Changing the World: Inspiring Hope, Health & Recovery

Transforming systems at every level
to be about the needs, hopes and dreams
of the people and families with complex needs
who come to our door

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Integrated Skill-based Interventions for People with Co-occurring Conditions

Applying CCISC Principle #6:

Active change for each issue involves adequately supported, adequately rewarded skill-based learning

Recommended preparation for this training

It is recommended to watch the following video trainings prior to this one:

- **Welcoming, Integrated Systems of Care for Individuals/Families with Co-occurring MH/SU Conditions**
- **Integrated Longitudinal Strength-based Assessment (ILSA)**
- **Integrated Treatment Planning**
- **Integrated Stage-Matched Interventions for Individuals/Families with Co-occurring MH/SU Conditions**

CCISC: Comprehensive Continuous Integrated System of Care

- Co-occurring is an expectation, not an exception, in MH and SUD
- All programs in the system become welcoming, recovery-oriented, trauma-informed, culturally fluent, and co-occurring-capable. (ASAM 3rd and 4th Edition)
- All persons delivering care become welcoming, recovery-oriented, trauma-informed, culturally fluent, and co-occurring-competent. (ASAM 4th Edition)
- ALL services and interventions (including assessment) are designed to welcome, engage, and provide integrated services to individuals and families with multiple co-occurring complex issues (mental health, SUD, health, housing, trauma, etc.).

How do we get there clinically?

Research-based recovery-oriented principles of successful integrated assessment, case presentation, recovery planning**,** and **intervention** that can be applied to any population in any program by any person delivering care.

Six Principles of Successful Client-Centered Integrated Assessment and Intervention

- **Co-occurring is an expectation, not an exception**. This expectation must be incorporated in a **welcoming** manner into everything we do. We welcome **identifying** each issue that people have.
- **Recovery partnerships** or service partnerships are empowered, **empathic, hopeful, integrated, and strength-based, working with people step by step over time**, building on their periods of strength and success, to address ALL their issues to achieve their vision of a happy, meaningful life.
- **All people with co-occurring and complex issues are not the same**. Different programs and different systems have responsibility for serving different sub-populations, but all programs are co-occurring capable. **Each program provides cooccurring-capable services to its own population** and helps other programs with their populations.
- **All the co-occurring issues are primary,** and integrated best-practice **small step interventions for <u>each</u> issue at the same time are needed.**
- Progress for any issue involves moving through **stages of change**; interventions and outcomes should be **stage-matched for <u>each</u> issue**. We start with areas of **immediate risk** and then tie the rest to client goals.
- Active change for each issue involves adequately supported, adequately rewarded **skill-based learning, so that people develop and practice the skills they need to succeed for <u>each</u> issue**, with big rounds of applause for each small step of progress. **Skills include self-management and asking for help; medication skills and psychosocial skills.**

CCISC PRINCIPLE #6

- Active change for each issue involves adequately supported, adequately rewarded **skill-based learning.**
- Clients are helped **to develop and practice the skills they need to succeed** for each issue.
- Skill practice is **positively reinforced** with big **rounds of applause** for each small step of learning**.**
- **Skills include (for each primary issue)**
  - **Self-management skills and "asking for help" skills;**
  - **Medication skills (for MH, SU, PH) and psychosocial skills.**

Learning Skills and Teaching Skills

- Principles of Adult Learning: **HOW to change**, not WHY to change
- Skill acquisition is not “offering recommendations”, “providing information,” or “finding resources”.
- Skill acquisition requires **practice, practice, practice** of concrete skills, with role play, and repetition, in **small**, simple, achievable steps. (**MicroSteps**)
- Skill practice can and should occur in 1-1 and groups.
- All staff can engage in supporting skill practice, with or without a license.
- **Skill manuals and materials can be helpful**:
  - Relaxation skills; mood charts
  - Roberts et al: Overcoming Addictions: Skills Training for People with Schizophrenia (Example later)
  - Najavits: Seeking Safety.

Types of Skills

For **EACH** primary **MH/SU/PH** issue, there is a simple **skills grid**:

PSYCHOSOCIAL SKILLS: Self-Management Asking for Help

MEDICATION SKILLS: Self-Management Asking for Help

For other issues, like housing issues and legal issues, there are needed psychosocial skills alone. There may be a requirement to take medication, but the skill itself is for the purpose of managing MH, SU, and/or PH conditions.

Integrated skills training means teaching MH skills in SUD settings, and teaching SUD skills in MH settings.

Psychosocial Skills for MH in SUD Rx

- **Self-Management Skills**
  - Managing MH symptoms (voices, anxiety) to get through the day (or even one group) without using or leaving.
  - Identifying a "trauma trigger" and finding a way to calm down
  - Keeping a mood chart for the purpose of measuring progress.
- **Asking for Help Skills**
  - Talking to a staff member (or peer or family member) when having a hard time.
  - Sharing MH struggles in group and asking for support.
  - Keeping a mood chart for the purpose of knowing when and how to ask for additional support.

