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Integrated Dual Disorders Treatment (IDDT)

Mental Health and Substance Abuse

10-24-2015

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Conflict of interest note:

This presenter has

no conflict of interest,
commercial support,

or

off label use to disclose.

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Learning Objectives:

- To be able to define Co-Occurring Disorders
- To be able to describe the key elements of Integrated Dual Disorders Treatment (IDDT) in the ACT Model of care
- List the 5 Stages of Change

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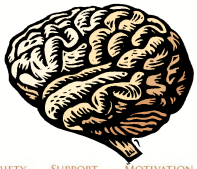
Co-Occurring Disorders

MH/Psychiatric Disorders and Substance Abuse are both Brain Disorders.

Both effect Dopamine

And Serotonin

functioning in the nerve cells.



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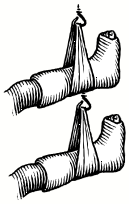
Person comes into ER with a broken leg



- Do we assess the other leg to see if it is broken? Why?
- Do we ask which one broke first?
- If both are broken, do we wait for one to heal before treating the other?
- Do we send them to another doctor and hospital to treat the second broken leg.

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Best Practice Interventions:

- **IDDT (***Integrated Dual Disorders Treatment)*
- **PACT** *(Program of Assertive Community Treatment)*
- **Psychopharmacological interventions**
- **Supportive Employment**
- **Supported Housing**

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Best Practice Interventions:

- **Stage of Change/Motivational Interviewing**
- **CBT** (Cognitive Behavioral Therapy)
- **DBT** (Dialectical Behavioral Therapy)
- **IMR** (Illness Management & Recovery)
- **FES** (Family Education and Support)
  by Lindy Fox Smith & Kim Musser

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Co-Occurring Disorders

- **Why Focus on C0-Occurring Disorders?**
  - SA is most common co-occurring disorder in people with MI
  - Negative Outcomes:
    - More relapses
    - Demoralization
    - Repeated Hospitalization
    - Violent behaviors

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PSYCHOLOGICAL ---

RESULTING BEHAVIORS:

- Frequently missing work or drop in productivity rate;
- Sudden appearance or increase in psychiatric symptoms;

  Isolation, paranoia, delusions, lethargy, incoherent speech,

  Hostility, angry outbursts, hallucinations, poor concentration,

  Poor judgment, etc. due to not taking meds as prescribed)
- Physical symptoms—weight loss (esp. with cocaine use), poor hygiene,

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PSYCHOLOGICAL---

RESULTING BEHAVIORS:

- Withdrawal symptoms
- Spending all their time with known S.A. users;
- Selling possessions for alcohol or drugs (including food, furniture, TV's—theirs or others)
- Shoplifting items to sell or over the counter meds (benedryl, actifed, sudifed, sleeping pills)
- "Pan handling" or intimidating others for money to buy alcohol or drugs;

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PSYCHOLOGICAL ---

RESULTING BEHAVIORS:

- Prostituting, dealing or "running" drugs to support alcohol/drug use;
- Seeking hospitalization or visiting the ER to obtain meds;
- Moving to a new "catchment area" as part of drug seeking activity.
- Their housing can be very unstable—evictions, moving from one place to another, live with family, live at the shelter.

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PSYCHOLOGICAL--

RESULTING BEHAVIORS:

- He/she is at a higher risk for victimization—rape, assaults, "robbed" by using peers (both money and possessions).
- He/she have already been victimized by adults as children—Sexual abuse, physical abuse, emotional abuse.
- He/she have adults (case manager, psychiatrist, family members, group members, community members) pointing out their use and the negative consequences.

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PSYCHOLOGICAL---
RESULTING BEHAVIORS:

- He/she have a higher suicide rate and death rate.
- He/she may have Axis II diagnosis as well as other Axis I diagnosis.

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History of IDDT

- 1980's Dr Robert Drake looked for model to address both disorders & picks PACT.
- Did research for over 10 years using PACT model as core and added other treatment strategies. Many of the team leaders were MH nurses.
- Has now been replicated around the world.

