Fresh Start
Program

Clinician Guidelines
And
Educational Handout

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Fresh Start: Guidelines for Clinicians

Fresh Start is a brief (6-8 sessions), standardized program for clients with a severe mental illness and co-occurring substance use disorder (“Dual Disorders”). The aims of the program are to motivate clients to address their substance use problems, and to help them develop a personal plan for achieving and maintaining a sober lifestyle. Although the Fresh Start program is time limited, it is expected that supports will continue to be available to clients after the program ends to help them follow through on their personal plans.

Program Philosophy

Substance use reeks havoc in the lives of people with a severe mental illness, frequently precipitating relapses and rehospitalizations, and causing problems with relationships, health, finances, housing, and the law. However, despite these high costs, using substances becomes a way of life for many clients that provides socialization, recreation, coping, and structure. Most clients are unwilling to give up their substance use habits until they develop concrete ideas of how their lives could be different, and they believe in their ability to make those changes.

The philosophy of the Fresh Start program is that motivation to work on substance use problems can be most effectively instilled by exploring with clients how they would like their lives to be different, setting personal goals related to those desired changes, and then evaluating where sobriety could help them achieve those goals. It is important not only to set personal goals, but also to help clients begin to make steps towards achieving these goals. Identifying and making concrete steps towards personal goals shows the client that the clinician takes his/her goals seriously, and can provide opportunities for the client to see how sobriety can help him/her achieve those goals.

Motivation to work on substance use problems develops naturally when clients have identified personal goals, information has been provided to them about substances, and the effects of substance use on achieving those goals has been explored. Once motivation to work on substance abuse is established, clients need help developing and implementing a personal sobriety plan. An effective sobriety plan is one in which clients continue to work towards achieving their personal goals, obtain social support for establishing a sober lifestyle, develop strategies for coping with high risk situations for using substances, and identify alternative ways to using substance for getting basic needs met such as recreation, socialization, and coping.

Target Population

Any client with a severe mental illness who has an active or recent (past 3 months) substance use disorder can participate in the Fresh Start program. Motivation to work on substance use problems is not a prerequisite for participating in the program.
Logistics

The Fresh Start program is provided in 6-8 sessions, either in an individual or group format. Sessions last approximately 1 hour and are conducted on a weekly basis, although briefer sessions may be appropriate for some clients with attention or agitation difficulties, and more frequent sessions over a shorter period of time may be helpful for some clients. The pacing of sessions is individualized based on the client’s needs.

The Fresh Start program includes an educational handout that summarizes information covered in the program and contains worksheets, which are completed throughout the program. These materials can be used and reviewed in sessions with the client. If a client has poor reading and writing skills, the clinician can complete the worksheets with him or her in order to produce a written record. The client can then review the completed worksheet with the support of another person.

Overview of the Program

Fresh Start begins with a brief introduction of the focus of the program on helping people overcome problems related to alcohol and drug abuse. Following this, the clinician engages the client in a discussion of his or her personal values, and explores the client’s satisfaction and dissatisfaction with different life domains. This discussion helps the client articulate how he/she would like his/her life to be different, and concludes by setting personal goals related to those desired changes. Steps towards achieving these goals are set, and then briefly followed up in subsequent sessions.

Next, the clinician provides basic information about commonly used substances and their effects, frequently eliciting the client’s personal experiences with using substances. This discussion focuses on empathic listening and understanding the client’s perspective about using substances, including the perceived benefits of substance use, the costs, whether it interferes with the client’s ability to achieve personal goals, and ambivalence about changing substance use habits. Two decisional balance exercises are completed during the course of this discussion, the first evaluating the pros and con’s of using substances, and the second evaluating the pro’s and con’s of not using substances. At the end of the second exercise, the client makes a decision about whether to stop using substances (or cut down).

