

Stage Based Decision Guidelines for ACT/IDDT

Engagement Stage	<p>Is the client <u>in crisis</u>?</p> <ul style="list-style-type: none"> • If so, what needs to be done to <u>manage the acute crisis</u>? • Intervene if person is in imminent danger to themselves or others • Decrease emotional distress by helping to reduce symptoms and/or crisis inducing circumstances 	<p>Is the client <u>accessing needed services</u>?</p> <ul style="list-style-type: none"> • Are we planning and providing adequate <u>outreach</u> to ensure needed services are being delivered? 	<p>Does the client have <u>basic needs</u> addressed?</p> <ul style="list-style-type: none"> • If not, what do we need to be doing to address those needs? • Have we learned what needs the client would like to address? (so as not to be forcing our own opinions about this upon them) 	<p>Do we have a <u>trusting relationship</u> with the client?</p> <ul style="list-style-type: none"> • If not, what needs to be done so that we get one? • Begin to develop a rapport via regular contact with the person (use multiple team members if/when possible) • Be curious yet sensitive, find out about this person's story and perspective • Express Hope & Optimism 	<p>Have we gathered enough information in our <u>assessment</u> about the history and interactive course of disorders?</p> <ul style="list-style-type: none"> • If not, what do we need to learn more about and how can we learn it? • Elicit description of a typical day
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<p align="center">Early Motivation Stage</p>	<p>Do we know <u>what matters</u> (values and goals) to the person?</p> <ul style="list-style-type: none"> • If not, that’s the conversation • If so, the conversation becomes “what’s getting in the way of what matters to you and what helps you get what matters to you?” • Avoid Common Traps (Expert, Premature Focus, Arguing for Change, Labeling, Question/Answer, Blaming/Shaming) • Values Card Sort (For those who struggle to verbalize this) 	<p>Will the person <u>discuss</u> their use, mental health and/or other concerns with the team?</p> <ul style="list-style-type: none"> • Elicit, listen to, and acknowledge the aspects of substance use or other issues that the person enjoys • Payoff Matrix • Explore willingness to develop a Crisis Plan 	<p>Do the team and the individual <u>agree on direction</u>?</p> <ul style="list-style-type: none"> • Ask permission to address the topic of change • Listen for and learn the person's perceptions of the problem • Explore the meaning of the events that brought the person to treatment or the results of previous treatments • Normalize ambivalence 	<p>Can a <u>discussion of change occur</u>?</p> <ul style="list-style-type: none"> • Provide encouragement and support; instill hope and a sense of possibility and to rebuild a positive self-image • Assesses readiness/confidence in their ability to make positive changes • Invite the person to attend motivational groups that are non-threatening and which do not insist on commitment to change • Offer to engage individual’s support network 	<p>Continue:</p> <ul style="list-style-type: none"> • Outreach • Assistance w/ Basic Needs • Assessment • Non Judgmental interactions • Instilling Hope and Optimism • Compassion and Concern • Roll with resistance • OARS • Trauma sensitive interactions • Avoid directive interventions
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Late Motivation Stage	<p>Has the person been able to narrow or clearly <u>describe his/her needs and priorities?</u></p> <ul style="list-style-type: none"> • If not, help them prioritize their needs and what it is that they most want or need to address • If so, look for opportunities to develop discrepancy between their current behavior, and achieving their personal goals and priorities • Normalize ambivalence 	<p>Has the person considered or offered any of <u>their own ideas</u> about how they would like to approach their priorities, needs and goals?</p> <ul style="list-style-type: none"> • Elicit suggestions and ideas from the person that reflect their own considerations about how they would like to approach their priorities, needs and goals 	<p>Is the person <u>accessing potentially helpful groups or other resources</u> offered by the team?</p> <ul style="list-style-type: none"> • Help them to explore groups and other treatment options that they feel could assist them • Show the “menu” of available helping resources • If the person was not previously willing or able to attend group, invite again • Explore interest in and facilitate access to peer support groups 	<p>Is the person <u>interested in learning more about mental health and/or substance abuse?</u></p> <ul style="list-style-type: none"> • Offer education/information to help them acquire knowledge to inform decisions about mental health, substance use, medication, lifestyle, etc. 	<p>Remember to:</p> <ul style="list-style-type: none"> • Ask permission before providing information, suggestions, or options • Elicit and reinforce change talk • Consolidate commitment
