The Importance & Role of Aftercare for Mandated Substance Abuse Clients and DUI Offenders

by Charisa Richardson

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Section 1

Overview: What is it, and why is it important

Overview: What is Aftercare?
"Aftercare" is the term used for the follow up and monitoring that occurs after an individual has successfully completed an initial treatment episode. The purpose is to sustain and forward the action during the maintenance stage of change.
It is defined as the process of preserving something or the state of being maintained. Synonyms include: perpetuate, preserve, prolong, continue.

Many mandated treatment clients will present to your facility hoping and expecting to complete a minimum number of "court ordered hours" and be discharged once treatment is complete / successful. This can add pressure to you, the clinician, to discharge without any type of follow up. To add to this challenge, some attorneys and court service departments will not enforce these aftercare recommendations made by the provider.

> "The mandated client often sees this continued follow up as unnecessary and will view it as further punishment rather than the lifelong lifestyle tool that it is. However, if we want to make a significant impact on the relapse and recidivism rates, we as clinicians will need to remember that primary care treatment should be viewed as just the beginning, the foundation." ~Charisa Richardson

Importance: Why is it important?
Aftercare then pertains to the rest of the client's life. Primary care provides the skills and tools, and hopefully moves the client into acceptance and ownership. A tremendous amount of knowledge can be gained throughout the primary care episode, but in aftercare, significant challenges will surface as the consequences (i.e. presenting problem) that motivated them to treatment start to dissipate as real-life issues return. Motivation and commitment to change that may have been present in primary care often wax and wane during the aftercare process. Time will change things and clients will often slowly return to the old lifestyle that ended with consequence. Even clients who are able to give you a list of cues and triggers and viable ways to address these concerns will often exhibit knowledge but not integrate it into their life. It is of extreme importance then to view the aftercare phase as crucial for the clients continued success.

With the above in mind, aftercare should be considered a requirement and not simply a recommendation. One of the goals of aftercare is to reduce the possibility of a return to maladaptive behaviors in the future.

NOTE:Continuation of client treatment through aftercare is a widely supported idea. According to Alcohol.org in an October 2018 article, "...'following structured treatment, access to recovery and aftercare support to aid abstinence from alcohol is important, especially for those who have struggled with AUD for several months or years"'.

Remember: aftercare, or continued care, can and should be individualized to meet the needs of your specific client.

> NOTE: Oftentimes clients report that they don't need aftercare as they will be attending support groups on a regular basis. While this a great idea, keep in mind that support groups in and of themselves are **not** aftercare. They can most certainly be a large or significant part of the client's aftercare plan, but support groups alone are not sufficient enough to serve the role of aftercare in its entirety.

Aftercare also serves the purpose of seeing the client through the upcoming "firsts", doing those things formerly or previously attached to their use/consumption without consuming. This may take some time to address, but time does not necessarily equate to intense frequency. It is important to provide an opportunity for clients to go through the motions of living life while having a professional for support and to assist in navigating life's challenges. The professional, as well as the client's family, is often able to see the warning signs of potential relapse before the client is aware that these behaviors are present. This is important because this process / exchange will often interrupt the return-to-use process. This provides feedback to the client. This feedback is extremely useful for the client as they move into the next chapter of their life. The professional can assist the client in staying the course, and the client learns where the pitfalls continue to be. Additionally, it will provide further, real-time feedback to the client in regard to changes that they may still need or want to make to reduce the likelihood they will return to use in the future.

> NOTE: If your client has an alcohol management plan, this will work in much the same way. Aftercare assists the client in making sure they continue to adhere to their self- imposed guidelines around their alcohol management plan. While the overall goal may be different (ie abstinence vs management) the purpose and process is essentially the same.

So, who needs aftercare?

The short answer would be, all clients. All clients can benefit from aftercare. Think for a moment about a time in your own past when you made or attempted a significant lifestyle change. Was it a 'one and done'? Conquered the first attempt with no challenges? With few exceptions, the answer is usually a resounding, no. For most of us, even the most committed of us, change takes time. We have to assess the relationship with the behavior we are trying to change, understand how it is interwoven into the fabric of daily life, and then figure out how to do things differently. This is not a one step process, nor is it typically a one and done. We may struggle during different seasons of our lives and continued accountability can provide this support during those times. This is especially important in the early stages of change.

Aftercare provides another layer of much needed accountability. While all clients can benefit, some may need more services than others. In the aftercare treatment plan phase, this can be assessed and revisited as clients make progress or as change occurs throughout the client's lives. The criteria for completion (discharge), however, is not that the client's life is perfect, as this is an unrealistic goal for any of us. It is most important to ensure that they have the skills, tools, resources and ability to navigate the new changes and potential challenges of what life offers next. Layers upon layers of contingency plans, with a focus on being proactive. More on discharge criteria at the end of this training.

