What is the Active Stage?

- A person in the Active stage has identified substance abuse/mental health as an issue where they would like to see improvement.

- Change talk has been consolidated into some form of action step(s) and the person is following through.

- Steps may be small at first.
Active Stage Goals

- Identify cues/triggers to substance use and mental health symptoms
- Identify those coping skills the person has and still needs to develop
- Explore the person’s views on how to recover
- Explore particular instances of challenges or success to look for answers
Cues and Triggers

- Identify cues/triggers to substance use and mental health symptoms
- Common cues/triggers in various circumstances
- Examine a specific circumstance to identify triggers and skills that would be helpful
Coping Skills/Recovery Strategies

- Identify those coping skills the person has and still needs to develop
  - What’s helped in the past?
  - What has the person done that made things go well?
  - What could ideally happen that would be the most helpful?

**Tools:** Wellness Recovery Action Plan (WRAP); Action/Relapse Prevention Plan; Longitudinal Assessment
# Contextual Assessment

<table>
<thead>
<tr>
<th>Event/Triggers (External- People, Places &amp; Places)</th>
<th>Internal Triggers (Thoughts &amp; Feelings)</th>
<th>Action Taken</th>
<th>Short term Consequences</th>
<th>Long term Consequences</th>
</tr>
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Practice makes Prefect....

1. Break into pairs
2. Have one person be the worker and the other person be the client
3. Think of a behavior you are trying to change or have recently changed
4. The worker will walk the client through the Contextual Assessment filling out each column in the tool
5. Reverse Roles
Active Stage Tx. Interventions

- After identifying triggers and coping skills, the focus becomes putting these things into practice.

- **Practice** is the operative word. If a person doesn’t practice/learn these skills under low-stress circumstances, it’s unlikely they will be able to mobilize these resources when faced with challenges.
Active Stage Skills

- Managing Stress
  - Relaxation Skills
  - Managing Cravings
  - Reframing
Active Stage Skills

- *Leisure skills*
  - Identifying and practicing pleasurable activities
  - Establish regular meaningful activity (work, volunteering, hobbies)
Active Stage Skills

- *Interpersonal Skills*
  - Starting conversations
  - Making requests
  - Disagreeing
  - Making/Taking compliments and criticism
  - Seeking support
  - Drink/drug refusal
COGNITIVE BEHAVIORAL TECHNIQUES

- Thought
- Feeling
- Action
- Situation
Use of CBT in IDDT

- Put very simply, CBT is used to help people change their negative/unhelpful thoughts and behaviors to more positive/useful patterns.

- Don’t want a person to rely solely on external supports/activities. We want people to improve the ability to deal with difficult situations using internalized skills.
Rationale for Cognitive Behavioral Interventions

- Mental Illness – Depression, Anxiety, Bipolar Disorder often cause harmful changes in thinking and behavior that become hardened habits

- Substance Abuse – also can lead to habitual ways of thinking and behaving that lead to problems
ABC’s of CBT

A → B → C

A = Activating Event
B = Beliefs, Thoughts, Attitudes, Assumptions
C = Consequences, Feelings, Emotions, Behaviors, Actions
Common Thinking Distortions

- **Mind reading**: You assume that you know what people think without having sufficient evidence of their thoughts. "He thinks I'm a loser."

- **Fortune telling**: You predict the future—that things will get worse or that there is danger ahead. "I'll fail that exam" and "I won't get the job."

- **Catastrophizing**: You believe that what has happened or will happen will be so awful and unbearable that you won't be able to stand it. "It would be terrible if I failed."
Labeling: You assign global negative traits to yourself and others. "I'm undesirable" or "He's a rotten person."

Discounting positives: You claim that the positives that you or others attain are trivial. "That's what wives are supposed to do--so it doesn't count when she's nice to me." "Those successes were easy, so they don't matter."
Common Thinking Distortions

- **Negative filter:** You focus almost exclusively on the negatives and seldom notice the positives. "Look at all of the people who don't like me."

- **Over-generalizing:** You perceive a global pattern of negatives on the basis of a single incident. "This generally happens to me. I seem to fail at a lot of things."
CBT – Relations Between Events, Thoughts, Emotions, and Behavior

- **Events** – external things that happen in life or internal replaying of upsetting memories

- **Thinking** – distorted, negative, leaves out problem-solving (e.g. “Why bother? Nothing will help.”)

- **Emotions** – depression, anxiety, anger

- **Behavior** – escape behaviors – using, sleeping, overeating, spending, shutting down
Aim those Clickers

Identify the:
Thought Distortion
CBT—Example

- **Event** – I just started feeling well enough to get a part-time job, had car trouble on the way to work
- **Thinking** – “Why do things never work out? I don’t know why I even try; life is against me.”
- **Emotions** – depression, hopelessness, anger
- **Behavior** – Do not call employer to explain (lose job), do not engage in problem solving, walk home & leave car (car impounded), recall all past failures, use or sleep to escape
The Self-Defeating Rules (Irrational Beliefs)
Albert Ellis

A small number of core beliefs underlie most unhelpful emotions and behaviours. Core beliefs are underlying rules that guide how people react to the events and circumstances in their lives. Here is a sample list:
The Self-Defeating Rules (Irrational Beliefs)