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PACT MODEL

- Mental Health Team = **ACT Team**
- Function interchangeably
- Community based
- Provide basic living skills education & assistance
- Assimilation of community resources
- Assertive approach to decrease dropout

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Mission of ACT Teams

- **Keep the <u>person</u> in the community--**Out of the hospital, Crisis Units, Jails, etc.

- **Get them back to *<u>or</u>* to WORK--**

PAID Employment, or Volunteering and/or to School [Independent]

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Mission of ACT Teams

- Diminish the family's burden of providing care & increase independence
- Foster a productive community member

- Increase wellness
- Decrease stigma

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PACT PRINCIPLES

1. Primary provider of services/Fixed point of responsibility
2. Services provided out of office (75%)
3. Highly individualized services to the person
4. An Assertive approach
5. Continuous Long-term services

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THE ACT TEAM MEMBERS

- Psychiatrist, Social Workers, Nurses, Mental health staff, SA Staff, Support Staff
- Knowledge of Vocational Rehabilitation, Mental Illness, sexual abuse, Substance Abuse, Trauma informed care, etc
- Coverage—24 hours/365 days with use of on-call system

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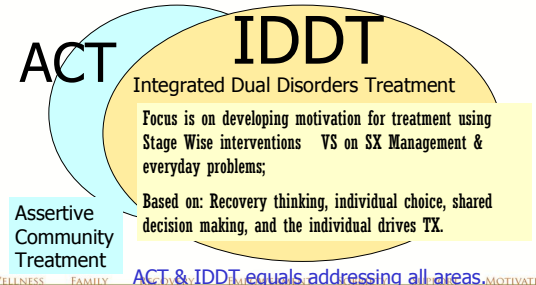
OVERLAP OF THE MODELS



ACT & IDDT equals addressing all areas.

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IDDT—Evidenced Based Model (Dr. Robert Drake & team at DPRC)

- Treating the Mental Health AND Substance Abuse at the same time with in the ACT Team based on PACT model of care.
- Using Stages of Change & Motivational Interviewing interventions for the purpose of reducing mental health symptoms and a long range goal of abstinence. Supports ACT outcomes. Is a recovery based model of care.

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Co-Occurring Disorder (S) IDDT

Schizophrenia, Bipolar Disorder, Schizoaffective Disorder

Substance Abuse/Dependence Disorder

Anxiety Disorders/OCD Personality Disorder

PTSD issues—Physical/Sexual/Emotional abuse
trauma issues

Medical Conditions

Developmental Disorders, Learning disabilities

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IDDT GOALS

- **Assisting the individual in developing the motivation for treatment and the establishment of goals that are meaningful to the person.**

- **Decrease risk of suicide**
- **Stabilize acute psychotic symptoms**
- **Reduce likelihood of relapse of MH & SA SX and rehospitalization**
- **Ensure appropriate individualized treatment**

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Overall Treatment Goals

continued

- **Decrease alcohol/substance abuse**
- **Increase overall wellness**

- **Reduce stress and burden on families**
- **Begin rehabilitation**

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IDDT
BASED ON Recovery Thinking

The person is a **partner** in the treatment process and

The provider is a **guide** with knowledge and experience to share, discuss, educate, explore, coach, advise, assist, encourage, negotiate, role model, validate, etc.

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IDDT

BASED ON Recovery Thinking, Nursing practice should incorporate the following:

- **EXPECT THEY WILL IMPROVE/RECOVER!!!!!!!!!!**
- Celebrate the successes, no matter how small,
- Use positive language in meetings and in day to day job tasks to practice the recovery way of thinking,
- **EMPOWERMENT:** Offer choices, clarify they have the power to make choices/decisions,
- **You are offering tools, and they can choose to use them or not. You hope they will, but you respect their choice to not be ready yet.**

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IDDT

BASED ON Recovery Thinking, Nursing practice should incorporate the following:

No matter what level of illness—Expect that they can participate at some point in "Meaningful Day time Activity"

WORK is Therapy!!!!!!

They do not have to be sober to work.

(Clinical evidence shows that some people will stop using to keep a job!)