Section 2
Assessing Aftercare Readiness

How to assess aftercare readiness
How do you know if your client is ready for a "step down"?

Have they completed all primary treatment plan goals and objectives? This can be especially or particularly challenging when working with your court ordered clients. Often, court ordered clients will assume that since they were court ordered for a certain number of hours that that is the only criteria for completion. If, at treatment intake, you have taken the time to explain the process in its entirety, this step is easier. They will have, at the very least, been introduced to the fact that this is about 'goal completion' and not just a set number of hours. All throughout the treatment process you as the treating clinician should be following and tracking the clients progress towards all identified goals and objectives, modifying as needed and noting when complete, including the evidence to support that the objective has been met.

If they have not made significant enough progress for a step down, be clear with them about what you need to see in order to transition them. It is very important to make sure the client verbalizes understanding of this and that you document this in your client's file. This will need to be revisited before transferring them to aftercare. Remember to make a notation in your progress/case notes when complete. Follow the thread from evaluation (which is not the same as the uniform report), treatment plan, to treatment intervention, to goal completion.

Consideration Checklist: Below are some possible goals/objectives from your primary care treatment plan that will assist you in determining if a step down is appropriate.

1) *Do they have understanding/acceptance/ownership of their use?* Do they understand their diagnosis, and what led to the diagnosis? This is basic. It is a foundational piece. If the client has limited, or little to no understanding of what led to their diagnosis, it's a good indication that they are not ready for aftercare. Understanding, acceptance, and ownership is key. It is difficult to change a behavior you have not owned as problematic. They need to be able to identify and fully own consequences of use outside of and independent of their legal issue. The reason they presented for treatment is unlikely to be the ONLY lifetime negative consequence they have incurred. If the client is still making excuses, rationalizing behavior and utilizing other defense mechanisms, they are not ready. These are basic primary care goals and objectives that must be met.
2) *Have they identified their cues and triggers?* Do they see the common threads/common denominators to their consumption/use? Do they have an understanding of the people, places, events, feelings, thoughts, etc., that led to past use? These primary care goals and objectives are

of extreme importance. We tend to be creatures of habit and it is likely that our clients will slip back into old behavior if they are not aware of the common denominators associated with their past use. Have they identified BOTH internal and external triggers, AND developed a plan to address these? For instance, if a client's trigger happens to be celebrating or marking special occasions, they don't want to stop marking special occasions, nor can they ignore all celebratory events! Why would they want to? It's important that they have a plan to address these events. Even better is when they have layers of options. Included in these plans needs to be support. Additionally, the supportive people need to know and support their plan. A commitment alone is not enough. A client will need a well thought out and viable plan. Have them verbalize this and not just write or think about it. If there are holes, they will find, or rather, *hear* them when they share this plan with you or the group. They should not employ a wait and see tactic, as this approach often does not end well.

3) *Have they implemented,or are they implementing, positive change?* This is a tricky one. Clients will often share/discuss what it is that they intend to do, but they have yet to practice, integrate, or implement these changes into their lifestyle. When this is the case, the client does not know what challenges may show up as they attempt these changes. It all sounds good, but they have no idea if it will actually work! While it is understandable that change will take time, it is important that they at least begin these changes and identify potential challenges while they are still attending primary care with you. That way, they can work through the glitches while still having regular and consistent support. Remind them that change is not a one and done. They will need to continue to address their lifestyle as both they and their life evolve over time.
4) *Have they addressed their relationships and their impact on their use?* Not every relationship will follow them into their next chapter. Not every relationship is meant to last a lifetime. It is important that they assessed their relationships and determined which ones may put them at risk.
5) *Have they considered how they spend their time?* Do they have activities that don't involve their substance use? Are they thinking that they will continue to engage in the same activities with the same people but not use? What are their thoughts about this? How does this mindset fit/work with their plan? It is your job to address this with your client.
6) *Do they have enough support to step down from treatment?* Are they prepared to navigate the challenges and changes that come next? Have they informed their support people of their plans? Have they weeded their relationship garden? Are they isolating? Help them to identify those individuals who will be with them and serve as key people. Will their support system include groups like AA, NA, CA, etc.? Keep in mind, a support system is important even if they are not diagnosed with a severe substance use disorder. EVERYONE can benefit from a support system. How will they utilize this support system? How often will they see the members of their support system? In my experience, especially concerning AA and other support groups, I will hear clients say, "I will use my support system when I need it". They don't intend to utilize support on a consistent basis. Often, I will remind them to use their support system all the time and then they may never "need" it! It will be difficult to ask for support if you have not been utilizing your support system all the time. If you see your support "group(s)" regularly, they may be the ones

to point concerns out to YOU. They will often notice changes before the client does. This can potentially stave off problems BEFORE they begin, keeping a potential relapse at bay.

Is the foundation solid, and viable? It doesn't need to be perfect, just solid enough that they can use the tools and skills they have acquired to continue to forward the action and the progress.

