

- 6) How might Motivational Interviewing be applied to the same client? If it's not appropriate for this same client, can you identify a client that could benefit from this approach?

- 7) Can you identify some personal goals that your client may have that will instill some motivation with their treatment?

- 8) What type of approaches have you used in dealing with clients showing resistance to treatment or therapeutic approaches? Throughout this stage, have you used any of the suggestions in the Rolling with Resistance segment of Motivational Interviewing?

- 9) Can you give some examples of supporting self-efficacy that you have used or plan on using with your client?

- 10) How might Cognitive Behavioral Counseling (CBC) be another useful tool in your client's care?

11) How would you apply CBC to a client that you have in the active treatment stage?

12) Apply CBC to a client in the relapse prevention stage. What type of goals or skill building would you implement at this stage?

13) Looking at these three approaches, can you identify which would be appropriate for certain clients or are there clients in your program that could use an integration of these approaches to better enhance their treatment?

Integrated Services for Dual Disorders – Part Three
Counseling Strategies
Group or Individual Activity Sheet
Reference Key

- 1) Can you identify the three components of the Stage-Wise Case Management approach?

Answer: Page one, column one, paragraph two

The Stage-Wise Case Management approach focuses on three components: psychotherapeutic work, advocacy and clinical coordination, and promoting rehabilitation and recovery. Each activity involves specific client goals based on which stage of dual disorder treatment your client is in (engagement, persuasion, active treatment, or relapse prevention).

- 2) What type of strategies in psychotherapeutic work can be used to build an alliance with your client?

Answer: Page one, first column, last paragraph

Strategies which may benefit your client include: Reviewing educational handouts on different topics, asking questions to assess your client's understanding of information, prompting your client to explore information that may be pertinent to them, adopting your client's language usage to ensure good communication and avoid misunderstandings assigning homework on relevant topics, identifying your client's gaps in knowledge and desire for further information and asking questions about previously covered topics.

Through this process it is possible to not only build a rapport with clients, but also to gain an understanding of their perspectives on issues as well as what they are from these therapeutic approaches.

- 3) Throughout your experience, have you done any type of advocacy activities or clinical coordination? If not, can you identify what type of advocacy or clinical coordination could be helpful in the treatment of your client? What type of activities in advocacy or clinical coordination would be useful in your treatment plan?

Answer: Page one, last column, last paragraph. An example of medication management is provided on page two, first column.

Activities in this approach include: promotion of follow-through, providing practical help and benefits, coordinating medication treatment, close monitoring and legal constraints (if needed), and responding to crises.

- 4) In promoting rehabilitation and recovery, can you apply at least three activities in this stage to a client you are working with?

Answer: Page two, column, one

This stage focuses on improving overall psychosocial functioning, increasing self-esteem, and developing the client's belief that they are capable of making positive changes. Three useful activities in this stage are: increasing structured activities, developing social skills and lifestyle changes, and facilitating recovery. Some examples include: Identifying activities to fill the void left by reduced substance Use, identifying options for recreation, promoting lifestyle changes that are incompatible with substance use (e.g., exercise), facilitating the development of new social outlets, keeping recovery goals alive by providing encouragement and focusing on the client's strengths, and celebrating small successes as steps toward recovery.

- 5) Explain some strategies you would use with your client for this final stage of Stage-Wise Case management and why?

Answer: Page two, first column,

The following strategies may benefit your client in this stage of active treatment: Identifying activities to fill the void left by reduced substance use, identifying options for recreation, promoting lifestyle changes that are incompatible with substance use (e.g., exercise), facilitating the development of new social outlets, keeping recovery goals alive by providing encouragement and focusing on the client's strengths, celebrating small successes as steps toward recovery

- 6) How might Motivational Interviewing be applied to the same client? If it's not appropriate for this same client, can you identify a client that could benefit from this approach?

Answer: Page two, column two, second paragraph

Motivational Interviewing helps clients understand the impact of substance abuse on their lives, deal with ambivalence regarding making changes, and increase their motivation to address problems. Mueser et al (2003) identifies five steps in using motivational interviewing with dual disorder clients: expressing empathy, establishing personal goals, developing discrepancy, rolling with resistance, and supporting self-efficacy.

- 7) Can you identify some personal goals that your client may be interested in?

Answer: Page two, second column, middle paragraph

Clients with personal goals that are genuinely meaningful to them may be more willing to work towards those goals. By instilling motivation and genuine encouragement, such goals and desires can be an integral part of their growth and therapeutic process.

- 8) What type of approaches have you used in dealing with clients showing resistance to treatment or therapeutic approaches? Throughout this stage, have you used any of the suggestions in the Rolling with Resistance segment of Motivational Interviewing?

Answer: Page two, last column, first paragraph.

It is important to acknowledge the resistance and to avoid direct confrontation. Some suggestions listed are: Don't overpathologize, the resistance – it is normal, instead of opposing their resistance, help them explore it, identify and problem-solve your client's concerns, express the disadvantages of change to get your client to "own" the positive side of change, and use reflective listening and/or amplified reflection.

- 9) Can you give some examples of supporting self-efficacy that you have used or plan on using with your client?

Answer: Page two, last column, second subheading

The goal here is to foster hope in your client that they can make the changes they desire. Through expression of optimism, exploring past achievements, reframing past "failures" as examples of strength and growth, using reflective listening, and acknowledging "frustrations" with a positive outlook on prospects for change it is possible to instill hope in the individual. Through self-efficacy the individual can focus on their goals for change and use past experiences as a stepping stone for future endeavors.

- 10) How might Cognitive Behavioral Counseling (CBC) be useful in your client's recovery?

Answer: Page two, last column, last paragraph

Cognitive-behavioral counseling is based on the principles of learning. Clients are taught new effective skills for improving their health; self-regulation; stress management; behavior in social situations; and ability to minimize unpleasant thoughts and feelings. They learn how to systematically identify and modify the antecedents and consequences of problematic thoughts, feelings and behaviors. This approach helps clients manage problems and achieve goals rather than fostering insight into the nature of their problems.

- 11) Discuss how would you apply CBC to a specific client that you have in the active treatment stage?

Answer: Page three, first column,

In the active treatment stage, cognitive-behavioral counseling focuses on helping the client develop a behavioral action plan based on their knowledge of the antecedents and consequences of their substance use. Through this thought process it is possible to modify such behavior for a positive outcome for recovery.

- 12) Apply CBC to a client in the relapse preventions stage. What type of goals or skill building would you implement at this stage?

Answer: Page three, first column, second paragraph

In the relapse prevention stage, the behavioral action plan is modified as needed. The focus is on helping the client develop the skills they need to pursue recovery goals, decrease reliance on treatment, and increase self-sufficiency.

13) Looking at these three counseling strategies: Stage Wise Case Management, Motivational Interviewing and Cognitive Behavioral Counseling, can you identify which would be appropriate for certain clients or are their client's in your program that could use an integration of these approaches to better enhance their treatment?

Answer: Based on opinion

Each approach has unique benefits. Stage-Wise Case Managements integrates psychotherapeutic work, advocacy and promoting rehabilitation and recovery, all of which are essential to improving the client's well-being. However, Motivational Interviewing is a more internal approach, gaining a greater understanding of the client's goals and desires to improve treatment strategies and develop a system of attaining independence and goal achievement through the instillation of hope. CBC is also of great importance to identify antecedents in the process of treating relapse prevention and active stage treatment. Overall, there are many benefits to these approaches, but depending on the stage of treatment that your client maybe in, it may vary according to their needs at the time and their own individuality.