

Oklahoma Department of Mental Health and Substance Abuse Services  
Transition to Adulthood Tool Kit for Success  
(After-Care)

<b>Definition of AfterCare/Continuing Care</b>	Consumers may remain in a high level of service array, if continuing care for the rest of their lives in order to maintain recovery or may access lower levels of care. The consumer's needs determine the duration and intensity of services. Continuing care/after care is the continual accessing of services and supports to maintain community integration.
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Although the likelihood of a mental disorder following one into adulthood is quite high, service use drops off as youth move into adulthood. Among the national population receiving mental health care in 1997, 13% receiving outpatient services were teens compared with only 10% of young adults aged 18–24. Such services include substance abuse education, case management services, social skills development, and mental health services. According to SAMHSA, recovering is the process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. For many young people in transition, the concept of recovery is achievable.

**4 Dimensions of Recovery from SAMHSA (2010)**

<http://store.samhsa.gov/shin/content/PEP12-RECDEF/PEP12-RECDEF.pdf>

**Health**

- Overcoming or managing one's disease(s) or symptoms—for example, abstaining from use of alcohol, illicit drugs, and non-prescribed medications if one has an addiction problem— and for everyone in recovery, making informed, healthy choices that support physical and emotional wellbeing.

**Home**

- A stable and safe place to live

**Purpose**

- Meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society

**Community**

- Relationships and social networks that provide support, friendship, love, and hope

Continuing Care/AfterCare is an age appropriate step of recovery for young people in transition. The process starts before discharge and continues throughout life. Developing person-centered planning groups during the continuing care stage is very effective according to many evidenced-based and promising practices. A planning group that is true to the principles of person-centered planning does not come together because of professional roles and requirements. A person-centered planning group is comprised of people who want to contribute their time and talents because they care about the particular focus person of interest and want to work for change.

An ideal person-centered planning group consists of a variety of individuals (Amado and McBride 2001). <http://rtc.umn.edu/docs/pcpmanual1.pdf>

Each individual plays a valuable role in the recovery process for young people in transition:

- Homemaker – is the guardian of hospitality for the circle
- Family members - provide historical perspective, strong alliance with the person

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- Personal assistants – are responsible for day-to-day responsiveness to the person
- Warrior – focuses on immediate and long-range actions to help implement the plan
- Teacher – provides information and skills to the circle to help implement the plan
- Community builder – may have many connections, invites and brings others into the circle and the person’s life, both to strengthen the circle and help in implementing the plan
- Administrative ally – can identify and advocate for administrative changes that might be needed both for this focus person and for long-term change
- Mentor – can provide information, guidance and insight that will help in long-term change
- Benefactor – may assist in providing what’s needed for long-term change
- Spiritual advisor – renews the faith of the person and the group over time
- Facilitator – provides focus, keeps the process going, keeps the group focused on the vision and the necessary actions needed to implement it

**Aftercare Model to Engage Young People in the Health, Home, Purpose and Community**

**Wraparound/TIP Informed Blended Model –“TIP Systems Guidelines”:** <http://tipstars.org/Default.aspx>

1. Engage young people through relationship development, person-centered planning, and a focus on their futures.
2. Tailor services and supports to be accessible, coordinated, appealing, developmentally-appropriate, and build on strengths to enable the young people to pursue their goals across all transition domains.
3. Acknowledge and develop personal choice and social responsibility with young people.
4. Ensure a safety-net of support by involving a young person’s parents, family members, and other informal and formal key players.
5. Enhance young persons’ competencies to assist them in achieving greater self-sufficiency and confidence.
6. Maintain an outcome focus in the TIP system at the young person, program, and community levels.
7. Involve young people, parents, and other community partners in the TIP system at the practice, program, and community levels.

**Wraparound/TIP Informed Blended Model-“Wraparound Principles”:**

<http://www.nwi.pdx.edu/pdf/TenPrincWAProcess.pdf>

1. Family voice and choice. Family and youth/child perspectives are intentionally elicited and prioritized during all phases of the wraparound process.
2. Team based. The wraparound team consists of individuals agreed upon by the family and committed to them through informal, formal, and community support and service relationships.
3. Natural supports. The team actively seeks out and encourages networks of interpersonal and community relationships.
4. Collaboration. Team members work cooperatively and share responsibility for developing, implementing, monitoring, and evaluating a single wraparound plan.
5. Community-based. The wraparound team implements service and support strategies that take place in the most inclusive, most responsive, most accessible, and least restrictive settings.