Section 3
Goals of Aftercare and Aftercare Plan Creation

Goals of Aftercare & Aftercare Plan Creation

So, what is the point? What are we trying to accomplish?
The aftercare plan is just as important as your primary care treatment plan. Some of the goals and objectives will be a continuation of the goals they achieved in primary care and other goals and objectives may be centered around lifestyle in the next chapter of their lives. Just as with primary care treatment plan creation, it is important to create this WITH your client and not FOR your client. After all, this is about them, not you. What you find important for the client may not be important to them.

Additionally, don't forget to meet them where they are at. You might be thinking about the bigger picture for them, but they aren't there yet. It doesn't mean you can't introduce this to them later, but think of Maslow's Hierarchy: If they are at love and belonging, and you are thinking self-actualization, it may be a stretch for the first aftercare session! You can create and hold the space, guide them, but respect where they are. So, your role is to assist them in making their plan and holding them accountable for the goals and objectives, adapting as necessary. Just as in primary care, goals and objectives will change- they are fluid. They will change as your client changes. They will change through the successes and setbacks.

1) Start with your client's primary care treatment. They will have successfully completed their primary care treatment goals. Clients will need to be held accountable for forwarding the action and maintaining these goals. In aftercare, ideally your client would be in Prochaska's Action or Maintenance state of change. They should have achieved this as part of their primary treatment goals. For aftercare purposes, you will need to include these completed primary care goals in your aftercare plan. They will look a little different, as they are already achieved or a work in progress goal, however, they will need to be stated as goals that will be continued throughout aftercare and quite possibly provide the framework for their new normal. For instance, if your client started participating in self-help groups as part of their primary care plan, you will want to carry this forward into their aftercare plan. These items from the primary care plan will continue to be necessary for their future success. Make sure to review the primary care plan when creating their aftercare plan, making modifications as necessary.
2) Then, move on to the client's discharge narrative. Hopefully, in the primary care discharge phase, you had the client participate in their own discharge planning. In our practice, we have our clients complete a series of documents that we call the *Discharge Planning Packet.* In this packet, we include documents that center around the following lifestyle areas:
    - Emotional Health
    - Physical Health
    - Relationship Health
    - Financial Health
    - Spiritual/Religious Health
    - Work Health
    - Leisure Health, etc.

    Attending to these areas are paramount to the client staying on track.

3) Also included should be what to do should they relapse. Part of the primary care treatment plan should have addressed this, as well as cues and triggers which may lead to relapse. In aftercare, you will need to revisit these cues and triggers as they are likely to emerge as the client goes about their everyday life. Since aftercare by nature generally spans a much longer time frame than their primary care stay, and is not as frequent, there are likely to be some challenges that surface. A goal of aftercare then is to address these issues, what they experienced, how they addressed it, and a reflection on how successful it was. Aftercare is a practical application phase, not unlike many outpatient treatment phases.
   Follow the primary care thread. It will give you the foundation for your client's aftercare plan. Don't forget to include your client in the process. Listen to their feedback. Once the plan is created, remember to use it in your sessions and make changes if necessary. Be clear what the expectations are, just as in primary care.

Section 4

Aftercare Modalities

In office/in person sessions:

One on one
Pros: can deal directly with the issues/needs concerning the client/individual and not issues of the entire group. Client has ample time to discuss and share concerns as he/she is the only focus of the session.

Cons: No opportunity for feedback from other group members. Feedback from peers is an important piece in both the treatment and aftercare process. Hearing from peers, who have no skin in the game, is valuable. They simply call it as they see it.

Groups in person in office
Pros: Benefit of feedback and accountability from all group members, not just the counselor/therapist.
Members help keep other members out of denial.

Typically more cost effective for the participants.

Being face to face has many advantages. Small nuances are able to be noticed and may actually be very significant. The trained and experienced counselor will pick up on many things that the client is not saying. Remember, a great deal of communication is nonverbal. In my professional opinion, after having held sessions in person and over the phone during the COVID 19 crisis, I believe that while this may not be as convenient as the phone or another approved telehealth platform, it is the most accurate depiction of the current state of our clients. You will notice not only behavior and other nuances but also their dress and hygiene. This is important should their current situation begin to deteriorate. While I understand that it is often a challenge getting people to come into your physical office, it will offer you the most accurate picture of their current state.

Regular and consistent group meeting times. Clear expectations and accountability for all members due to the consistency of group.

Cons: Attendance can be an issue. If the group is open, it may be difficult for the counselor to track topics that need to be covered in each individual aftercare plan, as members may not be consistent in their attendance or their participation. It can be difficult or challenging for all group members to be in attendance each week. Location and travel can also be a challenge particularly for any DUI offenders who may not possess a valid driver's license.

