Part 2
Practitioner Guidelines for Enhanced IMR for COD
Handout #1:
Recovery Strategies

Reminder to Practitioners: Before beginning module 1 with a client with co-occurring disorder (COD) or with a group of clients that include one or more members with COD, we strongly recommend reading the Introduction to the COD-Enhanced model of IMR. This will give you an overall picture of the enhanced model, and will help guide your sessions from the very beginning of working with clients with COD.

Introduction to Module #1

This module sets a positive and optimistic tone that is continued throughout the Illness Management and Recovery Program. It conveys confidence that people who experience symptoms of a psychiatric disorder, a substance use disorder, or a combination of both, can move forward in their lives. It introduces the concept of “recovery” and encourages people to develop their own definitions of recovery and to develop personal strategies for taking steps towards recovery. In this module, practitioners help people to establish personally meaningful goals, which will be followed up throughout the program.

In the past, people who worked in the field of addiction have often defined “recovery” strictly as being clean and sober. In this definition, a person with an addiction is never considered “recovered,” but rather must remain diligent to stay “in recovery.” In a similar way, people who worked in the mental health field have often not believed that someone with a mental illness could ever recover. However, today in both the mental health and addiction fields, we are getting closer to a common definition of recovery that will work in both fields. Recovery can be seen as both a process and an outcome, something that each person defines for himself or herself. For one person, recovery might mean getting a job, for another it might mean having friends or a close partner, for another it might mean having a home or getting a pet. Recovery does not mean a cure from a mental illness or addiction, but rather living a life that is meaningful despite the challenges that arise. This is the approach
we take to recovery in IMR. As one client said, “Recovery is about recovering our lives.”

Note: For the practitioner’s convenience, information and strategies that relate to COD are placed in *italics*. In addition, there is an additional category called “Substance Use Strategies” that provides specific strategies for COD within this particular module.

Note about using the IMR Goal-Tracking Sheet in this module
Many IMR practitioners have already been introduced to the IMR Goal-Tracking Sheet and are using it regularly with their clients. We encourage all IMR practitioners to use this form if possible. At the end of this practitioners’ guideline, you will find an example of a completed Integrated IMR/Co-Occurring Disorders Recovery Goal-Tracking Sheet. A blank copy is provided at the end of these guidelines so you can photocopy and give it to clients when they get to the part of Module 1 where they are identifying personal goals and breaking them down. It has space for three major components: the client’s overall goal (or long-term meaningful goal), short-term goals related to achieving the long-term goal, and steps for achieving the short-term goals. We encourage both you and the client to keep copies of the completed goal-tracking sheet, which is updated in IMR sessions on a regular basis throughout the entire course of IMR. Both you and the client can update your copies as steps are accomplished, goals are achieved, and new goals are set. The IMR Goal-Tracking Sheet should be considered a living document, one that gets revised as people make their journey to recovery.

**Goals of the module:**

1. Instill hope that the person can accomplish important personal goals.

2. Help the person identify and put into practice some strategies that will help him or her make progress towards recovery.

3. Help the person identify goals that are important to him or her.

4. Help the person develop a specific plan for achieving a personally meaningful goal and break it down into manageable steps.

5. *Explore the similarities and differences in how the term “recovery” is defined and used.*

6. *Help people develop a vision of recovery that involves “recovering their life.”*

7. *Help people explore how substance use has affected their recovery from mental illness, and vice versa (how recovery from mental illness has affected their recovery from substance abuse).*
8. Help people with Co-Occurring Disorders (COD) develop a recovery goal in IMR that reflects how their life would be different if they changed their substance use. That is, if they reduced or stopped drinking or using substances, what might they be able to accomplish? For example, do they envision better relationships? A job? Stable housing? Using their talents and pursuing their interests? Helping others?

**Number and Pacing of Sessions**

“Recovery Strategies” can usually be covered in two to four sessions. Within each session, most people find that covering one or two topics and completing a questionnaire is a comfortable amount.

**Structure of Sessions**

- Informal socializing and identification of any major problems.
- Review the previous session.
- Discuss the homework from the previous session. Praise all efforts and problem-solve obstacles to completing homework.
- Set goals or follow-up on goals.
- Set the agenda for the current session.
- Teach new material (or review material from the previous session if necessary).
- **Possible Topic Starters for Enhanced IMR for COD:**

  “In this module we will be discussing the concept of recovery and what it means to different people. For many people recovery means ‘recovering your life’ or getting the kind of life they want. For some people ‘recovery’ may mean recovery from substance use, for others it may mean recovery from a mental illness, and for many it means recovery from both.”

