Reaching the Unreachable
Engaging People with SUDs in Pre-Contemplation Phase
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 about 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......
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

Programs By Type:
- **52%** Outpatient
- **21%** Subacute
- **13%** Acute
- **11%** Crisis
- **2%** Residential
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.

Nope, Not A Problem!
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
• Culture of “Power-with”, Respect and Non-Judgement
Conversations that Awaken Hope and Resilience

Culture: Five Awarenesses

Conversations: Five Conversations
• 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

Educate & Explore

STAGES OF CHANGE

No, Not Me

Well... Maybe

So, OK... What do I do Now?

Okay, Let's Do This

PREPAREDATION

ACTION

PRE-CONTEMPLATION

CONTEMPLATION

ELAPSE

MAINTENANCE

a change in thinking
Our Approach

Respect and Non-Judgment

I feel more hopeful now

a change in attitude
Educate & Explore

Respect and Non-Judgment

I’m inspired to try out a change

a change in thinking

a change in attitude
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
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
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
Hope & Dreams that Inspire
Quick Scale
Hope & Dreams that Inspire De-brief
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.
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?”

<table>
<thead>
<tr>
<th>KEY TALKING POINTS</th>
<th>SAY &amp; DO</th>
<th>MATERIALS</th>
<th>TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome members</td>
<td>Hi everyone. Welcome to our group. [If any]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Explain Education Group</td>
<td>Today’s presentation will help us understand addiction and its impact on individuals and society.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Describe Group Agreements</td>
<td>Before we begin, let’s take a moment to discuss our group agreements.</td>
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</table>

GROUP FLOW - “What is Addiction?”

- Welcome - welcome members, describe group agreements, explain this is an educational group, explain facilitator role
- 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
- Group Context: 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.
- Mindfulness: 5 min
- Tips for Follow-up – being aware of this will prepare you to be thoughtful about the choices you are making
- Wrap-up & Quick Scale
- Social Time – During this time, photocopy handouts. Send members/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 not to 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
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
Leadership Implementation Kick-Off Workshops
The COEG System: Implementation

Learning Communities

COEG Facilitator at Program A

COEG Facilitator at Program B

Clinical “Lead” at Program C

Learning Community Webinars
What Did We Learn?

Great ideas, but...What do group participants really gain?
#1. Curriculum Works Across Program Types
#2. Participants (and Facilitators) Liked the Groups!
“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?

Participants’ Rating of COEG

<table>
<thead>
<tr>
<th></th>
<th>Rating</th>
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</thead>
<tbody>
<tr>
<td>Well Facilitated</td>
<td>3.64</td>
</tr>
<tr>
<td>Clear Content</td>
<td>3.61</td>
</tr>
<tr>
<td>Confident Can Apply</td>
<td>3.66</td>
</tr>
</tbody>
</table>
What Did We Learn?

Comparing Participant & Facilitator Ratings

- **CLEAR CONTENT**
  - Participant: 3.61
  - Facilitator: 3.19

- **CONFIDENT CAN APPLY**
  - Participant: 3.66
  - Facilitator: 3.24
What Did We Learn?
“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.”
COEG

COEG at additional Telecare programs including Sobering Stations

Sustain

Additional refinement of Curriculum

Educational Handouts
Our Next Steps
How “High Risk” Drinking Can Affect the Body and Brain

**Withdrawing Symptoms**
- Rapid pulse and sweating
- Increased body temperature
- Heart palpitations
- Anxiety
- Depression
- Insomnia
- Nausea or vomiting
- Major tachycardia
- Hallucinations
- Grand mal seizures
- Delirium tremens

**Brain:** Aggression, agitation, violence, depression, anxiety, alcohol dependence, memory loss, sleep disturbances, blackouts, delirium

**Heart:** Heart attacks, strokes, high blood pressure, irregular heart rhythms

**Respiratory:** Frequent colds, reduced infection resilience, increased risk of pneumonia

**Cancer:** Throat, mouth, breast, esophagus, liver

**Stoma:** Hair, pancreas, vitamin deficiency, severe stomach and pancreas inflammation, ulcers, vomiting, diarrhea, malnutrition

**Reproduction:** More impaired sexual performance, increased risk of giving birth to babies with brain damage, low birth weight, or other serious health issues

**Liver:** Liver disease, cirrhosis

**Reflection Questions**
- What are two benefits you might experience if you decided to cut down or quit using alcohol?

1. 
2. 

- What is one next step you might take to cut down, step or reduce your use of alcohol or reduce harm?

Source:
- NIAAA Beyond Highs: http://www.niaaa.nih.gov/publications/BeyondHighs/HighsBeyond
- SAMH Key Messages: http://www.webvision.com/TelecareCorporation/Documents/OpioidsHighsAndRisk.html
- Whole Person Care: www.wholepersoncare.com
Our Next Steps

Methamphetamine
Facts and Effects on the Body

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.

Some facts to know about methamphetamine use:
Methamphetamine — also called meth, crystal, chalk, crank, and ice — is a highly addictive drug.
94% of people 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 fertilizers.
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

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.drugabuse.gov

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

Effects of Methamphetamine on the Body and Brain

WITHDRAWAL SYMPTOMS
- Depression
- Lack of energy
- Increased appetite
- Anxiety
- Increased sleep
- Night sweats
- Intense craving
- Irritability
- Hard to feel any pleasure

Mind: Increased wakefulness, insomnia, anxiety, depression, confusion, irritability, paranoia, hallucinations, delusions, and impaired work skills, sleep deprivation

Heart: Severe dental decay, “meth mouth”

Heart: High blood pressure, stroke, heart attack, irregular heartbeat

Increased body temperature

Stomach: Extreme weight loss, nausea, malnutrition

Other: Body sores and abscesses from picking at the skin when high, lung damage if smoked, increased risk for HIV, Hepatitis B & C when injected

Reflection Questions:
1. What are two benefits you might experience if you decide to cut down or quit using meth?
2. What is one next step you might take to cut down, stop, or reduce the harm of your meth use?

Sources:
- NICHD
- [http://www.wadd.com](http://www.wadd.com)
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