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6. Culturally competent. The wraparound process demonstrates respect for and builds on the values, preferences, beliefs, culture, and identity of the child/youth and family, and their community.
7. Individualized. To achieve the goals laid out in the wraparound plan, the team develops and implements a customized set of strategies, supports, and services.
8. Strengths based. The wraparound process and the wraparound plan identify, build on, and enhance the capabilities, knowledge, skills, and assets of the child and family, their community, and other team members.
9. Persistence. Despite challenges, the team persists in working toward the goals included in the wraparound plan until the team reaches agreement that a formal wraparound process is no longer required.
10. Outcome based. The team ties the goals and strategies of the wraparound plan to observable or measurable indicators of success, monitors progress in terms of these indicators, and revises the plan accordingly.

**Wraparound/TIP Informed Life Domains** <http://tipstars.org/Default.aspx>

**Employment & Career**

- Competitive employment site.
- Work experience, paid or unpaid, at competitive or entrepreneurial worksite (e.g., apprenticeship with employee serving as coworker mentor).
- Supported employment (e.g., paid placement at competitive worksite with formal support, like a job coach).
- Transitional employment opportunities, paid or unpaid, at a noncompetitive worksite placement.

**Educational Opportunities (Career-Track Training)**

- Bachelor's degree or beyond.
- Associate's degree.
- Vocational or technical certification.
- High school completion or GED certificate.
- Work place educational programs where placement is related to school/college enrollment.

**Living Situation**

- Independent residence (e.g., living in an apartment with a roommate).
- Residing with natural, adoptive, or foster family.
- Other family situation (e.g., girlfriend's family, extended family).
- Semi-independent living (e.g., service coordinator assists but does not live on-site).
- Supported living (e.g., supervised apartment with live-in mentor or on-site support staff at apartment complex).
- Group home or boarding home.
- Restrictive setting (e.g., crisis unit, residential treatment center, detention center).

**Personal Effectiveness & Wellbeing**

**Interpersonal Relationships: Family, Friends, & Mentors**

- Relationship development & maintenance of friendships.
- Balance of independence & interdependency with family members.
- Dating skills & development/maintenance of intimate relationships.
- Maintenance of relationships with mentors & informal key players.

**Emotional & Behavioral Wellbeing**

- Create reciprocal relationships with others.

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- Expression of care & concern for others.
- Social skills (e.g., positive feedback to others, acceptance of negative feedback, self monitoring, self-evaluation).
- Assertiveness skills & conflict resolution skills.
- Coping with stress & ability to relax.
- Management of anger & moods.
- Self-management of psychotropic medications & side-effects.
- Manage use of alcohol & drugs.
- Avoid physical confrontations & criminal activities.
- Avoid danger to self & others.

**Self-Determination**

- Social problem solving (e.g., generate alternative options, make informed decisions).
- Set goals & develop plans for achieving such.
- Evaluate one's progress in achieving goals.
- Accept one's strengths & limitations.
- Advocate for one's rights & positions.

**Communication**

- Express one's ideas & feelings through speaking & listening.
- Reading & writing skills for learning, fun, & communication.
- Knowledge of information sources (e.g., use of library, authorities, Internet communications, & other resources).
- Study & learning skills for gaining & applying new information.
- Cyberspace safety (e.g., revealing personal information, meeting contacts in person, use of credit cards on-line).

**Physical Health & Wellbeing**

- Health care & fitness (e.g., balance diet, physical activity).
- Recognizing when to see a physician.
- Self-management of over-the-counter & prescription medications and possible side effects.
- Knowledge of sexual functioning & birth control (e.g., prevention of sexually transmitted diseases & unintended pregnancies).
- Ability to access medical & dental services.

**Practice recommendations for continued care/after care practice**

**Education, Vocational Planning Goals and Objectives for Young People in Transition:**

**Practice recommendations**

- Attend an educational program regularly.
- Follow academic and behavioral expectations at school.
- Demonstrate acceptable attendance.
- Master studies by maintaining a 2.0 grade point average each quarter.
- Complete homework and class work on time.