Or, later in the module:

“Over the past few sessions we have discussed your definition of recovery and areas in your life that are going well or not going well. We are now going to work together to help you develop a personal recovery goal and break that down into manageable pieces. For those who want to change their substance use, we can help you develop a goal related to this.”
Or, in the process of developing meaningful long and short-term goals:

“People in IMR often find that it works especially well to first identify the overall change they want to make in their life, such as getting a job, living independently, spending more time with their kids, or going back to school. In IMR we usually describe this as the long-term meaningful goal. We like to break down the long-term goals into ‘sub-goals,’ which we call short-term goals. Each short-term goal contributes to achieving the long-term goal. We think of short-term goals as a way to get to the long-term goal.

“Addressing substance use is often one of the ways people get to their long-term goal. For example, if a person has a goal of getting a job, it is usually important to be sober or drug-free for the interview. If someone has a job and wants to be able to be at work on time and complete the tasks of the job in order to get a promotion and make more money, making a change in his or her substance use might help.”

• Summarize progress made in the current session.

• Agree on homework to be completed before the next session.

Strategies to be used in each session

• Motivational strategies

• Educational strategies

• Cognitive-behavioral strategies

Motivational strategies

Motivational strategies in this module focus on helping the person identify the benefits of moving towards recovery and on helping the person develop the confidence that he or she can achieve recovery goals.

• Some people immediately embrace the concept of recovery. Others are more hesitant and need to be encouraged that pursuing recovery is worth the effort. Help the person identify some of the personal benefits of engaging in recovery. Help the person evaluate the advantages and disadvantages of keeping things the way they are, and the advantages and disadvantages of changing.

• To increase the person’s confidence about pursuing recovery goals, encourage him or her to talk about past accomplishments. Keep in mind that these accomplishments need not be major events, such as awards or promotions, but can be smaller achievements, such as doing household tasks.”
tasks, being a good parent, graduating high school, having knowledge about certain subjects, managing money well, and taking care of one’s health.

- Some people may need help in “re-framing” past challenges in order to see that the strategies they used to cope with these difficulties reflect personal strength.

- Acknowledge past problems or disappointments, and express empathy, but help the person focus on the future and what he or she might accomplish.

- Help the person to identify goals that are personally meaningful and worth striving for. These goals can be short-term or long-term, rudimentary or ambitious.

- Help the person break down goals into manageable steps that can be accomplished and which will give the person a sense of progress. Let people know that you will help them make progress towards their goals throughout the program.

- Some clients with COD want to include a goal related to addressing their substance use. If clients decide to make a change in substance use, help them to develop a goal around their substance use. However, some clients with COD are not ready to include a substance use goal yet. If the client does not want to make a change in substance use, do not pressure him or her to do so.

- For clients who have COD but do not believe that substance use is a problem, do not pressure them to “admit” that they have a problem with substances. Instead, help these clients identify a personally meaningful goal. When they begin to work towards their goal they often find that substance use interferes with achieving the goal. You can then help these clients develop discrepancy between their continuing to abuse substances and their achieving a goal that’s important to them. This will help them establish motivation to consider change.

- In defining recovery for themselves and setting recovery goals, meet clients where they are. Help them develop motivation based on their stage of treatment. For example, 
  -- if clients are at the engagement stage of treatment, work on developing rapport and a positive relationship with him or her, by exploring of what is important to them, what they value in life, etc.
  --If clients are at the persuasion stage of treatment, be prepared with education/information that may help increase their awareness of substance use on their life.
  --If clients are at the action stage of treatment, they may want to add one or more sub-goals (short-term goals) to their IMR goal-tracking sheet in
order to increase their progress towards sobriety. For example, they may want to attend Dual Recovery Anonymous, or Alcohol Anonymous; they may want to learn and practice refusal skills, or they may want to learn strategies for responding to situations that represent a high risk for substance use.

-- If they are at the relapse prevention stage of treatment, they may want to focus on strategies for avoiding returning to substance use while working towards their long-term goals. For example, they may want to increase their number of sober friends, develop new hobbies, improve their sleep, work on physical fitness, etc.

