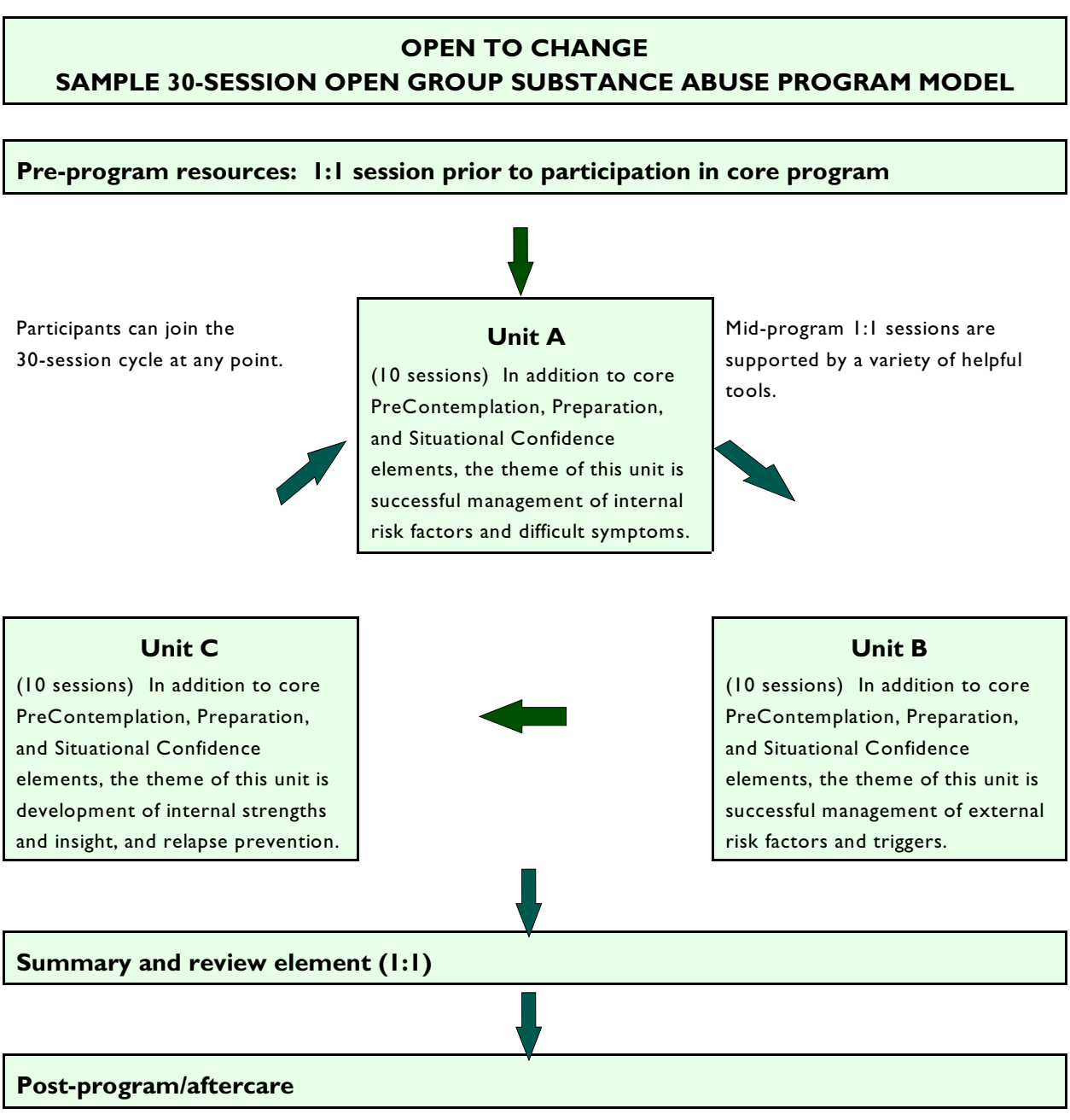
OPEN TO CHANGE: OVERVIEW AND IMPLEMENTATION

This resource is designed to be delivered in one-hour sessions and is provided in ten-session units. A typical program may consist of three to six units (30–60 program hours). A key feature of this curriculum is that it allows for open group and open admissions, while still providing a sequential approach to motivation and key concepts in substance abuse treatment.