**SUPPORTED EDUCATION UNDERLYING CORE VALUES**

- Flexibility: Services are evaluated on an ongoing basis.
- Dignity: Services are provided in a manner and in an environment that protects privacy, enhances personal dignity and respects cultural diversity.
- Coordination: The resources are brought together to work for the benefit of the students.

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- Individualization: Services are tailored to meet the unique and changing needs of each student. Services build on the individual strengths of participants.
- Self-determination: Students set their own goals and participate fully.
- Active involvement: Students participate in all aspects of the program from planning to implementation to evaluation.
- Strengths: Services are built on the unique strengths of individual students.
- Hope: Participants are treated as developing persons, capable of growth and change.
- Advocacy: Participants are given supports to advocate on their own behalf.  
(Rehabilitation through Supported Education, 2005)

**Employment Goals and Objective:**  
**Practice recommendations**

- Identify career interests by completing interest inventories (e.g. Minnesota Career Information System)
- Establish long and short term employment goals
- Attend a job or career fair
- Identify and use many resources to locate employment, including newspapers, local employment agencies, yellow pages, etc.
- Complete a resume and cover letter
- Complete and return two job applications
- Demonstrate good attendance at work
- Get to work on time for scheduled shifts
- Demonstrate good work attitude
- Demonstrate self control, leadership skills, group cooperation, anger management, and ethical behavior at work

**HEALTH CARE – MEDICAL COVERAGE Sample Goals and Objectives**  
**Practice recommendations**

- Demonstrate knowledge of health care insurance coverage options
- Identify name, telephone number and address
- Demonstrates knowledge of mental/emotional health needs
- Identify reasons to seek therapy
- Participate in counseling with a therapist
- Takes prescribed medication as directed by physician
- Demonstrates knowledge of what to do if a mental health crisis occurs
- Recognizes and correctly use of over the counter drugs for pain, fever, etc.
- Identify food groups that promote a healthy, balanced diet
- Maintain appropriate weight
- Demonstrate regular medical and dental care

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**Skills/Behaviors:**

- Demonstrate knowledge of smoke detectors and how and when to change the batteries.
- Demonstrate ability to access emergency telephone numbers.
- Complete first aid training.
- Complete CPR training.
- Identify common fire hazards.
- Identify household hazards that may cause injury.
- Can determine when to go to an emergency room rather than a family doctor or clinic.
- Demonstrate an understanding of domestic violence and how to seek help.

**TRANSPORTATION Goals and Objective**

**Practice recommendations**

- Demonstrate ability to read a map and follow directional signs.
- Locate a destination by following both written and verbal directions.
- Identifies and can use public transportation in his/her region of the state.

**MONEY MANAGEMENT Goals and Objectives**

**Practice recommendations**

- Develops realistic short and long-term budgets.
- Demonstrates knowledge of identity theft.

**PLANNING FOR HOUSING Goals and Objectives**

**Practice recommendations**

- Demonstrates knowledge of different types of housing available, and is able to calculate costs related to each option.
- Identifies community resources that assist in locating housing.
- Demonstrates knowledge of a lease's vocabulary, and lessors rights, and responsibilities.
- Demonstrates knowledge of tenant's rights and responsibilities.
- Demonstrates knowledge of cleaning products and their uses.
- Demonstrates use of a washing machine and dryer.
- Can sew on buttons and make minor clothing repairs.
- Maintains a clean living space.
- Disposes of food that has passed the expiration date.
- Stores food appropriately.
- Demonstrates ability to follow recipes and cook meals for one.
- Demonstrates ability to plan a menu for a week, develop a grocery list, and carry out the grocery shopping with a limited budget.

**SOCIAL AND RECREATIONAL SKILLS Goals and Objectives**

**Practice recommendations**

- Bathes regularly at appropriate intervals, including use of soap and shampoo.
- Demonstrates proper care of skin, hair, nails and teeth.
- Demonstrates regular use of deodorant and other appropriate toiletries.
- Demonstrates compliance with school dress code.
- Demonstrates compliance with work dress code.
- Dresses in a culturally appropriate manner in free time.

