p>	<p>Persuasion</p>	<p>Motivational Interventions</p> <ul style="list-style-type: none"> • Commit yourself to understanding consumers' goals. • Help consumers understand the pros and cons of personal change. • Help consumers establish the discrepancy between their goals and their lifestyles (e.g., thoughts, feelings, behavior). • Help consumers begin to reduce substance use and take medications regularly. • Help consumers recognize and take pride in their own strengths and successes. <p>Ambivalence is Normal</p> <ul style="list-style-type: none"> • Assure consumers that ambivalence to change is a normal human response (change may occur slowly over time). <p>Pay-Off Matrix</p> <ul style="list-style-type: none"> • Use a pay-off matrix to help consumers tip their decisions away from ambivalence and towards positive action. <p>Education</p> <ul style="list-style-type: none"> • Teach consumers about alcohol, drugs, mental illness, and activities that promote health and wellness. • Offer skills-training opportunities. • Reach out with support to families. 	<p>Contemplation</p> <ul style="list-style-type: none"> • Normalize ambivalence. • Explore pros and cons. • Align pros & cons with goals & values. • Explore internal & exterior barriers to change. • Strengthen self-efficacy. • Elicit change talk or motivational self statements. <p style="text-align: center;">EXPLORE IT</p>	<p>Primary Clinician Role:</p> <ul style="list-style-type: none"> • Motivational Interviewing • Support Self Efficacy • Decisional Balance & Payoff Matrix. • Pathways Drop in Groups • DRA • Referral for COD Assessment, if client willing <p>Pathways Role:</p> <ul style="list-style-type: none"> • Consultation • Engagement 1:1 per clinician request • Assessment if appropriate <p>Pathways Persuasion Services: (after assessment)</p> <ul style="list-style-type: none"> • Is Recovery For Me? • COD 1:1 • Skills Training • Art Therapy • Drop-in Educational Groups

OVERVIEW OF COD TREATMENT STRATEGIES

Stage of Change	Stage of Treatment	Clinical Focus	Strategy	KMHS Appropriate Services
<p>Preparation</p> <ul style="list-style-type: none"> • Committed to change • Considering options • Making a plan <p style="text-align: center;">DECIDED - YES</p>	<p>Persuasion</p>	<ul style="list-style-type: none"> • Acknowledge the significance of the decision to seek treatment for one or more disorders. • Support self-efficacy with regard to each of the COD. • Affirm the client’s ability to seek treatment successfully for each COD. • Help the client decide on appropriate achievable action for the CODs. • Caution that the road ahead is tough but very important. • Explain that relapse should not disrupt the client-clinician relationship. 	<p>Preparation</p> <ul style="list-style-type: none"> • Clarify goals. • Offer suggestions including several options. • Reinforce personal skills. • Negotiate a plan. <p style="text-align: center;">SOLVE IT</p>	<p>Primary Clinician Role:</p> <ul style="list-style-type: none"> • Support self efficacy • Active helping with plan development • COD Recovery Workbooks • Pathways Drop in Groups • DRA, AA, NA, Celebrate Recovery, Moms off Meth, HADD Ministries • Referral for COD Assessment, if client willing. <p>Pathways Role:</p> <ul style="list-style-type: none"> • Consultation • Engagement 1:1 per clinician request • Assessment if appropriate <p>Pathways Therapy & Skill Building Groups: <i>(after assessment)</i></p> <ul style="list-style-type: none"> • Getting Started in Recovery • Skill Building • Weekend Wellness • Art Therapy • Drop-in Education Groups

OVERVIEW OF COD TREATMENT STRATEGIES

Stage of Change	Stage of Treatment	Clinical Focus	Strategy	KMHS Appropriate Services
<p>Action</p> <ul style="list-style-type: none"> • Modifying problem behavior • Learning skills to prevent full reversal to problem behavior <p style="text-align: center;">DOING IT</p>	<p>Action</p>	<p>Skill Building</p> <ul style="list-style-type: none"> • Teach illness management skills for both disorders (e.g., refusal skills, managing triggers and cravings, recognizing symptom onsets, communication skills, etc.). <p>Social Support</p> <ul style="list-style-type: none"> • Encourage positive peer supports (e.g., self-help groups). <p>Cognitive Behavioral Interventions</p> <ul style="list-style-type: none"> • Assist consumers with transforming negative thoughts and behaviors into coping skills for both disorders. 	<ul style="list-style-type: none"> • Reinforce commitment to change. • Help client implement plan. • Use skills, assist with problem solving. • Support self-efficacy. • Acknowledge the uncomfortable aspects of withdrawal and/or psychological symptoms. • Reinforce the importance of remaining in recovery for both problems. • Be a source of encouragement & support, remember the client may be in a different stage of change for different issues – adjust interventions accordingly. <p style="text-align: center;">DO IT</p>	<p>Primary Clinician Role:</p> <ul style="list-style-type: none"> • CBT, DBT, etc. • Support self efficacy • COD Recovery Workbooks • Pathways Drop- in Groups • DRA, AA, NA, Celebrate Recovery, Moms off Meth, HADD Ministries • Referral for COD Assessment, if client willing. <p>Pathways Role</p> <ul style="list-style-type: none"> • Ongoing consultation with clinical & medical teams to coordinate COD TX adherence & alert of increase or decrease in symptoms. <p>Pathways Therapy & Skill Building Groups: <i>(after assessment)</i></p> <ul style="list-style-type: none"> • Day by Day • Getting Started in Recovery • Maintaining Healthy Recovery • Problem Gambling • Parenting In COD Recovery • COD Gender Group • COD 12 Step • Weekend Wellness • Art therapy

