



Goals



- Participants will be able to identify the role of counselor presence in the therapy relationship.
- Participants will be able to describe the role of assessment and change in the treatment process.
- Participants will be able to discuss steps of change and intervention selection through the termination stage and beyond

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Licensed Psychologist

- 25 Years experience in addiction and mental health treatment helping thousands of individuals recover their lost hope and authentic self
- International bestselling author in addictions and mental health

Overview

- Therapeutic Alliance
- Assessment and Treatment Planning
- Tips on Finding/Maintaining Balance
- Supervision
- Putting into Practice



Self-Awareness

- Do I believe that an individual can change?
 - Do I believe that people are inherently good or evil?
 - What is the fuel for our beliefs, behaviors, and motivation?
 - Am I aware of what motivates me?
 - Am I able to experience a range of emotions?
 - Do I feel able to achieve the things I want?
-
- How do these beliefs affect how I treat individuals?

A man with a beard, wearing a yellow cap and a purple t-shirt with yellow sleeves, is leaning over a concrete wall. He is using a trowel to apply mortar to a brick. He has a black beaded bracelet and an orange and red string on his left wrist. The background is a blurred green tree under a bright sky.

What is my world view?







The role of counselor presence in the therapy relationship





Know Thyself

Oracle at Delphi



Know Thyself

Oracle at Delphi

- Do I Believe Clients Can Get Well Or Not?
- Do I Believe In Free Will Or Determinism?
- What Choices Can You Make Today?
- Do I Believe That Humans Are Inherently Good Or Evil?



Know Thyself

Oracle at Delphi

- Know My Core Strength
- Where Can I Be Most Effective?
- Know What Issues I Work Well With
- Know What Issues To Refer
- Making The Unconscious Conscious

Relationships

Addiction is a
disease of
isolation....

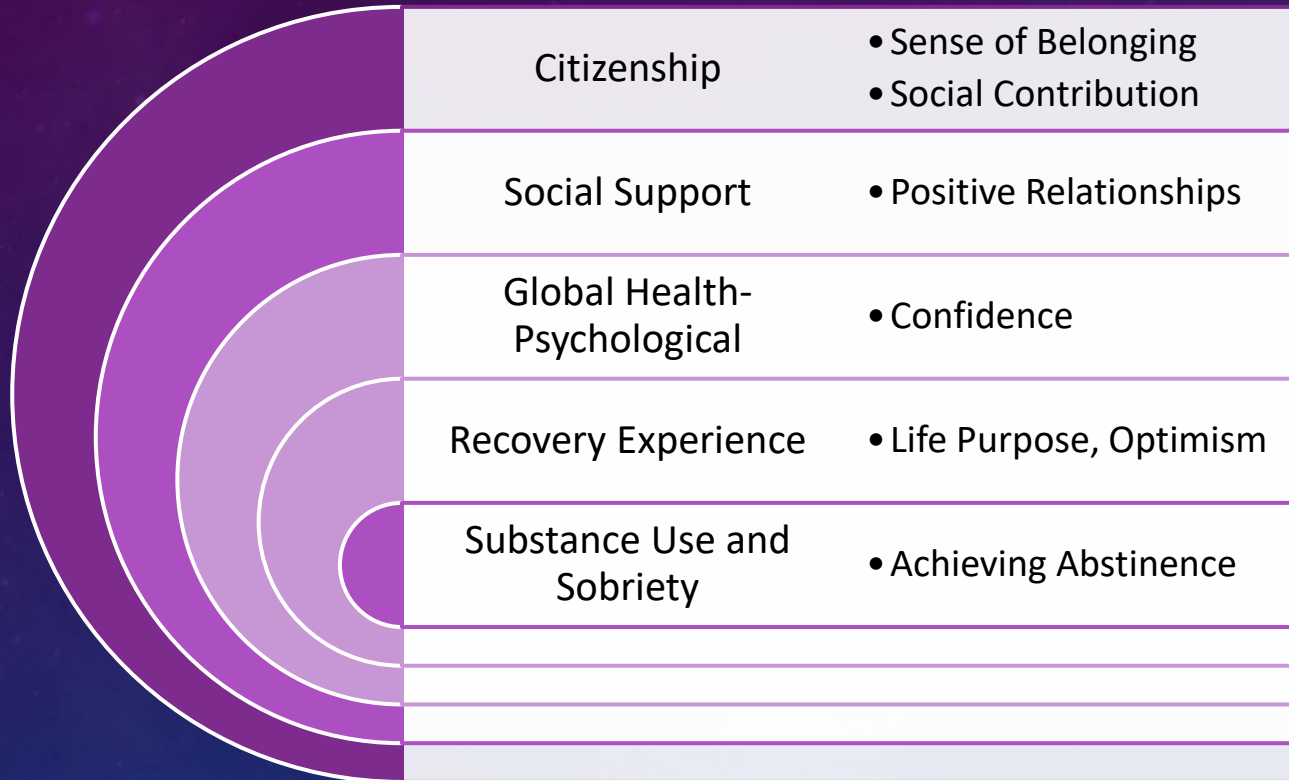




Relationships

- Consider:
 - My beliefs influence the treatment
 - Attitudes of others around the individual influence treatment
 - Relationship issues of isolation, connection, and judgement influence treatment

Recovery Capital



Recovery Capital (William White)

- Isolation/Connection
 - I feel like I have meaningful positive communication in my family and community
 - I have friends who are supportive of my recovery process
 - I have established close affiliation with a local recovery support group.
- Hopelessness/Hope
 - My personal values and sense of right and wrong have become clearer and stronger in recent years
 - I now have goals and great hopes for my future
 - I know that my life has a purpose

Hanauer et al. (2019)

Therapeutic Alliance

- As counselors, our role is to:
 - Foster individual change
 - Model a safe and trusting relationship
 - Facilitate development of these relationships in the individual's system of recovery supports
 - Maintain cultural competency and context



Therapeutic Alliance

What is it about relationships that are healing?

- As counselors, we can do many things to help such as:
 - Empathy
 - Warmth
 - Genuineness
 - Open communication
 - A safe space to explore difficult emotions
 - Balance support, with courage to alter difficult emotions
 - Time and consistency

Peterson et al. (2019)

