California Access to Recovery Effort (CARE)

Telephone Monitoring & Adaptive Counseling (TMAC)

TMAC Clinician Manual

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Content Based on the Copyrighted Work Of:

James R. McKay, Ph.D.
Professor of Psychology in Psychiatry
Director, Center on the Continuum of Care in the Addictions
University of Pennsylvania
3440 Market Street, Suite 370
Philadelphia, PA 19104
(215) 746-7704
Mckay_j@mail.trc.upenn.edu

Department of Alcohol and Drug Programs
California Access to Recovery Effort (CARE) Program

TELEPHONE MONITORING AND ADAPTIVE COUNSELING (TMAC) CLINICIAN MANUAL

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OVERVIEW OF TELEPHONE MONITORING AND ADAPTIVE COUNSELING (TMAC)

General Comments

This protocol for telephone monitoring and adaptive counseling (TMAC) is designed to be used during the continuing care phase for clients in the California Access to Recovery Effort (CARE) program. Eligible clients should have completed, or nearly completed, a course of standard outpatient treatment. CARE clients who have continued to use heavily during outpatient treatment may not be good candidates for this protocol. If the counselor determines that a client cannot benefit from TMAC, the counselor should refer the client outside CARE to a program that can provide more intensive and/or longer-term services.

It is recommended that this protocol begin prior to a client depleting his/her outpatient treatment voucher, in order to increase the likelihood that he/she will make a successful transition to telephone sessions. During the period of overlap (when the client is still receiving standard treatment AND having telephone sessions), the calls should place a greater emphasis on supporting continued engagement in the program. This is done by addressing barriers to treatment attendance, such as problems with transportation, family roles, or employment; diminishing motivation for treatment or recovery; or problems with the program itself.

Telephone-based continuing care is less burdensome to clients, and most report that they like this form of treatment delivery. However, it can be more difficult for clinicians to deliver because of the lack of access to nonverbal cues. There is also less of a margin for error, given that the sessions are short and it is more difficult to re-connect with a client over the telephone if a rupture to the therapeutic alliance occurs. Attention to the following factors will facilitate the successful delivery of TMAC.

Creating and Maintaining a Therapeutic Alliance on the Telephone

- It is the counselor’s responsibility to convey to the client that each call is important and to be taken seriously. As much as possible, phone call appointments should be at the same time each week, and the counselor’s consistency and availability at that time set an important tone and will also serve to communicate to the client the importance of the phone sessions.

- It is very important to give the client plenty of positive comments for what they are doing with regard to their treatment, such as calling on time, having their client workbook with them, and filling out the Progress Assessment form prior to the session.

- Counselors may occasionally feel some temptation while conducting the telephone sessions to attend to other business in their office (i.e., read an email, open mail, and so forth) while the client is talking. Such temptation is entirely understandable, but must be resisted. Clients notice when the counselor is preoccupied while on the telephone, and feel less connected and understood in response.

- Over time telephone sessions will take on a conversational tone, but initially may feel awkward due to their newness, brevity, and the structure of the protocol. To keep the sessions fresh and spontaneous, as opposed to overly "scripted," it is best if counselors develop their own approach to covering the required material. Sample scripts are provided in this manual that might be useful in developing such an approach.

- To ensure maximum benefit for the client, the counselor must consistently play close attention during the sessions to what is being said—and not said! Counselors should address signs of trouble rather than ignore them, and should listen for changes in behavior patterns that might indicate cause for concern, particularly things the client has identified as 'red flags.' If the session seems empty and boring, this is a good sign that important issues are being avoided! Maintenance of an alliance in a telephone-based continuing care intervention requires that the counselor act on concerns and not succumb to the temptation to let something go without addressing it.

- Some counselors are initially uncomfortable working with a client whom they cannot directly observe or get urine samples from to verify reports of abstinence. Clients will usually admit to problems, including substance use, during telephone calls. However, there is surely some degree of underreporting, and at times outright misrepresentation about episodes of substance use. In these cases, clients invariably end up conveying that they are in trouble, usually by missing scheduled telephone calls or sounding superficial or avoidant on calls they do make. An experienced addictions counselor will quickly figure out what is happening. The counselor may want to invite a client in for a face-to-face session—and ask for a urine sample—if the counselor has reason to believe that the client has started using alcohol or drugs again.

Call Initiation

One important question to be addressed during the orientation session is who should be responsible for initiating the call—the client or counselor? There are pros and cons for each option.

Asking the client to initiate the call communicates the counselor's confidence in the client's capacity to follow through with her commitment to the protocol and improve her life situation. It also sends a clear message that the client is responsible for her own recovery. Moreover, it allows the client to call in from wherever she happens to be at this point, rather than having to be at a designated place at the time of the call. Therefore, holding the client accountable for her role in the telephone contact should not be viewed as punitive, demeaning, or an infringement on her autonomy.

On the other hand, busy counselors may have difficulty accommodating late calls. In our experience, clients do not call when they are scheduled to at least 50 percent of the time, and in those cases the counselor has to call in an attempt to locate the client and complete the scheduled session. (See "Maximizing Adherence" on page 21 of this manual for more information on call completion.)

PROGRAMMATIC REQUIREMENTS

This is a summary of programmatic requirements for providing TMAC in the CARE program. Please refer to the most recent version of the *CARE Policies and Procedures* (available on the CARE website at www.californiacares4youth.com) for more detail.

Counselor Qualifications/Training

To provide TMAC services under the CARE program, the staff person must:

1. Meet one of the following qualifications:
    a. be a licensed professional (physician, psychologist, MFT, LCSW, registered MFT intern or associate clinical social worker under the supervision of a licensed therapist);
    b. be a certified alcohol and other drug (AOD) counselor, certified by one of the organizations approved by the Department of Alcohol and Drug Programs (ADP), pursuant to the Counselor Certification Regulations;
    c. be registered to obtain counselor certification by one of the organizations approved by ADP.

