Reaching the Unreachable

Engaging People with SUDs in Pre-Contemplation Phase

Session Objectives

① Experience elements of the COEG Curriculum

② Identify strategies to assist mental health staff and substance abuse staff to provide and sustain SUDS services for individuals not ready for change

③ Learn about the qualitative outcomes of a non-judgmental, educational approach.

What We'll Cover Today

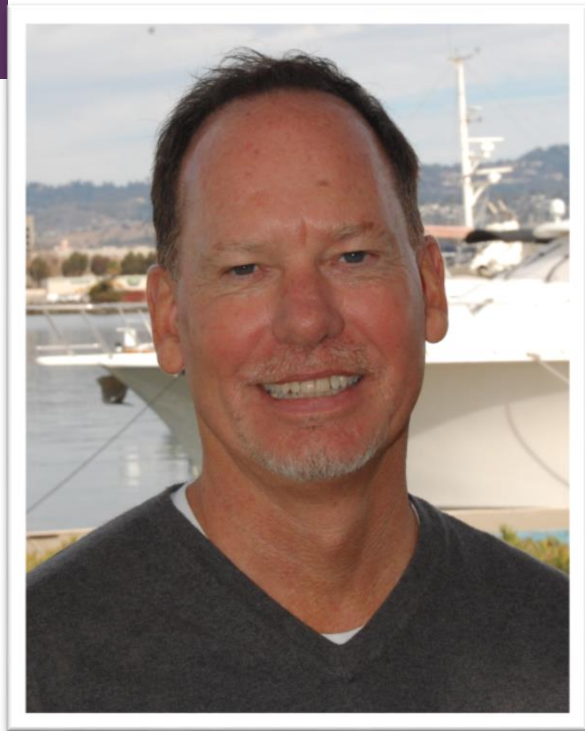
① Introduce Ourselves & Give You Some Context

② Demo a COEG Session

③ Tell You abut the COEG System

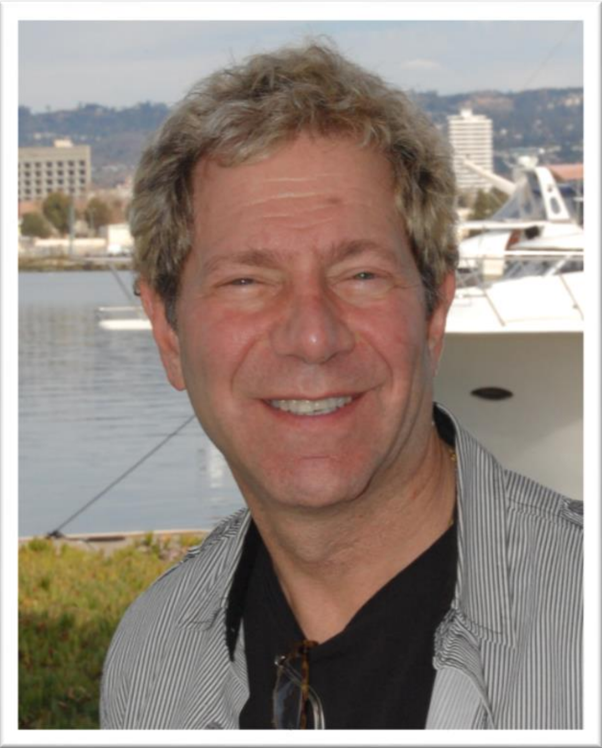
④ Share Our Organization's Next Steps

The COEG Team



David Heffron,
Vice President of Operations

- *Recovery Session Content*
- *Facilitator Training*
- *Recovery-Centered Clinical System*
- *Inpatient Expertise*



Scott Madover, Ph.D.
Director of SUDs Services

- *Substance Use Session Content*
- *Facilitator Training*
- *Co-Occurring Services*
- *Outpatient Expertise*

Readiness for Change Exercise

Remember a time……

Who is Telecare

- Telecare was founded in 1965
- Belief in rehabilitation potential of people with mental illness.
- Put the client at the center of the organization.
- Founder's daughter, Anne Bakar, is CEO today.

Telecare At a Glance

113 PROGRAMS

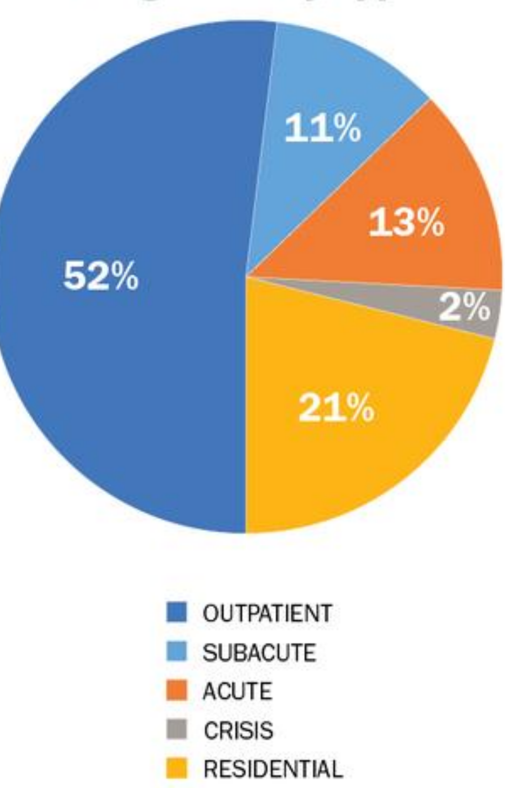
7 STATES

36 COUNTIES

40+ CUSTOMERS

27,107 Unique Individuals Served in FY 16-17

3,502 Telecare Employees



Who We Serve

- SMI population with complex co-occurring substance use & health issues
- **Highest utilizers of care:**
  - Frequent utilization of high-cost services (psychiatric emergency services, ER, acute hospital)
  - Justice System involvement common
  - Housing instability, few natural supports, and limited access to community resources

Of people we serve have co-occurring substance use

Question for You

How would you describe: “hard to reach”?

Our "Hard to Reach"

