

Module I

Assessment and Intervention

Objectives:

1. Describe the components of *Motivational Interviewing*, including the *Stages of Change* and how these are utilized by the Nonspecialist.
2. Demonstrate, through role play, the skills needed for *Motivational Interviewing*.
3. Describe the difference between screening and assessment for substance abuse.
4. Describe several types of screening tools for both substance abuse and for determining the Stage of Change.

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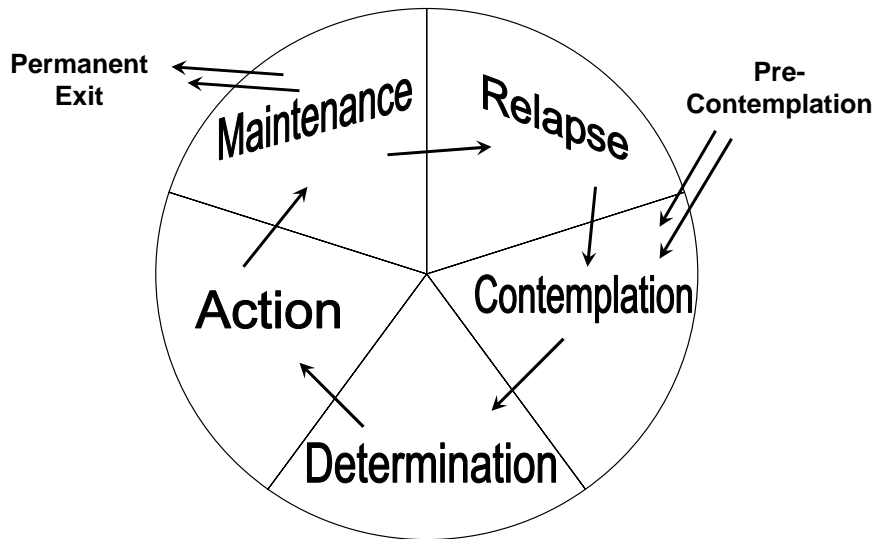
Stages Of Change Model

(Prochaska, DiClemente, & Norcross, 1992)

- Precontemplation
- Contemplation
- Preparation
- Action
- Maintenance
- Relapse

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Prochaska and DiClemente's Six Stages of Change



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FRAMES

Feedback: Information about how drug/alcohol affects the client

Responsibility: Responsibility to change rests with the client

Advice: Give advice with care

Menu of choices: Therapists need to know about several different kinds of treatment

Empathy: Clients respond to warmth and understanding

Self-efficacy: The social worker should support the client by building self-efficacy to support the belief that the client can make the needed changes

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Five General Principles of Motivational Interviewing

(Miller & Rollnick, 1991)

- Express empathy
- Develop discrepancy
- Avoid argumentation
- Roll with resistance
- Support self-efficacy

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Handling Resistance

- Simple Reflection
- Amplified Reflection
- Double-Sided Reflection
- Shifting Focus
- Emphasizing Personal Choice and Control
- Reframing
- Paradox

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Tools for Use by the Nonspecialist Format for a Client Interview

Ask about substance use in detail. Then ask about:

- A typical day
- Lifestyle and stresses
- Health; substance use related to health
- The good things about using, then the not-so-good things
- Substance abuse in the past and now
- Client's concerns directly and specifically
- The next step

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T W E A K

- **T:** Tolerance – How many drinks can you hold?
- **W:** Have close friends or relatives Worried or complained about your drinking?
- **E:** Eye-Opener – Do you sometimes take a drink in the morning when you first get up?
- **A:** Amnesia – Has a friend or family member ever told you about things you said or did while drinking that you could not remember?
- **K (C):** Do you sometimes feel the need to Cut Down on your drinking?

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The Four Ps

(Ewing, 1992)

- Do your **P**arents have an alcohol or drug problem?
- Does your **P**artner use alcohol or drugs?
- Have you had an alcohol or drug problem in the **P**ast?
- Have you used any drugs, alcohol, or cigarettes during your **P**regnancy?

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Alcohol Use Disorders Identification Test (AUDIT)

Begin the AUDIT by saying: "Now I am going to ask you some questions about your use of alcoholic beverages during the past year." Explain what is meant by alcoholic beverages (i.e. beer, wine, liquor [vodka, brandy, whiskey, etc.]). Circle the score for each question in the bracket on the right side of the question.

How often do you have a drink containing alcohol?

Never	[0]
Monthly or less	[1]
2 to 4 times a month	[2]
2 to 3 times a week	[3]
4 or more times a week	[4]

How many drinks containing alcohol do you have on a typical day when you are drinking?

None	[0]
1 or 2	[1]
3 or 4	[2]
5 or 6	[3]
7 to 9	[4]
10 or more	[5]

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How often do you have six or more drinks on one occasion?