**Educational strategies**

Educational strategies for this module focus on helping the person learn about recovery and become familiar with strategies that may help him or her make progress towards recovery goals.

- Review the contents of the handout, summarizing the main points or taking turns reading paragraphs. Encourage discussion of the material in order to help the person identify what’s important to him or her.

- Pause at the end of each topic (or more frequently depending on the person) to check for understanding and to learn more about the person’s point of view. There are questions provided for this purpose at the end of almost every topic in the handout. You can ask other questions such as:

  - “What did you think of that section?” “What would you say is the main point of the section we just read?”
  - “Was there anything in this section you disagree with?”
  - “Was this similar to your own experience?”
  - “Do you have any comments about what we just read?”
  - “What did you think of the examples? Which examples had the most meaning to you?”
  - “Can you think of an example from your own experience about what we just read?”

- Allow plenty of time for interaction. Make the communication a two-way street. You are both learning something from each other about the topic. It is important not to ask questions too quickly, which the person may experience as an “interrogation.”

- Pause to allow the person to complete the checklists and questionnaires and allow time for discussing them. Some people need no help in completing them. Others may appreciate assistance, such as reading words, spelling, or writing some of their answers.
Break down the content into manageable “pieces.” It is important not to cover more than the individual can absorb and to present information in small “chunks” at a comfortable pace.

Educational strategies specific to the Recovery Strategies module

- As noted in the introduction to the Practitioners Guidelines for this module, it is important to be aware of and provide information about how the use of the term “recovery” has been evolving. People in the mental health and addiction fields are getting closer to a common definition of recovery that will work in both fields. Recovery can be seen as both a process and an outcome, something that each person defines for himself or herself. For one person, recovery might mean getting a job, for another it might mean having friends or a close partner, for another it might mean having a home or getting a pet. Recovery is not a cure from a mental illness or addiction, but living a life that is meaningful despite the challenges that arise.
- Look for opportunities to include examples of how substance use can relate to recovery from mental illness, and vice versa (how recovery from mental illness can affect recovery from substance use).
- In the section on “What helps people in the process of recovery?” include some examples related to recovery from substance use. Do not feel compelled to use a substance use example in each category, but select a few that seem relevant to the client (or group of clients) you are working with. E.g., for “becoming involved in self-help programs,” you could mention Dual Recovery Anonymous, Alcoholics Anonymous, and Narcotics Anonymous. For “developing a support system,” you could mention that people who are seeking to change their substance use may find it especially helpful to be able to spend time with sober friends. For “Being aware of the environment and how it affects you,” if relevant you could explore how this might apply to substance use (i.e., people, places and things that trigger drinking or using drugs).
- As mentioned earlier, be aware that the term “recovery” may mean different things to different people. E.g., some people may think “recovery” only refers to substance use, some people may think “recovery” only refers to mental health. Be prepared to discuss how in IMR the term Recovery refers to both mental illness and substance use. IMR is about recovering your life, and about learning strategies to help manage both mental illness and substance use in the service of recovering your life.

**Cognitive-behavioral strategies**

Cognitive-behavioral strategies primarily help people to learn new information, strategies, and skills, and to apply them to their own life. In this module, cognitive-behavioral strategies primarily focus on helping people learn how to use the information about recovery to help them think more
positively about themselves and their ability to actively pursue personal recovery goals, and to practice strategies that help people make progress towards recovery.

- Using the checklist “Strategies for Recovery,” help the person identify a strategy that will help him or her in recovery.

- After the strategy for recovery is identified, help the person decide how he or she might use that strategy, and if possible, help the person practice the strategy in the session. Modeling (demonstrating) strategies and engaging the person in role-plays (behavioral rehearsal) to practice strategies is very helpful. For example, if a person wanted to improve his or her social support network, you could set up a role play where the person could practice what he or she might say in a phone call inviting a friend to do something together. You could offer to pretend to be the friend who is receiving the call.

*If a client has COD, he or she may benefit from practicing a recovery strategy related to substance use, depending on their stage of treatment.*

- Using the “Satisfaction with Areas of My Life” checklist, help the person identify a goal in an area that he or she is not satisfied with.

- Using the “Step-by-Step Problem-Solving and Goal Achievement” sheet, you can help the person develop a plan for achieving one or two of their goals.

