

LET'S REVIEW!

Transition Checklist



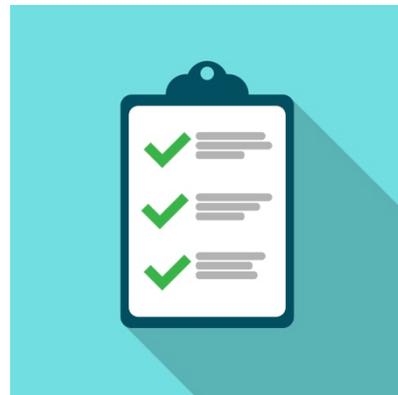
One of the most important parts of your loved one's treatment is preparing for the next phase of care as they approach discharge from their current level of care. Here is where some extra attention to detail with regard to the client's understanding and acceptance of the plan can make the difference between treatment success and failure. Because the fact is, it's easy to agree to a plan when there's a light at the end of the tunnel as far as getting out of treatment and moving on. But when reality hits, it's not uncommon to find that clients were either:

- a) not as committed to following the plan as they indicated they were prior to discharge, or
- b) they didn't have an adequate understanding of what the plan fully entailed.

Further complicating this is the fact that in many cases the family might not be fully aware of what's being recommended, or if something's been recommended that the client is refusing to follow.

But here's where being an educated consumer can really make a difference in making sure the treatment plan is being supported effectively:

1. Know what the recommended plan is.
 - Continuing care: IOP, outpatient counseling?
 - Social support: AA, NA, Celebrate Recovery, SMART Recovery?
 - Relapse prevention: Lifestyle changes to reduce exposure to triggers
2. Client's compliance with plan.
 - The client should be able to tell you the plan, explain the reason for each part of the plan, and be committed to the plan. (As opposed to those around the client having to convince the client to go along with the plan.)
 - Arguing, or refusing to go along with any parts of the plan: red flags!



Transition Checklist Worksheet

The purpose of this assignment is to review treatment progress and identify any trouble spots before the client discharges and moves on to the next phase of treatment.

IMPORTANT NOTE

Level of family involvement and communication with the clinical team may vary program to program. Factors impacting this include whether it's adolescent or adult, local or out of state, the family program schedule, and so on. ***When it comes to discussing clinical issues with your loved one, it is always best to defer to the clinical team with regard to how you go about doing this.***

Overview

This activity involves reviewing your loved one's discharge plan and assessing his or her level of commitment to going along with the plan. The degree to which family members should involve themselves with discharge planning is directly related to your relationship with the client. To that extent, we'll refer back to videos 5 and 6 from Module II, where we addressed the differences between adolescent and adult intervention from the perspective of "parameters of control".

ADOLESCENTS	YOUNG ADULTS	ADULTS
Parents responsible Need to be in control	Age of client Level of independence	Not responsible Boundaries for acceptable behavior (treatment compliance)

Parameters of control—family influence with regard to treatment compliance.

For this assignment, complete the worksheet based on information you have gathered from:

- Family therapy sessions
- Conversations with your loved one
- Reports from counselor

Use the following examples to get an idea of what to be thinking about with regard to discharge planning.

EXAMPLE

CONTEMPLATION: The client makes a determination as to whether substance use is a problem or not.	
1. Does the client accept that his or her substance use is a problem?	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> maybe
2. Does the client agree to remain abstinent from all mood-altering substances upon discharge from current level of care?	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> maybe
3. General comments: a. Strengths, concerns, etc. <i>My son admits his drug use is a problem, but says he plans on being able to have a drink or smoke some pot every once in a while, as long as he doesn't do any hard drugs.</i> b. Is there anything that should be discussed with counselor and/or client? <i>I think we should clarify in a family session whether the recommendation is that he remain totally abstinent or if it's OK for him to use a little bit.</i> c. Recovery log: Overall feeling with regard to client's <i>acceptance of the problem</i> . <input type="checkbox"/> FEELS LIKE RECOVERY <input checked="" type="checkbox"/> DOESN'T FEEL LIKE RECOVERY Rationale: <i>He's not paying attention to what we learned about cross-addiction and the danger of falling back into to his old pattern of drug use. I'm afraid that if he starts using anything again he'll just pick up where he left off.</i>	

EXAMPLE

PREPARATION: The client develops a plan to overcome the problem.