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IDDT

BASED ON Recovery Thinking, Nursing practice should incorporate the following:

- **Ask about their hopes, dreams, wishes.**
- **Encourage and value their input and feedback.**
- **Explore and help resolve barriers to treatment (Childcare, transportation, etc.)**
- **Explore what natural support network is available and self help groups are being used or may be used.**

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IDDT

BASED ON Recovery Thinking, Nursing practice should incorporate the following:

- **Explore about connections to the faith community and consider the importance of faith to the persons recovery.**
- **Explore what signs the individual would look for that are indicative that they no longer need your assistance.**
- **Consider the role culture may play in this person's life and its influence on language, faith, family and the person.**

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NUSING PROCESS that blend into IDDT

- Providing an environment conductive to **communication**
- Involve family/significant other(s)
- Obtain a multidimensional history with current & past problems
- Complete multiple assessments
- Assessments lead to nursing diagnosis

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NURSING PROCESS that blend into IDDT

Assessments & Diagnosis results in:

- Structured Care Planning
  - Identifying contributing factors and behavioral symptoms leads to development of short and long term goals
- Carrying out selected interventions
- Evaluating the outcome or effectiveness of those interventions
- Adjusting the care plans

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FIRST INTERVENTIONS:

- **ENGAGEMENT**
- **RELATIONSHIP BUILDING**

Without a relationship, no treatment will happen and no positive outcomes!

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INTERVENTIONS:

- **Individual Supportive Treatment**
  - Reality Based
  - Here and Now
  - Discussion of negative consequences of Mental Illness, Substance Abuse, Medical issues, etc. in non-confrontational way

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INTERVENTIONS:

- **Crisis Interventions**
- **Substance Abuse Treatment-- IDDT**
  - Individual/Group Treatment
  - AA/Smart Recovery/Co-Occurring Disorders meetings
  - S. A. Education
  - Stages of Change Model

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INTERVENTIONS

- **Psychopharmacologic Treatment**
- **Rehabilitation:**
  - Behavioral/Functional Skill Building
  - Education
    (Budget skills, Communication skills, Leisure skills, Social skills, Vocational skills, ADL skills, Community Integration skills, etc.)

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INTERVENTIONS

- **Supportive Employment**
  - Assistance with Résumé
  - Assistance with job interviews
  - Assistance with job skills (staying on task, keeping a schedule, accepting constructive criticism, communicating with peers & supervisor, etc.)

[Nursing skills: Education, Assessment, TX planning, Collaboration, skill building, commitment]

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INTERVENTIONS

- **Supported Housing**
  - **Team works with landlord & family**
  - **Payment made by others when necessary, such as family, payeeship**
  - **In home assistance with ADL's—cooking, shopping, cleaning, budgeting**
  - **Assessment of social contacts**

[Nursing skills: Education, Assessment, TX planning, Collaboration, skill building, commitment]

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INTERVENTIONS

- **Collaboration** with Families/Significant others
- **Collaboration** with Guardian, PCP, dentist, lawyers, probation or parole officer, landlords, employers, etc.
- **Collaboration** with other providers (Hospitals, Crisis units, SA providers)

[Requires good Communication Skills!]

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INTERVENTIONS

- **Provide transportation:**
  - Rides to work until comfortable with public transportation system
  - Dr. appointments (until clinically appropriate, individuals have to have staff with them)
  - Grocery shopping trips (Assist with healthy choices)
  - Trips to community resources and leisure activities (Exercise, building new pathways)

[Nursing skills: Education, Assessment, TX planning, Collaboration, skill building, commitment]

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What ACT Team can not do:

- Violate the client's right to make poor decisions, even when we disagree (I.e.— Not taking medications as ordered, drinking alcohol or using drugs, being with people who use drugs, living where they want, ***refusing services that would help***)
- Provide information to non-guardians without consent to release information by the person.
- Place the person in a hospital or CSU against their will, unless they meet the law's definition of danger to self or others.
- Prevent them from leaving the team, unless they have a guardian.