- Help the person practice one or more of the steps of the plan they developed on their “Step-by-Step Problem-Solving and Goal Achievement” sheet.” For example, if a person identified the goal of pursuing a part-time job, one of the steps of the plan might be to contact the Office of Vocational Rehabilitation or the Supported Employment specialist. You could help him or her do a role-play of an interview about their job interests (e.g., answering common interview questions and describing the kinds of jobs he or she might be interested in).

- Help the person identify and practice a strategy for overcoming obstacles to achieving his or her goal. For example, if the person identified that he or she would like to go to the local peer support center, you could do a role-play on how to start a conversation with someone there.

*If clients have a COD, they may identify substance use as one of the obstacles to achieving their goals. If so, they may benefit from identifying a strategy that would address their substance use. This is highly dependent on stages of change/stages of treatment, however. For example, individuals who are in the engagement or persuasion stage of treatment may be reluctant to identify substance use as an obstacle.*
and/or may not want to talk about it at this early point in IMR. Do not push.

- For clients with COD who have lost interest, it can be helpful to identify previous interests or skills or possible new activities or skills to sample that could be areas to pursue as a recovery goal. Help clients develop specific plans to engage in an activity or skill including details such as when the client could engage in the activity, where the activity could take place, what tools the client would need to engage in the activity, and who could do the activity with the client. Role play with the client how to approach a new person in the activity or role play another skill that will help the person succeed in completing the activity.

- Use Socratic questioning to help a client break down a goal into smaller, more manageable steps. This can be followed by a discussion that examines the interactions of substance use in working towards the recovery goal and also uses Socratic method.

Substance Use Strategies

In the introduction to the Practitioners’ Guidelines for COD-Enhanced IMR, we list 8 principles of Integrated Treatment for Co-Occurring disorders, based on the book: Integrated Treatment for Dual Disorders (2003, Mueser, K., Noordsy, D., Drake, R., and Fox, L., New York: Guilford Press, pages 19-33). It is helpful for practitioners to keep all of the principles in mind when they deliver each module. It is also important to note that some modules offer more opportunities than others to apply specific principles. In addition, the principles are applied in different ways, depending on the client’s stage of treatment.

Here is a review of the COD principles:

1. Integration of mental health and substance use services including mental health and substance abuse treatment and relapse prevention planning.
3. Comprehensive variety of services offered to clients such as family therapy, medications, supported employment, use of self-help services such as Dual Recovery. Providing a full array of services.
4. An assertive approach to treatment (i.e., not waiting for client to request treatment but using engagement strategies such as assertive outreach).
5. Using a harm reduction approach.
7. Long-term perspective of treatment or time-unlimited services.
8. Providing multiple psychotherapeutic modalities.
Here are a few examples of opportunities for practitioners to use the COD principles in the Recovery Strategies module:

**Principle 1:** Practitioners can integrate mental health and substance use in the discussion on recovery. It can be helpful to look for opportunities to help clients integrate the two in their personal definition of recovery.

**Principle 2:** In this module practitioners can provide opportunities for gentle, informal assessment of client’s mental health symptoms and the extent of his or her substance use.

**Principle 3:** When referring to treatment and community resources, practitioners can include both mental health and substance use examples. For example, in referring to self help groups, include mental health peer groups, Dual Recovery Anonymous, Alcoholics Anonymous, and Narcotics anonymous.

**Principle 4:** It is important to keep the client’s stage of treatment in mind, and the practitioner can be assertive in terms of introducing the topic of substance use when relevant. This requires a straightforward but gentle approach.

**Principle 5:** Practitioners can use a harm reduction approach in helping people who have not yet decided to change their substance use. In this module, that may involve helping a person identify how they might like their lives to be different and how there could be less harm or risk involved in their substance use. The same principles can be applied to a person with mental health symptoms, who has not yet decided to participate in mental health treatment.

**Principle 6:** Practitioners can look for opportunities to get to know the clients in this module, and adding knowledge of their stage of change and the accompanying stage of treatment.

**Principle 7:** Practitioners need to keep in mind that COD treatment is usually long-term. Do not push clients to move more quickly than they feel comfortable.

**Principle 8:** Practitioners need to remember that clients often need multiple psychotherapeutic modalities in their recovery efforts. Be aware of opportunities to explore additional services that might be helpful to COD clients, such as vocational, housing, social skills training, and family services.