Therapeutic Alliance Apply It Now

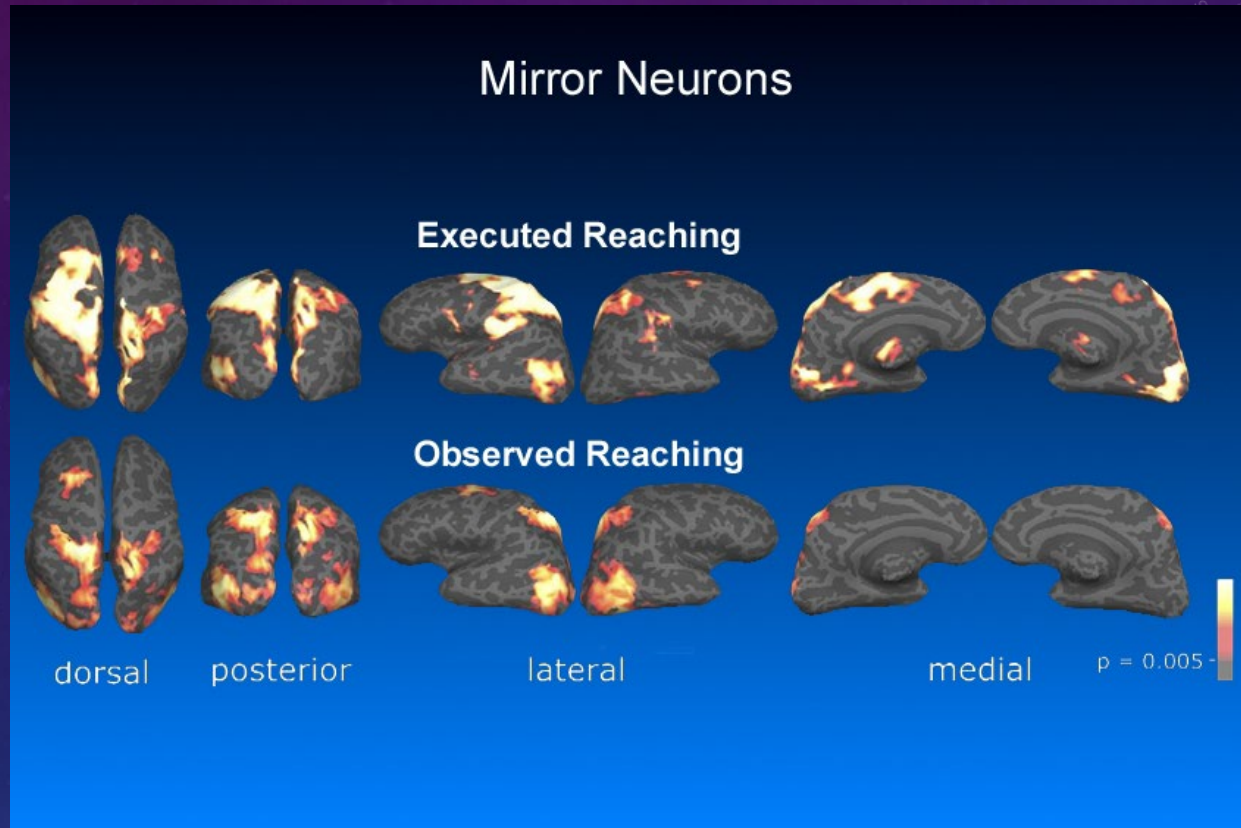
What is it about relationships that are healing?

- Choose one important person in your life. Rate them on a scale of 1-10 on how much you show them:
 - Empathy
 - Warmth
 - Genuineness
 - Open communication
 - A safe space to explore difficult emotions
 - Balance support, with courage to alter difficult emotions
 - Time and consistency

And can they share these with you?

What about one other person that you do not like?

RELATIONSHIPS AND THE BRAIN?



RELATIONSHIPS AND THE BRAIN?

- Relationships are key predictors in the success of treatment.

- Why?

- Mirror Neurons:

- What we observe in others is reflected in our brain
 - What if we observe other's anger? Judgment etc?

- Benefit:

- Observation is an effective learning tool.
 - What happens if a colleague/other group member is punished? Rewarded?



Culture

- Consider the interaction of my culture, my client's culture, and the competency of translating these similarities/differences

Which areas am I in the Dominant Culture?

- Gender
- Gender Identity
- Sexual Orientation
- Race
- Religion
- Physical Abilities
- Body weight
- Language
- Socio-Economic Status
- Age
- SUD Recovery Status
 - Type of substance used
 - Pathway to recovery
 - Length of time in recovery



The Core of Treatment

- Recognizing and Modifying Vulnerabilities
 - Requires Relationship
 - Requires Trust
 - Requires Counselor Strength



Range of Therapeutic Qualities and Stages of Development

- Orientation/Engagement
 - Treatment
 - Transition
-
- Monitoring and Managing Emotion



Structure of therapy session parallels the phases of treatment

Therapy Session	Phase of Treatment
Engagement	Engagement
Treatment	Treatment
Transition	Transition
Between session practice	Monitoring

Therapy Session Scheduling

- Scheduler
 - In person/Live
 - Online/Automated
- Structure
 - Variable
 - Consistent times



STRUCTURE
OVER TIME

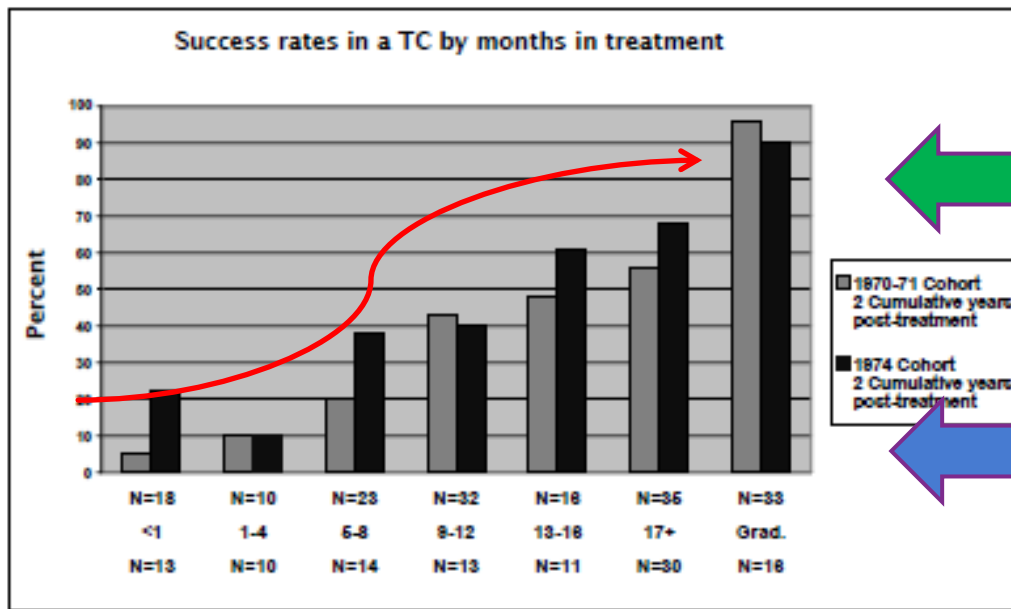
THE
FOUNDATION
OF
RELATIONSHIPS

RESEARCH LENGTH OF STAY

Almost 50 years of studies consistently find length of stay as the primary predictor of outcomes, along with intensity of treatment, for 90 days minimum and appropriate continuum of care.

1970's

Figure 1: Success defined as no drug use and no criminal activity through all years of follow-up for primary opioid abusers*



Do we want:

80% success rates?

Or

20% success rates?

RESEARCH LENGTH OF STAY

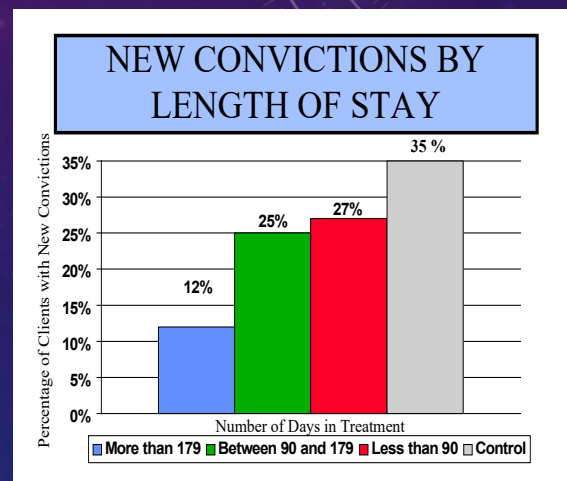
Almost 50 years of studies consistently find length of stay as the primary predictor of outcomes, along with intensity of treatment for 90 days minimum and appropriate continuum of care.