For illustration, two typical models are illustrated below. The first model is a 30-session cycle (three units). In this case they are Units A,B,C. The curriculum is designed to allow the program leaders to start over with lesson #A-1 when you finish with lesson #C-10.

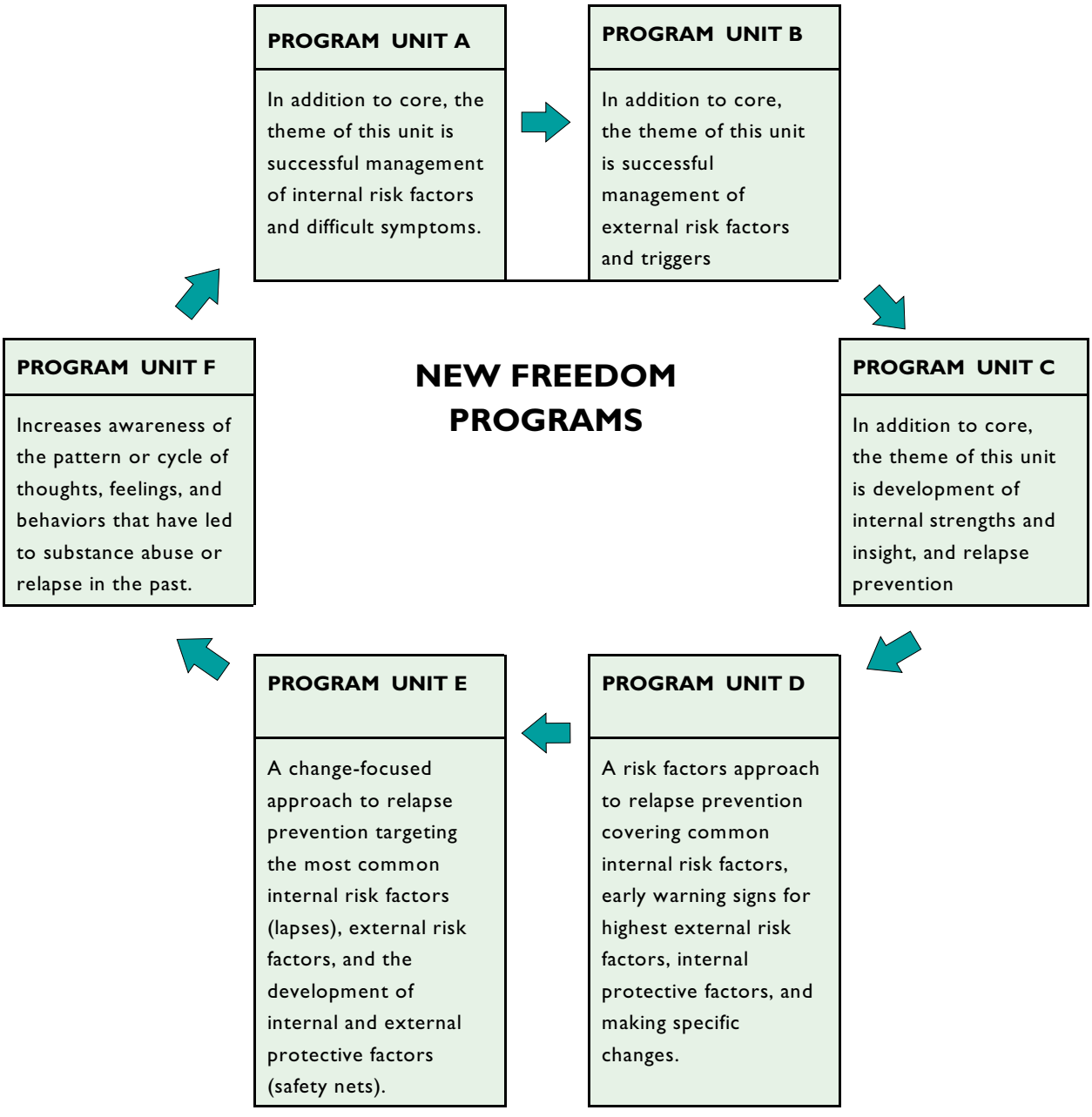
OPEN TO CHANGE
SAMPLE 30-SESSION OPEN GROUP SUBSTANCE ABUSE PROGRAM MODEL



The model below illustrates a six (6) unit program (60 sessions). .