**Homework Strategies**

➢ At the end of each session of this module, help the person identify something he or she can do before the next session to review or follow up
on the information or skills that were just covered. Sometimes the homework will involve furthering their knowledge or understanding, such as reviewing a section of the handout or completing a questionnaire. Sometimes the homework will involve practicing or using a strategy they developed.

- When homework involves practicing a strategy, it is very helpful for the person to make a specific plan for how that will be accomplished. The more practical the plan, the better. For example, if the person identified that he or she would like to practice the strategy of exercising regularly, help make a plan about what type of exercise, how many minutes, what days of the week, what time of day, and how to overcome anticipated obstacles. This plan could be written down on a Step-by-step problem-solving and goal achievement sheet (see the blank copy of this sheet in the “Recovery Strategies” handout).

- Help the person do some troubleshooting regarding what obstacles might interfere with completing the homework. This gives the person some options and helps him or her avoid becoming distressed.

- When possible, encourage homework that involves family members and other supportive people. For example, if the person is working on the goal of exercising more regularly, the homework might be to invite a family member or another supportive person to go for a walk once a week.

- Follow up on each homework assignment by asking how it went. Praise the person for his or her efforts and accomplishments on the homework. Explore the following questions: What was the person able to do? What was the person not able to do? What might the person do differently in the future to follow through with homework?

- If the person does not do the homework, you can help identify obstacles that he or she may have encountered, and help problem-solve ways that these obstacles can be overcome. For example, if the homework assignment was to attend a support group meeting and the person did not have transportation, you could help identify a bus or subway that the person could take to the meeting.

- If the person did not complete the homework because the assignment was unrealistic, you can help him or her to modify the assignment to be more achievable. For example, if the homework is to attend a support group meeting, but the person is very apprehensive about being with people he doesn’t know, a better assignment might be to start by calling up the contact person for the support group and asking a few questions.

The following examples of homework may be helpful in this module:
• The person might formulate his or her own definition of recovery and write it down before the next meeting.

• After the person has completed the “Strategies for Recovery” checklist, he or she might pick one strategy to try. For example, if he or she is interested in creative expression, homework might include sketching in a notebook every other day.

• A person might ask a family member or other supportive person to participate in a recovery strategy. For example, if the person would like to play chess again as a leisure activity, he or she could ask a sibling to play chess at least once during the week.

• If the person is still in the process of completing the step-by-step problem-solving and goal achievement sheet during the session, he or she might complete one of the planning steps before the next session. For example, for Step 3, he or she could list the advantages and disadvantages for at least one of the options identified in Step 2.

• If the person has completed the step-by-step problem-solving and goal achievement sheet, he or she might begin to carry out at least one of the steps in the plan. For example, if the goal is to join a support group, the plan might include the step of contacting the local peer support organization to find out about the schedule of their groups.

• Keep in mind that support groups include Dual Recovery Anonymous, Alcoholics Anonymous, and Narcotics Anonymous. Depending on the person’s stage of change/stage of treatment, he or she may want to include contacting one of these groups to find about the schedule and locations of their meetings.

• The person might review the section in the handout containing examples of people in recovery, and underline the parts that he or she found especially relevant. Or the person might discuss the recovery examples with a family member or other supportive person.

• Some individuals may want to identify examples of people who have made progress in recovering from substance use or COD. These examples could be famous people or non-famous people. As with mental illness examples, confidentiality is important. That is, practitioners and clients should not use names or identifying information when providing an example of a person in recovery, unless the person has given has permission or has self-disclosed to the media.

• The person could complete the chart at the end of the module (“What reminders, guidelines or suggestions to yourself will help you most in pursuing your recovery goals?”)
• Individuals with COD may want to include reminders, guidelines or suggestions to themselves that apply to substance use. This is very dependent on the individuals’ stages of treatment.

**Special Issues for Group IMR**

- Some clients may find it difficult to identify personal goals and break them down in a group setting. If the group has more than one leader (or staff members or peer specialists available to assist during group) it can be helpful to break down into smaller groups or dyads to work on goals and developing a goal-tracking sheet. Some clients may also find it helpful to have an individual session with an IMR practitioner to work on goals together.

- Some group leaders use an ice-breaking activity to help participants say a little about themselves. Here are some examples of questions that have been used during introductions:
  - What is your favorite thing to do in your spare time?
  - What is your favorite food?
  - What is the last movie you saw?