1990's

Overview of 1-Year Follow-Up Outcomes in the Drug Abuse Treatment Outcome Study (DATOS)

Robert L. Hubbard, S. Gail Craddock, Patrick M. Flynn, Jill Anderson,
and Rose M. Etheridge
National Development and Research Institutes, Inc.

The Drug Abuse Treatment Outcome Study (DATOS) collected 1-year follow-up outcomes for 2,966 clients in outpatient methadone (OMT), long-term residential (LTR), outpatient drug-free (ODF), and short-term inpatient (STI) programs in 1991–1993. LTR, STI, and ODF clients reported 50% less weekly or daily cocaine use in the follow-up year than in the preadmission year. Reductions were greater ($p < .01$) for clients treated for 3 months or more. Clients still in OMT reported less weekly or daily heroin use than clients who left OMT. Multivariate analysis confirmed that 6 months or more in ODF and LTR and enrollment in OMT were associated with the reductions. Reductions of 50% in illegal activity and 10% increases in full-time employment for LTR clients were related ($p < .01$) to treatment stays of 6 months or longer. The results replicated findings from 1979–1981 for heroin use in OMT and illegal activity and employment for LTR but not for illegal activity in OMT and ODF.



Source: Pennsylvania Department of Corrections (1997) *Pennsylvania FIR Evaluation*

Research Length of Stay

Almost 50 years of studies consistently find length of stay as the primary predictor of outcomes, along with intensity of treatment for 90 days minimum and appropriate continuum of care.

2000's

Source: Greenfield et al, (2004).
Effectiveness of Long Term Residential
Treatment for Women: Findings from 3
National Studies

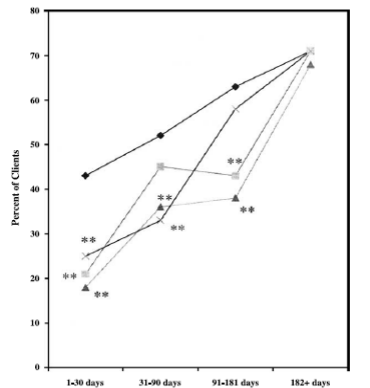


Figure 1. Percentage of abstinent post-discharge by LOS and study. Note: **Difference from RWC is statistically significant at $p < .01$.

Source: Zhang (2002).
Does retention matter?
Treatment duration and
improvement in drug use.
(4,005 clients)

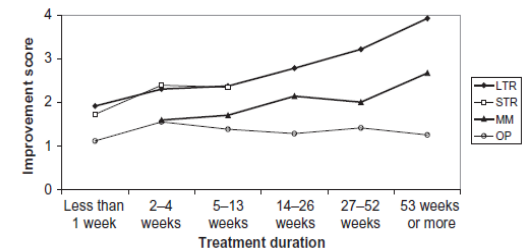


Figure 1 Overall improvement by treatment duration by modality

Table 2 Drug use improvement by modality and treatment duration.

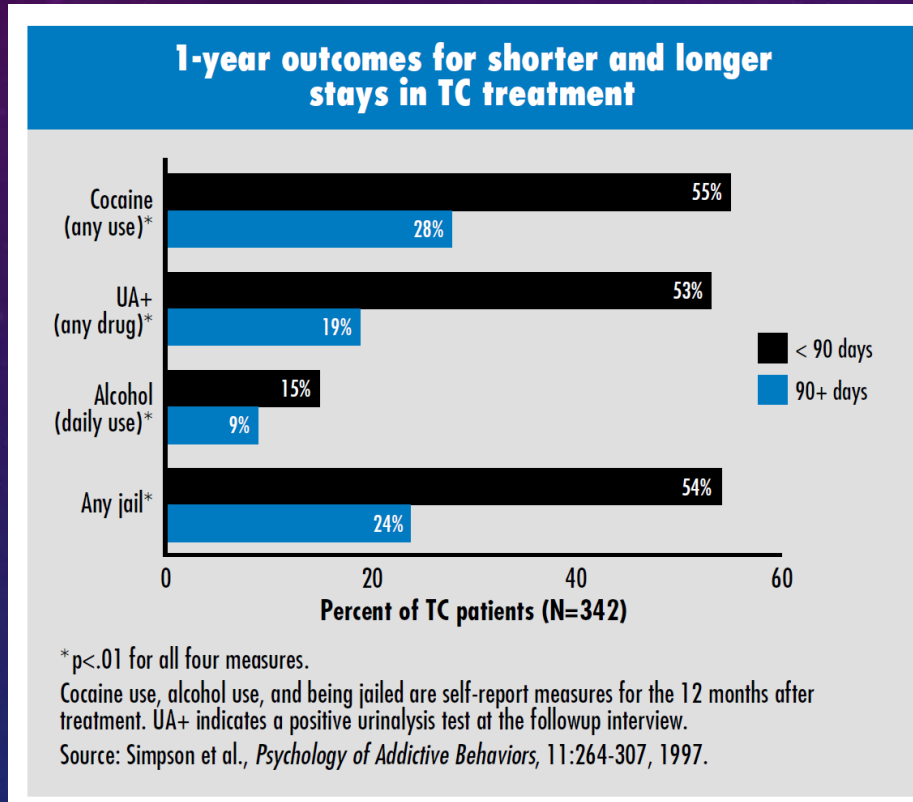
	Methadone maintenance			Out-patient non-methadone			Short-term residential			Long-term residential		
	<= 3 months n = 100	>3 months n = 341	Raw P-value	<= 3 months n = 780	>3 months n = 923	Raw P-value	<= 2 weeks n = 229	>2 weeks n = 441	Raw P-value	<= 3 months n = 530	>3 months n = 653	Raw P-value
Specific drugs												
Heroin	0.59	1.12	0.0001***	0.10	0.07	0.25	0.19	0.51	0.0001***	0.11	0.26	0.0004**
Cocaine powder	0.41	0.53	0.37	0.29	0.27	0.62	0.43	0.61	0.07	0.46	0.62	0.01
Crack cocaine	0.16	0.11	0.66	0.52	0.62	0.10	0.73	0.62	0.25	0.99	1.24	0.0009**
Marijuana	0.52	0.39	0.27	0.50	0.39	0.03	0.56	0.74	0.06	0.69	0.97	0.0001***
Overall drug use	1.67	2.33	0.03	1.41	1.33	0.51	1.91	2.47	0.01*	2.24	3.07	0.0001***
Primary drug use	1.02	1.71	0.0005**	0.82	0.79	0.67	1.14	1.38	0.09	1.36	1.83	0.0001***

Significance tests ($*P < 0.05$, $**P < 0.01$, $***P < 0.001$) were conducted to test the mean difference of the improvement scores between the group with shorter treatment duration and the group with longer treatment duration, for each type of substance within each modality. For the improvements on the five type of substances used as the components of the general drug use improvement, the significance level symbols reported in this table were adjusted with bootstrap method to control for multiple tests by means of Bootstrap through SAS PROC MULTTEST.