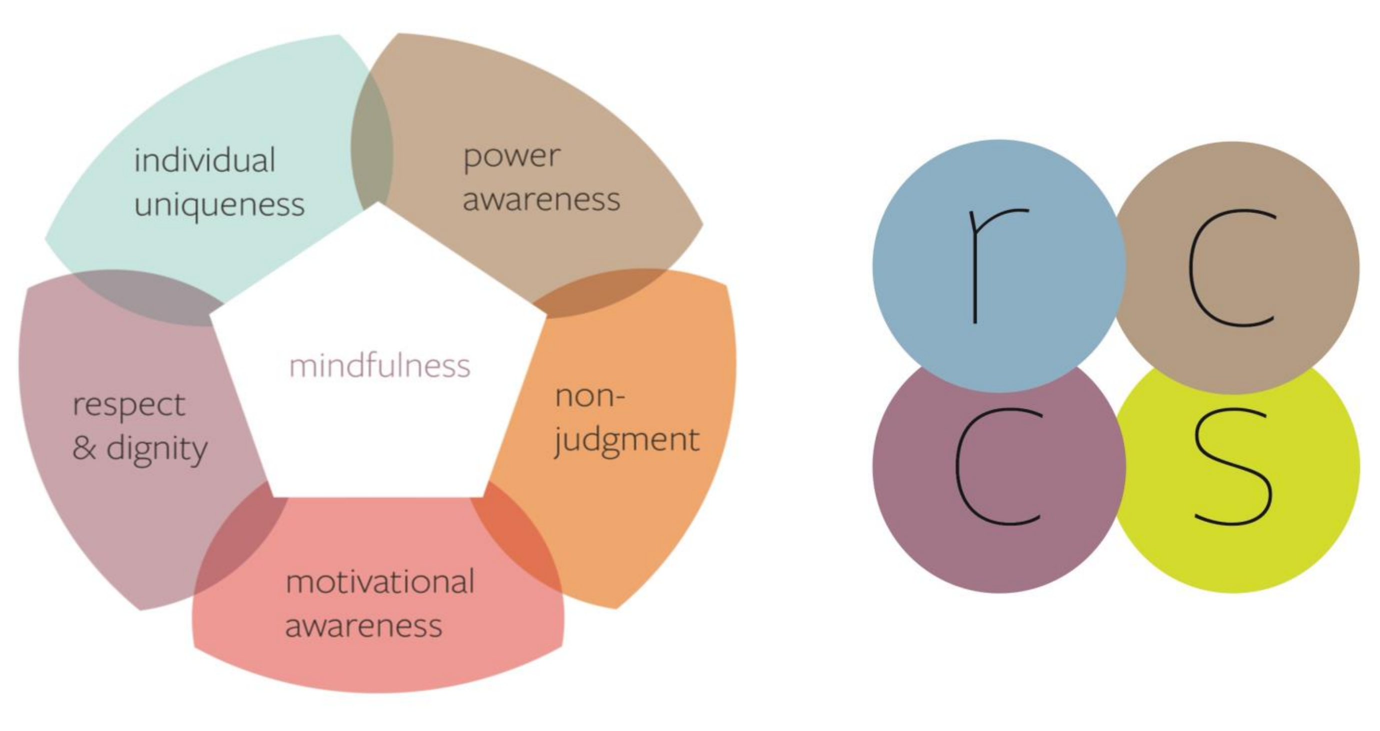
60% of our clients with co-occurring conditions are in Pre-Contemplation or Contemplation Stage about substance use

Our Internal Barriers

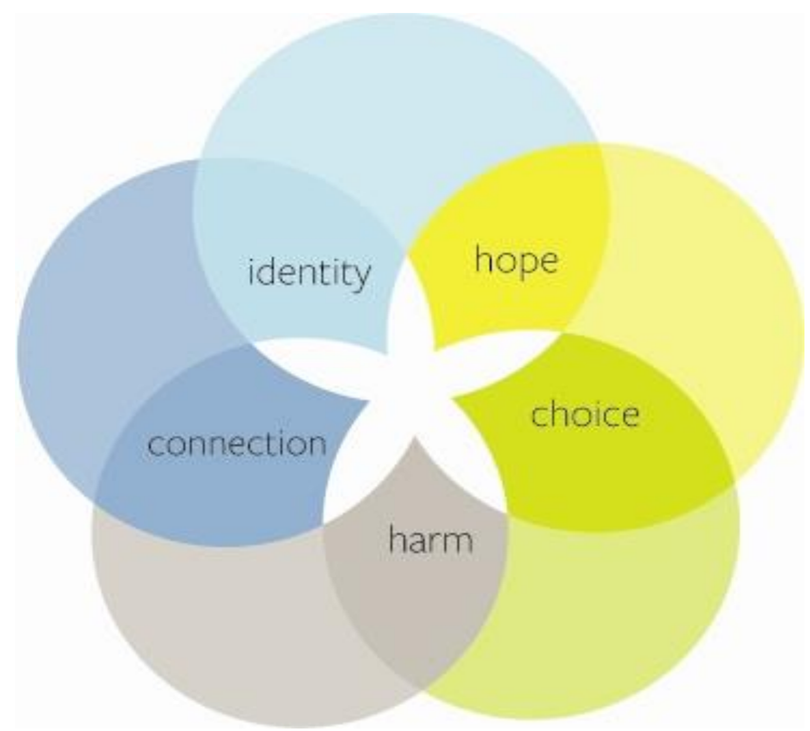
- **Limited Co-Occurring services**
- **Substance abuse interventions were not integrated into all programs**
- **Providers weren’t cross-trained**
  - Behavioral health providers had limited experience with substance use
  - Substance Use Specialists in short supply and had limited knowledge of behavioral health
  - Many providers applied mismatched interventions (preparation and action phase approaches for a pre-contemplation population)
- **Services were not standardized**
- **Our unique clinical approach to mental health (RCCS) was not fully integrated in all programs**

Recovery Centered Clinical System (RCCS)

Strengths-based framework



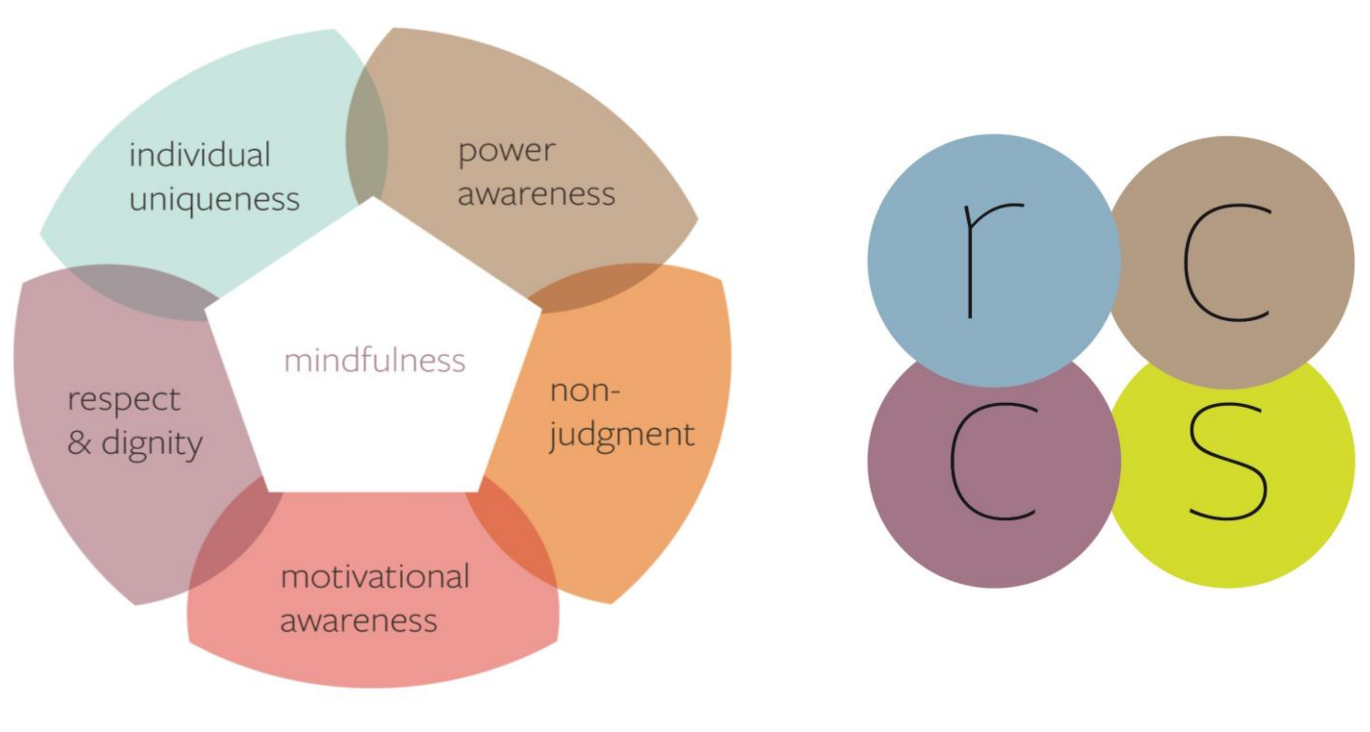
Culture:
Five Awarenesses



Conversations:
Five Conversations

Recovery Centered Clinical System (RCCS)