Following completion of the decisional balance, attention shifts to developing a personal sobriety plan with the client. The central components of this plan include remembering the major reasons for not using substances, identifying social supports for sobriety, developing relapse prevention strategies for high risk situations for using substances, and developing different ways of getting needs met related to the client’s motives for using substances, such as socializing with others, leisure and recreation, and coping with symptoms. This sobriety plan is written down and shared with a significant other who is supportive of the client’s sobriety goal.
The following educational strategies are recommended when using the Fresh Start Handout with a consumer:

- Review the contents of the handout; summarizing the main points after taking turns reading the material aloud.
- Pause at the end of each section to check for understanding and learn more about the person’s point of view.
- Allow plenty of time for interaction.
- Pause to allow the person to complete worksheets.
- Break down the content into manageable “pieces.”

### Topic #1: Values Clarification and Goals Identification

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<th>1-2 sessions</th>
<th>(Fresh Start handout pages 1-9)</th>
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#### Goals

1. Briefly explain the purposes of the Fresh Start program.
2. Foster a discussion with the client about his/her personal values, including satisfaction and dissatisfaction with different life domains.
3. Help the client identify one or two personal goals related to desired life changes, and set some steps towards achieving those goals.

#### Description and Rationale

Overcoming substance use problems requires major changes in lifestyle, including areas such as social relationships, ways of having fun, and strategies for coping with negative feelings and other symptoms. In order to help clients make these challenging changes, it is first important to understand how they would like their lives to be different. Then, efforts can be directed towards helping clients make these changes and addressing the interference caused by drug and alcohol abuse.

#### Clinical Strategies

The clinician should show warmth, interest, and empathy when engaging the client, exploring personal values, and identifying goals. Use of reflective listening skills (paraphrasing, checking for understanding, asking clarifying questions) and empathic statements (expressing understanding of the client’s feelings) are especially important. Instilling hope that change is possible and that progress towards personal goals can be made is critical while, also validating frustrations clients may have experienced related to trying to achieve those goals.

When discussing personal values and goals, some clients may spontaneously talk about problems related to substance abuse. The clinician should attend to and reinforce such “change talk” about
substance abuse by the client. If the client expresses motivation to work on substance abuse but it is unclear how substance abuse interferes with personal values and achieving desired goals, the clinician should explore in what specific ways the client’s life might be different if substance use was no longer a problem. This discussion can help the client identify personal life goals that he/she would like to work towards achieving in the context of becoming sober. For example, if the client talked about financial problems due to spending money on drugs and alcohol, the clinician could follow with: “So using substances has created some money problems for you. What would happen to your financial situation if you were to overcome your drug and alcohol problems? What types of things would you be spending your money on? What would you like to do but you can’t because of your money problems?”

For clients who do not spontaneously bring up their substance use problems, the clinician should avoid exploring the effects of using substances at this point, and maintain the focus on understanding the client’s personal values and developing goals related to those values. When exploring client’s personal values and areas of life satisfaction and dissatisfaction, the clinician should avoid talking about change or setting goals (unless the client brings up these topics on his/her own) before thoroughly understanding the specific ways the client would like his/her life to be different. In other words, the clinician should not automatically equate dissatisfaction and desire for change with motivation to set goals and begin working towards making change happen. Rather, the emphasis should first be placed on understanding as specifically as possible how the client would like things to be different. One way of eliciting this kind of information is to ask the client what he/she would be doing differently if the desired change took place. For example:

Client: Being a good parent is important to me, but I don’t think I am a good parent.
Clinician: What does it mean to you to be a good parent? If you were a good parent what would you be doing that you are not doing now?
Client: Lots of things! I would try to play with my kids more. Do special things for them. Meet with their teachers to see how they are doing.
Clinician: Those are all good examples of what being a good parent means to you.
Anything else?
Client: I wouldn’t lose my temper so often.
Clinician: Okay. So for you, being a good parent means having more time to spend with your kids doing fun things, being more involved in their school work, and not losing your temper.
Client: Right.