2. Have knowledge of cognitive behavioral therapy (CBT), motivational interviewing, 12-step programs, and contingency management.

3. Receive TMAC training sponsored or conducted by ADP, or be trained by another qualified counselor who attended training sponsored or conducted by ADP.

Client Eligibility for TMAC

A CARE client is eligible to participate in TMAC at two to three months after being issued an outpatient treatment or methamphetamine treatment voucher.

The provider should begin TMAC while the client is still receiving standard, face-to-face treatment via an outpatient or methamphetamine treatment voucher, but when that voucher will be expiring or depleted in a few weeks. Limited telephone sessions during this “overlap” period will help the client transition from face-to-face sessions to telephone treatment.

Within a week prior to the client’s outpatient or methamphetamine treatment voucher expiration, the provider should request a continuing care voucher. While the client has a continuing care voucher, telephone sessions are the primary mode of treatment.

A client who has continued to use consistently and heavily throughout outpatient treatment is not a good candidate for TMAC services. If the counselor determines that a client cannot benefit from TMAC, the counselor should refer the client outside CARE to a program that can provide more intensive and/or longer-term treatment services.

Billing and Recordkeeping

- TMAC Face-to-Face Orientation Sessions

  The face-to-face orientation required prior to beginning telephone sessions (page 8 of this manual) should be documented in the client's file in accordance with the procedures specified in the *CARE Policies and Procedures*, Section XVII. The session should be billed as an individual counseling session in the CARE voucher management system (VMS).

- TMAC Telephone Sessions

  The staff person conducting a TMAC telephone session must complete the *TMAC Progress Assessment, Counselor Version* and place the form in the client's file. It must include at least the following: client ID, session date, client's responses to the Progress Assessment questions, the scores for the Risk and Protective Factor sections of the assessment, any adaptive modifications recommended (including a face-to-face evaluation session and/or stabilization voucher), the counselor's signature, the date and time of the next call, and who will initiate the call. The session should be billed as "TMAC" in the VMS.

- Face-to-Face Evaluation Sessions

  A face-to-face evaluation session should be documented in the client's file in accordance with the procedures specified in the CARE Policies and Procedures, Section XVII. The session should be billed as an individual counseling session in the VMS.

FACE-TO-FACE ORIENTATION

Prior to beginning TMAC, the counselor must have one 50-60 minute, individual face-to-face session with the client to go over the telephone protocol and explain how it works.[1] This is also a time for the client to raise questions and identify their personalized trigger situations and recovery activities for ongoing monitoring.

Orientation Overview

- Develop rapport and review client's progress to date
- Explanation of the protocol
- Emergency/Safety Contract Crisis plan
- Develop treatment goals and identify specific targets for ongoing monitoring
- Complete Progress Assessment Worksheet

Preparing for the Orientation Session

1. The counselor or other staff at the program gives the client a copy of the Client Workbook
2. The counselor or other program staff schedules the orientation session and writes the date, time, and counselor name/phone number on page 3, "Scheduling Talks with My Counselor" in the client's workbook.
3. If the TMAC counselor will not be the same person as the client's primary counselor for outpatient treatment, the new counselor must review the client's chart, including substance use and prior treatment history, presence of co-occurring problems, progress so far in treatment, family and educational issues, etc.

Orientation Session Detailed Outline

During the orientation session, the counselor must do the following:

1. Acknowledge the client's progress in treatment to that point and commitment to ongoing monitoring and counseling. Elicit questions or reactions to his/her experience in treatment so far.

2. Review the client's Health Study Locator form and confirm/update emergency contact persons. Review and complete the Emergency/Safety Contract in the *Client Workbook*. Make the point (nicely) that this isn't a 24/7 crisis service so it is important to know that they have other resources available to them.

[1] If the TMAC counselor has not been the client's primary counselor during treatment, the face-to-face orientation may be done over two sessions to allow an opportunity for the TMAC counselor to achieve greater rapport with the client before initiating phone calls. However, this will more quickly deplete the client's continuing care voucher and may prevent the provider from offering a face-to-face evaluation session later on if needed.

3. Explain telephone-based treatment. Review the basic procedures briefly—that there will be regular phone calls in which you will touch base about how the client is doing, provide some feedback about what you are hearing, and work with the client to troubleshoot and set goals. Engage the client in some discussion about how they may find that helpful. Emphasize the importance of the phone calls, being prepared for the phone calls, and being willing to ask for help.

    Suggested prompt:
    What about this sounds most helpful to you?

4. Explain the adaptive protocol that allows for flexibility depending on how the client is doing. Mention the ability to adjust treatment goals as the client progresses in recovery and the ability to increase contact in case the client slips. If the client is still in standard treatment, note that you will encourage them to continue and stay engaged in those sessions as much as possible and that you will continue to be available to them after they complete standard treatment.

5. *Engage the client briefly in a discussion of their progress so far.* This discussion will help you guide the client in choosing high-risk situations and recovery activities to monitor and in selecting relevant between-session goals. Ask for permission to challenge the client to be even more proactive in managing their addiction—doing more of what has been successful, helping them catch problems in the early stages before they lead to relapse.