Culture of "Power-with", Respect and Non-Judgement Conversations that Awaken Hope and Resilience



Culture:
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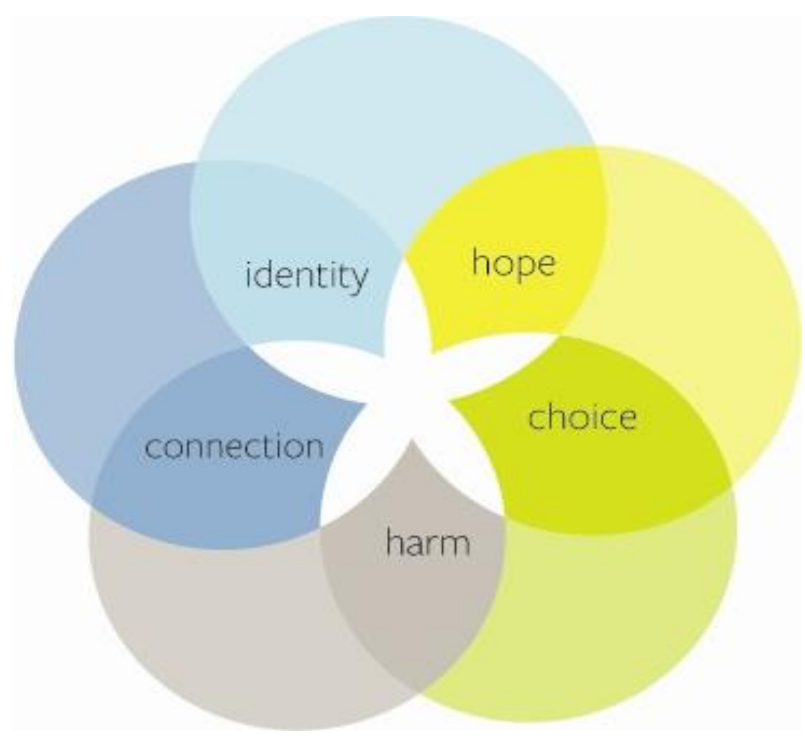


Conversations:
Five Conversations

Take Action

- **Identify an Intervention That Fits Our Population**

Educate & Inform →

CHANGE IN THINKING

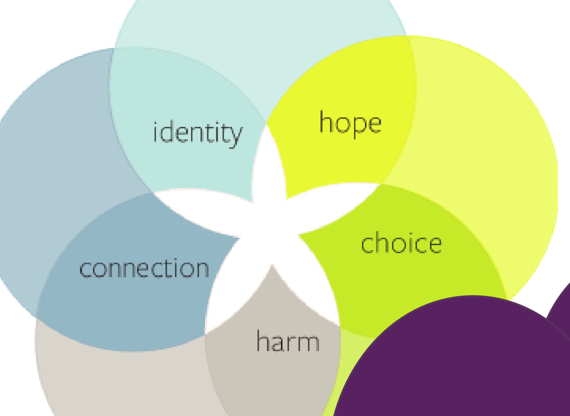
Increase Knowledge & Understanding

Take Action

- Identify an Intervention that fits our Population
- Education - Not Treatment
- Harm Reduction
- Integrate Telecare's Recovery Centered Clinical Model with Substance Use Education

Our Approach

Our Approach



Respect and Non-Judgment

a change in attitude

I feel more hopeful now

Our Approach

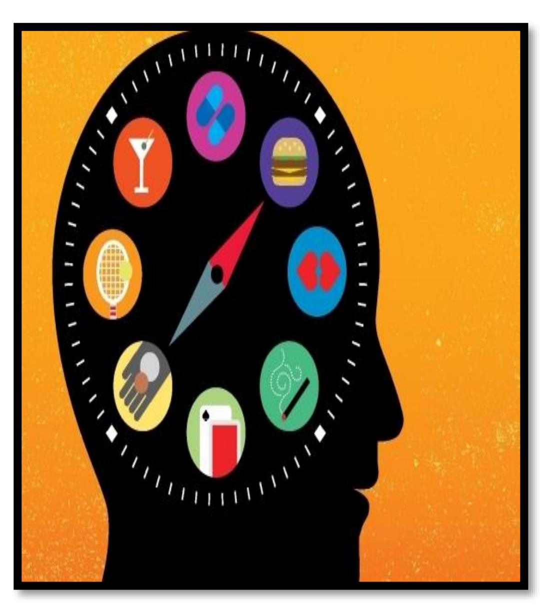
Educate & Explore

Respect and Non-Judgment

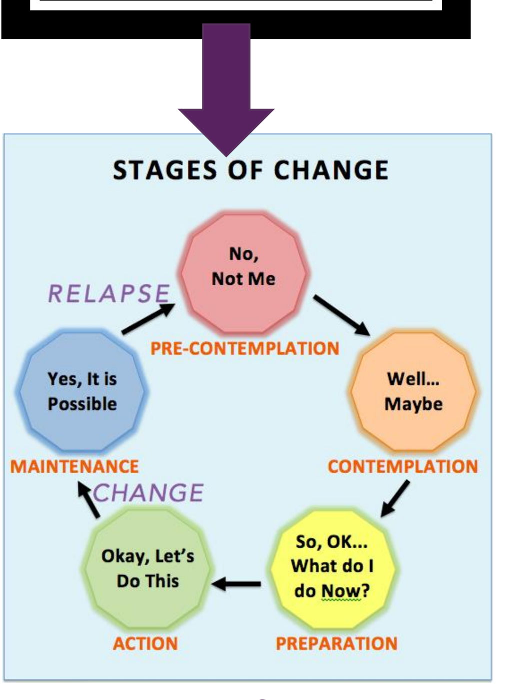
Take Action

- **Let's Experiment**
  - Integrate Telecare's Recovery Model with Substance Use Education
  - Pilot
  - Pilot Again
- **Make it Better**
  - Manualize & Train
  - Post Training Support