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Skills nurses need:

- **Have a clear vision of the mission of the team**
- Be committed to the model
- Ability to be a team player
- Have a support system
- Have a strong voice on the team

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Nurses-- NEEDED ABILITIES

- To be flexible and organized
- Able to communicate effectively to all team members, especially with the person served
- To understand Stages of Change/Motivational Interviewing
- To develop a long term relationship
- Able to carry the hope for the person, until they are ready to take it back.

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Nurses-- NEEDED ABILITIES

- To be able to NOT take individual's anger personally
- Able to **partner** with the person in treatment, instead of as the "expert"
- To not join/align with the illness(s) and enable the person to use
- To advocate with them to take the medications (Or they are unable to participate in TX offered)

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Nurses-- NEEDED ABILITIES

- To use legal means during crisis for involuntary admissions, Payeeship, guardianship and any other tools as needed to ensure proper care
- Work with families, S/O, Partners, police, guardians, lawyers, physicians, etc.
- **To understand the consequences of person's use of any substances—alcohol, drugs, tobacco, caffeine, etc**

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Nurses-- NEEDED ABILITIES

- To understand:
  - Recovery is a slow process with ups and downs
  - Recovery is not an event, it's a marathon
  - Treatment is like Insulin—without it, the illness returns and progression is faster with worse physical and mental damage
  - The Family is not to blame and neither is the person. We do not blame for Cancer.

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Substance Abuse knowledge needed to effectively deliver care that incorporates IDDT evidence based practices

- DSM definitions of Abuse and Dependence for drug classifications
- ASAM *(American Society of Addiction Medicine)* Criteria
- Understand addictions, including consequences
- How to and what assessments to use
- Treatment of different drugs classification
- Prevention strategies
- Impaired professionals issues (Use of EAP)
- Resources available

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Nurses-- NEEDED ABILITIES

- **Understand the need to address wellness every day:**
  - NUTRITION
  - EXERCISE
  - SLEEP HYGIENE
  - TOBACCO USE

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Reasons to look at wellness:

- **They die 12 to 25 years earlier than general population**
- **They die most often from heart disease, cancer, and problems associated with smoking and alcohol use**

Washington Un. School of Medicine 1/3/14

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Prochaska, James O.; Norcross, John C.; DiClemente Carlo C.: Changing for Good New York: Avon Books 1994 S of C presentation

10% of Programs Address The 80% Who are in:

Precontemplation, Contemplation, Preparation

STAGES OF CHANGE

What techniques are helpful in what stage?

What is the focus of each stage?

What are the Tasks of each stage?

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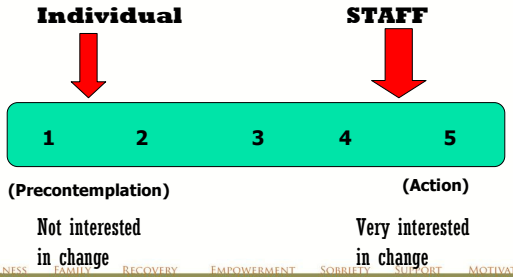
READINESS TO CHANGE



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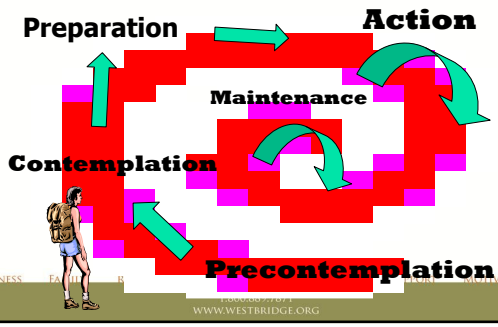
When You Change

[SPIRAL vs. Linear]