   Suggested prompts for a general overview:
   - ✓ *How have things been going since you started treatment?*
   - ✓ *[if past recovery] What is different about this time?*
   - ✓ *What are the most important things you are doing to stay alcohol and drug free now?*

   Suggested prompts to help shore up motivation and identify motivational "hooks" for later counseling sessions:
   - ✓ *What are your most important reasons for not using now?*
   - ✓ *What are the best things about recovery for you?*
   - ✓ *What led you to seek treatment?*
   - ✓ *What gives you the most hope at this time?*

   Suggested prompts to troubleshoot treatment involvement:
   - ✓ *How has treatment been going? What has been most helpful?*
   - ✓ *What barriers do you see, if any, to continuing in treatment?*

Suggested prompts to help identify short-term treatment/recovery-related goals and/or strategies for dealing with cravings and other high-risk situations:

- ✓ *(If client has had abstinent time in the past) What was most helpful/important to you in staying alcohol and drug free in the past?*
- ✓ *What do you need to do differently in order to succeed?*
- ✓ *What are the most important things you need to do right now to stay away from alcohol and drugs?*

Suggested prompts to help identify longer-term goals:

- ✓ *What are some of the personal goals you would like to achieve in recovery?*
- ✓ *What will successful recovery look like to you?*

6. Use the workbook exercises to begin to identify targets for ongoing monitoring. Start with a general discussion of the client's treatment goals and triggers for relapse. If necessary, continue this discussion during the first telephone session.

   a. Use the "Identifying High-Risk Situations – People, Places, and Things" exercise in the client workbook to help the client identify their top FIVE high-risk situations for ongoing monitoring. Include external, environmental stimuli as well as internal, cognitive or emotional triggers.

      Environmental stimuli should be personally relevant situations that the client is fairly likely to encounter in the upcoming weeks or months. Common environmental stimuli include being around friends or family members who are drinking or using drugs; experiencing interpersonal problems, like arguments with parents or girlfriend or boyfriend; being depressed, lonely, or anxious; feeling like "celebrating" and having a good time; handling money; or being in certain neighborhoods or areas associated with prior use.

      Cognitive and emotional triggers are distinct from the actual urge, desire, or craving for alcohol and other drugs. You can use "HALT" (hungry, angry, lonely, and tired) as a jumping-off point. Other common emotional triggers include boredom, frustration, depression, symptoms associated with Axis I diagnoses such as PTSD, a weariness of struggling with recovery, or a desire for excitement or escape. It may be difficult for some clients early in recovery to identify the thoughts and feelings that lead to urges.

      Difficult interpersonal interactions (e.g., conflict with friends and family members in particular) that give rise to unpleasant emotions can be considered either situational or cognitive/emotional. Categorizing the triggers is less important that remembering to include both internal and external cues for drug use.

      Review of past relapse episodes can help in identifying relevant triggers. Include discussion of particular times of year—holidays, personally meaningful anniversary dates, etc.—as possible triggers for periodic follow-up as well.

Suggested prompts to help identify high-risk situations for relapse:

- ✓ *(If client has had alcohol and drug free time in the past) What led up to your most recent relapse?*
- ✓ *(If client has had no substantial abstinent time) What have been the main barriers preventing you from staying alcohol and drug free in the past?*
- ✓ *What are the people, places, and things you know you need to stay away from in order to stay alcohol and drug free?*
- ✓ *Are there particular dates, or times of the year, when you will need more support to stay alcohol and drug free?*
- ✓ *What have been the most difficult parts of recovery for you?*

b. Use the "Moving Toward a Sober Life" and "Ways to Spend Time: Interest Checklist" exercises in the client workbook to help the client identify their top four pro-recovery social/leisure lifestyle activities for ongoing monitoring. The rationale is that simply "not using" is a starting point but that overall life balance is important for building and strengthening recovery in the longer term.

Many clients will relate to having picked up when bored or socially isolated. Therefore, these should be activities that can promote development of an alcohol and drug free social network. All clients should be strongly encouraged to pursue other hobbies and interests as long as these activities do not involve exposure to alcohol or drugs. The "Interest Checklist" may help a youth to identify activities they had never considered before but spark their interest. Or they may express interest in an activity that has not been accessible or possible for them in the past. Counselors should offer practical suggestions and assistance so that youth can expand their interests and activities.

If the client has not already received a CARE recovery support voucher, this is a good time to encourage them to take advantage of one. There are recovery support providers who offer many of the classes and activities that a youth may have an interest in and that would help the youth take action toward personal goals and developing a pro-social network.

c. Use the "Setting Personal Goals" exercise in the client workbook to help the client identify some short-term and/or long-term personal goals for ongoing monitoring.

There is quite a bit of latitude in goal-setting in order to be relevant to that particular client. These may pertain to school or work; social matters; or development of skills, talents, or interests. They may also include self-care goals such as managing medical or psychiatric problems. Some clients may not be ready to think in terms of goals beyond immediate sobriety; in those cases, help them to elaborate on the activities they need to do in order to strengthen their recovery and revisit the topic of broader goals later.

For youth, goals may initially need to be relationship-focused, rather than results-oriented. Helping the client develop a strong positive relationship with a supportive adult will help lead to positive changes in his/her life. Also, the focus should not be on the problems the youth experiences, but instead focus on what s/he needs to thrive.

7. Introduce the Progress Assessment Worksheet and step through it with the client during the session. Emphasize and demonstrate for the client that the worksheet can be completed quickly and that spelling, complete sentences, and proper punctuation are not important. What is important is that he/she be as accurate and honest as possible. Clarify with the client anything s/he does not understand and discuss any misgivings s/he may have about following through with monitoring.

8. Provide feedback based on the Progress Assessment worksheet, and elicit the client's thoughts and questions about the feedback.

9. Ask the client what high-risk situations s/he anticipates facing in the interval before the next session. Troubleshoot briefly.

10. Help the client identify specific goals to work on before the first phone call. The first phone call will be in just a few days, so this will be an opportunity to practice identifying very specific short-term behavioral goals or determining how to recognize progress toward longer-term goals.

11. Schedule the first phone session and at least the next two or three calls. Have the client fill in the dates and times on the "Scheduling Talks with My Counselor" page in the client's workbook.

12. Develop a call completion plan. This process involves exploring the client's access to telephones, his/her preference around calling in or being called, contingency plans for times when initial attempts to complete a call fail, etc. Anticipate the various logistical problems that often interfere with completing calls, such as scheduling conflicts with other treatment, school, work, and access to a phone particularly if the client lives in a group home or recovery house. Advise the client that you and s/he will revisit this issue frequently during the protocol, in case modifications are necessary. The goal is to do whatever it takes to increase the likelihood of completed calls.