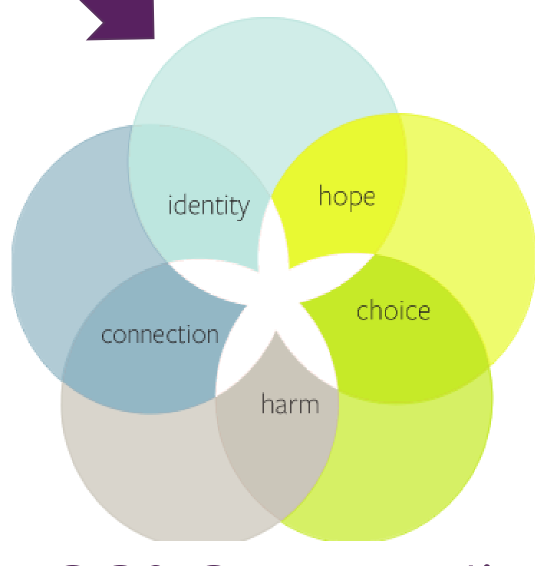
Session Content



Substance Use



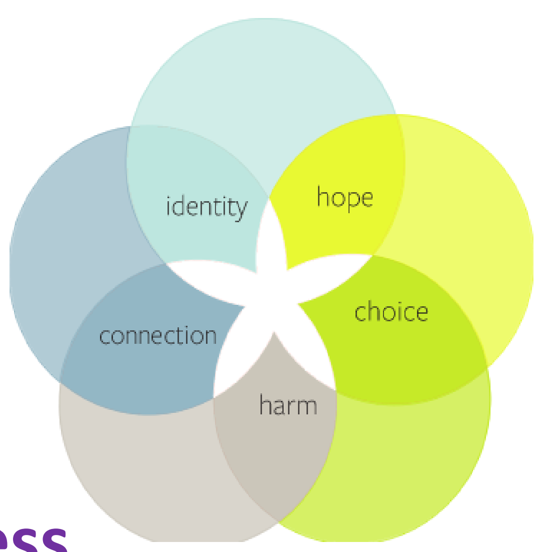
Stages of Change

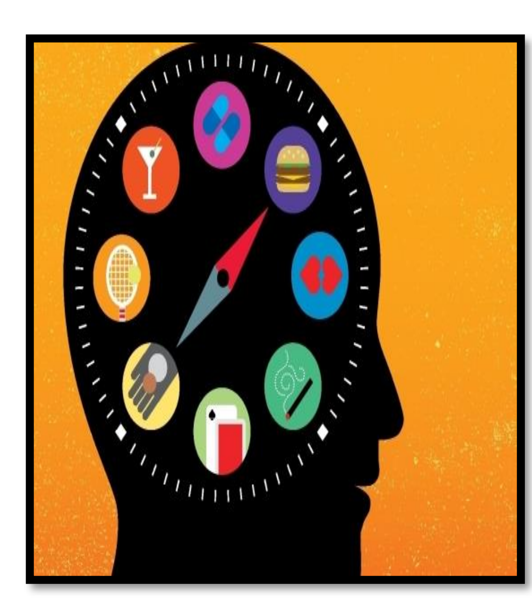


RCCS Conversations

Session Content

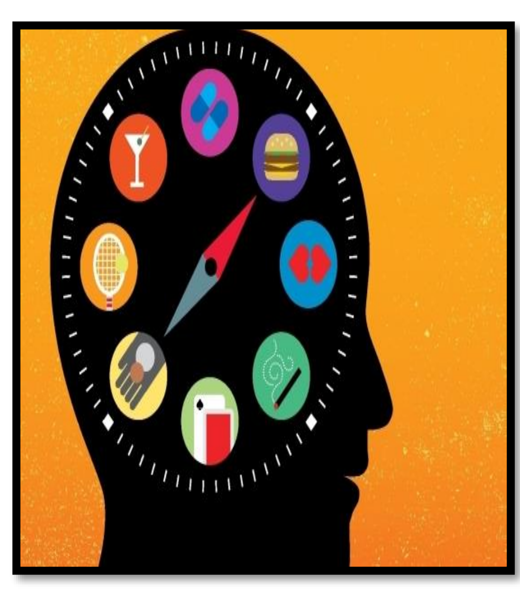
1. Hopes and Dreams that Inspire
2. Understanding Co-occurring Conditions
3. What is Addiction?
4. The Recovery Journey from Mental Illness
5. My Values
6. My Story
7. Pros and Cons of Using
8. Triggers and Cravings





Session Conten

9. Choice Making
10. Stages of Changes
11. Early Stages of Recovery
12. My Identity Now
13. My Identity Future
14. How Use Impacts Us and Our Family
15. The Recovery Journey
16. Recovery and Change



Education Session Experience

Quick Scale

QUICK SCALE

5 = BEST

4

3

2

1 = WORST

Education Session Experience

The COEG System: The Structure

Curriculum

All the materials, structures, and processes used to implement a *Co-Occurring Education Group*

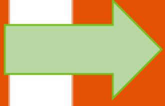
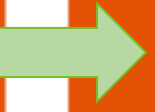
Session

Program Facilitators organize and provide 16 unique *COEG* sessions

Group

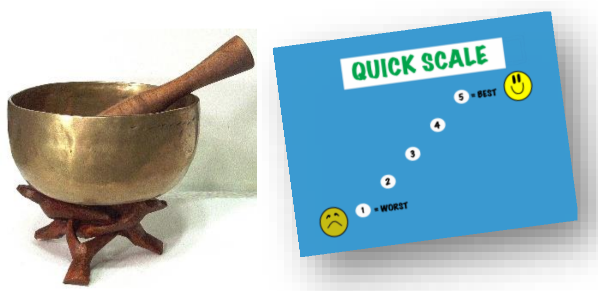
One or more COEG groups are provided at the program, each group has a set time and rotates through the 16 sessions.

The COEG System: The Structure

BEGINNING  MIDDLE  END

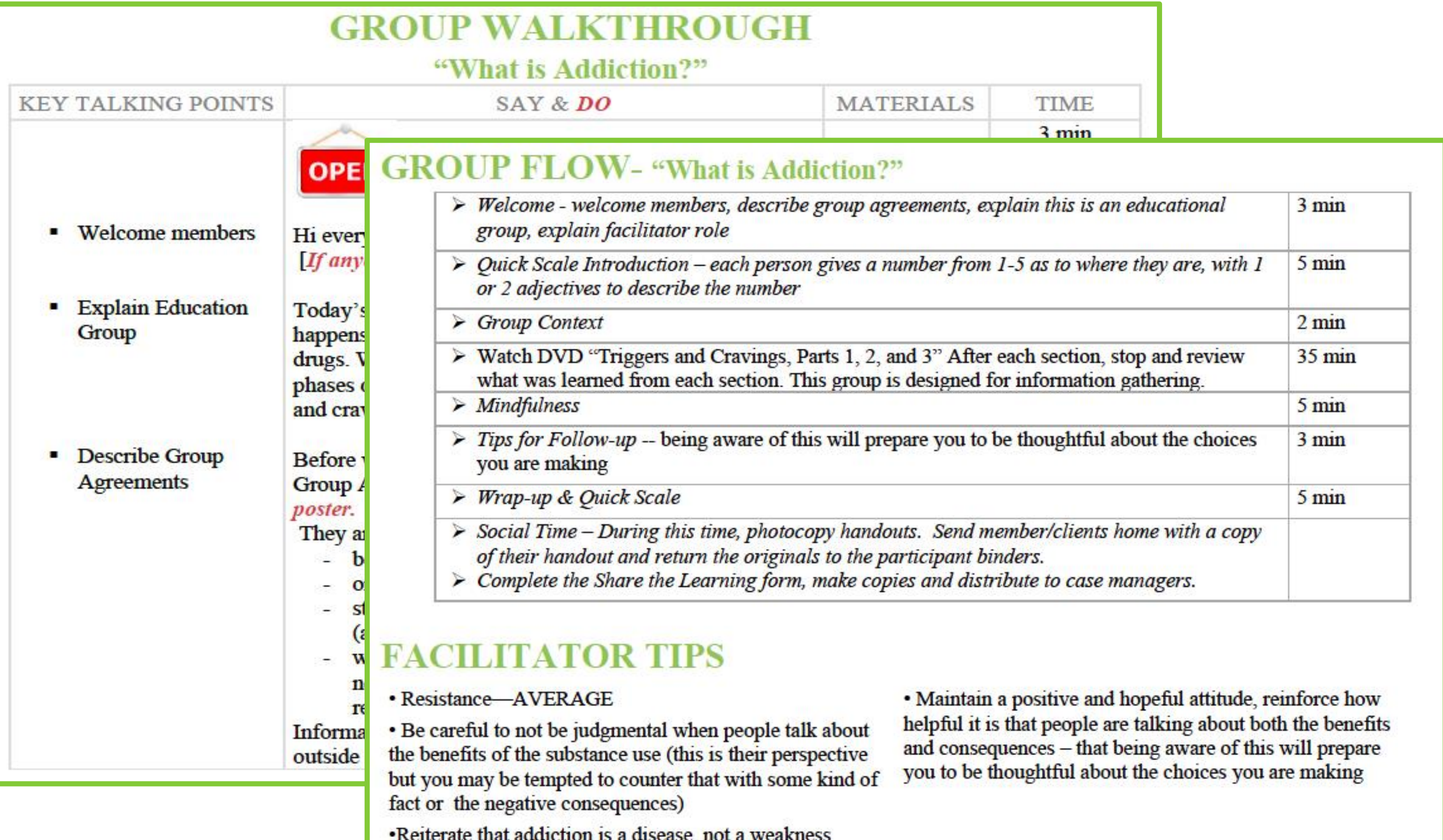
There are 3 predictable parts
to every COEG session