Does Retention Matter? Treatment Duration and Improvement in Drug Use (Zhang, 2003)
4005 clients across 62 programs

NIDA RESEARCH

Decades of studies consistently find length of stay as the primary predictor of outcomes, along with intensity of treatment and continuum of care.



“Therapeutic community treatment shows improvements in recidivism and relapse rates, as well as engagement in employment. These improvements are correlated to length of treatment, with highest rates of improvement among those with 9 months of treatment, and reduced effectiveness for treatment of less than 90 days.”

NIDA RESEARCH

Decades of studies consistently find length of stay as the primary predictor of outcomes, along with intensity of treatment and continuum of care.

NIDA (2018) Principles of Drug Addiction Treatment

“Research indicates that most addicted individuals need at least 3 months in treatment to significantly reduce or stop their drug use and the best outcomes occur with longer durations of treatment.” p. 5

“Research has shown unequivocally that good outcomes are contingent on adequate treatment length. Generally, for residential or outpatient treatment, participation for less than 90 days is of limited effectiveness, and treatment lasting significantly longer is recommended for maintaining positive outcomes. p. 14

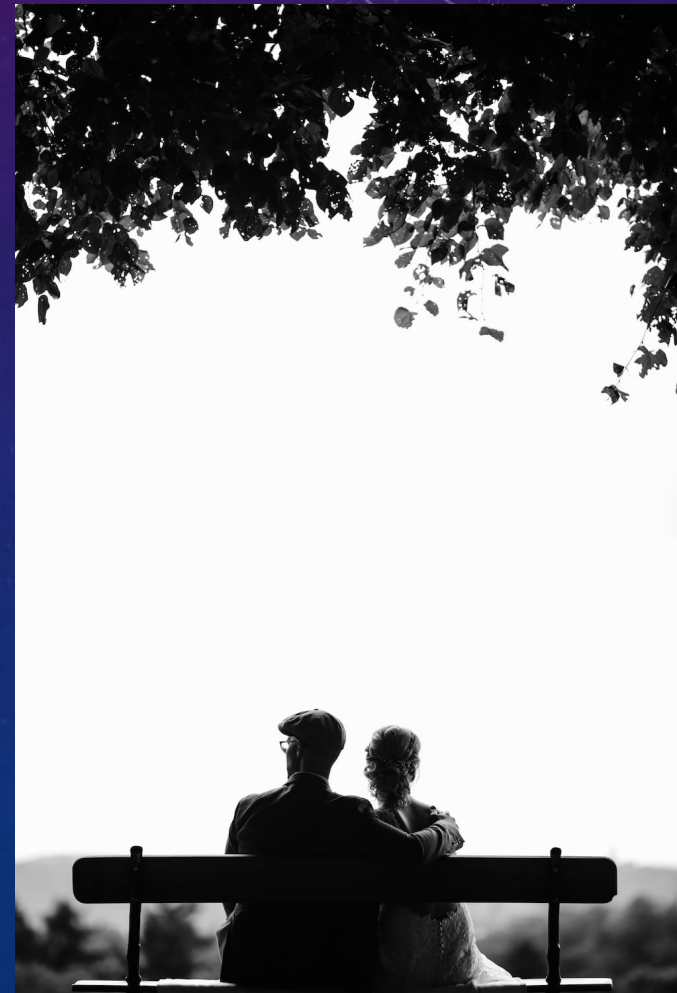
“The best known residential treatment model is the therapeutic community (TC), with planned lengths of stay between 6 and 12 months.” p. 29

INTENSITY AND DURATION OF TREATMENT

- Importance of Level of Care
 - Under treating can lead to treatment resistance or increased progression of the disease
 - What happens if you take a half dose of antibiotic?
 - What happens if you take a half dose of insulin?
 - What happens if you take a half dose of treatment?
 - Answer:
 - It doesn't work
 - Individuals get sicker
 - Individuals and providers “give up” believing that there is no hope

Relationships: Apply it Now

- Choose a relationship in your life and consider:
 - Reflect on the relationship
 - Practice active listening
 - Express empathy
 - Build trust
 - Work on conflict resolution
 - Build partnership
 - Practice gratitude
 - Practice forgiveness
 - Be open minded
 - Seek help when needed



The role of assessment and change in the treatment process



Causes	
<u>Biology</u> Genes, Biochemistry, Brains, Autopilot Learning	
<u>Relationships with Others</u> Peer Pressure, Family, “Enabling”, Isolation, Lies	
<u>Relationship with Self</u> Shame, Guilt, Negative Beliefs, “Hate Self”	
<u>Relationship with Higher Power</u> Lack of Connection with Personal Values, Anger/Shame with God	

Causes	Solutions
<u>Biology</u> Genes, Biochemistry, Brains, Autopilot Learning	Medication, Meditation Exercise, Diet, Sleep, Stress Management Decisional Actions
<u>Relationships with Others</u> Peer Pressure, Family, “Enabling”, Isolation, Lies	Limit Setting, Relationship Building, Honesty, Clear Communication Family/Couples Therapy Positive Peer Pressure
<u>Relationship with Self</u> Shame, Guilt, Negative Beliefs, “Hate Self”	Forgive Self, Gratitude Practice Engage in Healthy Behaviors Today Healthy Coping Skills Training
<u>Relationship with Higher Power</u> Lack of Connection with Personal Values, Anger/Shame with God	Define Values, Live by Personal Values Pray, Meditate, Other Spiritual Practice

Causes	Tools
<u>Biology</u> Genes, Biochemistry, Brains, Autopilot Learning	Medication Behavioral Practice
<u>Relationships with Others</u> Peer Pressure, Family, “Enabling”, Isolation, Lies	Family/Couples Therapy Peer Support
<u>Relationship with Self</u> Shame, Guilt, Negative Beliefs, “Hate Self”	Psychosocial Therapy
<u>Relationship with Higher Power</u> Lack of Connection with Personal Values, Anger/Shame with God	12-Step Meetings Religious/Spiritual Services

Other Ancillary Tools: Employment, Housing, Other Medical Treatment

WHY ARE YOU HERE?