    Suggested prompt:
    What might get in the way of completing phone calls?

TELEPHONE SESSIONS

Telephone Session Outline

1. Acknowledge client for the call, and orient to the task at hand
2. Review Progress Assessment items
3. Provide feedback on assessment
4. Review progress/goals from last call
5. Identify upcoming high-risk situations
6. Select target for remainder of call
7. Brief problem-solving regarding target concern(s)
8. Set goal(s) for interval before next call
9. Schedule next phone call

General Comments

- The protocol for telephone sessions has nine steps and takes approximately 15-20 minutes to complete (depending upon whether there have been any recent crises as well as how talkative the client is).

- The overarching goal of the TMAC intervention is to help clients manage their addiction proactively by 1) avoiding and/or improving coping with high-risk situations ("people, places and things") and emotional triggers for alcohol or drug use and 2) developing a lifestyle rich with meaningful and rewarding activities unconnected or incompatible with substance use. Sessions are structured to include a review of the client's progress and an opportunity to troubleshoot the week(s) ahead.

- The primary content focus of the TMAC intervention will be based on whether or not the client is participating in standard (face-to-face) outpatient treatment

  ✓ If the client has an outpatient treatment voucher and is actively participating in face-to-face sessions, the primary focus of the intervention is to support the client in making best use of his/her treatment experience and to troubleshoot barriers to continued treatment involvement.

  ✓ If the client is at a transition point of stepping down from face-to-face sessions to primarily telephone monitoring, the counselor should bring up the topic of relapse risk associated with this transition and engage the client in a discussion of the supports they will need in order to successfully maintain their gains during the transition period.

  ✓ If the client has fully transitioned to telephone monitoring, the primary focus of the intervention is maintenance of sobriety and relapse prevention by limiting risk and developing a sobriety-oriented lifestyle.

Progress Assessment Worksheet

The Progress Assessment is divided into three sections. The first section assesses substance use status, and the remaining two sections address the client's balance of relapse risk and pro-recovery lifestyle factors. Taken together, they will help guide the content of the session.

- Substance Use Status Section

  If the client reports use of alcohol or any drugs (including illegal or inappropriate use of prescription medications), find out when his/her most recent use was and obtain enough quantity/frequency information to make a clinical judgment about the content, modality, and intensity of treatment to be recommended. Be sure to show appreciation for the client's honesty and persistence.

  If the use appears to have been a "slip" (a brief episode with relatively low intensity of use and limited negative consequences followed by a return to abstinence), then the session *content* focus will include debriefing of the episode and review of the client's successful efforts to contain the slip before it became a full-blown relapse, all geared toward using the slip as a learning experience to guide further relapse prevention efforts. Anticipation of upcoming high-risk situations and recovery-oriented problem-solving should be informed by the recent slip. Increased *frequency* of phone contact may be offered to provide the client with additional support in managing similar situations more proactively. In most instances, a slip will not affect the *intensity* of treatment (meaning a step up to face-to-face sessions). However, the client may be encouraged to talk about the slip in self help meetings or in any other formal treatment s/he is participating in.

  If the use appears to have been more extensive and/or intense, or if the client has not been able to return to stable abstinence, the *content* will include debriefing the initial relapse. More importantly, the focus will be on regaining abstinence. Both increased *frequency* of contact in the form of stepped-up phone calls and increased *intensity* in the form of a face-to-face evaluation session should be offered.

  In the case of a severe relapse, the client should be encouraged to come in for a face-to-face evaluation and issuance of a stabilization voucher to help him/her regain abstinence.

  TMAC is designed as an abstinence-oriented program, but not all clients will endorse a goal of complete abstinence from all substances. If a client continues limited use of alcohol or drugs with no intention of stopping, session *content* will include efforts to encourage the client to reconsider how their substance use fits in with their recovery and overall personal goals. The general approach will be to "agree to disagree" with the client regarding treatment goals, while seeking permission to raise concerns about the client's substance use as they become apparent to the counselor.

- Risk Factors Section

  The second section of the Progress Assessment Worksheet assesses items that are believed to be associated with greater risk of relapse. These include being around substance using friends or family, mood problems, low confidence in being able to cope without using, craving, and exposure to high-risk situations or "people, places, and things" associated with alcohol or drug use.

- Protective Factors Section

  The third section of the Progress Assessment Worksheet assesses personal strengths, resources, and pro-recovery lifestyle behaviors that are believed to be associated with sustained abstinence from alcohol and drug use. These include drawing on a repertoire of coping skills to manage high risk situations and cravings; involvement in a sober social network; pursuit of personal goals that are incompatible with substance abuse; positive experiences in school, home, or at work; and involvement with support groups of any sort.

- Scoring the Progress Assessment

  Rather than yielding a single score, the assessment provides the opportunity to explore the balance between risk factors and protective factors (or "recovery capital"), and to look at patterns over time. As a general rule of thumb, a score of greater than 5 on risk factors and 5 or less on protective factors warrants attention. Or, clients may be encouraged to keep protective factors higher than risk factors. As the client progresses in recovery, he/she may be encouraged to achieve a balance of specifically recovery-oriented activities, and broader personal goal activities such as building a sober social network and doing better in school.

<u>Telephone Sessions—Detailed Instructions and Sample Scripts</u>

1. Acknowledge client for the call, and orient to the task at hand.

Since the telephone sessions are brief (15-20 minutes), the counselor should quickly get into reviewing the Progress Assessment form. Here is an example of how the call might begin:

"Thanks for calling in on time. Are there any emergencies I should know about? OK, let's get right into your worksheet. Do you have that material with you now? Did you complete it prior to the call?"

- If client says "yes" to both, give appropriate positive feedback.
- If client didn't call in on time or has missed one or more scheduled call, reinforce the client for resuming calls, and mention that you will address scheduling issues later.