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**FAMILY AND COMMUNITY CONNECTIONS Goals and Objectives**

**Practice recommendations**

- Obtains a Birth Certificate, picture I.D. and Social Security card.
- Identifies names, addresses and telephone numbers of community agencies such as health clinics, employment agencies, public assistance/housing agencies, motor vehicle division.
- Knows who to contact if lost, frightened, depressed, anxious, sick, injured, out of food and money, utilities disconnected, or heat goes out.
- Demonstrates knowledge of community emergency medical response system.
- Locates resources in the telephone book yellow pages, at the library and online.

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<b>Definition of Substance Abuse</b>	A maladaptive pattern of substance use manifested by recurrent and significant adverse consequences related to the repeated use of substances.
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**Adolescent and Young Adult Substance Abuse Screening and Assessment Tool**

According to SAMHSA’s treatment improvement protocol series, selection of screening and assessment instruments intended for young people must be guided by several factors:

1. Evidence for reliability and validity
2. Target population
3. Type of settings which the instrument was developed
4. Intended purpose of the instrument

Screening and Assessment process from SAMHSA TIP literature (SAMHSA TIP vol.31)

<http://store.samhsa.gov/product/TIP-31-Screening-and-Assessing-Adolescents-for-Substance-Use-Disorders/SMA12-4079>

Screening and Assessment			
Level	Content	Methods	Sources
Screening	Substance use disorder severity, plus <ul style="list-style-type: none"> <li>• Home life</li> <li>• Psychiatric status</li> <li>• School status</li> </ul>	<ul style="list-style-type: none"> <li>• Short questionnaire</li> <li>• Brief interviews</li> </ul>	<ul style="list-style-type: none"> <li>• Client</li> <li>• Parent(s)</li> </ul>
Assessment	Substance use disorder severity, plus <ul style="list-style-type: none"> <li>• Home life</li> <li>• Delinquency</li> <li>• Physical/Sexual abuse</li> <li>• Medical status</li> <li>• Learning status</li> <li>• In-depth psychiatric status</li> <li>• Environmental assets/strengths</li> <li>• Sexual behavior</li> <li>• Developmental status</li> <li>• Leisure and recreation</li> <li>• Family dynamics</li> </ul>	<ul style="list-style-type: none"> <li>• Standardized questionnaire</li> <li>• Structured interviews</li> <li>• Laboratory tests</li> <li>• Direct observation</li> <li>• Diagnostic tests</li> </ul>	<ul style="list-style-type: none"> <li>• Client</li> <li>• Parent(s)</li> <li>• Archival records</li> <li>• Significant others</li> </ul>

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According to SAMHSA TIP (2009), following a positive screening, a comprehensive assessment should be conducted; the comprehensive assessment should confirm the presence of a problem and help illustrate other problems connected with the young person's substance abuse disorder. The comprehensive assessment has several purposes (SAMHSA TIP vol. 31):

- To document in more detail the presence, nature, and complexity of substance abuse use reported during the screening, including whether the young person meets diagnostic criteria for abuse or dependence.
- To determine the specific treatment needs of the young person if substance abuse or substance dependence is confirmed, so that limited resources are not misdirected.
- To collect understanding of the young person's substance abuse behavior.
- To ensure that related problems not flagged in the screening process are identified.
- To examine the extent to which the young person's family can be involved not only in comprehensive assessment but also subsequent interventions.
- To identify specific strengths of the young person, family and other social supports.