Opening	Learning	Wrap Up



The COEG System: The Structure

There's a detailed script



GROUP WALKTHROUGH

"What is Addiction?"

KEY TALKING POINTS	SAY & *DO*	MATERIALS	TIME
▪ Welcome members ▪ Explain Education Group ▪ Describe Group Agreements			3 min

GROUP FLOW- "What is Addiction?"

➢ *Welcome - welcome members, describe group agreements, explain this is an educational group, explain facilitator role*	3 min
➢ *Quick Scale Introduction – each person gives a number from 1-5 as to where they are, with 1 or 2 adjectives to describe the number*	5 min
➢ *Group Context*	2 min
➢ Watch DVD "Triggers and Cravings, Parts 1, 2, and 3" After each section, stop and review what was learned from each section. This group is designed for information gathering.	35 min
➢ *Mindfulness*	5 min
➢ *Tips for Follow-up* -- being aware of this will prepare you to be thoughtful about the choices you are making	3 min
➢ *Wrap-up & Quick Scale*	5 min
➢ *Social Time – During this time, photocopy handouts. Send member/clients home with a copy of their handout and return the originals to the participant binders.* ➢ *Complete the Share the Learning form, make copies and distribute to case managers.*	

FACILITATOR TIPS

- Resistance—AVERAGE
- Be careful to not be judgmental when people talk about the benefits of the substance use (this is their perspective but you may be tempted to counter that with some kind of fact or the negative consequences)
- Reiterate that addiction is a disease, not a weakness
- Maintain a positive and hopeful attitude, reinforce how helpful it is that people are talking about both the benefits and consequences – that being aware of this will prepare you to be thoughtful about the choices you are making

The COEG System:
The Structure

TELECARE FIDELITY MEASURES
10 Essential Ingredients for Success

- Include Everyone
- Educate & Explore
- Show Respect & Non-Judgment
- Keep Them Open
- Schedule Them Regularly
- Keep On Going
- Teach it All
- Share the Facilitation
- Stick to the Script
- Be Prepared

The COEG System: Implementation

Leadership Implementation Kick-Off Workshops

The COEG System: Implementation

Learning Communities

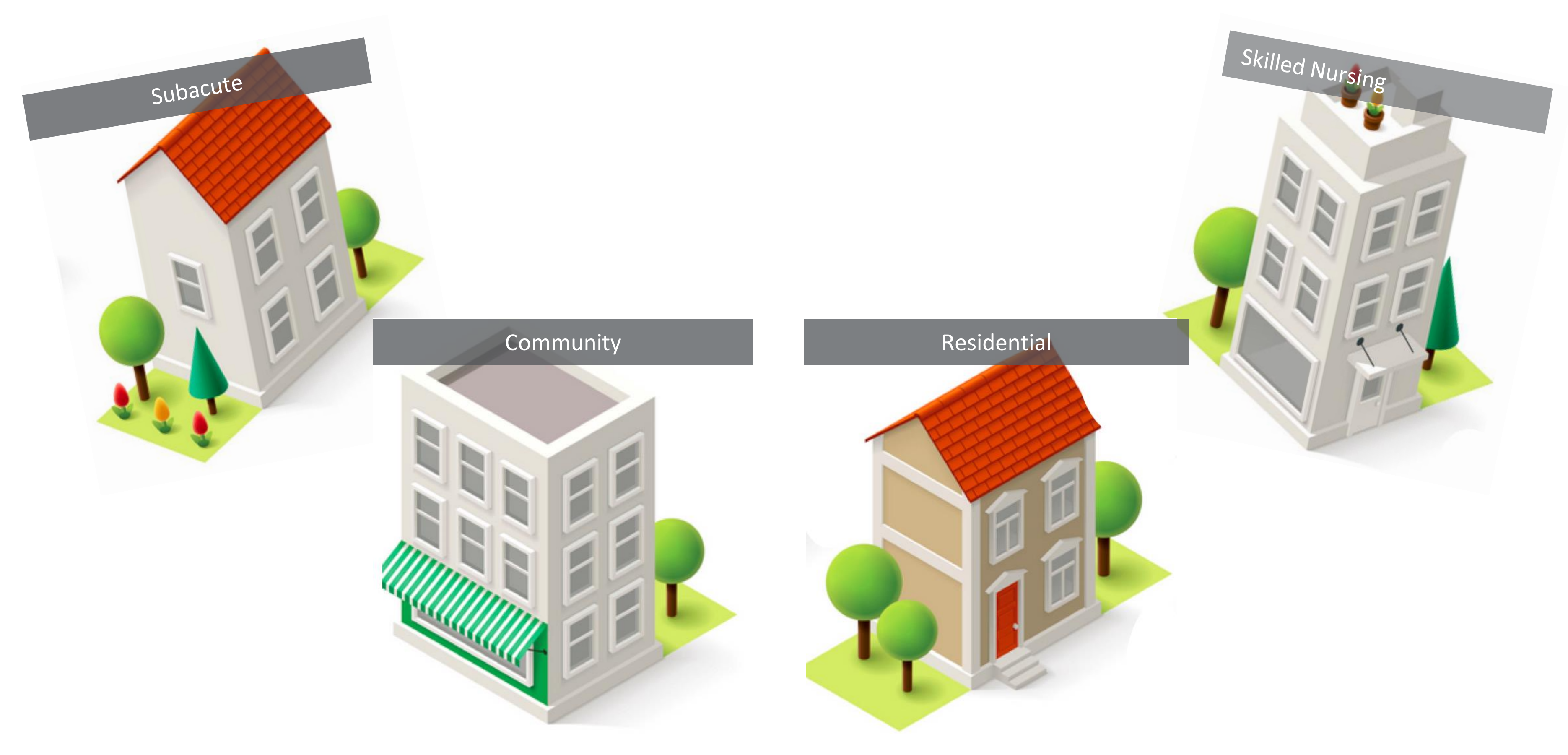
Learning Community Webinars

What Did We Learn?