- If client doesn't have materials on hand and can't obtain them quickly, continue with Progress Assessment prompts. At the end of the session, encourage him/her to locate the materials before the next call. If materials are lost, mail another copy.
- If there is an emergency, ask the client to describe it BRIEFLY. In most cases it will be enough to assure them that you will discuss it with them further after completing the Progress Assessment (as long as you really do follow through). If the client is very upset, it may be necessary to deal with the emergency situation before returning to the structure of the call. Even then, it may be possible to retain the "spirit" of the call by helping the client deal with the emergency without resorting to substance use.

2. Review Progress Assessment items

Go through the Progress Assessment items in order, recording the client's responses. Be alert to how the client's responses bear on their stated goals since the last session and to longer-term treatment goals. Are they showing progress over time toward a pro-recovery lifestyle?

Some counselors prefer to step through the entire Progress Assessment quickly, and then return to any topics of interest after the entire assessment is completed. Others prefer to work in a somewhat more detailed discussion of relevant items in the course of completing the assessment. Either style is acceptable as long as all the elements of the session are completed.

Once a month, review the client's list of high-risk situations, emotional triggers, and recovery-lifestyle items to determine if the items being monitored are still the most relevant, and to identify new items for monitoring if appropriate.

Continually reinforce client for sticking with the process and providing complete and accurate information, even when it's not all good news. *"Thanks for being so honest with me. That's the only way we can tell where you are doing well and where you might need to change."*

3. Provide feedback on risk and protection levels

Based on scoring of the Progress Assessment form, give the client feedback on his/her progress. Place the feedback in context of the client's goals since the last session and overall treatment goals, and invite the client to respond.

4. Review progress/goals since last call

Ask the client how they did with respect to the issues identified in the previous call. If a high-risk situation was anticipated and planned for, how did it go? Did the client complete his/her pro-recovery goals? Engage the client in a detailed description of their successes. What did they feel good about? What was more difficult? The goals of this exercise include helping the client recognize the inherently rewarding aspects of his/her alcohol and drug free lifestyle and troubleshooting difficult situations or change plans that aren't working well.

5. Identify upcoming high-risk situations (may be done later in the call)

Ask the client to think ahead to the interval until the next phone call. What situations might s/he encounter that could increase risk for relapse?

Prompts:

- ✓ *When will it be difficult for you not to pick up in the upcoming week?*
- ✓ *You've had some cravings whenever you have been around your friend William. Will you be seeing him in the next week?*
- ✓ *You will be having fewer individual or group sessions at the program now. That's a great milestone, but sometimes people find it is harder to stay alcohol and drug free when they have less support. What do you think?*

The client may or may not identify anything. If the client has trouble anticipating high-risk situations, yet reports having encountered them on a regular basis or reports continued cravings, help him to see the connection between past difficult situations and the possibility that those same situations may arise in the foreseeable future.

6. Select target(s) for the remainder of the call.

Once the Progress Assessment is completed, you will only have about 10-15 minutes for counseling before it is time to wrap up and schedule the next call. Use the results of the Progress Assessment to suggest to the client what to focus on, and invite the client to include any other pressing matters he may see as having more of a bearing on his ability to remain alcohol and drug free. (If adherence to the call schedule is a problem, this is the time to get it on the agenda.)

The content focus of the call should be related to the client's current clinical status as indicated by the Progress Assessment. If the client is still in standard outpatient treatment, sessions may be shorter and focus on helping the client make the most of his/her treatment involvement. When the client raises concerns or objections to treatment, listen empathically and "roll with" the resistance rather than getting into an argument. Acknowledge the client's mixed feelings about the treatment experience and support him/her in making a thoughtful decision about whether to continue.

Suggested prompts:
- ✓ *How is treatment going?*
- ✓ *Did you have a chance to discuss those thoughts/cravings in group?*
- ✓ *What have others in your group said about handling those kinds of situations?*
- ✓ *That's a success story worth sharing with others.*
- ✓ *What does your group have to say about that?*
- ✓ *What has gotten in the way of getting to the program this week?*
- ✓ *How can I help you make the most of your time in treatment?*

See the attached Adaptive Protocol section of the Progress Assessment Q by Q Guide on page 28 of this manual for additional suggestions for matching session focus to client responses.

7. Brief problem-solving regarding target concern(s)

Once a specific target is identified, engage the client in problem-solving. As much as possible, guide the client through the steps of problem-solving as opposed to solving the problem for them. Encourage the client to generate a few solutions and select one for implementation. Provide information and advice as needed, but avoid telling the client what to do or getting into an unproductive back-and-forth in which the counselor offers helpful suggestions and the client rejects them. Avoid argumentation by responding reflectively to resistance and quickly getting back to the task at hand.

When motivation is flagging, this may be a signal that the client is minimizing negative consequences of substance use and benefits of abstinence. Review the information gathered in the initial face-to-face session to help identify reasons for staying alcohol and drug free. What are the client's current thoughts on the topic? How can they best remind themselves of the costs of use? Discuss the benefits of abstinence and how the client can gain even more benefit from sober living. Motivational interviewing techniques are particularly helpful in such situations.

Don't try to do everything yourself! Make referrals as appropriate (see the Case Management section on page 20.

8. Set goal(s) for interval before next call.

The client should be reassured that she doesn't have to come up with lengthy or complicated tasks and goals. In fact, simple and brief is better, as long as specifics are provided. Help the client choose goals and tasks that are concrete and "do-able." It is better for the client to experience success at a modest goal than to fail at an ambitious one.

"Now let's go over what you'll be doing in the coming week, between now and our next telephone call. Given how things are going, what do you think the one or two most important goals should be for next week? The best kind of goals are ones that are stated very clearly, so next week you'll be able to see if you've made progress on them."

"Good. Now that you picked attending at least one alcohol and drug free social event as your main goal, what are the things you will do to reach that goal? The more specific you can be, the better. For example, rather than saying 'I'll try to find a safe party to go to,' clarify how you will look for such a party, who you will talk to, when you will do these things, and so forth. By doing that now, you'll have developed a good plan for the coming week."