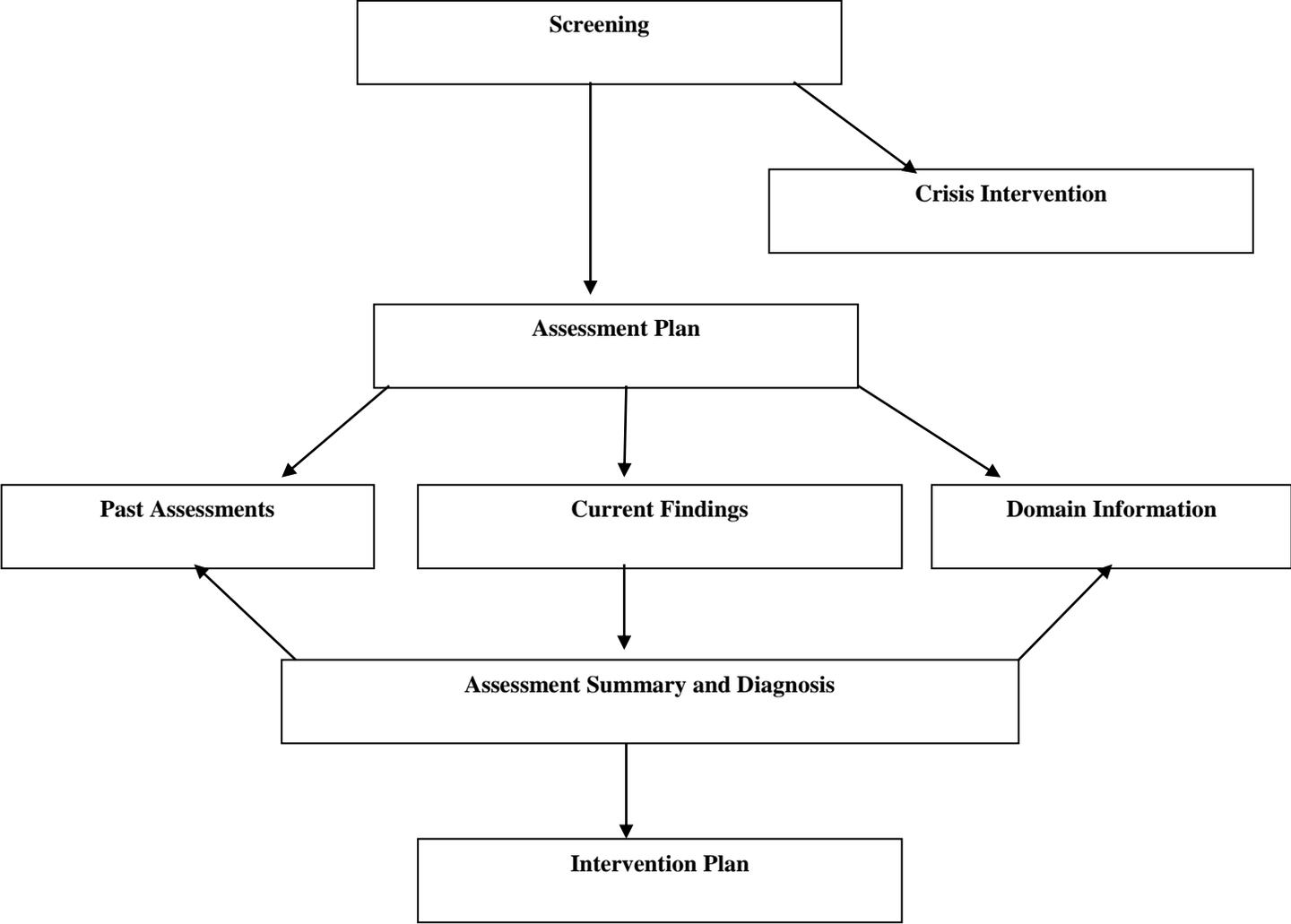
Comprehensive Substance Abuse Assessment Domains (SAMHSA TIP vol.31)

In order to arrive with an accurate picture of the young person's substance abuse challenges, it requires developing an accurate picture of the young person's challenges across the following domains:

- History of substance abuse, including over the counter and prescription drugs, tobacco and inhalants-the history notes age of first use; frequency, length and pattern of use; mode of ingestion; treatment history; signs and symptoms; and social and legal consequences.
- Strengths and resources to build on, including self-esteem, family, other community supports, coping skills, and motivation for treatment.
- Medical health home history and physical examination.
- Sexual history, including sexual orientation, sexual activity, sexual abuse, sexually transmitted diseases, risk behavior status.
- Developmental issues, including potential presence of attention deficit disorders, learning problems and influences of traumatic events.
- Mental health history, past depression, suicidal ideation, behavioral disorders, and prior evaluation and treatment for mental health problems.
- Family history, extended family history, mental and physical health challenges, family's socioeconomic and ethnic background, home environment, foster care placements, involvement with juvenile justice, family's strengths.
- School history, academic and behavioral performances, and attendance problems.
- Vocational history, including paid and volunteer work.
- Peer relationships, interpersonal skills and neighborhood environment.
- Juvenile justice involvement and delinquency, including types and incidences of behavior and attitudes toward that behavior.
- Social services agency program involvement, child welfare agency involvement.
- Leisure time activities, including recreational activities, hobbies, and other interest(s).