Great ideas, but…What do group participants really gain?

What Did We Learn?

#1. Curriculum Works Across Program Types



What Did We Learn?

#2. Participants (and Facilitators) Liked the Groups!

What Did We Learn?

Staff Feedback

“Clients talked about their success with sobriety which has motivated some other clients who are in the pre-contemplation stage.”

[increased] “willingness to engage”

“Clients appreciate the presentation of the group as educational. They don’t feel sobriety is being forced down their throats.”

“feel safe”

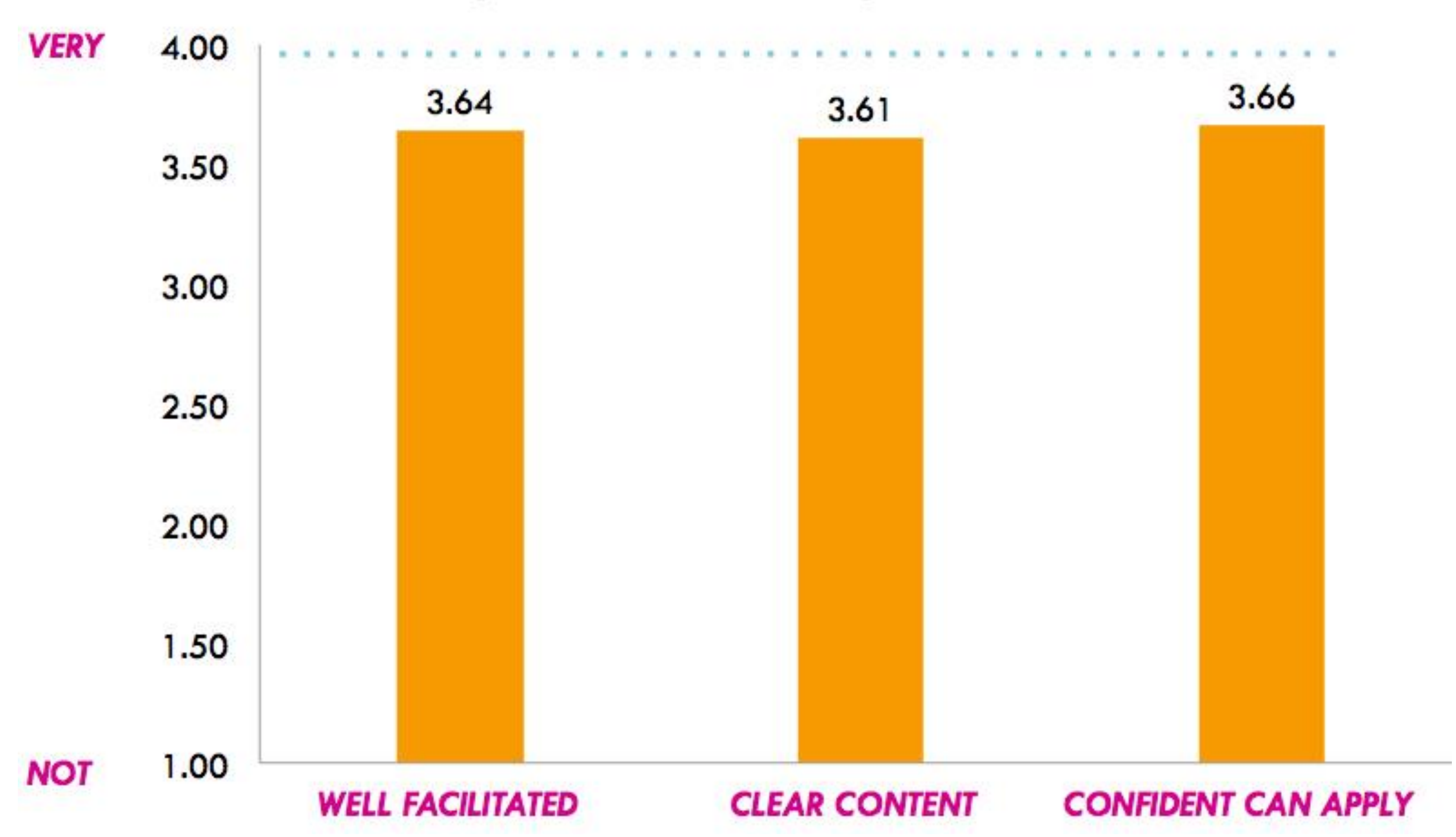
What Did We Learn?

Staff Feedback

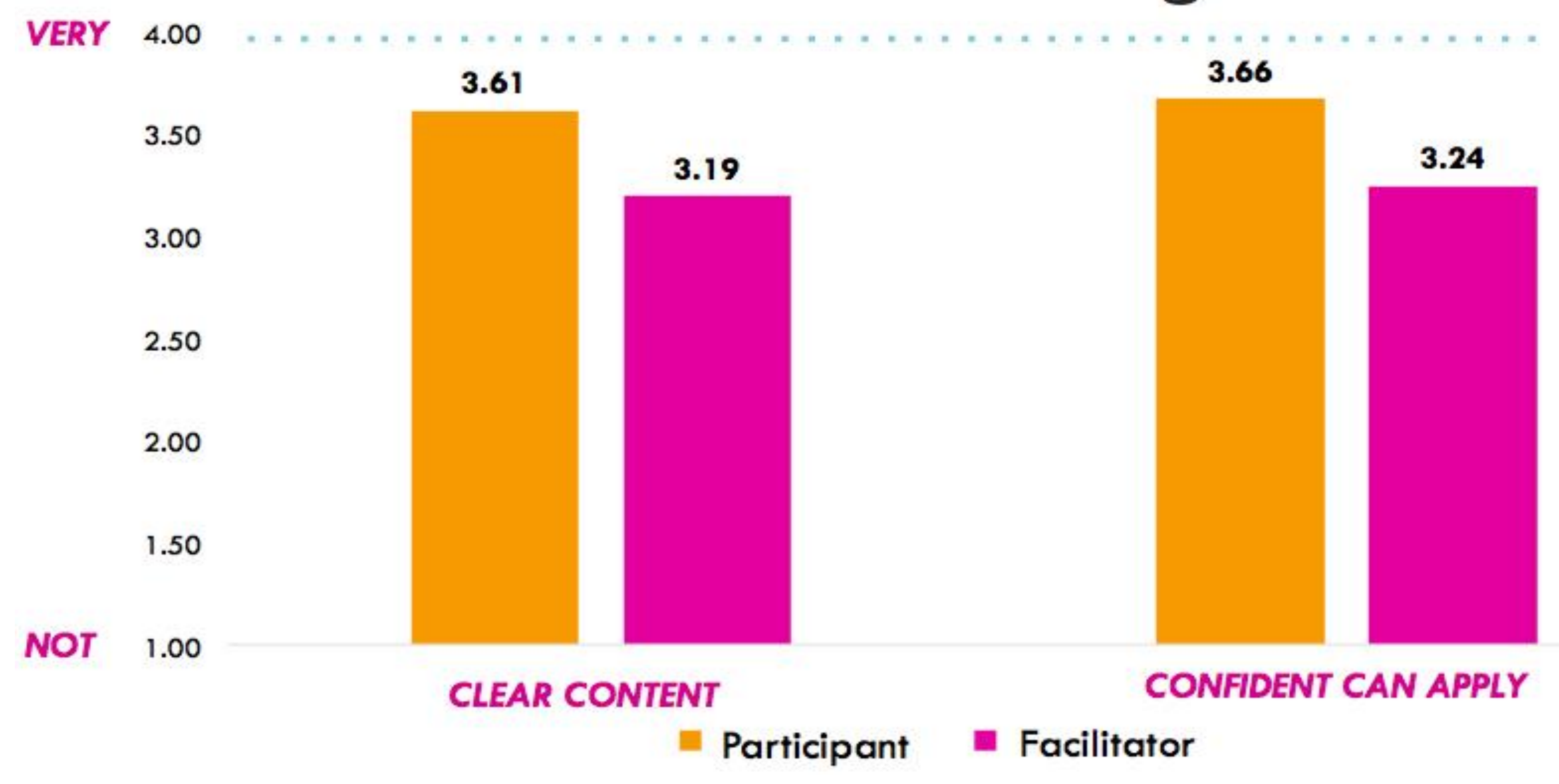
*Witnessing the **quick scale** rise pre/post session: members really like the quick-scale and seeing it go up at the end of the group. They consistently report a higher number at the end of the group and identify it helping them.*