OPEN TO CHANGE
SAMPLE 60-SESSION OPEN GROUP SUBSTANCE ABUSE PROGRAM

Pre-program resources: 1:1 session prior to participation in core program



Summary and review element (1:1)

Post-program/aftercare

OPEN TO CHANGE: open group substance abuse program model

Program Model		Content
Curriculum sequence	**Objectives**	**Typical 10-session unit**
Preparation/ Motivation for Treatment, Awareness	Objectives: • engagement • awareness/importance • acceptance • increase in confidence to try • readiness to change	3 sessions
Stage of change	Precontemplation	
Basic Substance Abuse Programming	Objectives: • reduce AODA risk factors • reduce risk of relapse • address high internal risk factors • address high external risk factors • increase protective factors • increase insight • increase readiness to change	4 sessions
Stage of change	Contemplation	
Turning Points and Relapse Prevention	Objectives: • commitment to change • relapse prevention • assessment of confidence in handling specific high risk factors • action planning	3 sessions
Stage of change	Preparation/Determination	

Outcomes and goals
• Avoiding certain kinds of problems • Quitting the use/abuse of certain drugs or alcohol • Cutting back on the use/abuse of certain drugs or alcohol • Making a specific life or lifestyle change • A great life in recovery • Avoiding relapse • Achieving specific positive goals

Note: many programs include 60 or more sessions. As these resources are designed to be used flexibly, any of the units (A,B,C,D, etc.) may be used interchangeably.

Contents and theory base

The critical theories underlying this AODA (Alcohol and Other Drugs of Abuse) program include Cognitive-Behavioral Therapy (CBT), the Transtheoretical Stages of Change Model (TTM), Motivational Interviewing (MI), the social learning/self-efficacy model underlying the Situational Confidence (SCQ) resources, and relapse prevention.

This is not a psycho-educational model. It has a therapeutic outcome - change. Additionally, it does not focus on the "This is what drinking or drug use will do to you" topic. That information is readily available, of course. But, knowing that drinking or drug abuse is bad for you has generally not changed people's behavior. In the limited window of opportunity for programming, the critical goal is change - a commitment to making significant changes in their substance use/abuse. The key outcome of this change is increased and realistic self confidence in their ability to handle their highest risk factors.

- Unit A targets successful management of internal risk factors and difficult symptoms.
- Unit B focuses on successful management of external risk factors and triggers.
- Unit C addresses the development of internal strengths and insight, and relapse prevention.
- Unit D is shaped to identify, and respond successfully, to warning signs of potential relapse.
- Unit E is specifically focused on relapse prevention.
- Unit F provides a comprehensive approach to personal change from substance abuse and similar issues.

Each unit builds from resources which address

- precontemplation of change (engagement, awareness, acceptance)
- contemplation (understanding and insight on the major topic area of that unit)
- the opportunity to identify certain changes (commitment or determinations to change),
- a summary of self-confidence (the Situational Confidence Questionnaire - SCQ) for that unit, and a review or summary for the full 10-session unit.

Each lesson includes two or three elements:

- Most lessons include a "Food for Thought" (FFT) element. Typically, this is a 10-12 minute issue-focused resource. They address major issues in addiction, and provide much of the insight-oriented material in the model.
- All lessons include a core content and change-focused element. This part of the lesson is most-

often based on CBT and MI. The objectives include increased understanding and insight, and the development of new skills. For example, lessons on external risk factors would include the identification of the specific high risk people, places, things and situations which will continue to be of the highest risk to making and maintain positive changes in their substance use/abuse. Most core elements are shaped for 30-40 minutes.

- Many lessons include "Worksheets." These are critical summary elements and provide the basis for your making assessment of the degree of change and specific recovery planning. They are an essential component of this program model and are designed to take from 10-20 minutes in those sessions.

The elements in each session are shaped to provide 60-minutes of focused program time.