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Recommended Assessment Process for Young Adults in Transition Struggling with Addiction  
(SAMHSA TIP vol.31) <http://store.samhsa.gov/product/TIP-31-Screening-and-Assessing-Adolescents-for-Substance-Use-Disorders/SMA12-4079>



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**Assessment Instruments for Young People Struggling with Substance Abuse Addiction**

<http://store.samhsa.gov/product/TIP-31-Screening-and-Assessing-Adolescents-for-Substance-Use-Disorders/SMA12-4079>

Instrument	Purpose
<b>Adolescent Drug Abuse Diagnosis (ADAD)</b> <b>Appendix B SAMHSA TIP Vol.31</b>	The ADAD can be used to assess substance use and other life problems, to assist with treatment planning, and to assess changes in life problem areas and severity over time. Although ADAD was originally developed for use with adolescents in substance use disorder treatment settings, it has proved useful as a general assessment tool for adolescents in school settings, youth social service agencies, mental health facilities, and facilities and programs within the criminal justice system. A shorter form of the ADAD intended for treatment outcome evaluation is also available.
<b>Adolescent Diagnosis Interview (ADI)</b> <b>Appendix B SAMHSA TIP Vol.31</b>	The ADI systematically assesses psychoactive substance use disorders in 12- to 18-year-olds. Based on DSM-III-R criteria, this convenient structured interview also evaluates psychosocial stressors, school and interpersonal functioning, and cognitive impairment. In addition, it screens for specific problems commonly associated with substance abuse.
<b>Adolescent Self-Assessment Profile (ASAP)</b> <b>Appendix B SAMHSA TIP Vol.31</b>	ASAP has the purpose of providing an in-depth, differential assessment of the adolescent's psychosocial adjustment and alcohol and other drug (AOD) use involvement, benefits, and disruption. This provides a basis for differential treatment planning. It has utility to be used for pre-treatment, during, and post-treatment assessment to determine changes in perception of the adolescent's psychosocial and AOD use problems. It can be either self-administered or administered through an interview structure.
<b>The American Drug and Alcohol Survey (ADAS)</b> <b>Appendix B SAMHSA TIP Vol.31</b>	The ADAS is a 57-item questionnaire with excellent psychometric properties, which yields information on use and abuse of 36 types of substances including alcohol, frequency of use, risky situations, lifestyle factors and use-related problems. It is, however, an anonymously completed questionnaire that yields sample-based results only, making it useless for making individual assessment and treatment decisions.
<b>The Chemical Dependency Assessment Profile (CDAP) Appendix B SAMHSA TIP Vol.31</b>	The Chemical Dependency Assessment Profile (CDAP) (Harrell et al. 1991) has 232 items and assesses 11 dimensions of drug use, including expectations of use (e.g., drugs reduce tension), physiological symptoms, quantity and frequency of use, and attitude toward treatment. A computer-generated report is provided.