Once personal values and areas of dissatisfaction have been discussed, the clinician should briefly review those areas that the client expressed the most dissatisfaction in, and inquire which areas the client would most like to see changed. The purpose of this discussion is to make the bridge between helping the client identify ways that his/her life could be different to developing motivation and setting a goal of working towards change in at least one area. When exploring with clients which areas of change they would like to work on, long-term, personally meaningful goals should be identified, followed by some basic steps towards achieving those goals. If the client is uncertain as to which goals to work towards, emphasis should be given to those goals...
that substance abuse appears to be interfering most with achieving. An example of summarizing
the areas of dissatisfaction and identifying a goal to work on is provided below.

Clinician: Let me take a minute to summarize what we’ve talked about so far. You have
told me about some of your personal values. Some of the things that are most
important to you are having good relationships, having something meaningful to do
with your time such as work, being more independent such as controlling your own
money and having your own apartment, and having fun things to do with your spare
time. You also indicated some dissatisfaction in each of these areas. Which of
these areas is most important to you that you would like to begin working towards?
Client: They are all important to me.
Clinician: I’m glad to hear that. This program can be the beginning of many changes
you are going to make in your life. Where would you like to start?
Client: Maybe with my relationships. I’d really like to have a girlfriend.
Clinician: Ok. Let’s talk about how we might break that long-term goal into some
smaller steps...

A number of obstacles may occur when trying to help clients set personal goals. Some clients
may lack hope and self-efficacy that change is possible. For these individuals, instilling hope
that they can change, and self-efficacy that they are capable of change, is crucial. Exploring
personal strengths can be useful in helping clients recognize their own positive qualities, and
consider how these strengths can be used in making desired changes. It can also be useful to
reframe past challenging experiences as providing evidence of their ingenuity and resources. For
example, exploring the personal strengths and resources that the person was able to draw upon to
cope with traumatic experiences, homelessness, time spent in jail, or supporting a severe
addiction can help the individual conceptualize his/her experiences in a more positive and
adaptive light, identify strengths that can built upon, and increase the belief that he/she is capable
of change.

Sometimes clients are reluctant to work on goals because they seem too ambitious. Before
selecting a goal to work on, it can be helpful to consider a few basic steps that can be taken for
each goal. This can help the client understand the small changes that need to take place when
working on long-term changes.

Some goals may be very directly related to reducing or stopping substance abuse. For example,
being able to control one’s own money when the person has a representative payee may require
stable abstinence. While steps towards reducing and stopping substance abuse can be identified
with the client in order to achieve this goal, the clinician should seek to identify at least one more
goal the client can begin working towards that doesn’t immediately involve working on
substance abuse. It is optimal if the two goals are related to each other. For example, a client
who strongly values independence could begin working on the two goals of 1) regaining control
of his money (by taking steps towards reducing and stopping substance use), and 2) getting his
own apartment (by taking steps such as getting information about housing options and the
eligibility criteria for obtaining such housing).
Once a goal has been identified, the clinician uses Socratic questioning to help the client break the goal down into smaller, more manageable steps (i.e., asking questions so the client can identify steps towards getting his/her own apartment). For some clients, it may be helpful to identify all the steps needed to achieve a goal. For others, it may be preferable to identify the first several steps towards the goal. Once some steps have been identified, the clinician works with the client to identify a first step towards the goal to begin working on as homework before the next session. For clients who readily identify substance abuse as interfering with achieving a personal goal, steps can be identified that include both stopping substance use and other steps towards the goal, with homework including progress towards both steps. The main goal at the end of Topic #1 is for the client to begin making concrete efforts to achieve a personally meaningful goal.

**Topic #2: Providing Information About Drugs and Alcohol**

*1-2 sessions*  
*(Fresh Start handout pages 10-22)*

**Goals**

1. Help the client understand the effects of specific substances and the common reasons for using them.
2. Provide accurate information about the interactions between alcohol, drugs, and mental illness.
3. Provide an opportunity for people to talk openly about their experiences using substances, including both positive and negative experiences.