The Table of Contents (TOC) is designed to provide a program overview and also to serve as the easiest way for the staff to access the resources for each session. The Tables of Contents associated with this document indicate the resources included in the various units. The use of all six (6) units provides a comprehensive resource, including relapse prevention.

Shorter programs typically use Units A, B, and C. Longer programs can also employ ***New Freedom Programs*** units developed for the female gender-specific programs, for correctional settings, for specific mental health issues, for community reintegration, and for aftercare.

Key program resources		
PowerPoint	Open to Change PowerPoint	Overview PowerPoint for introduction and/or in-service use with staff.
Staff resources	Pre-program staff resource	Open to Change orientation and optional staff development resource,
	Getting past pre-contemplation	Staff suggestions for addressing specific precontemplation issues - substance abuse specific,
	Skills practice model	Suggestions for group management, using curriculum elements
PEM	Progress evaluation model	Helpful tool for use in 1:1 to assess and document participant progress.
MI rulers (ICR rulers)	Importance, Confidence, and Readiness rulers	Includes all three rulers on one sheet for use in 1:1 sessions. AODA-specific.
FMC	Fidelity monitoring checklist	Useful checksheet for clinical supervisors and program administrators.

Pre-program resources: recommended for use in 1:1 session prior to participation in core program		
MI toolkit	MI toolkit	Includes key resources for assessment of motivation (MI rulers), symptoms management, and development of MI "change talk." Helpful as an on-desk reference for all program staff.
	toolkit explanation	guides the use of the MI toolkit
PCA	PCA Change Talk Tool (PCA+ longer version)	MI assessments. Brief assessments of participant motivation (scores reflect stage of change). *These resources are generally comparable to the University of Rhode Island Individual Change Assessment (URICA). The URICA is a widely-used and standardized instrument, available in the public domain on the internet. The PCA+ and PCA- tools are basically shorter and more readily scored.*
	PCA Change Talk Tool (PCA- shorter version)	
Worksheet	Pre-program motivation assessment	Short assessment worksheet helps identify specific types of precomtemplators.
Worksheet	History of alcohol and other drug use	Brief summary of AODA use; helpful in later MI change talk.
Worksheet	Substance abuse pre-post test tool	Short assessment of importance, confidence, and readiness to change substance abuse.
Worksheet	Confidence assessment pre-post AODA	Helpful assessment of motivation and confidence issues in substance abuse and program participation.

Supplemental/optional resources for 1:1 session prior to group participation		
Worksheet	Prior program experiences	Helps identify issues in past relapse as well as reasons for lower confidence in ability to make changes (resigned precontemplation).
Pre15	There's No Point	Focused MI-based pre-treatment or early treatment activity addressing anti-contemplation and resistance to change.
Pre11	You Can't Change Me	MI resource. Examines issues of importance and confidence in making life changes. This lesson explores the difference between "I don't want to change," and "I can't change." Targets rebellious and resigned precomtemplators.
Skills lessons	Skills for specific symptoms (i.e withdrawal)	L8 Progressive muscle relaxation.(leader's script for 1:1 or group)
		L10 Deep breathing techniques for relaxation. (leader's script)
		L16 Combined skills (handout for participants)

Program completion		
Evaluate SCQ and summary documentation noted above, Assess action plan for self-care and aftercare. Package includes AODA-MI-1234 resource.		
Suggested Worksheet	Confidence assessment pre-post AODA	Helpful assessment of motivation and confidence issues in substance abuse and program participation.

Post-program/aftercare		
FFT	Going forward	A quick review of past internal risk factors which may affect recovery.
RH17aoda	What's important to you?	Key MI resource for AODA programs. Identifies critical goals, high risk choices, and increases importance of making positive choices going forward.
SD12.8	Protective factors element	Working with your safety net
RH15d	Protective factors element	Recovery activities

Correctional Post Program Resources		
RH14	Getting close to getting out	Pre-release element *(a brief selection from the Returning Home resources).*

Note:

One size does not fit all. *New Freedom* and *Insight and Outlook* programs provide a wide range of different program options. Closed group and stage-based models are generally considered to be more effective than open group models of similar length (dosage). If your program site can provide a closed group program, please contact us for more information and support.

