Northwest Frontier ATTC
Unifying science, education and services to transform lives.

Addiction Messenger

SERIES 40 - December 2010 Volume 13, Issue 12 *Ideas for Treatment Improvement*

Continuing Care

Part 3 - Telephone Monitoring

The goal of telephone monitoring is to establish a consistent avenue for tracking a client's recovery process. Through telephone collaborations the addiction professional and the client identify any potential high-risk situations and emotional triggers for drug use. In addition, they work together to build lifestyle activities unconnected with substance use. As continuing care begins, the calling schedule for the counselor and client is approximately once a week for 8 weeks, decreasing to once every 2 weeks for 10 months, then once a month for 6 months and finally once every 2 months for the remainder of continuing care. This type of schedule should be viewed flexibly and modified based on how the client is responding and his/her balance of risk/protective factors.

Collaborating with your client on the use of telephone-based continuing care usually begins with a 45-minute face-to-face orientation that introduces the client to the basic protocol. During the orientation you should review the client's progress to date, explain the process of continuing care, collaborate on creating an emergency/safety contract, establish or review continuing care goals and the targets for monitoring, and finally, complete an assessment worksheet. It will be important to negotiate the call schedule, discuss how the calls might be helpful to the client and the benefits of being ready for the call.

Each telephone session is focused on reviewing the client's progress and strategizing for any potential problematic situations in the coming weeks. The following information is from *The Arkansas Continuing Care Program Telephone Monitoring and Adaptive Counseling - Clinician Manual* (2008). The manual was adapted with permission from the work of James R. McKay, Ph.D. by the Mid-America ATTC, in residence at the University of Missouri-Kansas City, for the Arkansas Department of Health and Human Services Division of Behavioral Health Services, Office of Alcohol and Drug Abuse Prevention.

Step by Step Telephone Session Overview

The flow of a typical telephone interview is presented here, followed by a brief description of each of the steps.

1. Acknowledge client for the call, and orient to the focus of the call
2. Review the *Progress Assessment Worksheet*
3. Provide feedback on assessment
4. Review the client's progress/goals from last call
5. Identify future high-risk situations that may be coming up
6. Discuss focus for the remainder of call
7. Brief problem-solving for any concerns
8. Set goals to center on before the next call
9. Schedule next phone call

Each Step Described

1. Acknowledge Client for the Call

Since telephone interviews are brief (15-20 minutes long) begin by acknowledging the

"People change and forget to tell each other"

~ Lillian Hellman (1905 - 1984) ~

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Next Series:
Primary Care

Funded by Substance Abuse and Mental Health Services Administration

client for the call, orient to the focus of the call and then proceed to the Progress Assessment Worksheet. An example of how the call might begin includes:

- *"Thanks for calling in on time. Are there any emergencies I should know about? OK, let's get right into your worksheet. Do you have that material with you now? Did you complete it prior to the call?"*
- *If the client says "yes" to both* — give appropriate positive feedback.
- *If the client didn't call in on time or has missed scheduled calls* — reinforce the client for resuming calls and address scheduling issues later in the call.
- *If the client hasn't completed the client version of the Progress Assessment Worksheet (PAW) or can't access the worksheet quickly* — continue the interview using the counselor version of the PAW as a guide. At end of the interview remind the client to locate and complete the PAW before the next call.
- *If there has been an emergency, ask the client to briefly describe it* – discuss further if the client is distressed. Otherwise, proceed with reviewing the PAW and then debrief the emergency if appropriate.