**Description and Rationale**

Understanding the effects of using substances and, in particular, the added risk that substance use has on symptoms of mental illness is critical for people to make their own decisions about substance use. This means that people with a mental illness often experience problems using even small amounts of substances, such as having a few drinks or occasionally using modest amounts of marijuana or cocaine. Helping people understand the both direct effects of substances on worsening symptoms and the indirect effects such as weakening the effectiveness of medications, can help them see that not using substances is an important key to managing one’s mental illness. In an open, non-judgmental atmosphere, people often gradually become interested in examining their use of drugs and alcohol.

**Clinical Strategies**

It is important to avoid lecturing or preaching about alcohol or drugs. Having an open mind and helping people reach their own conclusions about what is best for them is a more effective approach. Because society looks at people with substance use problems as causing their own difficulties, many people feel ashamed of their struggles, and this can interfere with talking about them. Many people are unwilling to consider the negative effects of using substances before the
positive effects have been acknowledged. Therefore, give ample time for the person to discuss some of the reasons he/she enjoys using substances (or has enjoyed in the past).

Avoid directly confronting people about the consequences of their substance use; minimizing the effects of substances is common. Instead, ask questions to encourage the person to explore possible negative effects of using substances. Empathizing with the person, and avoiding being judgmental, are the best strategies for creating an open and accepting environment in which substance use and its effects can be discussed. The more you can get people to talk about what using substances does for them, the more you will understand the role that substances play in their person’s lives.

The most common reasons people use substances include: socializing with others, dealing with symptoms and mood problems, because it feels good, because it gives the person something to do and to look forward to. The more you can get people to talk about what using substances does for them, the more you will understand the role that substances play in the person’s life, and how the person will need to develop new ways of getting his/her needs met.

The most important information people can learn in this module is that the stress-vulnerability model explains that people with a mental illness are more sensitive to the effects of substances than people with no mental illness. For these individuals, the effects of using substances include both worsening symptoms and relapses, and other effects, such as social problems. It bears repeating that people with a mental illness often experience problems using even small amounts of substances, such as having a few drinks.

<table>
<thead>
<tr>
<th>Topic #3: Deciding Whether To Cut Down or Stop Using Substances</th>
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<tbody>
<tr>
<td>1-2 sessions</td>
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<td>(Fresh Start handout pages 23-26)</td>
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Goals

1. Help people weigh the advantages and disadvantages of using alcohol and drugs.
2. Help people decide whether or not to stop using substances. (Or cut down.)

Description and Rationale

Helping people weigh the advantages and disadvantages of using substances, and exploring how sobriety can help people pursue their personal recovery goals, is the most important way of motivating them to stop using substances. This process of promoting informed decision-making is a key step for practitioners to help people determine what barriers their substance use places in the path of personal goals. People then often decide that they want to do something about their use of alcohol and drugs.

Clinical Strategies

When exploring the advantages and disadvantages of using substances, there may be opportunities to use cognitive restructuring to encourage people to re-evaluate certain positive
beliefs they have about using substances. When exploring such beliefs, it is important to avoid directly confronting or contradicting the person, but rather to ask questions intended to explore with the person his/her beliefs. For example, commonly perceived advantages of using substances include spending time with friends, feeling “high,” and dealing with symptoms such as depression. However, upon further examination, some people may find that their “friends” are actually opportunistic people who don’t really care about them, the “high” they describe is not as good or predictable as hoped and they may be chasing exaggerated memories of feeling high from the past. They may also discover that using substances actually isn’t as helpful in dealing with problematic symptoms as they remember. Re-examination of such beliefs can increase motivation to work on sobriety. Avoid arguing with the person if the advantages of using substances are strongly held.

For people who use substances, but do not appear to have experienced significant problems yet, you can use the stress-vulnerability model to help them explore whether they might be able to prevent problems that might develop in the future by deciding not to use substances.

People who have fully weighed the pros and cons of using and not using but remain unsure of their decision can still benefit from developing a personal sobriety plan. After the plan has been developed, the practitioner and person can review whether the person wants to try the plan, now that he/she knows what will be involved in stopping his/her use of substances.

