“A REVIEW OF THE BASICS” (PCB 17) WORKSHEET. H.S. DAIVIS

A. Skill vs. Motivation

The purpose of this training is to bring to the forefront the two recovery dimensions of motivation and skill.

- Of the unsuccessful outcomes you have seen, in your opinion, which one of these two dimensions was the most prominent reason for the negative outcomes?

- What would be your estimation of the % breakdown of each?

- Do your treatment plans/protocols/interventions reflect the % breakdowns of your above estimation? (too few interventions for motivation or too few for recovery skill development)

- Are you surprised by your answers? If yes, are you challenged to consider changing anything about you treatment plans/protocols/ interventions? If yes, what do you think should change?

B. **Objectives of the training**

1. Introduction to Situational Leadership and specifically “Follower’s Readiness” and how this can be applied to a paradigm of viewing Substance Use Disorder Treatment.

2. MET and Decision Balance Worksheet - this is one tool that can be used to assess and intervene in the motivation dimension of recovery.

3. Cognitive Behavioral Therapy and its application to Craving management. This includes identification of craving triggers, planned avoidance of triggers and successfully dealing with triggers when they can’t be avoided.

4. Summary and a brainstorm of ideas on how to systematically incorporate some of this into your treatment.

C. **Introduction to Situational Leadership and specifically “Follower’s Readiness”**

See handout Situational Leadership Theory

The Situational Leadership model covers the basics of what every supervisor needs to know about the 4 basic styles of supervisory interventions that correspond to the 4 specific needs/maturity levels

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(Follower Readiness) of those who they supervise. It also helps the supervisor become aware and to manage their own favored supervisory tendencies. The dimensions of this model are the status of the followers willingness and ability (or motivation and skill.) In D&A treatment we also attempt to manage the same 2 dimensions. If the basics of supervision are to assess people's willingness and ability and then match a specific supervision style to the need, then shouldn't this also apply to what we do? **My point here is that motivation and skill are both essential components in recovery and in treatment we need to be intentional in assessing and intervening into both of these dimensions.**

Take a look at the 4 maturity levels (follower readiness) in your handout Situational Leadership Theory. Which categories are the easiest for you to deal with and which are the hardest and why?

Take a look at the four leadership styles. Which styles are you most comfortable utilizing and which one are you least comfortable and why?

D. **Assessment and Intervention in the two dimensions of motivation and recovery skill.**

List below the various ways you assess for the client/consumer's motivation.

List the interventions available to you to intervene in the dimension of motivation.

How do you assess the client/consumer's recovery shills?

Make a list of important recovery skills.

List the ways you intervene in the dimension of recovery skills?

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E MET and Decision Balance Worksheet (see handout).

Can you see how you could possible utilize this? List them below.

When reviewing this with your client/consumer, how would you address their denial/thinking errors/self-deception to help them get a clear picture of their situation reflected accurately on the DBW?

How would you weave in Powerlessness and Unmanageability (First Step of AA/NA) into your review of this with your client/consumer ?

How would you weave in “progression of the disease” into the section of Cost/cons of Not Changing when you review this with your client/consumer?

F. CBT & craving management (handout Key Principles of CBT).

Do you think that this material is important practical “how to” information for preparing your client/consumer for their attempted recovery?

If yes, what are some ways that you can incorporate more of this into your treatment plans/protocols/interventions?

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