OVERVIEW OF COD TREATMENT STRATEGIES

Stage of Change	Stage of Treatment	Clinical Focus	Strategy	KMHS Appropriate Services
<p>Maintenance/Relapse Prevention</p> <ul style="list-style-type: none"> • Building new life • Sustaining changes that have been accomplished • Occasional temptations, stresses <p style="text-align: center;">MOVE ON WITH LIFE</p>	<p>Relapse Prevention</p>	<p>Planning</p> <ul style="list-style-type: none"> • Develop a relapse-prevention plan • Support consumers as they maintain lifestyle changes learned in active treatment. <p>Recovery Lifestyle</p> <ul style="list-style-type: none"> • Help consumers set new goals for enhancing their quality of life. <p>Social Support</p> <ul style="list-style-type: none"> • Reduce the frequency, intensity, and duration of relapses with positive peer relationships and supportive clinical relationships. 	<ul style="list-style-type: none"> • Anticipate and address difficulties as a means of relapse prevention. • Support the client's resolve and help them maintain commitment & energy. • Reiterate that relapse or psychological symptoms should not disrupt the clinical relationship. • Build & refine coping skills. • Expand new lifestyle. • Active relapse prevention strategies. <p style="text-align: center;">STRENGTHEN IT</p>	<p>Primary Clinician Role:</p> <ul style="list-style-type: none"> • CBT, DBT, Trauma work • Support self-efficacy • COD RP Workbooks • Pathways Drop in Groups • DRA, AA, NA, Celebrate Recovery Moms off Meth, HADD Ministries • Referral for COD Assessment <i>if not already enrolled</i> <p>Pathways Role:</p> <ul style="list-style-type: none"> • Ongoing consultation with clinical & medical teams to coordinate COD TX adherence & alert of increase or decrease in symptoms. <p>Pathways Therapy & Skill Building Groups: <i>(after assessment)</i></p> <ul style="list-style-type: none"> • Advanced Relapse Prevention Group • Social Support Group • Moving On Group • Trauma and Gender Groups • Weekend Preparation Group • Art Therapy • Transforming Anger • COD 1:1

OVERVIEW OF COD TREATMENT STRATEGIES

Stage of Change	Stage of Treatment	Clinical Focus	Strategy	KMHS Appropriate Services
<p>Relapse/Return to Old Behaviors</p> <ul style="list-style-type: none"> • Active Relapse or • Return to Use <p style="text-align: center;">OOPS-SLIP</p>	<p>Relapse Prevention</p>	<ul style="list-style-type: none"> • Explore what can be learned from the relapse whether substance or mental health related. • Emphasize the positive aspects of the seeking care. • Explore concerns/disappointment about the relapse. • Support the client's self efficacy so that recovery seems achievable. 	<ul style="list-style-type: none"> • Maintain support. • Reframe experience as a learning opportunity. • Identify other coping strategies. • Help client recycle through SOC without becoming stuck or demoralized. • Develop a new plan. <p style="text-align: center;">TRY AGAIN</p>	<p>Primary Clinician Role:</p> <ul style="list-style-type: none"> • Use all key strategies • Support self efficacy • COD Relapse Prevention Workbooks • Pathways Drop in Groups • DRA, AA, NA, Celebrate Recovery Moms off Meth, HADD Ministries • Referral for COD Assessment if not already enrolled <p>Pathways Role:</p> <ul style="list-style-type: none"> • Ongoing consultation with clinical & medical teams to coordinate COD TX adherence & alert of increase or decrease in symptoms. <p>Pathways Therapy & Skill Building Groups: <i>(after assessment)</i></p> <ul style="list-style-type: none"> • Based on client's stage of change and stage of treatment per assessment or reassessment.