Many people who do not think they have a substance abuse problem are comfortable talking about the effects of substances and the pros and cons of using substances, as long as they are not pressured to make a decision to cut down or stop using. They are often willing to talk about how other people have experienced problems related to substance use. They may also be willing to brainstorm alternative activities and coping strategies for occasional situations when they don’t want to use substances, even if they don’t want to systematically cut down or stop using.

For people who clearly indicate that they do not want to stop using substances after weighing the pros and cons, accept their decision and do not push it (and do not complete a sobriety plan). There may be opportunities later to discuss again the effects of using substances, and the person may change his/her mind and endorse sobriety.

### Topic #4: Making a Personal Sobriety Plan

| 2-4 sessions | (Fresh Start handout pages 27-39) |

**Goals**

1. Help people who choose to cut down or stop using substances develop a personal sobriety plan for achieving this goal.
2. Identity ways for people to get support to continue their personal sobriety plan after the Fresh Start program effort has ended.
Description and Rationale

When people decide to develop a sober lifestyle, it takes planning and practice. Sometimes setbacks happen along the way, such as urges to use substances, slips in substance use, or relapses of substance abuse. Anticipating those roadblocks is an important way to help people work toward sobriety so they might achieve their personal recovery goals. Identifying and practicing strategies that people can use to manage possible setbacks is a critical step to moving ahead. The personal sobriety plan consists of six important steps:

- Remember reasons for not using substances.
- Get support for a decision to become sober.
- Identify “high risk” situations that can lead to unwanted substance use.
- Develop a plan to prevent going back to using substances in “high risk” situations.
- Identify new ways of getting needs met.
- Identity ways to get support to continue a personal sobriety plan after the Fresh Start program has ended.

Clinical Strategies

Some people want to change their substance use, but have had negative experiences in their previous attempts to do so. Provide support and encouragement, and suggest that this is a fresh start. Let them know that substance abuse is a complex problem, and that it often takes people more than one attempt to successfully change their behavior. Encourage a step-by-step approach and giving oneself credit for taking steps toward a sober lifestyle.

Whenever someone decides to cut down or stop using substances, it is important for them to identify their personal reasons for wanting a sober lifestyle, and to regularly remind themselves of these reasons. Spend whatever time is needed to help people clearly state specific reasons that resonate with them. Help them to develop cues to remind themselves of those reasons.

To follow through with the decision to make a personal lifestyle change, most people benefit from getting the support of at least one person who cares about the change they want to make, someone who is on their side, rooting for them. When helping clients identify someone who can support their sobriety efforts, it is important to consider a person who does not have an alcohol or drug problem. Ideally it may be someone who used to have substance use problems but no longer does. It should be a person they can turn to when help is needed or they just need someone to talk to. The Fresh Start educational handout includes a section to help you and the client to brainstorm selecting a support person.

When exploring with clients the importance of getting support for sobriety, the potential role of self-help groups (such as AA, NA or Dual Recovery Anonymous) should be discussed, including any prior experiences the client may have had with such groups. Participation in self-help groups has been found to contribute to achieving sobriety in clients with dual disorders, and therefore should be given serious consideration. Misunderstandings that the client has about self-help groups should be corrected (e.g., all such groups are religious, self-help groups
disapprove of people taking psychiatric medications). The clinician can explain that any prior negative experiences the client has had with self-help groups may be related to that specific group, and that every self-help group has its own unique character and style (even within a type of self-help groups, such as AA). If the client is willing to consider self-help groups, the most effective way of finding the right group is for the clinician to attend several different groups with the client (“meeting shopping”), and to process those experiences together to help the client choose the group and meeting best suited to his/her needs. The client could also shop for meetings with a supportive friend or a family member.

A range of “high risk” situations typically confront people when they are trying to stop using substances, and planning on how to deal with these situations is critical to developing a successful sobriety plan. Planning how to avoid such situations can reduce vulnerability to relapse. However, complete avoidance is often not possible, and additional plans (and skills) will guard against the possibility of a relapse. Identifying and attempting to use replacement activities is often needed. The following paragraphs describe examples of alternative activities.