- We recommend that groups do the Recovery Strategies modules first, in order to establish personally meaningful goals to work on. As noted in the Introduction to COD-Enhanced IMR, some groups may benefit from going to module 2, 3, and 4, etc after module 1, while groups that contain a majority of members with substance use disorders often benefit from going to Module 6, Drug and Alcohol Use, much sooner. See the guidelines for making this decision in the Introduction to COD-Enhanced IMR.

- Some group leaders have found it helpful to “include themselves in” when identifying recovery goals and breaking them down, and subsequently following up on their goals along with the rest of the group. The goals they select are usually not overly revealing of their private life (e.g., not “I want to get a divorce”), nor are they goals that clients would have significant problems relating to (e.g., “I want to buy a summer home in Europe.”) Examples of goals that have been used by group leaders include “I want to do something relaxing each day” or “I want to play in a basketball league again,” or “I want to learn to cook,” “I want to get back to using meditation 3 times a week.”

**Tips for common problems**

- People may be reluctant to talk about recovery.
Some people have been told, “You’ll never get better,” or “You’ll have to give up your goals,” “You should never have children,” or “You can’t work.” These messages are discouraging, and often result in people developing very low expectations for themselves. The notion that recovery is possible may not be consistent with the person’s self-concept of feeling like “a failure.” The practitioner may need to help the person challenge this view.

The above is true for persons with mental illness, substance use, and co-occurring disorders. The practitioner should help challenge the view that there is “nothing you can do” if you have one or more of these kinds of problems.

Explore what the person has heard from others and what he or she believes about recovery. Suggest alternative ways of looking at the future. If a person says, “When I first had symptoms they told me to give up on school,” you could say, “I’m sorry someone told you that. They may have meant well, but it is not true that people should give up their goals. People with mental illness or substance use or both have skills and abilities they can use to accomplish personal goals in their lives.”

If the person dwells on past setbacks and disappointments, gently redirect him or her to think about the future. Express empathy, but do not remain focused on the past. For example, if a person frequently talks about how he or she lost several jobs after becoming ill or since starting to use substances, you could say, “That must have been very difficult for you. Although you’ve had some setbacks, it doesn’t have to be like that in the future. Let’s talk about what might work better this time.”

People may find it difficult to identify goals.

Before talking about goals, it may be helpful to know more about what the person’s life is like. The person may have provided substantial information when they completed the Knowledge and Skills Inventory, at the beginning of the program. You can also ask questions such as the following:

- Where do you live? Do you like the place you’re living?
- With whom do you spend time? Is there anyone you would like to spend more time with?
- What is a typical day like for you? Is there anything you would rather be doing?
- It can also be helpful to discuss what the person’s goals were before he or she developed symptoms and/or started using substances, asking questions such as:
When you were younger, what did you imagine yourself doing when you grew up?

What types of things did you used to enjoy doing?

Did you want to go further in school?

What were your dreams and hopes for your life?

Depending on the person’s answers, you might be able to talk about what the person would like to pursue. For example, if someone says he or she wanted to be a veterinarian, you could ask if they are still interested in animals, and explore whether they are interested in continuing their education in order to pursue a degree in veterinary medicine or a related field, or whether they are interested in a job related to working with animals, such as a job at a veterinary clinic or an animal shelter.

People may identify very ambitious goals.

If people identify very ambitious goals, it is important not to discourage their hopes. Instead, it is preferable to help them break down goals into a series of smaller steps and to work towards those steps, using a “shaping” approach. For example, if a person with a very limited budget says he would like to go on a 6-week vacation to the Riviera, you might explore what he or she likes about the Riviera (e.g., going to the beach, spending time outdoors, seeing new people, eating new foods), which may lead to exploring the options of more local trips to a relaxing place, such as a local beach, a lake or even a pleasant park. Or if the person is determined to go to the Riviera, you might begin to explore with the person how he or she could begin saving money towards this goal.

**Additional Resources**

  - Chapter 5, “Functional Analysis and Treatment Planning” pages 65 to 83.


- *In Team Solutions: (2007) Workbook #7: “Making Choices: Substances and You.”* Mueser, K. and Gingerich, S. Team Solutions workbooks can be downloaded. Type in [www.treatmentteam.com](http://www.treatmentteam.com), click on learn more for
team solutions, and scroll down to download the following in Workbook 7: Making Choices: Substances and You.