9. Schedule the next phone call

Schedule the next phone call. If compliance has been a problem, make sure the client agrees that the designated time will work for them. If necessary, engage in brief problem-solving regarding compliance with phone calls, including having Progress Assessment form ready. (If compliance has been a major issue, it should have been addressed earlier in the session, and can be reviewed at this point)

"OK then, we will talk again 1 week from today at 2:00. I'm looking forward to your call!"

CASE MANAGEMENT

The telephone counselor will also act as a case manager with the following main goals:

- Support the client's ongoing involvement in standard treatment, and re-engagement in standard treatment (via a stabilization voucher) after a relapse.

- Provide referrals to appropriate resources if the client is experiencing problems with basic needs such as food, shelter, or medical care. Also consider arranging for discussions with teachers or employers, if warranted and after all relevant consents are obtained.

- Involve the client's family in treatment, as appropriate, if available and not currently involved.

- Provide referrals to appropriate resources to assist the client develop an alcohol and drug-free lifestyle. As mentioned earlier in this manual, the client should be issued a recovery support voucher and encouraged to access services. There are recovery support providers in CARE who offer a wide range of social and recreational activities in addition to educational and vocational services that a youth may have an interest in and that would help the youth take action toward personal goals and developing a pro-social network.

MAXIMIZING ADHERENCE

As discussed previously in this manual, the counselor and the client should discuss who will have primary responsibility for making calls at appointed times. However, if the client misses a phone appointment, it is the counselor's responsibility to try to reach the client, determine the reason for the missed appointment, and re-engage the client in regular phone session attendance.

The counselor must make active efforts to re-engage a missing client for up to two months after a missed session, including phone calls to the client, phone calls to the client's emergency contact if available, and letters to the client (with the client's prior written permission).

Suggested efforts to reach a client who has missed a session:
During the session time, make a phone call to the client. If unable to locate/reach the client and he/she does not make contact within a week, continue trying to reach the client by phone at least once every week. Also, call the client's emergency contact, if available, and send a letter (with appropriate prior consent) two weeks after the missed session and again four weeks after the missed session.

Additional phone calls at various times of day in an attempt to catch the client are strongly encouraged as well as alternative communication strategies such as text messaging, instant messaging, Face Book, and MySpace. The provider should use the client's Health Study Locator form and strategies used for locating clients/former clients for GPRA data collection to help reach clients who have missed a telephone session(s). The idea is to balance active, caring efforts to contact a missing client with not harassing a client who does not wish to be found.

If a client cannot be contacted and re-engaged within 60 days from the last contact, the provider must discharge the client from CARE.

CALL SCHEDULES AND GUIDELINES FOR CHANGE

Typical Call Schedule

A typical TMAC calling schedule for a CARE client in the continuing care phase is once a week for 3 to 4 months. However, this schedule is somewhat flexible based on how the client is responding and his/her balance of risk/protective factors.

Changing Session Content

When the client has a slip or becomes at high risk for relapse, despite ongoing phone intervention, it may be that the focus of sessions and between-session goals are not quite on target with respect to the client's true relapse risk, in which case the general thrust of problem-solving efforts needs to be revised. Examples would be clients who have misidentified their most important risky situations to follow on an ongoing basis, or clients who do not have adequate coping skills to deal with unavoidable risky situations. Clients whose case management needs are not being met would also fall in this category.

Another possibility is that the client's motivation to achieve or maintain abstinence is failing—that the benefits of recovery do not seem to be sufficiently rewarding to counteract the lure of alcohol and/or drug use. Asking the client to rate how important abstinence is to them, and how confident they are that they can achieve/maintain it, with appropriate follow-up questions, will help you to determine where to focus the rest of the session.

Face-to-Face Evaluation Session(s)

A face-to-face evaluation session(s) should be provided if the client reports substance use that is extensive and/or intense or if the client has not been able to return to stable abstinence. A single session should be scheduled within a week after the phone call in which the client reports the use or relapse risk.

By the time a face-to-face session is scheduled, the counselor may have spent several phone calls "putting out fires" with a client who is experiencing one or more crises, or who is showing minimal compliance or flagging motivation. The goal of the face-to-face session is to take a step back from the immediate situation and get a broader assessment of what is going on. The evaluation session will include a detailed debriefing of any relapse episodes, and will also address motivation and commitment to change in a more general sense.

Face-to-Face Evaluation Session Outline (to be conducted in Motivational Interviewing style):

1. Set agenda and affirm client for taking the step of coming in to address current problems.

2. Debrief any episodes of use. Frame reflective listening summaries in terms of coping/problem-solving concepts consistent with overall treatment protocol.

3. Assess current motivation for regaining/maintaining abstinence using importance/confidence scales.

    - If importance is low:
        - ✓ Acknowledge difficulty of following through on action plans when feeling low motivation.
        - ✓ Use decisional balance and client's response to "what would it take to increase importance" to find hooks for increasing motivation. Provide information and/or personal feedback if applicable.
        - ✓ Develop homework task to address motivation.

    - If importance is high but confidence is low:
        - ✓ Explore past and present efforts at change. What has worked in the past? What is different now?
        - ✓ Use client's response to "what would it take to increase confidence" to guide problem-solving efforts.

4. Use adaptive protocol to determine next course of action.

    - Return to TMAC with similar frequency if the client can agree to a reasonable plan to decrease risk and/or increase protection and is confident in his/her ability to remain alcohol and drug free.
    - Offer a more frequent call schedule and/or emergency calls if needed if the client cannot agree to a reasonable plan to decrease risk and or increase protection and is not at all confident that he/she can remain alcohol and drug free until the next scheduled call. Continue with increased call frequency until the risk/protection balance shifts back to baseline.
    - Issue the client a stabilization voucher to allow return to a short course (30-day maximum) of standard outpatient treatment if the client cannot follow through on his/her plans with ongoing phone contact because he/she has returned to the use of alcohol or drugs, or significantly increased alcohol or drug use after a period of low or moderate use.