- Why are you really here?
 - Modifying motivations from day one

Evidence Based Care: An Environment to Take Root and Grow

Biology

Clinically appropriate use of medications

Recovery Management

Tools to manage triggers and urges

Trauma

Trauma informed care

Spiritual

12-Step supports, Spiritual services

Beliefs

Address cognitive distortions

Motivation

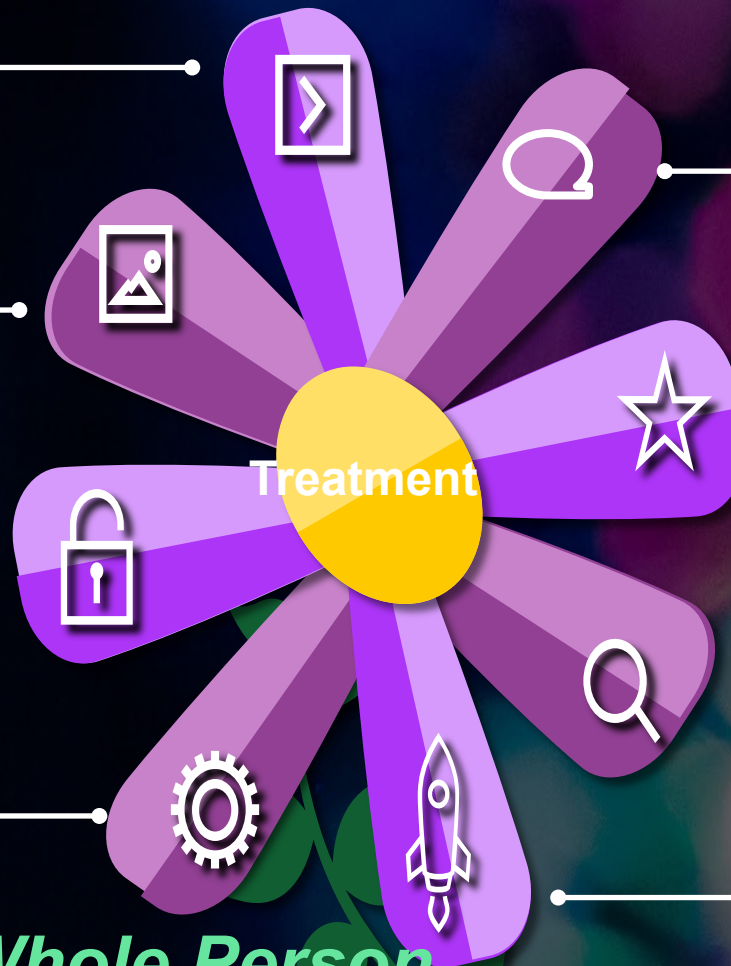
Engage and increase motivation for success

Emotion

Addressing emotional triggers

Relationships

Group Therapy, Peer Support



Treating the Whole Person

TREATMENT GOALS

Sick/Symptoms

Absence of
Symptoms/Health

Wellness

Addiction

Abstinence

Recovery

TREATMENT GOALS

Addiction

Abstinence

Recovery

Chemical addiction

Withdrawal

“Addiction” to recovery behaviors

Dysfunctional relationships

Tension/ distrust/ judgment in relationships

Trust, partnership, respect in relationships

Negative self image

Lack of confidence/ doubts

Self respect

Lack of values/spiritual connection

Questioning of values

Knowing personal values and following them

Motivation to use/drink

Motivation to stop drinking/avoid pain

Motivation to seek pleasure/ health

TREATMENT GOALS

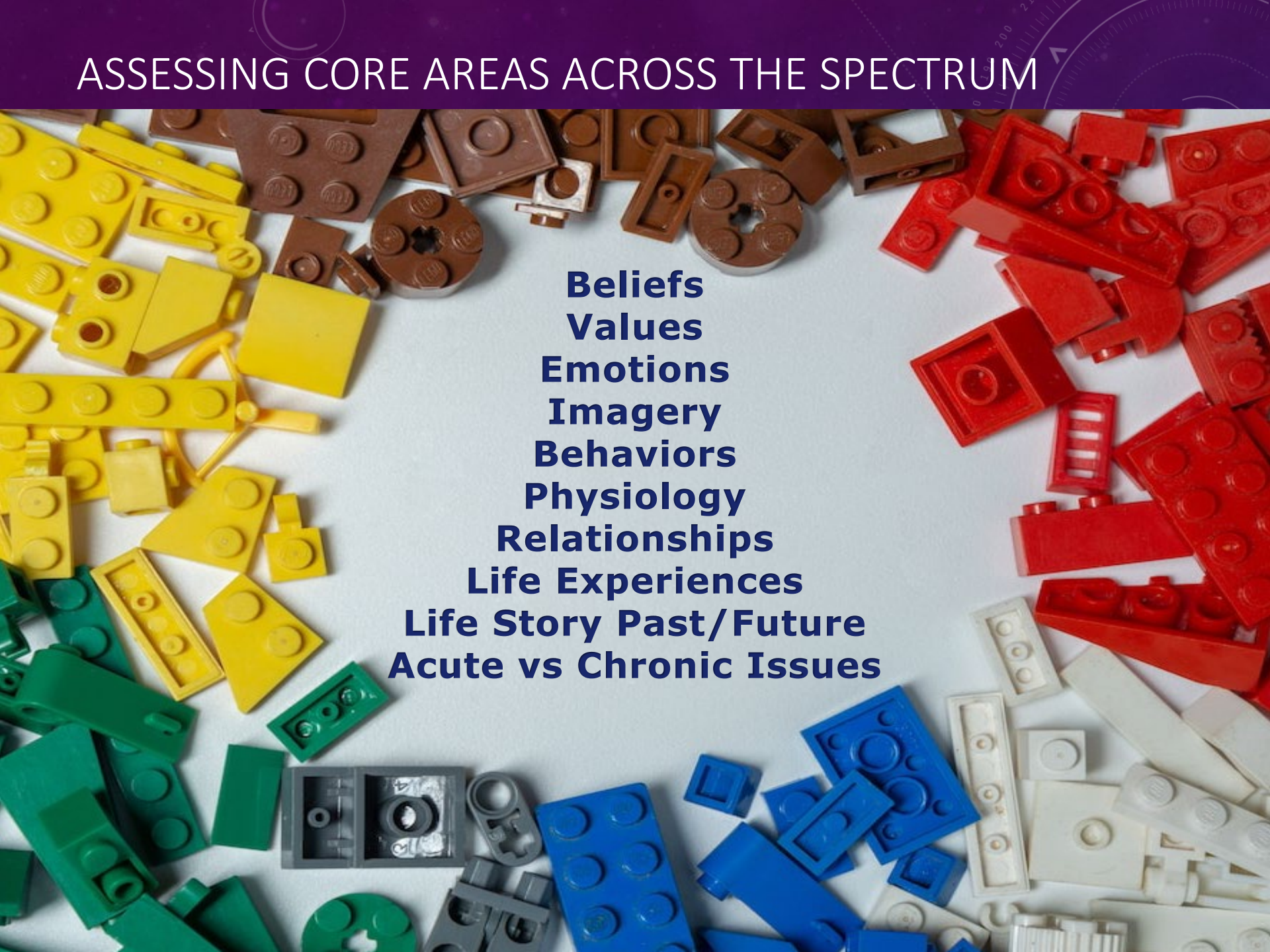
Addiction

Abstinence

Recovery

Mental health issues	Awareness of mental health as triggers	Management/ remission of mental health issues
Depression	Boredom, blunted emotion	Happiness, range of emotion
Avoidance /numbing of feelings	Aware of uncomfortable feelings	Able to tolerate unpleasant feelings as they arise
Lack of range of coping skills	Novice at identifying coping strategies	Competent at a range of coping strategies
Unresolved trauma/grief	Aware of losses	Able to “let go” of past
Personality disorder(s)	Aware of personal issues	Able to reduce negative impact of personality style
Unmedicated (bipolar, ADHD etc)	Finding proper medication combination	Stable on effective medication

ASSESSING CORE AREAS ACROSS THE SPECTRUM



**Beliefs
Values
Emotions
Imagery
Behaviors
Physiology
Relationships
Life Experiences
Life Story Past/Future
Acute vs Chronic Issues**