Some topics may not seem relevant to some/all members, therefore some members may disengage or simply lose interest. This could impact their consistent attendance.

May not have enough time to address each member's concerns.

Group times may not be convenient.

Personality conflicts among members may keep some members from being honest, opening up, or participating.

Irregular or inconsistent attendance can become a problem with some group members attending regularly and others not. This may be seen to some as lack of commitment and regularly attending members may shut down or minimize their participation.

> **Note: Keep in mind that the session modalities listed below may NOT be approved for licensed providers. The court services department may not allow for any modality that is not face-to-face in some fashion. This includes sessions occurring via skype or facetime. Although there have been approved exceptions, post Covid 19, this may change.

Phone sessions

Pros:

- Convenient for your client
- Clients will most likely be more apt to keeping appointments, as they will not need to travel.
- Potentially more convenient for the counselor.

Cons:

- With substance abuse issues, actually being able to interact and observe your client(s) face to face is important. It is possible to miss cues that they are using or have used if you are simply talking on the phone.
- Technical issues can always be of concern, misplaced logins, phone numbers, etc. Clients may not have adequate phone service or be able to navigate telehealth options. Clients can become easily discouraged by these options and not participate.
- Clients sometimes do not have a quiet location to participate in the call. Via Telehealth, it's much easier for clients to "miss appointments", forget to call or be unavailable for the call.
- Clients may question the value of the service as it is not in person. They may even ask if the rates are discounted due to not having to utilize the traditional office.

Skype or facetime

*Pros: (*See 'phone session' section, as it offers the same conveniences.)

Cons: Although you can actually "see" the client, the 'in person' piece is still missing. You cannot utilize ALL of your senses to observe your client. This can again put a barrier between you and opportunity to pick up on possible cues that your client may be using. In my opinion, this can also take away from all the nuances that are typically picked up on during an actual in person session. Your clients may not like this if they are not comfortable or familiar with technology.

Email

Pros: If no other option is available, this modality will still provide an opportunity to support your client.

Cons: Too many to mention. Bottom line, there is no face-to-face opportunity, people are able to tell you what you want to hear, but it may not be the truth. The opportunities are limited with this modality.

> Note: This, however, can be a wonderful opportunity for 'in between' sessions. Giving the client a way to communicate with you in between sessions and update you as necessary is an opportunity for them to reach out when needed, in real time.

Section 5
Aftercare Resistance

Aftercare resistance

You now see the importance of aftercare, have assessed for readiness, and know what you need to assist your client in creating a viable plan.But, it's not going as smoothly as you hoped. Let me introduce you to a case of aftercare resistance.

You meet with your client, Michael, who has just successfully completed 75 hours of Level 1 outpatient treatment at your facility. He was referred to you by the local court services department following an alcohol related DUI. This is his second DUI charge. His first was over 15 years ago, when he was 25 years old. When he received his first DUI, he engaged in a few treatment hours, was not required to abstain (per court order), and never stopped drinking long enough to see how closely attached his drinking was to his socializing and celebrating. He never considered what life might look like should he discontinue use, nor did he assess his consumption and consider what a possible management plan might look like in the future. He simply went through the motions, and continued to consume. In fact, he continued to consume more in quantity and frequency during this time, and he lost his driving privileges for a period of time. His thoughts were that, since he wasn't driving anyway, why not consume more? There was no risk of driving, after all. And, since he wasn't able to drive, he wasn't going out as much, so what else is there to do but drink, right? At least, that's how he justified his continued and increased consumption. So, back to present day Michael. Present day Michael, just finishing his 75 hours, has decided to abstain of his own volition. As he has decided this on his own accord, Michael has voiced to you that aftercare is simply not necessary. After all, he completed his hours, has maintained his abstinence and feels that he is having little difficulty doing so. What's the big deal then? What will he even get out of continued services. anyway? He has the tools, or you wouldn't have discharged him successfully. He met his goals and objectives, considered obstacles, and is on the right path. His personal recovery plan looks awesome. *What gives?*, he wants to know. *Why are these additional recommendations necessary*?*This is just a racket, I did what you wanted me to do, I don't think I need to do anything else. Besides, my probation is over in a couple weeks, this isn't necessary and may hold up my successful completion at the probation department. If I don't finish on time, I may have to return to court!*

Sound like any of your clients?

Aftercare resistance is a very common problem

What if the client sees aftercare as a punishment? What if aftercare is not supported by the referring agency or court services department? (In my own experience, I have not typically found that to be the case with the referring agency or the probation department…but I am aware that is not the case everywhere). If the referring agency doesn't support it, even after a proactive discussion with them, it doesn't mean you don't recommend it, you just may not be able to enforce it.

Solutions

1. Be proactive, education about aftercare is key

This must be done with both referring agencies AND with the client. A little work up front will go a very long way in terms of transitioning into this next continuity of care phase for your client. Also, if you have an ally in the referring agency, this will be easier for both you and the client. Everyone starts and stays on the same page. As with anything, if the expectations are clear up front, that means less stress later. This will prove to be a blessing for all involved.