We have a member that always says "I'm at a one" on the quick scale. He says this is his baseline. Today he came in and said "I'm at a three." Our members are sometimes very hard on themselves about any mistake they make on this journey, however, COEG has given them a place to feel safe and share. I have seen so much; it is simply amazing.

What Did We Learn?



What Did We Learn?



What Did We Learn?

What Programs Gain

- “We had a state survey a couple weeks ago and they observed the group and were impressed with the program!!”
- “The COEG curriculum has increased the discussion of addressing substance abuse in the programs”
- “It has given our Case Managers another tool to use when addressing co-occurring issues”
- “Clients and their families are happy to hear that this is an option in our program.”
- “People are more willing to discuss/entertain the idea of their own sobriety. We have had more people enter into treatment programs. Just today, in a clinical meeting, a client who has attended the past few groups agreed to detox (yay!).”
- “Clients are wanting to get scheduled into a group due to the [positive] ‘gossip’ around what is being learned in the group.”

Our Next Steps

COEG

COEG at additional Telecare programs including Sobering Stations

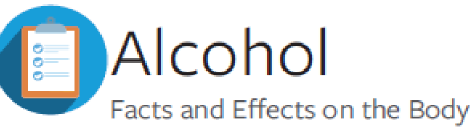
Sustain

Additional refinement of Curriculum

Educational Handouts

Our Next Steps

SUBSTANCE USE — FACTS



Alcohol

Facts and Effects on the Body

What counts as a drink?

12 oz. beer

5 oz. glass of wine

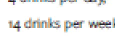
1.5 oz. of liquor

Are you at risk?

Not all drinking is harmful. You may have heard that regular light to moderate drinking can even be good for your heart. So what is considered too much and what are the risks?

What is "low risk" drinking?

The National Institute on Alcohol and Alcoholism has established guidelines for "low-risk" drinking. To stay within the NIAAA low-risk guidelines you should not drink more than:

Men: 
4 drinks per day,
14 drinks per week

Women: 3 drinks per day,
7 drinks per week

All 65+: 3 drinks per day,
7 drinks per week

To stay low risk, keep within both the single-day and weekly limits.

Important: If you are pregnant, on medication, or have certain health conditions, one or two drinks a day may be too much.

What is "risky" or "harmful" drinking?

"At-risk" drinking is drinking more than the single-day or weekly amounts shown. Harmful drinking is drinking more than the single-day or weekly amounts shown, and having negative outcomes from drinking such as accidents, relationship problems, or work-related issues.

What is the harm?

Drinking above low risk limits can increase your risks for:

- Injuries resulting from accidents, trauma, drownings, motor vehicle crashes, suicides, or fatal falls
- Physical and behavioral health problems such as liver and heart disease, sleep issues, anxiety, stroke, bleeding from the stomach, or cancers
- Alcohol use disorders or increased risk of developing an alcohol use dependence
- Life challenges: loss of housing, jail, strained relationships with friends and family, increased physical health and/or psychiatric hospitalization

Tips for cutting down on drinking:

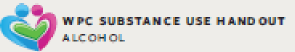
Keep track. Keep track of how much you drink and compare it to the guidelines.

Pace and space. Drink slowly and have a glass of soda or water between drinks.

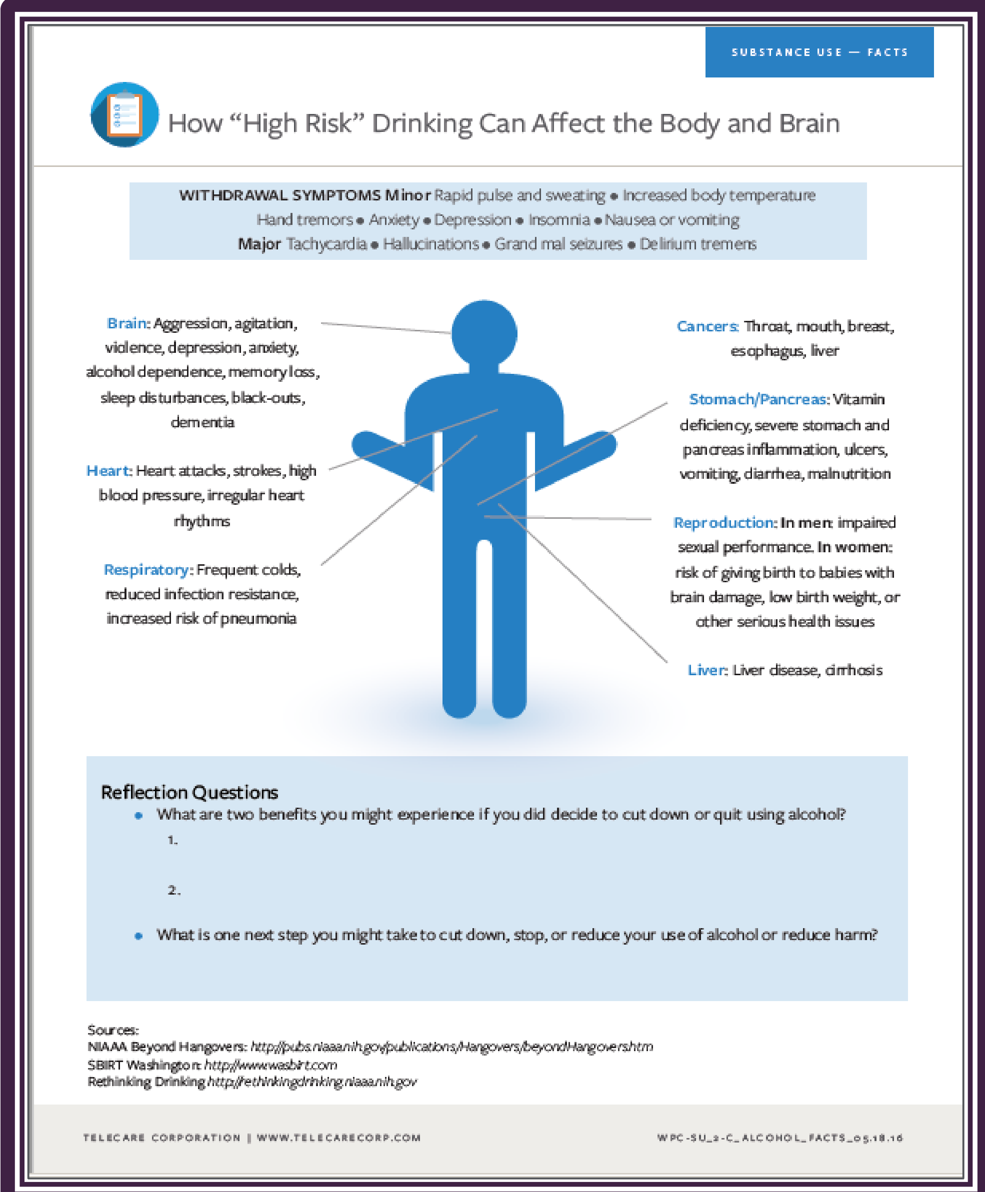
Find alternatives. Spend more time doing activities that don't involve drinking.