Likewise, this program is shaped for an adult population (expected to be significantly male). We can provide female gender-specific overlays if your population includes women. And we provide a wide range of age-specific programming for youth, as well as significant resources in Spanish.

www.newfreedomprograms.com
www.insightandoutlook.com

IMPLEMENTATION

10- session units (A, B, C, D, E, F, etc.)

Each 10-session unit is designed to follow a logical sequence (lesson #1 leads to lesson #2, etc.). And each unit (A, B, C, etc.) builds to a summary element and review. The units may be experienced in any order.

In an open group program, new participants can be added at any point. We generally recommend that they complete an initial screening and selected Preparation for Treatment resources during an individual (1:1) session. It may happen that new group members find themselves in the middle of a 10-session unit. For a few sessions, they may not have had the benefit of the preceding sessions in that unit. However, a new unit of 10 sessions will follow shortly. At that point, all group members will be introduced to the same (introductory) resources for that unit.

Common sense and experience will indicate if it's appropriate to delay entry of a new member for a couple of sessions - or find a way for an individual to catch up on 1-2 lessons.

Likewise, it may be helpful for certain individuals to repeat a couple of the earlier sessions in the cycle. A small number of review sessions may be helpful, and an evaluation of their responses on the summary or review elements in each unit may be especially worthy of consideration.

Successful completion of the program should generally not be considered to be simply attendance. If any individual is resistant, or simply shows up but participates minimally, he should not be considered "graduated." Participants may be considered to have attended the full program when they finish all the units selected for their program, and have completed certain quality assurance steps (described below).

The summary and review elements can be assessed, according to local program standards, for such factors as completion, understanding, insight, and quality of relapse prevention/action plans. Given that these elements are parts of all of the units, this kind of assessment can occur at multiple points in the program. Staff evaluation and observations can be made at individual (1:1) sessions at these points. There should be no surprise, for anybody, at the end.

To assist this, we have provided the Progress Evaluation Model in this resource set.

Options for difficult or non-participating individuals can include termination (with appropriate reporting), re-cycling for extended programming, or additional 1:1 sessions with an emphasis on MI using resources provided with the program.

Before the first session (also recommended for staff new to the program or resource)

1 review the implementation resource (this document)

2 familiarize yourself with the Table of Contents and linkage to the actual resources

3 note that each session has multiple parts. All parts should be completed within the hour-long session. If you find that you cannot complete this within the hour, it may mean that discussion has varied from the intended session content. For clarification, look at the program objectives. Those critical outcomes - successful change in addressing internal and external risk factors for relapse - must be the focus. Other topics, or issues of interest to a specific individual, may best be handled outside of program session time.

4 Before each session, review the materials. Print copies for all group members.

5 There are several ways to handle the materials, especially the core lesson elements. We strongly discourage having the participants read the materials aloud. Most are not good readers, and it generally frustrates the faster readers, and may embarrass some others. One useful model is to assign a section and ask the participants to read and answer the questions. Then the leader guides as discussion, calling on a wide range of participants for their answers. Note: the majority of these resources are considered "high interest - easy reading" at an average Grade 4-5 reading level (considered ideal for this population).

6 Review the program "model" which clarifies the linkage between: (1) the content, (2) units A, B, C, etc., and (3) the important goals or objectives.

7 Review the use of the Motivational Interviewing (MI) tools. This resource provides multiple approaches for change talk. As the primary focus of a recovery program is "change," these are significant opportunities. MI tools appear in nearly every resource.

8 These materials are designed to provide opportunity for interaction and questioning. This requires a manageable group size. The idea small group is 7-9 members, though smaller groups can work very well. If more than 12 people are available for the group, we suggest that an additional group be started.

9 There are several opportunities for individual sessions. At a minimum, one session should be held prior to assigning a new participant to the group to assess their suitability and readiness, use the pre-test and pre-program assessment tools, etc.. Ideally, mid-program sessions should be held after each of the 10-session units. This takes advantage of the critical summary elements in each unit. A final session can set up an aftercare plan and provide any required documentation for supervision (court assignment, agency program managers, probation requirements, employer EAP, physician, etc.).

Group and individual (1:1) sessions

Pre-program assessment

Before a new participant is introduced to the group setting, - and before any new group is started - we strongly advocate an individual (1:1) session.