The client needs to have an understanding as to why aftercare is necessary and how they can benefit. Many times the benefits are overshadowed by the frustration the client experiences or their feelings about the process. Many, but not all, mandated clients do not want to be in treatment in the first place, much less do what they see as "additional hours" once they believe the ' mandate' is complete.

And, what if the probation department or referring agency doesn't support it or doesn't even see the need for it? Even if the probation department doesn't support or require it, this should not change your clinical recommendations, it is not optional. If the client can benefit from it, you need to make the recommendation regardless of whether or not it will be enforced. **Your clinical recommendations cannot be based upon the client's legal situation or the likelihood that the client will or will not follow through. Recommendations are made based on client need.** I have known clinicians who would not make an appropriate recommendation because they knew it would not be enforced. They decided not to waste the time because no one was going to see that the client followed through. Their follow through has nothing to do with their need. If they need it, recommend it, period.

2. Create Buy In

You will be tasked with creating aftercare "buy in" for many mandated clients who may not be aware of the aftercare concept. Expect RESISTANCE, welcome it even! See it as an opportunity to have a conversation about the process. Not just the treatment process but the recovery or continuity of the care process. This stuff is about their lifestyle going forward. Remember, if primary care is the foundation, this is the road map on the journey toward maintenance of the changes they have made. This is a good thing. It serves a good purpose.

This resistance is not only common, but it is natural. Even with those clients who feel the idea of aftercare is a relevant one, it is often unlikely that they will agree that they, themselves, need it. They may feel that successful completion of primary care treatment will be enough to sustain their changes. They will be able to recite their discharge plans with any number of great tools and skills but not feel that aftercare is a key element to sustaining those changes. They may even tell you that they possess enough dedication and commitment to see this through, without aftercare. Good. Determination and commitment will be absolutely necessary!

Keep in mind, aftercare does not necessarily have to be intensely frequent to be successful, but it does have to happen. I would stress that this needs to happen even with FIRST offenders. I cannot tell you the number of "first time" offenders who have attempted to convince me that aftercare is not necessary for them. That it doesn't apply to them. That they learned their lesson and they are committed to make positive changes and "never EVER let it happen again." The problem with this is, while their intentions may be 100% sincere, they may not have completely owned the substance use problem. , They have owned the consequence (most often, the legal one) and are committed to not engage in that exact same behavior, but without looking at the larger picture, (ie their use), they are likely to return to old behaviors in the future. They may view this as a 'one off' mistake and not the larger problem it may be. There is also the common problem that sneaks up on the client after the pain (emotional, physical, financial, legal) of the consequence starts to dissipate. COMPLACENCY. I have personally seen this play out many many times over my career. Keep in mind the firsts….the short time they are in treatment they will not have the opportunity to experience many of their firsts without substances. For example, if they complete 20 hours of treatment during the winter and their use has most often been associated with personal celebrations and nice weather, they may not be in treatment long enough to experience these "firsts" without using. If they didn't have a court or probation order to abstain during that time, they again wouldn't have the experience of going without. Clients who are otherwise committed to their plan, and genuine in their concerns to never let this happen again, come back, albeit years later, but they come back. For the same or a similar offense. Many are ready to address what they didn't address when they were in treatment the first time. Again, vowing to never ever let this happen in the future. If that was all it took, a strong conviction not to let it happen again, that may be an easy fix. I've yet to meet a client that hoped for more consequences. However, it is much more in depth, much more involved than our client's realized sometimes. So, you are the tour guide through this journey. You will have to walk them through this aftercare process, even if they don't feel it is necessary. Trust me, they will thank you when it sticks.

Selling the two part process

This is a two part (or more) process: primary treatment is the learning and acquiring of the skills and tools, and aftercare is the real world practical application. For this to be successful and smooth, it is imperative that you share this with your clients as soon as possible, even during primary care treatment. If you do this early on, your client will be prepared and not blindsided when they finish their primary care hours. If aftercare is not optional, don't make the mistake of acting like it is. Be clear, be transparent and up front with your client from the beginning, don't let this be a surprise at the end of primary care treatment. This is a positive that will make the transition happen more smoothly.

As mentioned above, consider this. Have YOU ever had a serious consequence ? When the pain or fear went away did you slowly (or quickly) return to the same or similar behavior? Aftercare/continued care/ follow up, then is the process that helps you not return to those old behaviors, the ones that no longer serve you, (or more likely, never did. Not really at least). For the buy in, remind your client's that

aftercare is accountability- POSITIVE and NECESSARY accountability. Ask them how many times they've tried to make a change in the past. Was it successful, is it still? Did the change stick the first time? Or did it take multiple attempts? In retrospect, what worked well? What didn't? The answers to these questions hold powerful feedback. Listen.