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SUMMARY OF SOME CHANGE PROCESS TECHNIQUES

PROCESS	GOALS	TECHNIQUES
Consciousness Raising	Increasing information about self and problem	Observations, confrontations, interpretations bibliotherapy
Social Liberation	Increasing Social alternatives for behaviors that are not problematic	Advocating for rights of repressed, empowering, policy interventions
Emotional Arousal	Experiencing and expressing feelings about one's problems and solutions	Psychodrama, grieving losses, role-playing
Self-Reevaluation	Assessing feelings and thoughts about self with respect to a problem	Value clarification imagery, corrective emotional experience
Commitment	Choosing and committing to act, or belief in ability to change	Decision making therapy, New Year's resolutions, logotherapy
Countering	Substituting alternatives for problem behaviors	Relaxation desensitization, assertion, positive self-statements
Environment Control	Avoiding stimuli that elicit problem behaviors	Environmental restructuring (e.g., removing alcohol or fattening foods), avoiding high-risk cures
Reward	Rewarding self, or being rewarded by others, for making changes	Contingency contracts, overt and cover reinforcement
Helping Relationships	Enlisting the help of someone who cares	Therapeutic alliance social support, self-help groups

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Stages of Change in which particular CHANGE PROCESSESS are most useful

Precontemplation Contemplation Preparation Action Maintenance

Consciousness-Raising
Social Liberation
Emotional Arousal
Self-Reevaluation
Commitment
Reward
Countering
Environment Control

ACTION

Prochaska, James O.; Norcross, John C.; DiClemente Carlo C.: Changing for Good New York: Avon Books 1994

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Focusing on awareness without self-confidence can lead to hopelessness!

Self-Esteem
Self-Confidence
Optimism
Awareness, Discrepancies

Hopelessness
Helplessness
Low Self-Esteem
Lack of Awareness

Direction of Change

Self-Confidence + Awareness = Positive Behavior Change

Self-Confidence: The belief I am able to complete a task.

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Precontemplation

Characteristics:

Thinking Stage

- Unaware of Problem
- Problem is external
- Resistant,
- Hopeless
- Demoralized,
- Defenses:
- Denial, minimize,

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Precontemplation

Characteristics cont'd.:

- Internalize, Projection, Rationalization
- Displacement
- Present as Depressed,
- Anxious,
- Afraid to risk,
- Believe they are in control

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Precontemplation

GOAL:

Shift the focus to **THINKING and INSIGHT**

Techniques

Consciousness Raising

Social Liberation

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Precontemplation

Tasks:

- Develop insight, increase education
- Find hope, explore barriers,
- Gain confidence
- Become aware of defenses

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Precontemplation

Comments:

- Shift in focus,
- Change way of thinking,
- Need to develop a support system

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How to help Precontemplators

- Make therapy a safe and supportive place, encourage them to ask someone they trust to share with them their defenses. Use education to show them how defeating defenses can be.

- Give them permission to be human, encourage participant to be open about their defenses. Help them get control over their defenses.

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How to help Precontemplators

- Remind them that they are not ready for action, that they need to talk, get feedback, and feel cared for. They need to communicate with others what their goals are to change.
- Remind them that this is a process and that each step builds toward the next and that it will not happen overnight.

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How to help Precontemplators

DO

- Recognize that participants need assistance to change
- Provide feedback on participant defenses
- Assess for shame, guilt, embarrassment

DON'T

Push someone into action, Nag, Give up, Enable

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DATA COLLECTION:

Psych/Social Evaluation:
Comprehensive Eval includes biological
Mental Status
Legal History—SA & MH

Substance Abuse Profile:
Identifies Risk Factors
Identifies Stage of Change
Identifies Triggers
Identifies Strengths

Collateral Resources:

Family
Employers
Friends
Law Enforcement
Healthcare Workers
Lawyers

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Medical History:

Hypertension	Enlarged Liver
GI Problems	Sleep Disturbances
Anemia	Impotence
Bone Fractures	Anxiety
Tremulousness	Memory Impairment

Blood work*
SGOT (AST) & SGPT (ALT) these enzymes reflect the health of the liver.

GGTP-This enzyme is found in the liver, brain and blood and appears to be sensitive to the effects of alcohol. This is usually the first enzyme to show an elevation and it has been shown to be a predictor of serious medical problems.
Elevations of these enzymes are also the result of other medical problems it is important to have a physician validate that the elevations are due to alcohol use.

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Total Bilirubin- A severely damaged liver cannot metabolize bilirubin. This is one of the causes of jaundice, a late stage of liver disease.