1 Individuals who are still in detoxification/withdrawal are not suitable. Program like this which employ techniques from cognitive-behavioral therapy (CBT) require some ability to pay attention.

2 Individual who are aggressively rebellious (overtly resistant) are not appropriate. Their inclusion in a group may destroy the opportunity for the others. Some effort to help them change may be made using the MI and other pre-program resources provided in the model.

3 Likewise, your program may require some adherence to program norms. These can include use of profanity, threats, maintaining confidentiality, mandatory attendance, compliance with written assignments, satisfactory drug testing, etc.. These resources are completely compatible with these expectations.

Mid-program sessions

Midpoint individual (1:1) sessions can be scheduled, typically at the end of a 10-session unit. An evaluation of their responses on the summary or review elements in each unit may be especially worthy of consideration at this point and can be assessed, according to local program standards, for such factors as completion, understanding, insight, and quality of relapse prevention/action plans. Given that these elements are parts of all units (A,B,C, etc.), this kind of assessment can occur at multiple points in the program.

Additionally, the Progress Evaluation Model (PEM) resource can be used to assess and document participant progress. This includes participation (basic behavioral expectations), learning outcomes, motivation (MI) assessment, actual behavior while in the program), Situational Confidence (SCQ), and the Pre/Post tool.

The final individual (1:1) session

At the completion of the program, a final 1:1 can be conducted to review/summarize and document the progress of each participant.

Additionally, this 1:1 provides the opportunity for the documentation of a formal aftercare plan. A 30-session open group program may be effective at getting the participant to a key point, hopefully a turning point in terms of commitment (determination) for recovery.

Significant efforts may still remain. Open group program models do not typically provide a window for the intensive skill practice and transfer of these skills to the action stage of change. Some skills will have been presented, but significant steps will remain before such skills become automatic in response to risk factors, temptations, cravings, etc..

In a final 1:1 session, the leader may choose to identify the areas where new skills have been demonstrated successfully. It can be very helpful to participants to get both positive and critical reviews on their readiness to go forward. An aftercare plan can be mutually developed to build on this. Supplemental resources have been included in the model to provide for additional support.

Notes about specific content issues:

Abstinence

Naturally, the ideal for most participants would be a commitment to permanent and total abstinence. This may not be achievable - for many people - in an open group program of this length, though the individual (1:1) sessions may address this point. The materials do provide an opening for the individual participant to define his/her goals, and we do hope that abstinence will be the place where they "draw the line."

Relapse

Addiction professionals understand the high degree of relapse in this population. Ideally, all of your participants will be successful in their recovery. As a practical matter, some will fail. That this could happen may be addressed informally. On the one hand, we prefer not to leave that door open or indicate that we expect most people to fail; but we also don't want to create the expectation that any slip (or even a period of temptation or temporary lapse) creates a condition of total failure.

Self-efficacy and situational confidence (the SCQ elements)

Realistic self-confidence at handing high risk factors is a major goal in this program. "Self-efficacy" is different from "self-confidence" in that self-efficacy or situational confidence is assessed on the basis of having prepared and practiced for these specific situations.

Self-confidence is a goal. But it's not enough to simply feel self-confidence. This confidence must be achieved - and assessed - through multiple demonstrations of successful coping with specific triggers, internal risk factors, external risk factors (such as high risk people, places, things, and situations), cravings, thoughts, and feelings. The demonstration of success should be validated by practice in group and 1:1 sessions with the opportunity for feedback by staff and/or peers. Without this feedback, there is ample opportunity for self-delusion!

This program provides multiple chances for self-assessment. One option includes the Situational Confidence Questionnaires (SCQ) which ask for a self-assessment. However, this tool should be viewed primarily as a foundation for the leader to challenge and critique or reinforce the self-assessment. If someone says he is confident he can handle a certain problematic key risk factor, this is the window for the leader to probe, modify, twist, build on, challenge, and more: "What will you do if . . . ?" "What options will you consider?" "What else might work well, too?" "Where can you go to get help?" "What better things could you do to avoid this risk factor?" "How could you have anticipated this better?"

When they have demonstrated good skills, it is always appropriate to reinforce positively!