Learn more at:

Rethink Drinking http://rethinkingdrinking.niaaa.nih.gov



Our Next Steps

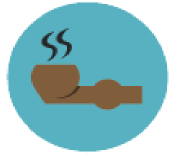


Our
Next Steps

SUBSTANCE USE — FACTS

Methamphetamine

Facts and Effects on the Body



Some facts to know about methamphetamine use:

Methamphetamine — also called meth, crystal, chalk, crank, and ice — is a highly addictive drug.

94% of persons who smoke methamphetamine become addicted within six months of use.

Meth is 100% man made and may contain a number of toxic substances such as drain cleaner, lighter fluid, ether, antifreeze, and chemical fertilizer.

Methamphetamine use over time changes the brain, which can result in:

- Memory loss
- Depression/anxiety
- Psychotic symptoms
- Difficulties learning
- Difficulties with decision making which can make it hard to resist drug cravings

Tips for quitting, cutting down, or reducing harm:

Seek professional help. Quitting methamphetamine without help can be very difficult.

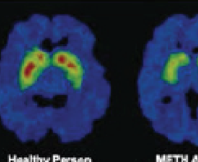
Identify people in your life — friends, family, and NA meetings — who can support your change.

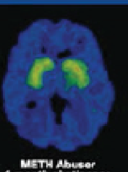
Learn skills to manage cravings.

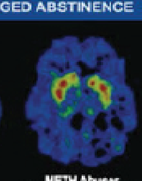
Avoid triggers and identify what triggers your use.

Tips to reduce the risk of harm, avoid sharing needles or engaging in unprotected sex.

BRAIN RECOVERY WITH PROLONGED ABSTINENCE





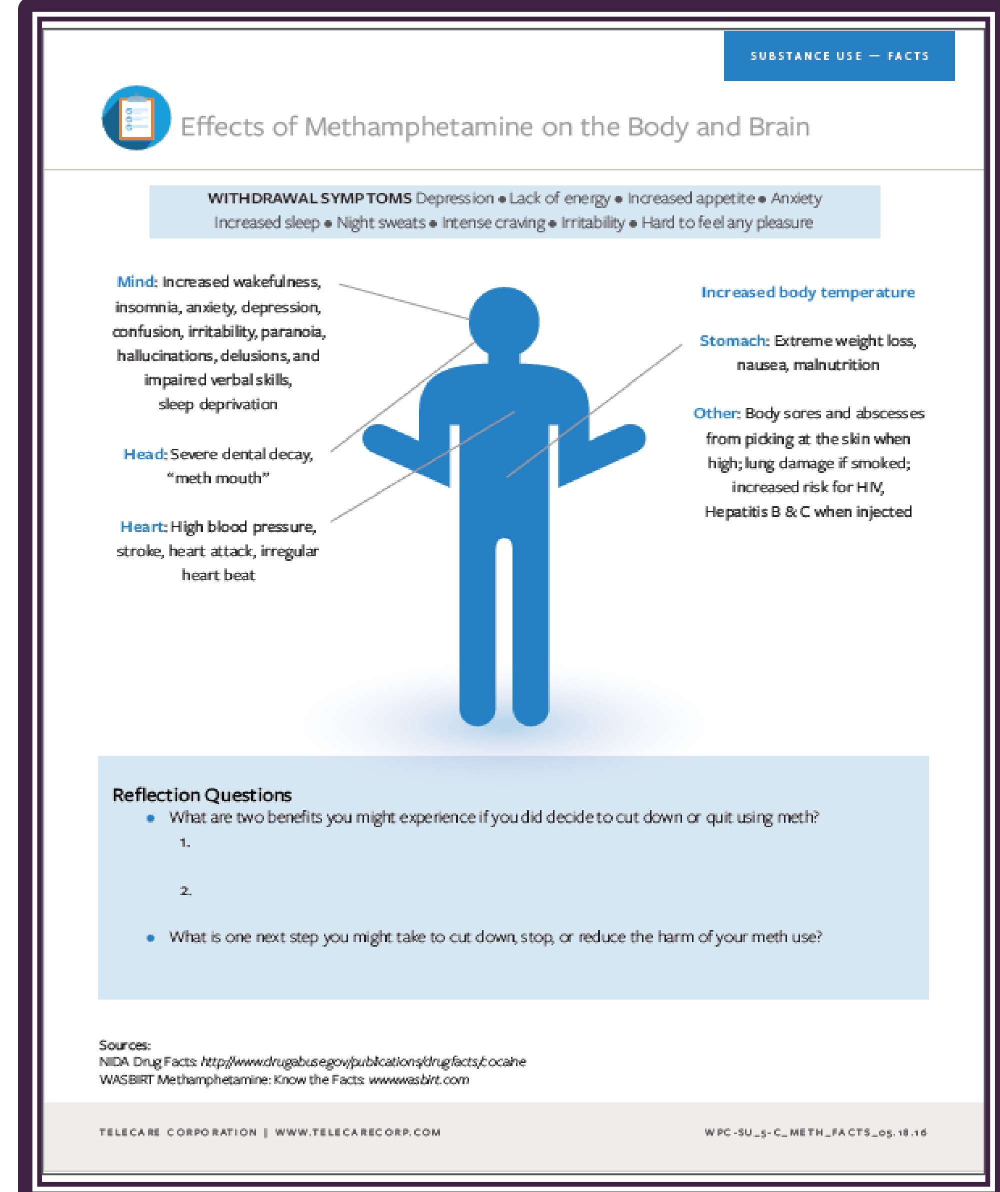


The good news is brain recovery from methamphetamine is possible when a person stops using the drug for several months.

For more information on how methamphetamine may be affecting you, go to: www.drugscreening.org

To learn more about the health effects of methamphetamine visit: http://www.drugabuse.gov

Our
Next Steps



Our Next Steps

Substance Use Treatment (Approaches for individuals with SMI ready for change/treatment)

- New 16 Week Curriculum
- Residential Treatment
- MI/SBIRT
- Medication Assisted Treatment
- Mobile Detox Pilots

thank you
danke
謝謝
ngiyabonga
teşekkür ederim
gracias
merci
obrigado
bedankt
спасибо
dziękuję
go raibh maith agat
mochchakkeram
sukriya
kop khun krap
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감사합니다
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