Helping people develop rewarding leisure and recreational activities is an important goal for many people, to replace the role of using substances in the person’s life. Different activities can be brainstormed, and plans made (and role played when feasible). Often new activities need to be practiced a number of times before they become fully enjoyable. When selecting activities, consider the positive aspects of using substances for the person, and whether some activities can be identified that evoke some of the same feelings (such as feeling relaxed or excited).

People sometimes use substances to cope with symptoms such as hallucinations, depression, anxiety, and sleep problems. Helping them develop more effective coping strategies for these symptoms can reduce their susceptibility to using substances. A wide range of coping strategies can be discussed, planned, and practiced for dealing with these symptoms. For example:

- Depression can be coped with by scheduling pleasant events, challenging negative thinking styles, using affirmative self-statements, and exercise.
- Anxiety can be coped with by relaxation strategies, challenging beliefs about pervasive threats, and gradually exposing oneself to feared but safe situations.
- Hallucinations can be dealt with by strategies such as distraction (such as listening to music, attending to a task), positive self-talk, acceptance (such as not fighting voices), or relaxation.
- Sleep problems can be managed through strategies such as improved sleep hygiene (such as not drinking caffeine in the afternoon, going to bed at the same time every night, not napping, developing a pleasant bedtime routine).
- Skills training can be used to help people practice the social skills needed to connect with new individuals (such as people who do not use substances) and to get closer to people.

The Fresh Start Program recommends that people quit using substances rather than to try to cut down. However, if the person wants to try cutting down, this is better than nothing and should not be discouraged. Some people find it hard to cut down, but the experience of trying leads them to conclude that stopping altogether is a more practical solution.
The Fresh Start Program can provide a framework for continued support and case management of clients following their completion of the program. Depending on how successful the client has been at reducing substance use, the clinician can provide support and help aimed at helping the person move towards the ultimate goal of sustained sobriety. Before reviewing the guidelines for providing continued support, it is helpful to first briefly review the related concepts of the stages of change and the stages of treatment.

Stages of Change and Stages of Treatment: Windows into Client Motivation

The stages of change is a conceptualization of the process individuals go through when they are in the process of changing health-related behaviors such as using substances, smoking, diet, weight loss, and exercise (Connors, Donovan, & DiClemente, 2001; Prochaska & DiClemente, 1984). According to the stages concept, people go through a series of discrete changes when they are in the process of changing their behavior. During the precontemplation stage, people are not even thinking about change. During the contemplation stage they are thinking about it, but are not yet committed to change. During the preparation stage people have decided they want to change, and begin to make plans for how they will make the changes occur. During the action stage people are involved in changing their behavior. During the maintenance stage people work at maintaining the changes they have successfully made. Understanding an individual’s stages of change can be useful for gearing treatment that is appropriately matched to that person’s level of motivation for changing his or her substance use behavior. Thus, before helping people actually change their health-related behaviors, it is important to instill motivation for that change.

The stages of treatment is an extension of the stages of change that was developed to describe the stages that individuals with dual disorders go through when receiving professional treatment to help them overcome their substance use disorders (Mueser, Noordsy, Drake, & Fox, 2003; Osher & Kofoed, 1989). Each stage of treatment characterizes a client’s level of motivation to change, and is associated with specific treatment goals that the clinician can work towards helping the client get to the next level. In the engagement stage, the client is continuing to abuse substances with no change and is not yet seeing the dual disorder clinician on a regular basis. Since a therapeutic relationship between the client and clinician is assumed to be a prerequisite to the client becoming sober, the clinician’s primary goal for clients at this stage is to develop a working relationship with the client, defined as meeting regularly with the person. In the persuasion stage, the client is seeing the clinician on a regular basis, but has made no significant changes in substance use behavior. Since motivation to work on substance use behavior is assumed to be a prerequisite to efforts to cut down or stop using substances, the clinician’s primary goal for clients at this stage is to develop awareness of the problems related to using substances, and the advantages of adopting a sober lifestyle. A client is judged to be motivated to work on substance abuse problems when he or she actually begins to cut down on using substances, or makes concerted efforts to do so. In the active treatment stage, the client has begun to cut down on using substances, or has achieved sobriety. In this stage, the clinician’s
primary goal for the client is to help the person achieve sobriety by focusing on continued substance use reduction, dealing with high risk situations for using substances, and developing plans for preventing relapses. The client enters the relapse prevention stage when he or she has not experienced problems related to substance use for a six-month period or more. During this stage, the clinician’s goal is to help the client maintain awareness of possible relapses by having a relapse prevention plan in place, and by expanding recovery gains to other areas of the client’s life (e.g., social relationships, work, independent living). Further clinical guidelines for helping clients at each of the stages of treatment can be found in Mueser et al. (2003)