PART 1: Professional Care

1. Check any that will be part of your loved one's plan

- IOP
- Sober Living
- Outpatient counseling
- Medication management
(psychiatrist)
- other (_____)
- none

2. GENERAL COMMENTS:

a. Strengths, concerns, etc.

My husband says his counselor wants him to go to IOP, but he says he doesn't have time to do that because of his job. He agrees to go to a weekly counseling session, but I keep hearing everyone talking about doing IOP after residential treatment, and I'm not sure if he's just placing his job over the importance of his recovery. It seems like he doesn't think it's that important.

b. Is there anything that should be discussed with counselor and/or client?

I would like to hear his counselor's view on whether he should go to IOP or not. Is his work schedule a valid reason to not do IOP? Or is he being manipulative?

c. Recovery log: Overall feeling with regard to client's commitment to *professional care* piece of continuing care plan

- Feels like recovery
- Doesn't feel like recovery

Rationale:

It feels like he's being evasive about going to IOP; doesn't feel right when he says he can't do it because of his work schedule. I think he could if it was a priority.

EXAMPLE

PREPARATION: The client develops a plan to overcome the problem.	
PART 2: Peer-based Support	
1. Check any that will be part of your loved one's plan	<input checked="" type="checkbox"/> 12-Step Recovery (AA/NA/CA, etc.) <input type="checkbox"/> Celebrate Recovery <input type="checkbox"/> Refuge Recovery <input type="checkbox"/> SMART Recovery <input type="checkbox"/> other (_____) <input type="checkbox"/> none
2. GENERAL COMMENTS:	
a. Strengths, concerns, etc. <i>My daughter says her plan is to attend 5 AA meetings a week and get a sponsor within 2 weeks. She was telling us in our family therapy session her goal is to work through all the steps and become a sponsor herself. She sounds very committed to the 12-Step recovery part of her plan.</i>	
b. Is there anything that should be discussed with counselor and/or client? <i>I saw that there is an Al-Anon meeting where she's going to be going to AA. Need to find out if she's OK with us going to Al-Anon where she's going to AA. How does that work?</i>	
c. Recovery log: Overall feeling with regard to client's commitment to <i>peer-based support</i> piece of continuing care plan <input checked="" type="checkbox"/> Feels like recovery <input type="checkbox"/> Doesn't feel like recovery	
Rationale: <i>She appears to be excited about recovery and seems very clear about everything she's supposed to be doing with AA.</i>	

EXAMPLE

PREPARATION: The client develops a plan to overcome the problem.	
PART 3: Lifestyle Changes (Relapse prevention)	
1. Does the client agree to a plan for reducing exposure to potential relapse triggers? (Friends who use, drug-oriented environments/activities, etc.)	<input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> maybe
2. GENERAL COMMENTS: a. Strengths, concerns, etc. <i>Strength: She's already been talking about the need to change some of her friends.</i> <i>Strength: She has agreed to quit her job as a server at the restaurant/bar where she did a lot of her drinking and using after work.</i> <i>Concern: She is being really defiant about refusing to give up going to concerts and raves. That's always been a big part of her drug use. She says she has no problem going to raves and not using.</i> b. Is there anything that should be discussed with counselor and/or client? <i>She has plans to go to a major drug-oriented music event the week after she gets released from treatment. This really doesn't seem like a good idea. She's 19, but she's going to be living with us. Can we "not allow" her to go?</i> c. Recovery log: Overall feeling with regard to client's commitment to peer-based support piece of continuing care plan <input type="checkbox"/> Feels like recovery <input checked="" type="checkbox"/> Doesn't feel like recovery Rationale: <i>Her refusal to give up drug-oriented activities feels really uncomfortable and concerns me.</i>	