2. Review Progress Assessment Worksheet

The PAW items are divided into three sections, a) Abstinence Status, b) Risk Factors, and c) Protective Factors.

a. Abstinence Status

The assessment can begin with a statement like: *"How much of the time did you remain alcohol/drug free and in recovery in the past week?"*

- *If the client reports substance use* - express appreciation for the client's honesty and persistence. Obtain enough information to determine whether another level of care should be considered or recommended.
- *If the use appears to have been a "slip"* — debrief the episode and review the client's efforts to contain the slip before it became a full-blown relapse. Use the slip as a learning experience to guide further relapse prevention efforts. You may want to offer increased phone contact for additional support and encourage regular self-help and sponsor meetings.
- *If the use appears to have been more extensive or if the client has not been able to regain abstinence* — focus content of call on regaining abstinence. Options include more frequent phone calls, an in-person evaluation session, or re-entry to treatment.
- *A severe relapse* – if the client continues use of substances, with no intention of stopping, encourage client to reconsider how substance use fits with recovery and personal goals. Encourage an evaluation for detox or residential treatment to help regain abstinence.

b. "Risk Situations"

Assess activities associated with greater risk of relapse such as any failure to follow through with appointments and/or medications; depression; thoughts and cravings to use; and/or exposure to high-risk situations associated with drug use.

c. "Protective Factors"

Assess and highlight the client's personal strengths, resources, and pro-recovery lifestyle choices.

3. Provide Feedback on Assessment

Explore the balance between risk factors and protective factors with the client. Provide feedback in context with the client's goals since the last telephone session, overall treatment goals, and then invite the client to respond.

4. Review progress/goals from last call

Ask the client how they did with respect to the issues identified in the previous call. Did the client complete his/her pro-recovery goals? What did they feel good about? What was most difficult? These questions can help the client recognize and celebrate the rewarding aspects of pro-recovery choices and lifestyles.

TIPS:

- As a counselor you may prefer to complete the Progress Assessment quickly, returning to interesting topics that have arisen, or you may prefer to include a more detailed discussion of those topics during the assessment.
- Review and collaborate on the client's high-risk situations, emotional triggers, and recovery-lifestyle choices every three months. Such discussion can help you both make certain that the issues being monitored are still the most relevant, and/or if new concerns for monitoring have been identified.
- Reinforce the client for providing complete and accurate information, and example might be to say - "Thanks for being so honest even when the news is not good. That's how we can tell when you're doing well and when you might need to change something."

5. Identify upcoming high-risk situations

Help the client identify situations they might encounter, in the interval before the next telephone call, which could increase a risk for relapse. (Example – *"When will it be difficult for you not to use alcohol/drugs in the coming week? You've had some cravings whenever you're around your old friends. Will you be seeing any of them in the next week?")*

6. Select target for remainder of call

Once the Progress Assessment is completed, there will be about 10 minutes for counseling before it is time to end the conversation and schedule the next call. Use the results of the assessment to suggest to the client what to focus on and invite the client to include other matters or issues that he/she sees as having an influence on remaining in recovery.

7. Brief problem-solving for any concerns

Once a concern is identified, engage the client in problem-solving and try to guide the client through the steps rather than solving the problem. Encourage the generation of a few potential solutions and together select one to implement. If motivation is low it may mean the

client is minimizing negative consequences of substance use and the benefits of abstinence. The client may need help identifying and appreciating the reasons for remaining in recovery.

8. Set goals for interval before next call
The client's goals are clearest and most useful when they are specific, simple and brief. Help clients choose goals and tasks that are concrete and "do-able." It's better for the client to experience success with an achievable goal than to fail with an over-ambitious one.

9. Schedule the next phone call
Schedule the next phone call with the client. If compliance is a problem, make sure the client agrees that the date and time will work. Engage in brief problem-solving regarding compliance with phone calls if it has been an issue and remind the client to have the Progress Assessment form ready for the next call.

The following is a Counselor Treatment Adherence Checklist taken from *The Arkansas Continuing Care Program Telephone Monitoring and Adaptive Counseling - Clinician Manual* (2008). The manual also provides an example of a Client Progress Assessment Guide. If you would like more information on this manual contact the Mid-America ATTC at: midamerica@ATTCnetwork.org

Counselor Treatment Adherence Checklist

Client: _____ Session Date: _____ Rating Date: _____
Counselor: _____ Rater: _____
Reviewed with Counselor:

0 = Not done
1 = Partially done
2 = Completely done

1. Acknowledges client for call and orients to task at hand	0 1 2
2. Reviews Progress Assessment Worksheet items with client	0 1 2
3. Counselor provides feedback on risk and protective factors	0 1 2
4. Reviews client progress since last contact: goals, handling of high-risk situations, other recovery-relevant activity	0 1 2
5. Targets discussion to client status as indicated at the start of the session	0 1 2
6. Focuses discussion on ameliorating risk and/or building strengths as assessed at start of session	0 1 2
7. Engages client in relapse prevention and/or pro-recovery counseling and problem-solving	0 1 2
8. Asks client to anticipate upcoming high-risk situations	0 1 2
9. Helps client set a goal for interval until next contact	0 1 2
10. Schedules next contact with client	0 1 2
Total Score	

(continued on Page 4)

Advantages of the Telephone Continuing Care

- Convenient for client
- Reduces stigma of weekly trips to the treatment program
- Individualized attention
- Lower costs of ongoing care
- Potential to be continued over a longer period of time

RESOURCES

McKay, JR (2009) *Treating Substance Abuse Disorders with Adaptive Continuing Care.* Washington, DC: American Psychological Association

Mid-America Addiction Technology Transfer Center (2008). *The Arkansas Continuing Care Program Telephone Monitoring and Adaptive Counseling - Clinician Manual* Kansas City, Missouri: The University of Missouri, Kansas City.

NFATTC WORKSHOPS for December

Cognitive Behavioral Therapy
December 1-2, 2010 - Honolulu, HI
1.5-day Course (10 CE Hours) – Focuses on building skills in the use of cognitive behavioral therapy for counseling interventions.

Motivational Interviewing
December 7-8, 2010 - Renton, WA
2-day Course (14 CE Hours) - Focuses on foundational elements and spirit of MI to enhance skills in establishing rapport, eliciting change talk, and establishing commitment language from the client.

Our NFATTC office has relocated to Oregon Health & Science University (Building 28). Please make sure that you update your records.

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If you wish to receive continuing education hours for reading the AM:

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You will receive, by return mail, a certificate stating that you have completed 2 Continuing Education hours.
You may complete any of the past series you wish. You can download issues by clicking on the Addiction Messenger button on our website: **http://www.attcnetwork.org/regcenters/c1.asp?rcid=10&content=CUSTOM1**

- o **Series 5** Vol. 5, Issues 1-3 "Methamphetamine: Myths & Facts"
- o **Series 6** Vol. 5, Issues 4-6 "Co-Occurring Disorders"
- o **Series 7** Vol. 5, Issues 7-9 "Trauma Issues"
- o **Series 8** Vol. 5, Issues 10-12 "Cultural Competence"
- o **Series 9** Vol. 6, Issues 1-3 "Engagement & Retention"
- o **Series 10** Vol. 6 Issues 4-6 "Co-Occurring Disorders"
- o **Series 11** Vol. 6 Issues 7-9 "Integrated Services for Dual Disorders"
- o **Series 12** Vol. 6 Issues 10-12 "Infectious Diseases"
- o **Series 13** Vol. 7 Issues 1-3 "Contingency Management"
- o **Series 15** Vol. 7 Issues 7-9 "Research and the Clinician"
- o **Series 16** Vol. 7 Issues 10-12 "Recovery Support"
- o **Series 17** Vol. 8 Issues 1-3 "Family Treatment"
- o **Series 18** Vol. 8 Issues 4-6 "Cognitive-Behavioral Therapy"
- o **Series 19** Vol. 8 Issues 7-9 "Counselor As Educator"
- o **Series 20** Vol. 8 Issues 10-12 "Recovery Support"
- o **Series 21** Vol. 9 Issues 1-3 "Problem Gambling"
- o **Series 22** Vol. 9 Issues 4-6 "Treatment Planning"
- o **Series 23** Vol. 9 Issues 7-9 "Methamphetamine"
- o **Series 24** Vol. 9 Issues 10-12 "Using and Building Motivational Interviewing Skills"
- o **Series 25** Vol. 10 Issues 1-3 "Nicotine Cessation"
- o **Series 26** Vol. 10 Issues 4-6 "Improving Agency Process"
- o **Series 27** Vol. 10 Issues 7-9 "Motivational Incentives"
- o **Series 28** Vol. 10 Issues 10-12 "Recovery Oriented Systems of Care"
- o **Series 29** Vol. 11 Issues 1-3 "Family Treatment In Addiction Treatment"
- o **Series 30** Vol. 11 Issues 4-6 "Implementing Recovery Management"
- o **Series 31** Vol. 11 Issues 7-9 "The Returning Veterans Journey"
- o **Series 32** Vol. 11 Issues 10-12 "LGBTQ Issues in Addiction Treatment"
- o **Series 33** Vol. 12 Issues 1-3 "Prescription Medication Abuse"
- o **Series 34** Vol. 12 Issues 4-6 "Conflict Management"
- o **Series 35** Vol. 12 Issues 7-9 "Twelve Step Facilitation"
- o **Series 36** Vol. 12 Issues 10-12 "Integrating SA & MH Services"
- o **Series 37** Vol. 13 Issues 1-3 "Medication-Assisted Treatment
- o **Series 38** Vol. 13 Issues 4-6 "Cognitive Behavioral Therapy"
- o **Series 39** Vol. 13 Issues 7-9 "SBIRT"
- o **Series 40** Vol. 13 Issues 4-6 "Continuing Care"