One advantage of the stages of treatment concept is that it is specifically oriented towards the change process in clients with dual disorders who are receiving treatment. A second advantage is that each of the stages is behaviorally defined, thereby minimizing potential disagreement between case managers/clinicians as to an individual’s motivation to work on substance abuse issues. Table 1 on page 15 describes the behaviorally anchored Substance Abuse Treatment Scale that can be used to rate client’s level of substance use problems.

Guidelines for Continued Support

When clients complete the Fresh Start Program, the progress they have made can be built upon by the support and continued work provided by the clinician. A flowchart on page 16 summarizes recommendations based on the gains the client has made over the course of Fresh Start in overcoming his/her substance use problems. In the flowchart, the clinician is asked questions designed to distinguish between four different phases of progress clients show during substance abuse treatment: clients who have attained sobriety, clients who have reduced substance use but continue to have problems related to their use, clients who have not reduced substance use and continue to have problems using DESPITE expressing motivation to cut down or quit using, and clients who have not reduced substance use and continue to have problems using and who express no motivation to cut down or quit using. In the flowchart, stages of change and stages of treatment are identified for each group.

For all these groups of clients, continued work on personal goals is of fundamental importance. For clients who are making progress toward establishing or maintaining sobriety, progress towards goals supports their self-efficacy and helps them develop lives that are rewarding without using substances. For clients who are struggling either with becoming sober or with the decision to become sober, working on goals also supports self-efficacy. In addition, it provides more opportunities for creating discrepancy between achieving personal goals and continued substance use, thereby bolstering motivation for sobriety.

Clients who have attained sobriety. Clients who have achieved sobriety, and who have not experienced problems related to substance use for at least a month, need continued support for their sobriety. For these clients, that support should primarily involve:

- Continue to work on personal goals.
- Ensure that all components of the Personal Sobriety Plan are in place.
Clients who have reduced substance abuse but continue to have substance-related problems. Clients in this group may have significantly reduced using a particular substance, or stopped using one substance while continuing to use others, but continue to experience problems related to their use of substances. Some individuals may experience fewer problems as they reduce their substance use, but not others. Progress is evident, but there is more work to be done. For these clients, support should primarily involve:

- Continue to work on personal goals.
- Develop discrepancy between the client’s personal goals and substance abuse. If the client has made significant progress towards a personal goal, but no discrepancy has been established between achieving the goal and substance abuse, continue work towards that goal while also identifying another goal to work on that has greater potential for creating discrepancy with the client’s substance abuse. If significant new information is identified by the client about using substances, the Pros/Cons of Using/Sobriety Worksheets located in the Fresh Start Educational Handout can be revisited and modified.
- Troubleshoot the Personal Sobriety Plan, with particular focus on social supports for sobriety and dealing with high-risk situations for using substances.

Clients who have not reduced substance abuse DESPITE expressing a desire to cut down or stop using. Clients in this group are essentially unchanged in their substance abuse habits after the Fresh Start Program, although they state a desire for sobriety. Some clients may seem like they are trying to stop, but are not making any headway towards that goal. Other clients may not even seem like they want to stop using, but insist they do when asked. For these clients, support should primarily involve:

- Continue to work on personal goals. Progress towards personal goals is critical in order to develop discrepancy between attaining goals and using substances.
- Develop discrepancy between the client’s personal goals and substance abuse. If the client has made significant progress towards a personal goal, but no discrepancy has been established between achieving the goal and substance abuse, continue work towards that goal while also identifying another goal to work on that has greater potential for creating discrepancy with the client’s substance abuse.
- Redo the Pros/Cons of Using/Sobriety Worksheets after additional work on goals has been conducted and further exploration of the effects of using substances has taken place.
- Troubleshoot the entire Personal Sobriety Plan (or create a new one).