TMAC
Treatment Adherence Checklist

(A practice and/or supervision guide for TMAC calls)

Client ID: __ __ __ __ __ __ __ __ __

Session Date: __ __/__ __/__ __ __ __ Rating Date: __ __/__ __/__ __ __ __

Counselor/therapist: _________________________Rater: _________________________

Reviewed with counselor/therapist: __ __/__ __/__ __ __ __

Item	0 = Not done 1 = Partially done 2 = Completely done
Counselor acknowledged client for call and oriented to task at hand	0 1 2
Counselor reviewed Progress Assessment Worksheet items with client	0 1 2
Counselor provided feedback on risk and protective factors	0 1 2
Counselor reviewed client progress since last contact: goals, handling of high-risk situations, other recovery-relevant activity	0 1 2
Counselor targeted discussion to client status as indicated at the start of the session	0 1 2
Counselor focused discussion on ameliorating risk and/or building strengths as assessed at start of session	0 1 2
Counselor engaged client in relapse prevention and/or pro-recovery counseling and problem-solving	0 1 2
Counselor asked client to anticipate upcoming high-risk situations	0 1 2
Counselor helped client set a goal for interval until next contact	0 1 2
Counselor scheduled next contact with client	0 1 2

TMAC Progress Assessment, Counselor Version

Client ID: ______________________________ Session Date: _________________

SUBSTANCE USE STATUS (results not included in scoring)		
Since client last spoke with counselor…	Client's answers	
1. SUBSTANCE USE How many days have you not used alcohol or drugs?	On ___ days last week, client did not use any alcohol. On ___ days last week, client did not use any drugs. Code (circle one): 0 (No substance use) 1 (Any substance use)	
RISK FACTORS (situations that may increase client's risk for relapse)		
Since client last spoke with counselor…	Client's answers	Score
2. POTENTIAL HIGH RISK SITUATIONS How often have you been around friends or others who you drank or used drugs with in the past? If you've seen anyone like that since our last call, was that person using when you were with him/her?	___ times last week, client was around friends/others with whom he/she had used in the past. That person/people was using when client was with him/her/them. __yes ___no	2 1 0
3. PEOPLE, PLACES, THINGS How often were you in the situations you identified as your people, place and things?	Client was around his/her trigger situations ___ times last week.	2 1 0
4. MOOD How often have you felt sad, anxious, irritable, or like you had no interest in things that usually interest you? How long did it last?	Client felt depressed or uninterested in anything ____ times and _____ days last week. It lasted __________________	2 1 0
5. CONFIDENCE Are you really worried about starting to use alcohol or drugs again? On a scale of 0 to 100 (0 being not at all confident, and 100 being completely confident), how confident are you that you can stay alcohol/drug free until our next call?	Client was / was not (circle one) really worried about starting to use again. Client is _____% confident that he/she can be alcohol/drug free until the next call.	2 1 0
6. CRAVINGS How often have you had thoughts of using, even if you didn't want to use? How much did those thoughts bother you or make you want to pick up?	Client had cravings ____ times last week. They bothered him/her: a little / a lot / not at all (circle one)	2 1 0
	Risk Total Score 0-10 (**5 or higher is of particular concern**)	

TMAC Progress Assessment, Counselor Version (page two)

Client ID: ________________________________ Session Date: _____________

PROTECTIVE FACTORS (what client is doing to help him/herself)		
Since client last spoke with counselor…	Client's answers	Score
7. COPING SKILLS How did you stay away from or deal with your "people, places, and things"?		0 1 2
8. SOBER ACTIVITIES How often have you done things with people who are sober or who don't have an alcohol/drug problem?	____ times this week client did something with people who did not use or are in recovery. Client made plans to do something with people who are alcohol/drug free ___yes __no	0 1 2
9. PERSONAL GOALS What steps have you taken toward your personal goals?	GOAL: ACTIONS:	0 1 2
10. POSITIVE EXPERIENCES How much of the past week did you have positive experiences at school, home, or work?	____ percent of the time this week client had positive experiences at school, home, or work.	0 1 2
11. SUPPORT GROUPS How often have you participated in a support group that you felt was helpful to your recovery? (Can include AA/NA, church youth group, mentoring, or other kinds of support)	____ times this week client participated in a support group.	0 1 2
Protective Total Score 0-10 **(5 or lower is of particular concern)**		

Notes:

Counselor signature: ____

Date/time of next call: ____________________________am/pm Initiator: Counselor / Client (circle one)

TMAC Telephone Session Assessment Q by Q Guide

Item	Scoring Criteria	Adaptive Modifications	Case Management
"SUBSTANCE USE STATUS" (Contributes to adaptive care decisions but not scored)			
1. SUBSTANCE USE Since we last spoke, how many days have you not used any alcohol or any other drugs? (*Other drugs includes illegal drugs or inappropriate use of mood altering medications)*	Code: No substance use = 0 Any substance use =1	**- If slip**: Debrief and support successful relapse prevention efforts; consider increasing frequency of calls **- If severe relapse**: Debrief; focus on re-attaining abstinence; increase frequency of calls; consider in-person session/ stabilization voucher	- If still in treatment, encourage increased involvement and discussion of relapse in group or individual sessions - Encourage/assist client access services outside CARE if detox or residential is needed
"RISK FACTORS" (High score = more risk, score of 5 or higher is of particular concern)			
2. **POTENTIAL HIGH RISK SITUATIONS** How often have you been around friends/others who you drank or used drugs with in the past? If you've seen anyone like that since our last call, was that person using when you were with him/her? *Probe for details about activities with friends who are active users)*	Minimal/no time with friends/ others actively using =0 Spent time with friends/ others who use but weren't using during that time =1 Spent time with friends/ others who were using during that time =2	- Counseling on drinking/drug refusal skills - Problem-solve around ways to make new friends - Discussions with parents regarding effects of parental substance use on adolescent	Consider family or parenting therapy sessions if warranted and not already part of treatment plan
3. **PEOPLE, PLACES, THINGS** How often were you in the situations you identified as your people, places, and things? *(Prompt for situations ID'd at orientation and/or prior call.)*	None =0 1-2 encounters per week =1 More than twice per week =2	- Encourage avoidance if necessary - Try to build active coping efforts	If housing and/or employment present chronic high risk, refer to housing, vocational services as needed
4. **MOOD** How often have you felt sad, anxious, irritable, or like you had no interest in things that usually interest you? How long did it last? *(Probe for sustained depression; most of day, most days, and worsening of mood).*	No depression =0 Depressed less than half the time or lessening =1 Depressed more than half the time or worsening =2	- Relapse prevention counseling focused on coping with depressed moods; - Simple CBT-informed advice for very mild depression	Refer to mental health treatment if sustained depressed mood
5. **CONFIDENCE** Are you really worried about starting to use alcohol or drugs again? On a scale of 0 to 100, with 0 being not at all confident and 100 being completely confident, how confident are you that you will not use any alcohol or drugs at least until after our next call?	90% or better =0 75% or better =1 less than 75% =2	- Relapse prevention counseling to resolve source of low confidence; - Offer increased frequency of calls if confidence remains low	