Registration Form for Series 40
"Continuing Care"

Name_____

Address_____

City/State/Zip_____**Phone**_____

Email_____

Return your Pre-test and Registration form by mail or FAX at (503) 494-0183

Make checks payable to NFATTC and send to **NFATTC, 3181 SW Sam Jackson Park Rd. CB669, Portland, OR 97239**

Name_____

TEST Series 40

1.
(*fill in the blank*) _____ emphasizes the flexible use of formats and modalities, including group counseling, individual counseling, telephone counseling, brief checkups, and self-help meetings.

2.
Factors that may be associated with effective substance use disorder management and continuing care, include (*fill in the blanks*):

a. _____
b. _____
c. _____
d. _____

3.
The goal of adaptive continuing care is to deliver treatment that is the most effective for that particular client at that particular time (*circle correct answer*).

True False

4.
Features of adaptive continuing care include (*circle correct answer*):

a. convenience for clients
b. attention to client preferences and choices
c. Flexible treatment protocols
d. all of the above
e. none of the above

5.
Adaptive continuing care is treatment that is tailored and or modified based on a client's (*fill in the blanks)* _____, _____, and _____. The goal is to deliver treatment that is the most effective for that particular client at that particular time.

6.
Examples of active outreach in effective continuing care would include:

a. Home visits, involving client's family, and actively finding clients to get them back in treatment
b. Telephone calls
c. a. and b.
d. None of the above

7.
Telephone sessions are focused on reviewing the client's progress and strategizing for any potential problematic situations in the coming weeks. A _____ (*fill in the blank*) is used to record the information.

8.
The step by step components of a telephone continuing care sessions include:

a. Reviewing the client's progress/goals from last call
b. Identifying future high-risk situations that may be coming up
c. Problem-solving when needed
d. All of above

9.
Implementation of adaptive approaches may not enhance client engagement and outcomes, but will reduce treatment costs by reducing the frequency of acute-care treatment episodes.

True False

10.
Reviewing and collaborating on a client's high-risk situations, emotional triggers, and recovery-lifestyle items every three months can help you both make certain that (*fill in the blank)* _____
_____
_____

Mail or FAX your completed test to NFATTC
Northwest Frontier ATTC, 3181 Sam Janckson Park Rd., Portland, OR 97239 FAX: 503-494-0183
You can register for continuing education hours for Series 1 through 30.
Contact Mary Anne Bryan at 503-494-5732

NAME_____

We are interested in your reactions to the information provided in **Series 40** of the ***"Addiction Messenger"***. As part of your 2 continuing education hours we request that you write a short response, approximately100 words, regarding Series 40. The following list gives you some suggestions but should not limit your response.

What was your reaction to the concepts presented in Series 40?
How did you react to the amount of information provided?
How will you use this information?
Have you shared this information with co-workers?
What information would you have liked more detail about?