Never	[0]
Less than monthly	[1]
Monthly	[2]
Weekly	[3]
Daily or almost daily	[4]

How often during the last year have you found that you were unable to stop drinking once you had started?

Never	[0]
Less than monthly	[1]
Monthly	[2]
Weekly	[3]
Daily or almost daily	[4]

How often during the last year have you failed to do what was normally expected from you because of drinking?

Never	[0]
Less than monthly	[1]
Monthly	[2]
Weekly	[3]
Daily or almost daily	[4]

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How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?

Never	[0]
Less than monthly	[1]
Monthly	[2]
Weekly	[3]
Daily or almost daily	[4]

How often during the last year have you had a feeling of guilt or remorse after drinking?

Never	[0]
Less than monthly	[1]
Monthly	[2]
Weekly	[3]
Daily or almost daily	[4]

How often during the last year have you been unable to remember what happened the night before because you had been drinking?

Never	[0]
Less than monthly	[1]
Monthly	[2]
Weekly	[3]
Daily or almost daily	[4]

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Have you or someone else been injured as the result of your drinking?

Never	[0]
Less than monthly	[1]
Monthly	[2]
Weekly	[3]
Daily or almost daily	[4]

Has a relative, friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?

Never	[0]
Less than monthly	[1]
Monthly	[2]
Weekly	[3]
Daily or almost daily	[4]

Record the total specific items. A score of 8 or greater may indicate the need for a more in-depth assessment.

Source: Developed by the World Health Organization, AMETHYST Project, 1987

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Module II

Treatment Models, Principles, Programs, and Program Components

Objectives:

1. Describe the Patient Placement Criteria-2, including the Six Assessment Dimensions, and the Treatment Levels of Service
2. Demonstrate ability to use the Patient Placement Criteria-2, through the use of vignettes.
3. Describe two models of alcoholism/drug abuse and their implications for treatment, including the components of treatment.

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The Six Dimensions for Assessment

- Acute Intoxication and/or Withdrawal Potential
- Biomedical Conditions and Complications
- Emotional/Behavioral Conditions and Complications
- Treatment Acceptance/Resistance
- Relapse/Continued Use Potential
- Recovery Environment

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Levels of Service

Level .05: Early Intervention (For example, DUI classes, Opioid Maintenance Therapy)

Level I: Outpatient Treatment (Weekly therapy)

Level II: Intensive Outpatient/Partial Hospitalization Services

Level II.1: Intensive Outpatient Treatment (about 9 hours per week)

Level II.5: Partial Hospitalization Treatment (about 20 hours per week)

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Levels of Service (continued)

Level III: Residential/Inpatient

Level III.1: Clinically managed, low intensity, residential

Level III.3: Clinically managed, medium

Level III.5: Clinically managed, high

Level III.7: Medically monitored, inpatient

Level IV: Medically managed/Inpatient

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Goals of Treatment: Disease Model

- Problem recognition/commitment to abstinence
- Understanding loss of control
- Accept chemical dependency as a disease
- Believe in a higher power/accept help
- Identify with others in recovery
- Make a commitment to AA

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Components of Treatment Programs: Disease Model

- Detoxification
- Biopsychosocial assessment
- Comprehensive treatment planning
- Drug testing
- Group/Individual therapy
- Family groups
- 12-step Attendance
- Case Management

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Treatment Components: Social Learning (Neurobehavioral Model)

- Individual therapy on specific content
- Educational group
- Stabilization group
- Relapse prevention group
- Family group/marital therapy
- Drug testing
- AA meetings

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Treatment Components: Women

- Medical treatment/reproductive health
- Abuse/assault counseling
- Counseling regarding shame, guilt, other treatment issues
- Social support skill training
- Parenting skills development
- Life skills development

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Module III Self-Help Groups, the Recovery Process, and Relapse Prevention

Objectives:

1. Describe the characteristics of self-help groups, including AA, Women for Sobriety, and Rational Recovery, and the role of social workers with these groups.
2. Describe the recovery process for both alcohol and drugs, factors that enhance the chances of recovery, how recovery impacts parenting, and implications for social workers.
3. Define relapse, and describe causes of relapse and two models of relapse prevention.

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Developmental Model of Recovery

- Components
 - Role of alcohol
 - Environmental changes
 - Intra and interpersonal changes
- Stages
 - Drinking
 - Transition
 - Early
 - Ongoing

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Process of Recovery

- Biopsychosocial crisis management
- Posttreatment restructuring
- Mature recovery
- Late recovery

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Cocaine Recovery

- Withdrawal (0-15 days)
- The Honeymoon (16-45 days)
- The Wall (46-120 days)
- The Adjustment Stage (121-180 days)
- The Resolution Stage (181+ days)

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Causes of Relapse

- Affective states
- Behavioral issues
- Cognitive variables
- Environment/Relationships
- Physiological variables
- Psychological issues
- Treatment-related variables

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