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<p><b>Hilson Adolescent Profile (HAP)</b>  <b>Appendix B SAMHSA TIP Vol.31</b></p>	<p>The Hilson Adolescent Profile (HAP) (Inwald et al. 1986) is a 310–item questionnaire (true/false) with 16 scales, two of which measure AOD use. The other content scales correspond to characteristics found in psychiatric diagnostic categories (e.g., antisocial behavior, depression) and psychosocial problems (e.g., home life conflicts). Normative data have been collected from clinical patients, juvenile offenders, and normal adolescents (Inwald et al. 1986).</p>
<p><b>Juvenile Automated Substance Abuse Evaluation (JASAE)</b>  <b>Appendix B SAMHSA TIP Vol.31</b></p>	<p>ADE Incorporated's JASAE assessment is a 107-question, automated adolescent substance abuse evaluation. This instrument simplifies the difficult task of conducting assessments with juveniles by focusing on age and life situations as part of the substance abuse assessment. The JASAE incorporates the differences in life situations for juveniles, including: living at home, going to school and not having a job or a family to support.</p>
<p><b>Personal Experience Inventory (PEI)</b>  <b>Appendix B SAMHSA TIP Vol.31</b></p>	<p>The PEI helps you identify, refer, and treat teenagers with drug and alcohol problems. It is particularly useful because it covers all forms of substance abuse, assesses both chemical involvement and related psychosocial problems, and documents the need for treatment.</p>
<p><b>Teen Addiction Severity Index (T-ASI)</b>  <b>Appendix B SAMHSA TIP Vol.31</b></p>	<p>The Teen Addiction Severity Index (T-ASI) was developed in 1992 by Yifrah Kaminer, M.D. The tool is designed as a brief structured interview to provide information about aspects of an adolescent's life that may contribute to his/her substance abuse issues. The T-ASI is a modified version of the ASI described in the above section.</p>
<p><b>Alcohol Use Inventory (AUI)</b>  <b>Appendix B SAMHSA TIP Vol.31</b></p>	<p>The AUI is a self-report inventory designed to help identify distinct patterns of behavior, attitudes, and symptoms associated with alcohol use and abuse. It provides a basis for describing different ways in which individuals use alcohol, the benefits they derive from such use, the negative consequences associated with its use, and the degree of concern individuals express about the use of alcohol and its consequences. The AUI is based on a theory about how people differ in their perceptions of benefits derived from drinking, in their styles of drinking, in their ideas about consequences of drinking, and in their thoughts about how to deal with drinking problems. The AUI test can be used by psychologists, social workers, chemical dependency counselors, and physicians to help differentiate drinking styles and develop individual treatment plans, provide an objective assessment of</p>

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	<p>alcohol-related problems, and identify treatment-relevant classification of alcohol abusers based on DSM-IV® classifications. The AUI test's multidimensional approach can help the substance-abuse professional tailor a treatment plan to a client's specific problems. The self-report format of the AUI test enables substance-abuse professionals to compare an individual's perceptions about his or her use of alcohol with the interviewer's perceptions and those of family members and others</p>
<p><b>Addiction Severity Index (ASI)</b> <b>Appendix B SAMHSA TIP Vol.31</b></p>	<p>The Addiction Severity Index (ASI) was developed in 1980 by A. Thomas McLellan Ph.D. as an interview tool for substance-dependent patients. The ASI was originally created to evaluate outcomes for several different substance abuse programs. In hopes of being able to capture any possible outcome information the tool was designed to cover a broad range of potential areas that the treatment may have affected.</p>
<p><b>Client Assessment Record (CAR)</b> <b>Appendix B SAMHSA TIP Vol.31</b></p>	<p>Client Assessment Record (CAR) is to give clinicians a tool to evaluate the functioning level of their customers. The clinician must have knowledge of the customer's behavior and adjustment to his/her community based on the assessment, and other information. The knowledge must be gained through direct contact (face-to-face interview). It can also include by systematic review of the customer's functioning with individuals who have observed and are acquainted with the customer.</p>