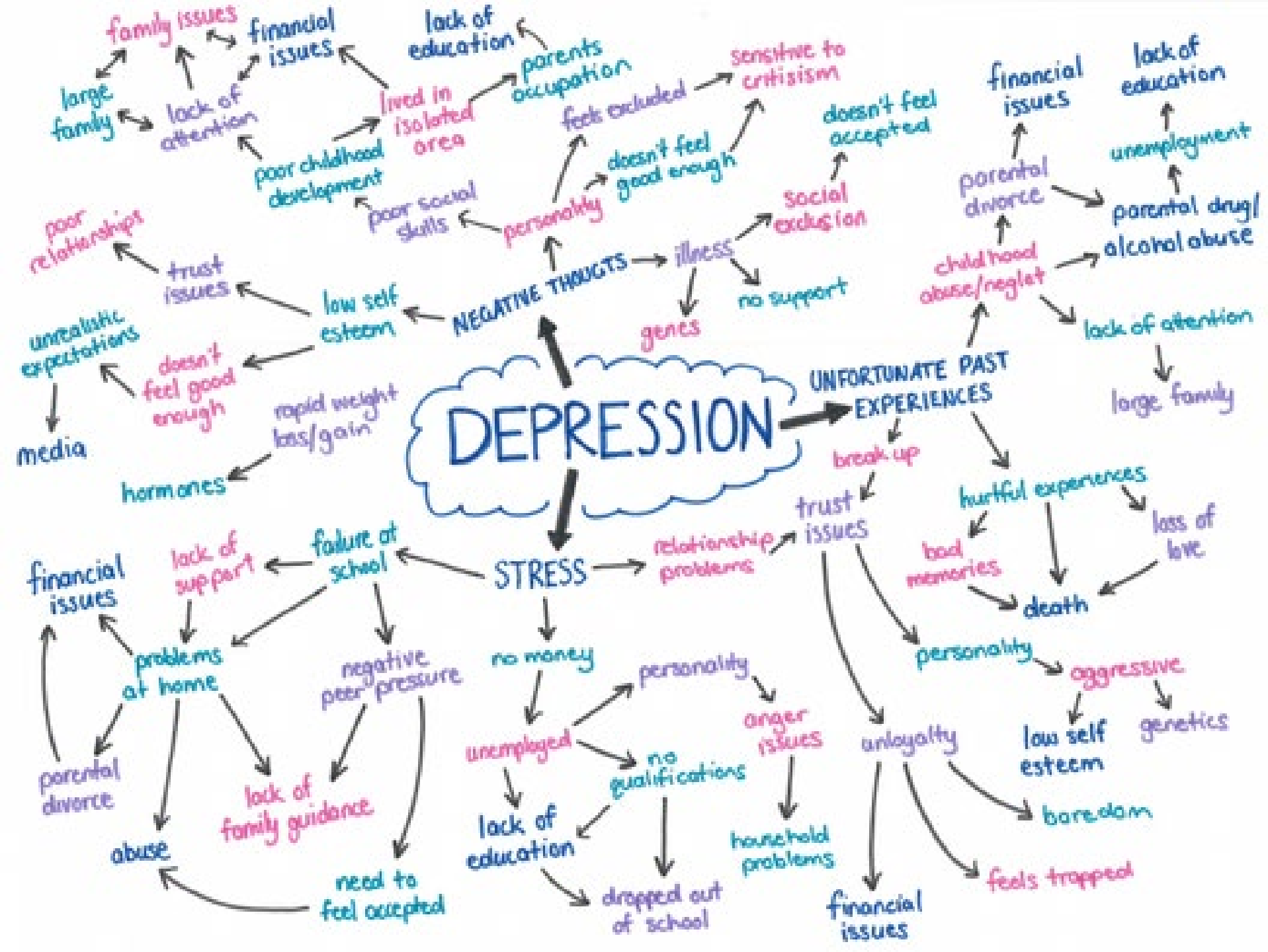
TREATMENT AND GOAL SETTING

- Goal setting (Nowack, 2017):
 - Old approach: SMART Goals (Specific, measurable, attainable, realistic and timely)
 - Modern approach:
 - BHAGS (Big, hairy, audacious goals)
 - Challenging goals can increase motivation and readiness for change.
 - Tend to only achieve more or less based on where we set our goals (e.g. goal to cure cancer, walk on the moon etc.)
 - Small steps can be easier to achieve, but may or may not yield progress in the most effective direction for the long term.
 - Prefer approach vs avoidance goals (e.g. spending time with family vs avoiding gambling)
 - Use specific practice plans rather than simple intentions
 - E.g. If I have the desire to drink, I will call my spouse instead.
 - Habit forming:
 - An average of 60-90 days practice is needed for new habits such as drinking, eating and exercising (although can range from 18-254 days for different complexity of habits)
 - Practice. Practice. Practice.

MIND MAP

EXAMPLE: DEVELOPING A HEALTHY HABITS





Resources/Coping Skills

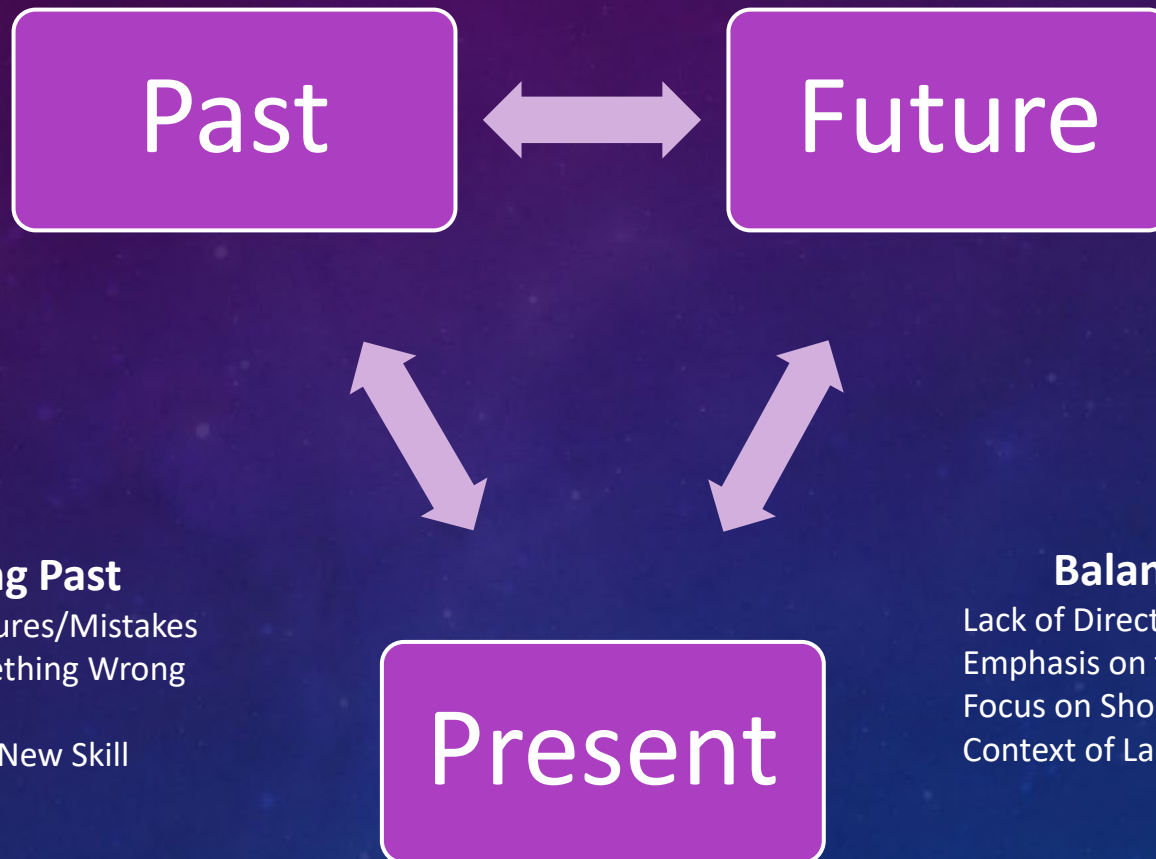
Once you know the goals, what do you need to get there?