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<p>Early Active Treatment Stage</p>	<p>Does the person have critical/necessary recovery skills?</p> <ul style="list-style-type: none"> • Collaborate with the individual to teach, practice and monitor recovery skills which may include: <ul style="list-style-type: none"> ➤ Identifying internal and external triggers/cues ➤ Managing cravings ➤ Managing unhelpful thoughts and emotions ➤ Communication ➤ Relaxation ➤ Managing high risk situations • Ensure a plan for continued contact with the team in the event of a slip or return to use 	<p>What is the role of pharmacotherapy for this person?</p> <ul style="list-style-type: none"> • Support use of medications known to be effective for MH symptoms and medications known to be effective for cravings & urges to use • Explore any persistent “noncompliant” behavior and whether this is lingering ambivalence or dissatisfaction with treatment 	<p>Is the person capable of understanding defense mechanisms and how they use them? (A person’s recognition of important discrepancies in their lives is too uncomfortable a state to remain in for long, and unless change has begun, they can retreat to using defenses such as minimizing or rationalizing to decrease the discomfort)</p> <ul style="list-style-type: none"> • Offer education and exercises designed to help the client reduce defense mechanisms that perpetuate the addictive process 	<p>Is the person linked to recovery support communities?</p> <ul style="list-style-type: none"> • Does the person need help to understand and navigate self help supports? • Refer to self-help support groups and peer support (Does the team have familiarity w/ local groups, as well as group content/structure etc?) • Identify positive social supports • Prepare clients to understand that uncomfortable moments are a normal part of the recovery process 	<p>Does the person have a recovery plan?</p> <ul style="list-style-type: none"> • Develop a written recovery plan and Behavioral Health Advance Directives • Address perceived and realistic consequences changing lifestyles • Identify & lower barriers to change by anticipating possible family, health, system problems, (e.g. finances, child care, work, transportation or other potential barriers problems) • Help the person anticipate and navigate unexpected obstacles
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<p>Late Active Treatment Stage</p>	<p>Are there persistent challenges and/or <u>threats to recovery present?</u></p> <ul style="list-style-type: none"> • Is the team offering support by facilitating “troubleshooting” conversations? • Has the person secured a self-help support “sponsor” or are they making effective use of other recovery mentoring? • Would attention to a specific skill in groups or otherwise (assertiveness coaching, etc) minimize threats to stability? 	<p>Is the person experiencing <u>emotional barriers</u> to life in recovery?</p> <ul style="list-style-type: none"> • Has the team adequately helped the individual reconcile issues of grief and loss? • Has the team assisted with adjustments to sober/stable living? • Has symptom management for mental health been adequately addressed? • If present, is the person ready for trauma to be addressed? 	<p>Is the person getting <u>adequate positive feedback and reinforcement?</u></p> <ul style="list-style-type: none"> • Provide positive feedback on success; encourage continued use and practice of learned skills and strategies for maintaining recovery • Has the team explored competing reinforcers with the client? <p>(*A competing reinforcer is anything that clients enjoy that is or can become a healthy alternative to drugs or alcohol as a source of satisfaction.)</p>	<p>Would the person benefit from a <u>less restrictive or less intensive level of care?</u></p> <ul style="list-style-type: none"> • Revisit step-down criteria to establish most appropriate level of care • Explore future transition to lower level of care 	<p>Maintain <u>supportive contact</u></p>
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<p align="center">Relapse Prevention Stage</p>	<p>Has <u>a plan for continued success been developed?</u></p> <ul style="list-style-type: none"> • Assist person in crafting a plan <p>(*Note that some teams refer to this using different terms, like Recovery Plan, Personal Plan, Success Plan or Relapse Prevention Plan. The aim of all of them remains the same.)</p>	<p>Is the person <u>pursuing meaningful life activity beyond treatment</u></p> <ul style="list-style-type: none"> • Explore hopes and dreams • Help the person trust in their own decision-making ability and take more and more responsibility for their life (and the aforementioned hopes and dreams) • Explore, plan and activate steps towards the individual's priorities 	<p>Is there interest in or are there opportunities for the person to <u>contribute to the recovery of others?</u></p> <ul style="list-style-type: none"> • Alumni activity • Peer support 	<p>Does the plan need updating or otherwise?</p>	<p>Maintain <u>supportive contact</u></p>
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