TIP: If you are experiencing resistance from your client, ask them this: *Tell me how aftercare can be useful for you.* They will be happy to tell you why they DON'T need it, ask them to tell you how it can be beneficial. ASK them, don't tell them. Let them come up with their own answers. This will also provide much needed information in formulating your clients future aftercare plan.

Remember…

Aftercare is NOT a punishment. Often, mandated clients state that they feel this continued recommendation is simply more punishment from the "system". Your ability as their counselor to articulate the powerful benefits of aftercare are critical.

If they engaged in treatment, not simply education, then aftercare should follow. You are not doing the client any favors by not recommending it, don't use it as a reward, ie, if you do a good job in primary care, I won't recommend aftercare for you." This is not useful and is undermining their success.

While aftercare does not guarantee that your client won't relapse, it will provide them the best chance at staying the course.

Section 6
During the Session

During the session

How do you structure and what do you "do" in an aftercare session?

The details

These are the nuts and bolts of the aftercare session. So what do you actually "do" in an aftercare session? Wing it? Have a template that you follow to the tee? Hope the client brings an agenda that the two of you can discuss? If it were that simple, you wouldn't be reading this. The answer is really a hybrid of the above.

There are many options in this arena AND, you can use more than one for a session, in fact, because all clients are different, you will need to tailor your activities so that they fit for each individual client's purpose and specific needs. If you have a client who loves worksheets and paper, you will want to use that. If you have a client who loves to talk and hates paper, go there. However your client learns and tunes in, you will need to adjust/adapt for their particular session. While this can be a time consuming task for the clinician, gathering several of your more frequently used resources in advance can be helpful and go a long way for time management in the future. I suggest that, if possible, you provide these to your clients in advance of their session, so that they can prepare for the session as well. This could be as simple as preparing a pre-session worksheet for the client that they return, if possible, in advance. This will give you time to prepare for your session. If they are struggling or have relapsed, you will have a heads up and if they have had time to do some self-reflection prior to attending the session they may bring with them some great insight on what they have been experiencing. This will allow you and the client to make the best use of your time together. Most clients will appreciate that. Additionally, whether the appointments are face to face or telehealth (as necessary during times like Covid 19), I recommended that clients at least attempt to keep a journal, and this can be very simple. In fact, it can be as simple as designing / creating some pre-made template pages for them to fill out between the sessions. This can be about logging cues and triggers or even mood and emotion, giving each day a rating, much like the emotion faces in every hospital room. This goes a long way in identifying any patterns that may be present and which the client may or may not be aware of.

Often when clients present for their appointment, they are simply thinking of how things are going today and not how things have been going for the past several weeks. It may be hard for them to recall that 2 weeks ago they left work stressed out and contemplated stopping by the liquor store on their way home. Unless something happened 10 minutes before they arrived for their appointment, it is likely they may not mention it. Logs or journals of any kind are helpful. It may also get your client in the habit of using them long after the appointments with you are over. It is a tool for them not only in the moment, but also a reminder of their ability to feel the cravings, deal with cues and triggers and get through it. This is something they can use in the future for self-reflection and continued motivation when commitment and determination are bound to wax and wane.

***Remember, you created an aftercare plan with your client PRIOR to the first aftercare session, typically during or immediately following your primary care discharge session. Use this plan as your guide. Refer back to the clients discharge documents and review what progress they have made, or struggles and challenges they have encountered. Continue to use the foundation of tools, skills and resources that they achieved (or received) in primary care.

What to do when you don't know what to do

So what if your client brings nothing to the table? As stated above, if they were recommended/ required to do any of the logs, journals or pre session sheets, that will guide the discussion and topic for their session. However, what do you do if your client or ALL your clients (in a group session), bring NOTHING? Either you chose not to use any of the pre session aides, your client didn't follow through completing their assignments or they "forgot to bring it" and have no idea what they wrote. In these cases, whether group or one on one, you could utilize thought starters or prompts to assist in opening up the conversation. It has been my experience that clients like routine, structure and certainty, if you can follow the same format for each group or one on one session the clients will typically respond better. Remember, you can and do, set the tone for the session. Especially if it is a group session. Be aware of what you are bringing into the room.

How long should the sessions be?

It depends on the needs of your client and their progress towards their individualized goals and objectives. Just like a primary care treatment plan, goals and objectives have to be in sync with the needs of your clients. Part of their aftercare plan may be a continuation of goals they reached during primary care and another part of the plan may be based upon their next chapter.

You may have one on one sessions with your clients that occur every week, especially if they were attending primary several days per week. Eventually you may only see them monthly and finally every few months, to a few times per year. It will depend on their specific needs, tools and possible setbacks, challenges and obstacles. Don't forget to include your client in the discussion regarding frequency and duration. *Remember, frequency may change during the aftercare phase. They may need more frequent sessions when struggling and less when they are not.