- What coping skills?
- What new learning?
- What people to support?
- Courage?
- Determination?
- A road map?



10 Ways We Fear Success

1. Fear of the unknown: Success can bring new challenges and opportunities that we may not be prepared for.
2. Fear of change: Success often requires making changes in our lives, which can be scary and uncomfortable.
3. Fear of failure: Ironically, fear of failure can also lead to fear of success. We may worry that we won't be able to live up to our own expectations or that we'll fall short of others' expectations.
4. Fear of judgment: Success can attract attention and scrutiny from others, which can be intimidating.
5. Fear of losing control: Success can bring new responsibilities and demands on our time and energy, which can make us feel like we're losing control over our lives.
6. Fear of success being temporary: Sometimes people fear success because they worry that it will be short-lived or that they won't be able to sustain it.
7. Fear of success being isolating: Success can sometimes lead to a feeling of isolation or separation from others, especially if we feel that others don't understand or relate to our experiences.
8. Fear of success being undeserved (Impostor Syndrome): We may worry that we don't really deserve the success we achieve or that we've somehow cheated our way to the top.
9. Fear of success changing who we are: We may worry that success will change us, and we'll lose touch with our values or the people and things that matter most to us.
10. Fear of success being overwhelming: Success can sometimes feel overwhelming or like too much pressure to handle, leading to feelings of anxiety or even panic.



Balancing Past

Guilt over Past Failures/Mistakes
Fear of doing Something Wrong
Fear of Failure
Anxiety Related to New Skill
Development

Balancing Future

Lack of Direction
Emphasis on the Wrong Things
Focus on Short-Term without
Context of Larger Puzzle/Goal