Uric Acid- Byproduct of the kidneys, an alcohol damaged liver can not excrete uric acid and thus it builds up in the bloodstream. This may result in Gout, a painful inflammation of the joints.

QUESTIONNAIRES:

- **Alcohol Expectancy Questionnaire**
- **Alcohol Effects Questionnaire**
- **CAGE Questionnaire**
- **Comprehensive Drinker Profile**
- **The Drinker Inventory of Consequences**
- **Addiction Severity Index**
- **Substance Abuse Subtle Screening Inventory**

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Consciousness-Raising

The first step to fostering intentional change is to become conscious of the self-defeating defenses that get in the participant's way.

KNOWLEDGE IS POWER.

Becoming aware of defenses

Checking the participant's defenses

Increased awareness and practice can help a participant turn a maladaptive defense into a positive behavior.

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Social liberation involves utilizing community resources, social norms to create more alternative and choices for problem behavior.

Examples include:
- No Smoking sections
- Fat free foods
- Designated drivers
- Public service messages
- Employee wellness programs
- Reimbursement for exercise equipment
- Lower insurance rates for non-smokers.
- Self-help groups

Precontemplators can perceive these forces as positive and helpful, in which case they will progress to contemplation.

They may also perceive these forces as coercive, believing that their rights are being infringed upon by society.

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Providing Feedback

- Target the person's present situation and its risks or consequences.
  - •Journals
  - •Family Input
  - •Friend's input
  - •Objective tests
  - •Blood Work/Medical tests
  - •Probation Input
  - •Work Performance

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Treatment Planning
Precontemplation

Goal: Shift in Focus
- Target participant's perception
- Educate to develop insight
- Increase Hope
- Consciousness Raising

Objectives:

Conciseness raising	Assessment
Review Assessments	Education
Stress Management	Coping/Wellness
Assess for Depression	Assess Lifestyle

Interventions:

Assessment Tools	Medical Evaluation
Education Groups	Social Alternatives
Typical Day	Journal
Timeline	Lifestyle Awareness
Wellness	Exercise

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Contemplation

Thinking Stage

Characteristics:

- Increase awareness causes ambivalence (*Normal*)
- There is a resistance to change, The desire to change exists simultaneously with an unwitting resistance to it.
- Open to information about problem,
- May feel stuck,
- Action may be avoided,

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Contemplation

Characteristics Continued:

- Await some type of external intervention,
- Analysis causes paralysis,
- Fear of failure,
- Fear of new self,
- Threatened identity or security,
- Wait for the magic moment.

CHRONIC CONTEMPLATOR

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Contemplation

- **GOAL:**
  - **Shift the focus to awareness of the problem and the solutions**
- **Techniques:**

Consciousness Raising & Social Liberation
Emotional Arousal
Self-Reevaluation

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Contemplation

TASKS

- Increase awareness of problem and solution,
- Self-appraisal,
- Resolve fear and ambivalence,
- Make an informed decision to change problem behavior,
- Pros and cons of changing,
- Skill building, exercise, functional analysis

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Contemplation

COMMENTS:

- Shift in perception,
- Learn to make an informed decision,
- Positive attitude, hope, self-esteem,
- Need a support system,
- Dual disorders--TX both!,
- Environmental control

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Contemplation

Comments

Contemplation is essential prior to preparation. Ambivalence is a natural part of the change process.

Contemplators may present as:

Depressed
Passive
Serious about solving their problem
Eager to talk about themselves and their problem
Open to any information about their problem

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Emotional Arousal

Emotions can be harnessed to provide the energy to move from contemplation to preparation.

- Not the same as fear arousal
- Serves as a cleansing function
- Do not confuse emotions with change

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Self-Reevaluation

The goal of self-reevaluation is to emotionally and cognitively appraise the problem and self.

This reevaluation should leave the participant thinking, feeling and believing that life would be much better if his behavior was changed.