Clients who have not reduced substance abuse AND who do not express a desire to cut down or stop using. These clients are the most challenging. Clinicians need to be patient in working with them, and to be on the lookout for opportunities to instill the belief that change is possible, and to motivate them to take back control over their lives. Similar to the previous group of clients who have not made progress towards reducing substance abuse despite expressing a desire to do so, for this group the clinician’s role in providing continued support is to go over the components of the Fresh Start Program again:
• Continue to work on personal goals. Helping clients make progress towards personal goal, however modest, is of utmost importance since it supports their self-efficacy that change is possible.
• Develop discrepancy between the client’s personal goals and substance abuse. If the client has made significant progress towards a personal goal, but no discrepancy has been established between achieving the goal and substance abuse, continue work towards that goal while also identifying another goal to work on that has greater potential for creating discrepancy with the client’s substance abuse.
• Redo the Pros/Cons of Using/Sobriety Worksheets in the Fresh Start Educational Handout after additional work on goals has been conducted and further exploration of the effects of using substances has taken place.
• If the client decides to endorse sobriety after completing the Pros/Cons of Using/Sobriety Worksheets, create a Personal Sobriety Plan.

References


Substance Abuse Treatment Scale (SATS) – Revised

Instructions: This scale is for assessing a person's stage of substance abuse treatment, not for determining diagnosis. The reporting interval is the last 6 months. If the person is in an institution, the reporting interval is the time period prior to institutionalization.

Check which stage of treatment the client is in.

___ 1. Pre-engagement. The client does not have contact with a dual disorder case manager or counselor, and meets criteria for substance abuse or dependence.

___ 2. Engagement. The client has had only irregular contact with an assigned case manager or counselor, and meets criteria for substance abuse or dependence.

___ 3. Early Persuasion. The client has regular contacts with a case manager or counselor, continues to use the same amount of substances or has reduced substance use for less than 2 weeks, and meets criteria for substance abuse or dependence.

___ 4. Late Persuasion. The client has regular contacts with a case manager or counselor, shows evidence of reduction in use for the past 2-4 weeks (fewer substances, smaller quantities, or both), but still meets criteria for substance abuse or dependence.

___ 5. Early Active Treatment. The client is engaged in treatment and has reduced substance use for more than the past month, but still meets criteria for substance abuse or dependence during this period of reduction.

___ 6. Late Active Treatment. The person is engaged in treatment and has not met criteria for substance abuse or dependence for the past 1-5 months.

___ 7. Relapse Prevention. The client is engaged in treatment and has not met criteria for substance abuse or dependence for the past 6-12 months.

___ 8. In Remission or Recovery. The client has not met criteria for substance abuse or dependence for more than the past year.
Has client reduced or stopped using substances?

- **YES**
  - Does client continue to experience problems related to substance use?
    - **YES**
      - Continue working on personal goals
      - Ensure all components of Personal Sobriety Plan are in place
    - **NO**
      - Continue working on personal goals
      - Develop discrepancy between achieving goals and substance use
      - Troubleshoot Personal Sobriety Plan, with particular emphasis on social support for sobriety and dealing with high risk situations

- **NO**
  - Does client continues to use substance with no significant change, and did not express a desire for sobriety?
    - **YES**
      - Continue working on personal goals
      - Develop discrepancy between achieving goals and substance use
      - Revise Advantages/Disadvantages of Using/Sobriety Worksheets
      - Modify Personal Sobriety Plan as needed
    - **NO**
      - Continue working on personal goals
      - Develop discrepancy between achieving goals and substance use
      - If client expresses desire for sobriety, complete Personal Sobriety Plan

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Fresh Start Clinician Guidelines