In each session, you will want to have a clear beginning, middle and end. You will want to be familiar with each client's plan in order to ensure that it is clear what is being addressed.

Most of the time, you will be able to accomplish what you need in a clinical hour. If you're meeting with your clients in a group session, you will want to consider frequency, duration, number of participants, etc when determining how long each session will be. This may be longer than an hour session since there will be several client issues to address each group meeting. You will need to determine how you will be sure to include all clients and how you might "take turns" each week/session to ensure that all members have a chance to participate. Consider an open group for this where you will always have a senior member. This senior member is an invaluable resource for the rest of the group. They may also be able and willing to assist in co-facilitation duties. This will be of benefit to all clients.

How often do the sessions happen? As stated above, this depends and is not a one size fits all situation. Initially, it is advisable to check in shortly after they have been discharged from primary care. Determining how soon this will happen and how soon the actual sessions will start will depend greatly upon the level of care that they were just discharged from and their current situation and circumstances. You will want to consider the intensity of services they have just left, their resources, level of support, their current stressors, prior history of relapses, time since last use, etc. Their primary care discharge narrative should contain much, if not all, of this information.

Structuring the sessions

Whether group or one on one sessions, your sessions should have a clear beginning, middle, and end. This will provide a clear direction for both you and your client(s).

The beginning: If possible, you utilized the pre session worksheets and your clients brought those to the group or one on one appointment. This session sheet is a great place to start. It allows the client to provide you with a great deal of information in a relatively short time. They can provide you with a "snapshot" of what has been happening since your last session together. This will guide what's next in your session. Again, consistency is the key.

The middle: Address the issues that they have brought to the table. Tie them back into their primary care discharge and their aftercare treatment plan. Make sure you cover all the bases. Make sure that if any cues and triggers were present between sessions that you address these issues. What did the client think and do? How did they act? Was it successful? What tools did they use? Is the skill repeatable? In terms of their discharge narrative, go through the continued care plan components. Hobbies, friends, activities, support, coping, are they utilizing the tools they learned in primary care? This is where you will need to hold your client accountable. This is the stage where they should be maintaining the positive changes that they began in primary care. If there are things that aren't working or significant lifestyle changes, make sure to address these? What is their plan? Where will the new challenges be?

The session wrap up: During this part of the session, you will want to be sure to forward the action. Be sure that you spend some time discussing the next piece. Have the client tell you their plans and potential challenges. What will they commit to doing (and not doing) between this session and next? What do they want to be held accountable for? Finally, stop and acknowledge the successes.

Sometimes relapse is about what we stop doing. Make sure to encourage them to stay the course, recognize and celebrate what is going well.

The above can be modified to be used during group sessions as well.

The role and purpose of homework

Homework serves a valuable purpose. Homework allows the client to continue to be engaged in their own treatment. Not just the pre-session worksheet that you provide prior to the session, but actual homework. This may not be worksheets or journals, but rather actions to take.

Section 7
Measuring Client Progress & Preparing for Discharge

Measuring Client Progress & Preparing for Discharge

So, how do you decide when it is time to discharge someone from aftercare?

There are several things to consider. Has your client met the goals and objectives? Have they remained "stable" during the changes and challenges? Do they have the needed resources? And, if so, are they using them? What do they think?

Have YOU considered all of the ASAM criteria? Do they no longer meet criteria for continued care?

During every step of the way, it is important to keep the goals and objectives in mind. If you have created a detailed aftercare plan, which will serve as a guide, you can address each identified problem and begin to mark them off the list. Make sure to include the client, they need to be aware of their goals and objectives as well as their progress. They should have created the treatment plan WITH you. Often, during aftercare, clients will tell you they think that they are ready to be discharged. If this is the case, and you don't feel that they have completed their goals, ask them to tell you how they feel they have completed each goal/objective. You might be surprised by their answers or by the lack of an answer. Once the goals and objectives are successfully met, keep in mind some will always be a work in progress, discuss with the client how you will begin to terminate the sessions. Don't forget to discuss your return to care policy. Are they able to return to you for reassessment should future problems present? Are they welcome to return to groups for continued support? How do they reach out to you? Make sure you include your services as an option for additional future support.

Test Evaluation & CEU Instructions

Once you have completed all modules and the test, please email your test and evaluation form to us at the following address: CRichardson@rcwc.hush.com. You may also opt to mail your completed forms to: Richardson Counseling Center, LLC., 112 Park Ridge Lane, Pekin, IL 61554 C/O TRAINING. Please allow 3-5 buisness days for your CEU's to be processed. NOTE: If you need your CEU certificate processed right away, please indicate this in advance. Please also include this in the subject line of your email.

