Stage-wise Application Training

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

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First…Some Basics

• Treatment Works.

• Getting and Keeping People in Treatment is necessary.

• Rapport, Respect and Relationship are cornerstones!

• Stage-Wise and Motivational Implications should become natural considerations.

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
Self-Reflection Exercise

**Stages of Change**

- Precontemplation
- Contemplation
- Preparation/Determination
- Action
- Relapse Prevention/Maintenance

Prochaska, Norcross & DiClemente (1994)

- A way of thinking about where people are in regard to a particular change
- Motivation for change is not constant
- People may return to an earlier stage of change
- Returning to old behaviors is normal
Stages of Change and Stages of Treatment

- **Pre-contemplation** → **Engagement**
- **Contemplation** → **Motivation**
  - and Preparation *(Determination)*
- **Action** → **Active Treatment**
- **Maintenance** → **Relapse Prevention**

Different services are helpful at different stages of treatment

- **Engagement**
  - Outreach, Practical help, Crisis intervention, Develop alliance, Assessment *(Build Relationship)*
- **Motivation**
  - 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)*
Pre-contemplation
"Ignorance Is Bliss"

- 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 = Not Interested / Resistant to change**

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Pre-contemplation

I don’t have a problem.

- “What’s wrong with living on the street? I can be my own person.”
- “It’s my life. Who are you to tell me to take meds?”
- “My case manager says I need a place to stay.”

**Hallmark = Not Interested / Resistant to change**

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Stage of Treatment:
Engagement (Precontemplation)

- 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
  – Frequent Contact!!

• 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

Stage of Treatment: Engagement Interventions

• Assessment
  – Comprehensive Longitudinal
  – Contextual
  – Identify and monitor the interactive course of both disorders
  – Process, not Event
Let’s Stop With the Clichés…

• If you ever hear the phrase: “You shouldn’t be working harder than the client is”, there are 2 things you should know about that

1) The person saying that lacks understanding of severe and persistent mental illness and related symptom management dynamics

2) The person saying that has no understanding of the stages of change/treatment

Contemplation
“On the Fence”

• 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

Contemplation
I may have a problem

• “I know I should stop using, but all of my friends do and what would they say if I tried to stop?”
• “It is important to keep my own place. I just don’t know if I can.”
• “I know group is supposed to be good for me, but I just don’t like being around so many people.”

Hallmark = Ambivalence
Stage of Treatment: Motivation (Formally Persuasion)
(Contemplation)

• Some 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: Motivation 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

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<th>Advantages of</th>
<th>Advantages of Not</th>
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**Stage of Treatment:**

**Motivation 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:**

**Motivation 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:**

**Motivation Interventions**

- **Peer support**
  - Persuasion group
  - Social skills training group
  - Facilitate peer interaction

- **Family interventions**
  - Education,
  - Skills training
  - problem solving
Preparation (Determination)
“Testing the Waters”

- 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

Preparation (Determination)
“I am figuring out HOW to change”

- “I’m filling out applications to get my own apartment.”
- “I’m ready to get started on this.”
- “I’ve been cutting back on my pot smoking.”
- “I plan to go to an AA meeting this weekend.”

Hallmark = Small steps toward action

Preparation (Determination)
“Testing the Waters”

Possible Stage-Appropriate Staff Tasks

- Focus on developing small incremental steps towards goal
- Support & recognize small change efforts
- Identify & problem solve barriers
- Continued collaboration with other providers
**Action**

“Starting to Get Moving”

- 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

**Action**

“I’m making changes and taking steps”

- “I’ve been following the housing regulations and getting along with my neighbors.”
- “It’s not easy, but every day I set aside time to work on my relaxation skills.”
- “I passed my drug test this week.”

**Hallmark** = visible modification of behavior

**Stage of Treatment:**

**Active Treatment**

(Action)

- 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

- **Collaborate to develop other plans**
  - Independent living
  - Work
  - Relationships

- **Skills training**
  - Coping skills
  - Social skills
  - Work skills
  - Leisure skills

- **Link with self-help**
  - Respect client preference
  - active assistance

- **Medication treatments**

- **Provide close follow-up**

- **Family treatment**

- **Link with additional needed resources**
**Relapse Prevention/Maintenance**  
*“Holding Steady”*

- 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

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**Stage of Treatment:**  
**Relapse Prevention**

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

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**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**
<table>
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<tr>
<th>Stage of Change</th>
<th>Characteristics - Issues</th>
<th>Strategies</th>
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| Pre-contemplation                | “Nothing needs to change”         | • RELATIONSHIP  
• TRUST  
• PROVIDE INFORMATION |
| Contemplation                    | “On the Fence”                    | • ACKNOWLEDGE MIXED FEELINGS  
• DEVELOP DISCREPANCY |
| Preparation/Determination        | “Testing the Waters”               | • BUILD CONFIDENCE  
• INFO, OPTIONS, ADVICE  
• CAREFUL - DON’T PUSH… |
| Action                           | “Started Moving”                   | • PLAN REACHABLE GOALS  
• MONITOR AND ENCOURAGE |
| Maintenance                      | “Holding Steady”                   | • SUPPORT CHANGE  
• RELAPSE PRE-PLAN |
| Relapse Prevention               | “Falling off the Wagon”            | • CAREFUL - AVOID SHAMING  
• WHAT WENT WRONG?!  
• TRY AGAIN!! |
|                                  | “Revisiting the Past”              |                                                  |

**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

**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**

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HOMEWORK

- Continue to increase your self awareness
- Focus on increased engagement

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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

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- Consulting resources
- 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.