TMAC Telephone Session Assessment Q by Q Guide (page two)

Item	**Scoring Criteria**	**Adaptive Modifications**	**Case Management**
6. **CRAVINGS** How often have you had thoughts of using, even if you didn't want to use? How much did those thoughts bother you or make you want to pick up?	Frequency: Once a week or less = 0 2-3 times per week = 1 4 or more times per week = 2 More than "a little" bother = add 1	- Normalize thoughts; relapse prevention counseling to resolve situations associated with thoughts, - Increase coping with thoughts or cravings	
PROTECTIVE FACTORS (High score = more protection; score of 5 or lower is of particular concern)			
7. **COPING SKILLS** How did you stay away from/deal with your people, places and things (PPT)? *(Probe for coping skills depending on answers to #2 and #3. If client mentions PPT not previously mentioned, go back and re-score that item if needed. Also probe for avoiding/managing problem situations; use of social support ,thinking through, reading 12-step literature, prayer, involvement in constructive activity, other strategies)*	Proactively managed risky situations using social support or other relapse prevention strategy = 2 Sometimes used coping skills = 1 Relied solely on isolating self, watching TV, etc. = 0 Did not stay away from PPT = 0	- Identify and strengthen coping skills; - Broaden repertoire of coping skills	
8. **SOBER ACTIVITIES** How often have you done things with people who are sober or who don't have an alcohol/drug problem? *(Prompt for social/leisure activities selected at orientation and/or prior call)*	At least 3 times per week = 2 1-2 times per week = 1 None = 0	- Increase focus on positive activities if low, especially as client becomes more stable - Encourage client to access recovery support voucher/activities	- Assist client identify relevant activities - Referrals to appropriate resources to assist the client develop a sober lifestyle
9. **PERSONAL GOALS** What have you done to pursue your personal goals? *(Prompt for long or short-term goals ID'd at orientation or prior calls. Includes health-related goals).*	Meaningful activity toward goal = 2 Limited activity toward goal or maintained goal = 1 No activity toward goal or no goal = 0	- Increase focus on goals if low, especially as client becomes more stable - Encourage client to access recovery support voucher/activities	Assist client in identifying external sources of support to pursue goals
10. **POSITIVE EXPERIENCES** How much of the past week did you have positive experiences at school, home or work? *(Probe for specific examples of such experiences.)*	More than 50% of the time = 2 25-50% of the time = 1 Less than 25% of the time = 0	- ID potential sources of positive achievement or social experiences; discuss ways to increase such experiences. - Help identify strategies to remove barriers as well as build on strengths	Consider whether there are resources at school or employment site that could be taken advantage of to help client
11. **SUPPORT GROUPS** How often have you participated in a support group that you felt was helpful to your recovery (could include AA or NA, church youth group, mentoring, other kinds of supports)	At least 1 time at a formal support group (e.g., AA) = 2 At least 1 time at a more informal support group (e.g., peer led youth group) = 1 No attendance at a group = 0	- ID potential sources of social support and discuss ways to increase such experiences. - Help identify strategies to remove barriers as well as build on strengths - Encourage client to access recovery support voucher/activities	Consider contacting outside resources that could help identify or facilitate involvement in support groups and activities

California Access to Recovery Effort

(CARE) 3/16/09

CONSENT TO PARTICIPATE IN TMAC SERVICES
(Telephone monitoring and adaptive counseling)

I, ____ authorize
(Name of client)

____ to contact me by telephone
(Name of counselor)

at the following number(s) ____

to provide regular telephone counseling sessions. I understand the following:

- My participation in telephone monitoring and adaptive counseling (TMAC) is voluntary, but it is the primary mode of treatment available in CARE after completing my outpatient treatment voucher.
- If I agree to participate, I will be asked to verify my identity if the counselor calls me. There is always the potential risk that other persons with access to my telephone number may find out about my participation in the CARE program.
- The counselor cannot share any information that identifies me, and any information I share is protected under the federal regulations governing confidentiality of Alcohol and Drug Abuse Patient Records, 42, CFR Part 2, and cannot be disclosed without my written consent (except if necessary to protect my rights or welfare or if required by law).
- I may withdraw my consent and discontinue participation any time without prejudice to my future services, except to the extent that action has been taken in reliance on it, and that in any event this consent automatically expires two months after I discontinue all CARE services.

I understand the information provided above. I was given an opportunity to ask questions and all my questions were answered to my satisfaction, and I was given a copy of this form.

____ ________________
Signature of participant Date

I have explained the protocol to the participant and answered all of her/his questions. I believe that she/he understands the information described in this document and freely consents to participate.

____ ________________
Name and signature of counselor Date