1. I need love and approval from those around me.
2. I must avoid disapproval from any source.
3. To be worthwhile as a person, I must achieve success at whatever I do.
4. I cannot allow myself to make mistakes.
5. People should always do the right thing. When they behave obnoxiously, unfairly or selfishly, they must be blamed and punished.
6. Things must be the way I want them to be.
7. My unhappiness is caused by things that are outside my control – so there is nothing I can do to feel any better.
The Self-Defeating Rules (Irrational Beliefs)

8. I must worry about things that could be dangerous, unpleasant or frightening – otherwise they might happen.

9. I must avoid life’s difficulties, unpleasantness, and responsibilities.

10. Everyone needs to depend on someone stronger than themselves.

11. Events in my past are the cause of my problems – and they continue to influence my feelings and behaviours now.

12. I should become upset when other people have problems, and feel unhappy when they’re sad.

13. I shouldn’t have to feel discomfort and pain.

14. Every problem should have an ideal solution.
Exercise: Part 1

- Speaker describes a situation, using language that presents a cognitive distortion.
- Listener’s job is to identify the distortion: what “filter” is the Speaker looking through? Reflect the Speaker’s interpretation.
- Remember the situation and distortion as you’ll be using them later.
CBT: Important Considerations

- **Getting Buy-In:** It’s important that the person you’re working with understand that there’s a relationship between thoughts/emotions/behaviors. (Otherwise, why work on it?)
CBT: Examining Thoughts/Behaviors

- The first task is to help people understand that thoughts and behaviors can be examined and changed.

- Provide some education about ways we distort reality: everyone does it, but it’s possible to change.
HOMEWORK

Probably the most important REBT and CBT strategy is *homework*. This can include such activities as:

- Reading
- Self-help exercises
- Thought Stopping
- Experiential activities

Therapy sessions are really ‘training sessions’, between which the client tries out and uses what they have learned.
Homework can be very simple: Consider “noticing” homework
  - e.g. “In the next week, I’d like you to notice the times when you feel less anxious and what you’re doing at those times. We can talk about them next time we meet.”
CBT: Mastery Experiences

- Using small, achievable homework/practice assignments
- Practice must present some level of challenge or it won’t be meaningful
- Succeeding at the assignment instills a sense of hope and self-efficacy
CBT: Mastery Experiences

- Plan ahead, one step at a time
- How will we define a “successful” practice step?
- What’s the plan if the practice is less than successful?
- How will the person reward self for success?
- Once successful, what’s the next step?
Exercise: Part 2

- In the same pairs as earlier, revisit the situation and the way the Speaker was interpreting the situation.

- The Listener collaborates with the Speaker to develop a homework activity that will help the Speaker take a different perspective.
Small Groups: Examining Our Expectations

- What kind of distorted messages/beliefs do we as clinicians have that get in the way of working successfully with people?
- What messages/beliefs might we have about implementing IDDT?
- What are some helpful alternative thoughts or actions?
Treatment Planning

Goal: To determine:
- A Person’s Passion(s) in Life
- Long term
  - A blueprint for future work together
Short Term Steps

✓ Method, Objective, Activities (however the agency defines it)

✓ Stage-wise interventions that will most likely be effective

✓ A set of measurable objectives

✓ Things that can be accomplished in the short-term (LESS than 90 days)
Ingredients of Good Goal Setting

- Relevant (makes a difference to cl.)
- Specific
- Presence (instead of absence)
- Observable
- Within client’s control
Clickers one more time 😊

Examples of Goals:
What’s missing?
Treatment planning

- **Engagement**
  - Do not focus on substance use. Focus on basic needs and building rapport.

- **Persuasion**
  - Explore health and lifestyle: How do they impact the client’s goals?

- **Active treatment and relapse prevention**
  - Focus on substance use
Treatment planning

- Examine global patterns of mental health symptoms and substance use for areas to address in treatment.

- Treatment in active and relapse prevention stages must address cues and consequences of substance use.
Review: Stages of Change

- **Precontemplation**: No awareness of problem
- **Contemplation**: Willing to examine problem, Ambivalence
- **Action**: Willing to change, Learn and use new skills
- **Relapse Prevention**: Learning new skills, lifestyle change, relapse is an opportunity.
Engagement stage interventions

- Outreach
- Crisis interventions
- Practical assistance
  - Housing, food, income as needed
- Build alliance
  - Exploring client’s priorities, doing a Strengths Assessment, Longitudinal Assessment (with permission)
- Offer hope
  - Recovery is possible
Persuasion stage interventions

- Motivational counseling
  - Importance/Confidence ruler, Payoff Matrix, Values Cards, Developing Discrepancy, Supporting Self-Efficacy, etc.

- Family interventions
  - Assess family involvement, Engage family in tx.

- Peer support
  - People with similar “lived experience”
  - IDDT Groups

- Education
  - Effects of substances on health, function, mental illness
Active Treatment Interventions

- Identify Cues/Triggers, consequences
- Skills training
  - Coping skills/Recovery Strategies
  - Drink/drug refusal
  - Leisure skills
- IDDT and Self-Help Groups
- Action/Relapse Prevention Plan
- Continue Family Involvement
- Develop Meaningful Activities (work, school, giving back to community)
Relapse Prevention Interventions

- Similar to active treatment
  - Focus moves from stopping substance use to maintaining sobriety and expanding recovery
  - Focus continues on skills training
  - Self help
- Update Relapse prevention plan
- Graduated Disengagement