Medication Skills for MH in SUD Rx

- **Self-Management Skills**
  - Knowing how to take meds as prescribed.
  - Keeping track of effects and side effects.
  - Refusing requests from peers to borrow meds
- **Asking for Help Skills**
  - Knowing what to say to prescribers to work in partnership.
  - Discussing concerns about being on medications in group to get input on whether and how to use medications for MH while working on sobriety.
  - Asking for help from staff and peers when being pressured (e.g., by family or friends) to stop or change meds

Psychosocial Skills for SU in MH Rx

- **Self-Management Skills**
  - Keeping track of how much substance used to see if it is the “right amount”.
  - Getting through the day (or even an hour) when experiencing craving
  - Refusing drugs offered by a friend/relative/dealer.
  - Planning and executing a daily “limiting harm” usage plan.
- **Asking for Help Skills**
  - Talking to a staff member (or peer or family member) when having a hard time with cravings.
  - Sharing SU struggles in group and asking for support.
  - Telling staff when you are using, have used, plan to use.
  - Knowing how to ask for help when use feels like it’s getting out of control.

Medication Skills for SU in MH Rx

- **Self-Management Skills**
  - Learning about the role of medication in helping SUD
  - Taking medication for SU as prescribed
  - Maintaining necessary MH meds when using and stopping meds that are prn's for sleep or anxiety.
- **Asking for Help Skills**
  - Working with a staff member to report on effects of meds and questions about meds to prescriber.
  - Sharing SU choices and decisions accurately with prescribers.
  - Asking for help when wondering if psych meds are safe to take when using substances.

SKILLS TRAINING IN ACTION

- Skills Training Manuals are a great tool and help us to remember to go slowly when we are teaching skills.
- Manuals can help us with materials to use in groups, as well as in individual skill practice.
- Remember that less is more: When it feels like the client is struggling, go slower. Make the skill acquisition simpler.
- Always be prepared to “applaud” genuine effort, even when the person is not perfect. No one learns skills perfectly the first time.

Skill 4

REFUSING DRUGS OFFERED BY A FRIEND OR RELATIVE

OVERVIEW

In many ways, saying no to a friend or relative is very different from saying no to a dealer. One difference is that the patient may need to maintain the relationship even though there is some risk that the friend or relative will offer drugs again. This is especially true of people with schizophrenia who may be unable to work and must depend on others for basic needs. That's why the steps in this skill are designed to accomplish three things: (1) successfully refuse drugs, (2) maintain any healthy aspects of the relationship, and (3) get the friend or relative not to offer drugs in the future. However, if the friend or relative responds in a way that suggests he'll continue to offer drugs, then the skill allows the patient to leave the situation without using drugs.

SAMPLE THERAPIST SCRIPT

Introduce the goal (flip chart 63).

"It's good to see you all here today! Welcome to skills training. In the next few classes, you'll learn and practice how to refuse drugs offered by a friend or relative. The steps for refusing drugs from someone you know well are different steps than those for refusing drugs from a dealer. Let's take a look!"

Using Scripts

Techniques for Refusing a Drug Offer from a Friend or Relative

1. Be direct. Make eye contact and use a firm, sincere voice tone. Tell the person that you're not interested.
2. Use the broken record technique. Repeat yourself if necessary.
3. Level with the person. Tell him or her that drugs were causing you problems and it's better for you to leave drugs alone.
4. Suggest an alternative. Request to do something other than use drugs.
5. Express your feelings directly. Tell the other person how you feel about being pressured.
6. Leave the situation. Tell the person that you are serious about sobriety.

Role Play Script Example

This approach can be effective in 1-1 or in group:

- **Describe what happens – in detail – when your brother offers you marijuana. *Identify and recognize strengths*.**
- **Have you ever told him you don't want it? What did you say?**
- **Now let's role play a more direct approach. In the first role play, you be your brother, and I'll be you. *Do the role play.***
- **What did you think of me saying that to you, as your brother? Would you be able to try that?**
- **Let's practice first, and then do the role play with me (or another group member) being your brother.**
- **DON'T FORGET THE ROUND OF APPLAUSE!**

Acquiring Skills Training Skills

- Small steps of practical learning
- Practice teaching self-management skills and “asking for help” skills; medication skills + psychosocial skills
  - **Skill-based teaching requires practice, rehearsal, role play and repetition – principles of adult learning.**
  - **Try this in 1-1 sessions first: Make it easy for yourself with small steps of practice and role play.**
  - **Use a manual if that would be helpful. Do a piece of the manual with the client.**
  - **When doing this in group, practice asking other group members to role play.**
- Rounds of applause for yourself for each small step of progress

Clinical Practice Design Activities

CCISC Integrated Recovery Plan Template

PROGRAM		Date: 2025	
PERSON: Client Strength Based Discussion: Describe recent or relevant periods of success:		Team Members Person's Vision for a Happy Life	
GOALS AND OBJECTIVES:	**WHAT DO WE DO? (Stage matched interventions)**	**RESPONSIBLE PERSONS (Who does what?)**	**Milestones of Progress and Opportunities for Rounds of Applause**
1. Issue: Stage: Goal Objectives			
2.Issue: Stage: Goal Objectives			
3. Issue: Stage: Goal Objectives			
4. Issue:			

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What will be your next small step of success?

And let’s give each other a round of applause!!!

Thank You