NAME: **DATE:**

Test questions

Importance & Role of Aftercare for Mandated Substance Abuse Clients and DUI Offenders

1. A stage of change assessment can assist in determining aftercare readiness for your client?

   _____ True _____ False

2. Assessing lifestyle as a whole is important during primary treatment and aftercare?

   _____ True _____ False

3. It is a good practice to 'follow the thread' from the client's primary care treatment plan when creating an aftercare plan?

   _____ True _____ False

4. If a client doesn't want to engage in aftercare and the probation department won't enforce it, it is a good idea to go ahead and waive aftercare, even if you feel it is clinically necessary.

   _____ True _____ False

5. You should always conduct aftercare in groups as it increases accountability and provides feedback from multiple sources.

   1. _____ True _____ False

6. Lifestyle doesn't matter in aftercare as long as my client is really committed and has enough support .

   _____ True _____ False

7. The client plays an important role in aftercare plan creation.

   _____ True _____ False

8. As long as my client isn't using, aftercare isn't necessary.

_____ True _____ False

9. As long as my client meets the minimum number of recommended sessions, goal completion is irrelevant

_____ True _____ False

Name: Date:

Participant Evaluation Form

Importance & Role of Aftercare for Mandated Substance Abuse Treatment Clients & DUI Offenders

1) Did this training help define the purpose of Aftercare for Mandated Substance Abuse Treatment Clients & DUI Offenders? (YES/NO)

2) Did this training help you learn why Aftercare is important, and how to determine if it's appropriate for your client? (YES/NO)

3) Did this training help you explore Aftercare treatment plan components? (YES/NO)

4) Will you be better able to address resistance and compliance concerns after this training? (YES/NO)

5) Did this training help you determine when Aftercare is complete? (YES/NO)

6) Will you be better able to transition your client to self-guided maintenance and support, following this training? (YES/NO)

Comments:

Faculty/Instructor Qualifications

Charisa Richardson has over 25 years working with the Substance Abuse population, predominantly working with court ordered clients. She has worked in a variety of treatment settings, as well as being a former law enforcement officer. She opened her own private practice in 2006 serving substance abuse, DUI, Project SAVE, domestic violence and anger management clients. She facilitates multiple treatment groups on a weekly basis, serving both adults and adolescents.

Charisa has served as faculty for the IDOT sponsored DUI training serving as a panel presenter regarding implementing Evidence Based Practices with DUI offenders. She has served on DUI committees as a consultant with Peoria County Court services reviewing guidelines for treatment providers.

Currently her organization facilitates the Victim Impact Panel in Tazewell County. She is ICB certified as a CADC. She is a qualified SAP and also holds the following credentials: NCAC II, CAS, CVDIII, CAMSII. She is a NAMA Distinguished Diplomate. She is a Board Certified Coach specializing in Relationships, Leadership and Business.

Aftercare Session Client Worksheet:

1) If this is your first session, what changes have occurred since your discharge from primary care? If this is not your first session, what changes have occurred since your last session? Please be sure to include ALL lifestyle changes, even if they seem insignificant. (Remember, seemingly irrelevant decisions *do* add up).

2) What substances, if any, have you used? Please describe frequency, quantity and duration. Who were you with? What were you doing? What led up to your use?

4) How would you like to use our time today?

5) What would you like me to know?

6) If you have kept a journal or log, what have you noticed?

****To the clinician: Please note, this form may be used with both clients that are abstaining as well as those who have chosen to participate in a management plan. Simply modify the language and this can be a useful tool regardless of their option.**

Further, I recommend using this form as a session prep form. This should be mailed or emailed (with permission) to the client prior to the appt and should be returned by the client in enough time for you the clinician to review it. **

Aftercare Plan

Client Name_____

DOB:

Discharge Date: **Aftercare Plan Date:**

(Primary Care)

Anticipated # of Sessions:

_____ Individual Session(s) _____ Group Session(s)

Duration and Frequency: (To occur approximately once a month)

Aftercare Goals and Objectives:

____Review Post Test

____Review Continuing Care Plan/ Goal Statement form

____Review Personal Recovery Plan Worksheet from Primary Care, if applicable

____Review Lifestyle Issues/Concerns

____Review Cues and Trigger

____Review Possible Consequences of Maladaptive Patterns or return to use

____Review Support

____Other:

____Other:_

Date Completed:

Client Signature:_____Date:_____

Clinician Signature:_____ Date:_____

Credentials

Resources

Alcohol.org. (2018, October 22). *Alcohol Education & Skills Training in Recovery*. Alcohol.org. https://www.alcohol.org/aftercare/education-and-skills/.

Cusack, S. B. (2007). *Women and relapse* (2nd ed.). Hazelden.

Prochaska, J., Norcross, J. & Diclemente, C. (1994). *Changing for Good.* New York: Harper Collins/Quill.

Rotgers, F., & Davis, B. A. (2006). *Treating alcohol problems* (Ser. Wiley Series on Treating Addictions). Wiley.