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graph TD; Present[Present] <--> Past[Past]; Present <--> Future[Future]; Past <--> Future;
```

Present

Balancing Past

Free of Guilt and Fear
Unplug from Limiting Beliefs
Learned my Personal Strength
Confidence from Recent Success

Balancing Future

Clear Direction
Emphasis on Goals Aligned to Long
Term Vision

Past

Future

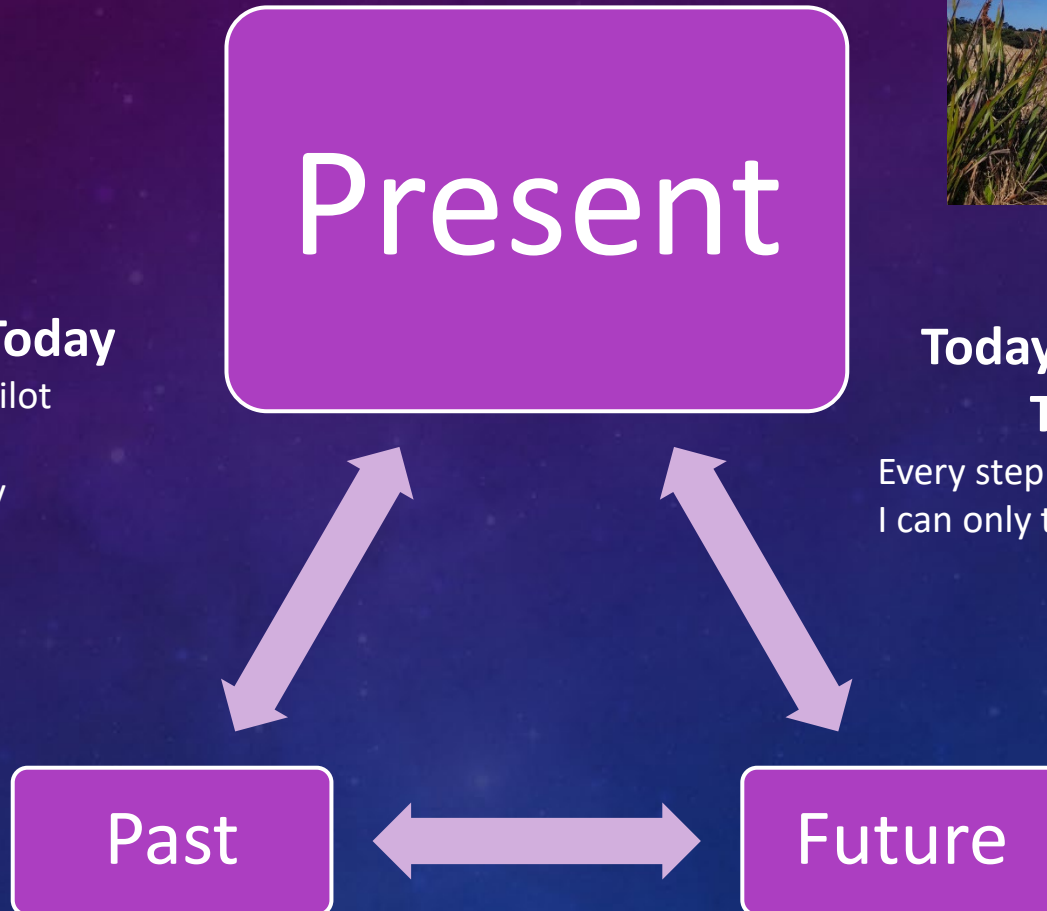
Present

The Gift of Today

Wake up from Autopilot
Pleasure/Joy
Business Productivity
Client Connection

Today is Yesterday's Tomorrow

Every step gets us closer
I can only take the next right step



Steps to Change

- 1) Wake Up
- 2) Live in the Present
- 3) Get Free From the Past
- 4) Create a Vision for Tomorrow
- 5) Set Today on the Path for Tomorrow
- 6) Repeat Often



Listen for themes

- 1) Consider your theoretical model
- 2) Listen to the client stories
- 3) Find the themes in the stories relative to your practice. For example themes in:
 - 1) Beliefs
 - 2) Emotions
 - 3) Visuals
 - 4) Embodied reactions
 - 5) Childhood history
 - 6) Social environment

Listen for themes

- Samantha was a therapy client seeking help to manage her anxiety and depression. She came from a family that had immigrated to the United States from China when she was a child. Despite living in the U.S. for many years, Samantha often felt like an outsider in American society. She struggled to fit in with her peers and colleagues and felt like her cultural identity was something that she had to hide in order to be accepted. She drinks regularly, which provides a brief relief.
- Samantha's therapist, Dr. Lee, quickly realized that Samantha's cultural background was an important factor in her struggles with mental health. Dr. Lee, who also came from a Chinese-American background, was able to relate to Samantha's experiences and understand the unique challenges that she faced.
- During their therapy sessions, Samantha and Dr. Lee explored the impact that her cultural identity had on her self-esteem and confidence. They discussed the pressure that Samantha felt to conform to American cultural norms and the toll that it was taking on her mental health.

Listen for themes

- Samantha tells these stories
 1. Samantha remembers feeling left out during a school assembly when her classmates started singing the national anthem, and she didn't know the words because English was her second language.
 2. Samantha recalls feeling embarrassed when her mom packed her traditional Chinese food for lunch, while her classmates had sandwiches and chips.
 3. Samantha remembers feeling anxious and nervous during a work meeting when her colleagues discussed popular American TV shows and movies that she had never seen.
 4. Samantha recalls feeling isolated and disconnected from her co-workers during a team-building exercise that involved sharing childhood memories because she couldn't relate to their experiences growing up in America.

APPLY IT NOW

Values

- ✓ What are my values?
- ✓ What is my core personal value?
- ✓ How does that shape my actions and “to do” list for the rest of today?

Goals

- ✓ What are my primary long-term goals?
- ✓ What are the three superficial and three deep motivators of these long-term goals?
- ✓ What is one small step I can achieve today toward each of these goals?

The Path to Success

- ✓ What are interim goals that I can complete within the next month?

Barriers

- ✓ What are the top three obstacles to these goals?
- ✓ In the next month, what are steps to add to my approach to help manage these barriers?

Change and
intervention
selection through
the termination
stage and beyond



The background is a dark blue gradient with faint, light blue circular patterns and a scale. A large circular scale is visible in the upper right corner, with numbers ranging from 0 to 240. There are also smaller circular patterns and arrows scattered throughout the background.

The structure of the sessions and relationships become internalized

Plan for practices to become structured in life rather than in session

Our Attitudes

About structure

About client progress

About termination



Termination

Inoculation

Summarize Gains

Detail Plans for After Treatment

Identify Warning Signs for Return

Idealized termination

- Plan ahead
- Slowly space out sessions
- Practice and soft landing



END OF

Termination

How it works

- Emotions
 - Grief/Loss
 - Fear
 - Anger
 - Isolation
- Practice
 - Disappearance
 - Say “This is the last session”
 - Taking a break
- Plan accordingly



About Notes

Who Benefits?



Your Program

- Your program relies on good documentation to get paid, and continue care for this individual and others.
- **Example:** “The client has achieved treatment plan, goal X.” “ A client completed the [state required] HIV screening tool.”
- You rely on documentation as part of supervision and skill building.
- **Example:** “A session explored cognitive belief, “I always screw up.” The session explored the family dynamic of enmeshment. The session examined family history pattern of judgment and feeling less than.

Coworkers

- Coworkers rely on your notes to help manage a client effectively in the event of your absence.
Example: A client is working on self-esteem as related to her daughter. She will continue to discuss this in counseling next week.”

About Notes

Who Benefits?



Physicians/Mental Health Professionals/Referral Sources

Physicians/Mental Health Professionals/Referral Sources rely on the medical record as an official and practical means of communicating with each other.

Example: “A client medication X was increased yesterday. They report no side effects at this time.”

They rely on your documentation to help them provide a unified treatment approach consistent with your work with the client

Example: “A client wants to address educational opportunities and is referred to the social worker for discussion of available options.

They rely on your documentation to provide continuity of care from one treatment setting to another.

Example: “Client is considering an aftercare program in his local area. He has signed the release of information so that we can contact the provider for continuity of care.

About Notes

Who Benefits?

Licensing and Accreditation

Licensing and Accreditation Agencies rely on your documentation to verify your practice's quality of care and approve your license to operate.

Example: “A counselor completed an update of the treatment plan in collaboration with client.”

Clients' Families

Clients' families rely on your documentation to advocate for the most appropriate and effective care.

Examples:

“A client was recommended a higher level of care but was not authorized by the funder X.”

“An appeals procedure was requested with a physician review scheduled for X.”

Yourself

You, (yourself), rely on notes to refresh your recollection of treatment progress and relevant issues.

Examples:

- Client stated, “My stress is like a tight rope in my stomach.”
- The client reports that his mother “Is always judging me.”
- “The client’s spouse’s name is Jane, child’s names are Joe (15) and Jackie (14).”
- The client states that their goal for being here is to “get my parole agent off my back.”



...And Beyond... It's All about Me

Continuing Education and Practice

Balancing the Scholar-Practitioner Life

- Educational Learning
- Practice Development
- Life Balance



...And Beyond

It's All about Me

Continuing Education

- Monitor Research
 - Add alerts
 - Subscriptions
 - Books
 - Journals
 - Teaching
 - Authorship
 - Facebook and other groups



RESEARCH LITERACY BASICS

- Seek original sources not third hand data
- Look for trends across theories
- Look for research with decades of support/replications
- Look for long term outcomes (5 years)
- Look for funding source/disclosures of conflicts
- Be cautious of statements without research reference



...And Beyond

It's All about Me

Practice Development

- Supervision
- Clinical Practice
- Personal Therapy
- Personal Use of Therapy Workbooks
- Journaling



Into the Future...

**Practice, Practice,
Practice**





“NOW THAT WE LOVE. HOW DO WE MAKE LOVE STAY?”

JAMES TAYLOR

- Practice, Practice, Practice.
... And what happens when we practice?

GOAL SETTING AND THE BRAIN



- Direct the thinking to the positive/solutions
- Practice positive solutions: gratitude, pride etc.
- Brain does not understand “no”
 - Cannot stop addiction
 - Can create recovery
- Direct thinking to specifics
 - Use as many senses as possible to rehearse material
- Use Goal-Directed questions
 - What else can I do to help my recovery today?
 - What else can I successfully accomplish today?
 - How many things can I do today that I can be proud of?
 - How many new things can I do today to celebrate my recovery?
- Compare to questions like:
 - Why did you do that?

BUILDING A PRACTICE

Form

1. Declaration
2. For the sake of
3. Detail practice
4. Reminder
5. Support

Example

1. I will,
2. for the sake of [whom],
3. I will [practice],
4. and remind myself by [reminder],
5. with support from [whom]

Be Specific, Plan to follow-up afterwards

SAMPLE PRACTICE

I will, for the sake of Joe, my 42-year old spouse,

[Practice] Write three things I am grateful for in my journal every day, before bed.

[Reminder] I will remind myself by placing my gratitude journal under my pillow

[Partner] I will ask Janet, my best friend, to check in with me discuss with me how I am progressing every Monday morning once the kids go to school.

If I am successful, I get a hug from Janet, if not, I give Janet a hug.

SAMPLE PRACTICE

I will, for the sake of Mary, my 12-year old daughter,

[Practice] Ask my family how their day was and practice listening for 5 minutes every day, at the beginning of dinner time.

[Reminder] I will remind myself by placing flowers on the table

[Partner] I will ask Jane, my best friend, to check in with me discuss with me how I am progressing every Saturday morning over coffee.

If I am successful, I get a cookie (or *cookies*) to go with it. If I am not successful, I buy a cookie for Jane.

PERSONAL SKILLS TO REMEMBER

- Awareness of my personal bias versus research/reality
- Awareness of relationships and emotional skills
- Comprehensive treatment
- Maintenance of skills built
- Ongoing personal skills building continuing education

THE SOLUTION

- Learning how We are the Change Instrument
- Comprehensive Treatment
 - Appropriate duration and intensity of care with proper structure
- Research Literacy
 - Understand basic research principles
- Learn the Lessons from our Past
 - Do not repeat mistakes



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THANKS!

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