- Session 8: “Choosing New Ways to Have Fun” (pages 78-89),


**COD-Clinical Vignette**

Lynette had been working with George as his case manager for several weeks and gotten to know him when he would come into the mental health center to pick up his medications for his bipolar disorder. In the first IMR session with George, Lynette completed a substance use screening instrument along with the readiness ruler to help determine George’s readiness for change. During the session, Lynette explored the different ways of defining recovery with George. George shared that for him recovery has not always been easy to achieve. He recounted times when he has been living on his own and things seemed to going well and then suddenly he found himself staying at home all the time and having difficulty just getting out of bed. George shared that he enjoyed music and had played guitar in the past but had not played in a few months. During the discussion, Lynette became aware that George accepted his diagnosis of bipolar disorder and had been taking medication for many years. The piece that was not well understood by George was the impact that his alcohol use had on his bipolar disorder. George was in persuasion around his drinking and active treatment around his bipolar disorder. He did recognize that it caused problems in his life from time to time, but then at other points it felt it was his only friend and a necessary crutch.

Lynette asked George about what he would like to see for his own recovery and George reported that he wanted a better life. He said he would like to not be depressed, not to feel lousy when he didn’t drink, and to continue living in his apartment. When asked about what his life would be like if he didn’t feel depressed or feel lousy, George stated right away that he wanted to pursue music again, and to make his own CD. Lynette then explored how George’s experiences with bipolar disorder and with his alcohol use have impacted his music and ability to be independent. George acknowledged that sometimes it can be hard to leave his apartment when he is feeling very depressed. As for his music, George took some time to answer but eventually he said that he does spend quite a bit of his money on drinking, which affects his ability to spend money going to musical performances and buying new strings for his guitar, and thought he would like to cut down on a bit on his spending for alcohol.
Next, Lynette reviewed areas in George’s life that he would like to improve. George reported that he would like to find a job possibly related to his music but he is unsure if he could keep a job after having to leave his job at the grocery store. He identified that he is not satisfied with his friendships or his relationship with his sister and would like to have someone with whom he could spend time. The areas in his life that he identified were going well included his housing and his experience with his music in his spare time. When Lynette explored his mental health and substance use, George did admit to “feeling down a lot of the time” and reported that he would have a difficult time giving up his alcohol because when he tried it in the past he was miserable. Lynette reviewed information about the areas of possible improvement with George and his definition of recovery and asked George to identify one or two areas of his life that he would like to improve. George stated that he was becoming overwhelmed by all of the choices but felt like his music was still the most important thing to him.

Lynette decided that the next step would be to help George develop a recovery goal around George’s love for his music but to keep it simple for now. Lynette asked George what change he would like to see with his music. George reported that his overall goal was to make a CD of his music. Lynette asked him how his life would be different if this happened and George stated that he would be able to play his music in public on a regular basis and people would see him as a musical artist. Lynette asked him how often he plays his guitar. George stated that he will often play his guitar alone in his apartment and he might like to try playing at the center if they would allow him. Lynette and George worked together to set a long term or recovery goal around his music.

After setting his long-term recovery goal of “Making a CD of My Music”, George and Lynette worked on setting a short-term goal as a first step. George was excited about his music so Lynette suggested presenting the idea to someone at the center to see if he could play in the commons area. George wrote this short-term goal down on his goal-tracking sheet. Lynette also inquired about whether or not George would like to have some additional spending money to help him get started on his music. George was a little unsure about this as a short-term goal but thought he could give it a try. He decided to see how much he was spending on his alcohol as a first step. Lynette and George worked on the steps to help George take a step towards his recovery on the goal-tracking sheet below.

**Review Questions**

At the end of the module, it is helpful to assess how well the person understands the main points. You can use the following types of questions (open-ended questions or multiple choice).

**Open-ended questions**
What does the word “recovery” mean to you?

What helps you feel confident or optimistic about the future?

What are some goals you would like to achieve?

What advice would you give to someone with a mental illness who is discouraged about recovery?

What advice would you give to someone with a drug or alcohol problem who is discouraged about recovery?

**Multiple choice and true/false questions**

- When people have a mental illness they cannot accomplish important goals in their lives. True or False

- *When people have a drug or alcohol problem, they cannot accomplish important goals in their lives.* True or False

- One strategy for moving forward in recovery is:
  - Focusing on past mistakes
  - Giving up all leisure and recreation activities
  - Developing a support system

- One helpful strategy for achieving goals is:
  - Make a step-by-step plan
  - Leave it to chance
  - Tackle everything at once.