Develop techniques that focus on:
- Abandoning the hope of finding an easy route to change
- Confronting difficult questions regarding the outcome of change
- Looking at how change will effect self-image

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Chronic Contemplators

- **Substitute thinking for acting**
- **Will make statements about taking action in the future or "someday"**
- **Conflicts and problems are suspended**
- **Decisions are never completed**
- **Action is avoided**
- **Await some type of type of external intervention**

Prochaska, James O.; Norcross, John C.; DiClemente Carlo C.: Changing for Good New York: Avon Books 1994

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PREPARATION

- **GOAL:**

  Using the decisions made in Contemplation Stage

  to develop specific steps to solve the problem

  for implementation during Action Stage

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PREPARATION

Techniques:

Social Liberation

Emotional Arousal: **Experiencing & expressing feelings about the problem & solution**

Self-Reevaluation: **Assessing feelings & thoughts about self with respect to a problem**

- **Commitment:** Choosing and committing to act coupled with a belief in the ability to change, which reinforces the will to act.

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PREPARATION

Practice behavior change Stage

Characteristics

- Ambivalence is resolved,
- Self-reevaluation, anticipate roadblocks,
- Make a decision to take action
- By end of stage: Make a commitment to change

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PREPARATION

Characteristics continued:

- Have self-confidence,
- Hopeful about future, careful planning, rehearsing for action,
- Self pride,
- Become responsible for behavior.

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PREPARATION

TASKS:

- **List benefits of changing,**
- **Focus on positive outcomes,**
- **Increased energy,**
- **Let go of past,**

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PREPARATION

TASKS cont'd

- **New self-image,**
- **Belief in ability to change,**
- **Anxiety is a normal reaction to change,**
- **Skill building**

(anger management, assertiveness training, 12 step groups)

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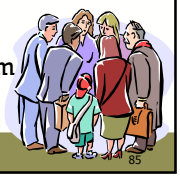
PREPARATION

COMMENTS:

- **Recovery is a process not an event,** [A marathon not a sprint]
- Identify strengths,
- Learn new skill to succeed,
- Need to have a support system
- Relapse may occur.



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Action

- **GOAL:**

Purposefully modify lifestyle in order to alter behavior based on commitment.

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Action

Techniques:

Countering

- **Substituting healthy responses for problem behaviors**
  - **Active diversion: keeping busy**
  - **Exercise**
  - **Relaxation 10 to 20 Min. per day**

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Countering (Cont'd.)

- **Counter thinking: substituting positive thoughts for negative/B&W thoughts**
  - **(I would like rather than I need to)**
- **Assertiveness: exercising right to communicate your thoughts, feeling, wishes, and intentions clearly, thereby countering feelings of helplessness.**

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Technique:

- **Environmental Control:**

Restructuring the environment so that the likely occurrence of a problematic stimulus is significantly reduced.

Avoidance (i.e. bars); Deal with cues & develop a plan;

Reminders: To do list, including use of relaxation & exercise, appointments, etc.

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Technique:

- **REWARD:**

Environmental control modifies the cues that precede & trigger problem behavior, *Reward* modifies the consequences that follow and reinforce it.

Positive thoughts: "Nice job relaxing"

A way of re-parenting self!

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Characteristics:

- Modified lifestyle to alter behavior,
- Need to be committed to change,
- Understand-- **NO** guarantees that action will be successful,

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Characteristics continued:

- **Prepared,**
- **Aware of pitfalls,**
- **May be active in 12 step program**

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Tasks

- Be aware of time, effort and energy needed to change,
- **Relapse prevention skills**
- **No simple solutions to complex problems**

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COMMENTS:

- Relapse may occur,
- Need to have support system in place already,
- Change in lifestyle,
- **Treat core issues.**

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Maintenance

Goal

Maintain new behavior

FOCUS

On Behavior and Lifestyle

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Maintenance

Relapse Prevention:

Task

Continue integration and utilization of new coping skills,

Goal

Abstinence

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Maintenance

Techniques/Interventions:

- Rewards
- Support
- Relapse Prevention tools

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Maintenance

Techniques/Interventions

- Hobbies
- Skill development
- Social Alternatives
- Exercise

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Presenter Information

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