- If someone wanted to get involved in a hobby that they used to enjoy, what would be good advice?
  - don’t do it
  - try it out, starting with small activities
  - throw yourself into it full force
Use this sheet to record progress toward goals, including steps taken, new steps, new short-term goals, and new recovery goals.

**Name:** George  
**Date that personal recovery goal set:**

**Personal Strengths:** Creativity, Appreciation of Beauty, Curiosity, and Gratitude

**Personal Recovery Goal:** Make a CD of my music

<table>
<thead>
<tr>
<th>Short-term goal (Objective) 1 related to personal recovery goal: Play my guitar at the center</th>
<th>Short-term goal (Objective) 2 related to personal recovery goal: Save money for my music</th>
<th>Short-term goal (Objective) 3 related to personal recovery goal:</th>
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<tbody>
<tr>
<td>Steps:</td>
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<tr>
<td>1. make a plan to present what and when I can play at center</td>
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<td>2. practice 2-3 songs I could play every day-15 minutes</td>
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<td>3. make appt with office manager</td>
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<td>4. present my plan and play a song</td>
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<tr>
<td>Steps:</td>
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<tr>
<td>1. count # bottles I buy in week</td>
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<tr>
<td>2. find price per bottle</td>
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<td>3. cut down my drinking by 1 bottle each week</td>
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<tr>
<td>4. put saved money into fund for my CD</td>
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**Start Date:** _______  
**Start Date:** _______  
**Date Reviewed:** _______  
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**Achieved?**  
Fully  Partially  Not at all  
**Achieved?**  
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**Achieved?**  
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Client Signature  

Practitioner Signature
# Integrated Recovery Goal Tracking Sheet

Use this sheet to record progress toward goals, including steps taken, new steps, new short-term goals, and new recovery goals.

Name: ____________________  Date that personal recovery goal set: ____________________

Personal Strengths: ________________________________________________________________

Personal Recovery Goal: _______________________________________________________________________________________

Personal recovery goal achieved (date): __________  Modified (date): ______________

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Start Date: ______________  Start Date: ______________  Start Date: ______________

Date Reviewed: ___________  Date Reviewed: ___________  Date Reviewed: ___________

Achieved?

Fully  Partially  Not at all  Fully  Partially  Not at all  Fully  Partially  Not at all

Modified/next steps:  Modified/next steps:  Modified/next steps:
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</table>

Client Signature ___________________________________________  Practitioner Signature ______________________________________
Practitioner Goal Update Form

1. **Diagnosis:**
   - **Axis I:**
   - **Axis II:**
   - **Axis III: (Medical)**

2. **Stage of change for Mental Illness:**
   - __ Pre-Contemplation  __ Contemplation  __ Preparation
   - __ Action  __ Maintenance

   **Stage of Change for Substance use:**
   - __ Pre-Contemplation  __ Contemplation  __ Preparation
   - __ Action  __ Maintenance

3. **Outcome Measures:**
   - In the past 6 months has the client:
     1. Been hospitalized?  _____ yes  _____ no
     2. Been employed?  _____ yes  _____ no
     3. Been in school?  _____ yes  _____ no
     4. Been arrested?  _____ yes  _____ no
     5. Been in jail or prison?  _____ yes  _____ no
     6. Been on probation or parole?  _____ yes  _____ no
     7. Been homeless?  _____ yes  _____ no
     8. Been using substances?  _____ yes  _____ no

4. **Barriers to Treatment:** (The things that are keeping the client from achieving goals)
5. **Prompts to be used when completing the Integrated Recovery Plan:** (Use these prompts to help in setting up a recovery plan for your client)

   a) Why is this long-term goal important to you?

   b) How confident do you feel in your ability to achieve this long/short-term goal? Why or Why not?

   c) Do you feel you have the skills to achieve this long/short-term goal? If not, what would help you feel more ready?

   d) For the short-term goals: How does this goal connect back to your recovery goal? Or How will achieving this short-term goal help you make progress towards your long-term recovery goal?

   e) What are your expectations for me (your practitioner) in helping you make progress towards your goal? (How can I best help you make progress towards your goal?)

   f) What are your expectations for yourself to make progress towards your goal? (What are you committing to do to make progress towards your goal?)