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<b>Definitions</b>	
Co-occurring Disorders	Having one or more substance-related disorders as well as one or more mental disorders and at least one disorder of each can be established independent of the other and is not simply a cluster of symptoms resulting from a single disorder.
Trauma	Psychological or emotional injury caused by abuse, violence, or loss.
Mental Illness/Trauma	A diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the DSM –IV, resulting in functional impairment which substantially interferes with or limits one or more major life activities including: basic daily living skills, instrumental living skills, and functioning in social, family, and vocational or educational contexts.
<b>Evidence Based/Promising Practice Therapeutic Approaches for Young People in Transition</b>	
SEEKING SAFETY <a href="http://www.seekingsafety.org/">http://www.seekingsafety.org/</a>	Seeking Safety is a therapy-based program aimed to simultaneously treat post-traumatic stress disorder and substance use disorders in adolescent, youth, and young adult females. It was begun in 1992, under grant funding from the National Institute on Drug Abuse.
ILLNESS MANAGEMENT AND RECOVERY PROGRAM <a href="http://store.samhsa.gov/shin/content/SMA09-4463/PractitionerGuidesandHandouts.pdf">http://store.samhsa.gov/shin/content/SMA09-4463/PractitionerGuidesandHandouts.pdf</a>	The Illness Management and Recovery Program emphasizes helping people to establish and pursue personal goals and to implement action strategies in their everyday lives. This program model includes a wide range of health, lifestyle, self-assessment and treatment behaviors by the individual with mental illness.
AGGRESSION REPLACEMENT TRAINING <a href="HTTP://WWW.OJJDP.GOV/MPG/MPGPROGRAMDETAILS.ASPX?ID=292">HTTP://WWW.OJJDP.GOV/MPG/MPGPROGRAMDETAILS.ASPX?ID=292</a>	Aggression Replacement Training is a cognitive behavioral intervention program to help children and adolescents improve social skill competence and moral reasoning, better manage anger, and reduce aggressive behavior. The program specifically targets chronically aggressive children and adolescents.
DIALECTICAL BEHAVIOR THERAPY <a href="http://www.nrepp.samhsa.gov/pdfs/DBT_Fact%20Sheet_Final.pdf">http://www.nrepp.samhsa.gov/pdfs/DBT_Fact%20Sheet_Final.pdf</a>	Dialectical behavior therapy (DBT) is a type of cognitive behavioral therapy. The main goal of DBT is to teach the patient skills to cope with stress, regulate emotions and improve relationships with others. DBT is derived from a philosophical process called dialectics. Dialectics is based upon the concept that everything is composed of opposites and that change occurs when one opposing force is stronger than the other.
TRAUMA-FOCUSED COGNITIVE BEHAVIORAL THERAPY <a href="HTTP://TAPARTNERSHIP.ORG/ENTERPRISE/DOCS/RESOURCE%20BANK/RB-TRAUMA-INFORMED%20SERVICE%20SYSTEM/GENERAL%20RESOURCES/TCBT_MODEL_PROGRAM.PDF">HTTP://TAPARTNERSHIP.ORG/ENTERPRISE/DOCS/RESOURCE%20BANK/RB-TRAUMA-INFORMED%20SERVICE%20SYSTEM/GENERAL%20RESOURCES/TCBT_MODEL_PROGRAM.PDF</a>	The focus of the TF-CBT model is to reduce symptoms of Posttraumatic Stress Disorder (PTSD). PTSD is characterized by problems with managing trauma-related negative emotions and physical reactions caused by memories or reminders of the trauma that may lead to maladaptive coping such as avoidance of reminders.

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<p><b>COGNITIVE-BEHAVIORAL THERAPY *SUBSTANCE ABUSE AND CO-OCCURRING*</b>  <a href="http://store.samhsa.gov/shin/content/SMA07-4034/SMA07-4034.pdf">HTTP://STORE.SAMHSA.GOV/SHIN/CONTENT/SMA07-4034/SMA07-4034.PDF</a></p>	<p>Cognitive Behavioral Therapy (CBT) is a psychotherapeutic approach that focuses on the relationship between a person’s beliefs, emotions, and behaviors. The central hypothesis of CBT is that irrational beliefs can contribute to painful emotions, such as anxiety and depression.</p>
<p><b>MOTIVATIONAL INTERVIEWING</b>  <a href="http://www.motivationalinterview.org/">HTTP://WWW.MOTIVATIONALINTERVIEW.ORG/</a></p>	<p>Motivational Interviewing (MI) is a goal-directed, client-centered counseling style for eliciting behavioral change by helping clients to explore and resolve ambivalence. The operational assumption in MI is that ambivalent attitudes or lack of resolve is the primary obstacle to behavioral change, so that the examination and resolution of ambivalence becomes its key goal. MI has been applied to a wide range of problem behaviors related to alcohol and substance abuse as well as health promotion, medical treatment adherence, and mental health issues.</p>
<p><b>MOTIVATIONAL ENHANCEMENT THERAPY</b>  <a href="http://pubs.niaaa.nih.gov/publications/ProjectMATCH/MATCH02.pdf">HTTP://PUBS.NIAAA.NIH.GOV/PUBLICATIONS/PROJECTMATCH/MATCH02.PDF</a></p>	<p>Motivational Enhancement Therapy (MET) is an adaptation of motivational interviewing (MI) that includes one or more client feedback sessions in which normative feedback is presented and discussed in an explicitly non-confrontational manner. Motivational interviewing is a directive, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve their ambivalence and achieve lasting changes for a range of problematic behaviors.</p>
<p><b>CONTINGENCY MANAGEMENT</b>  <a href="http://www.attcnetwork.org/find/news/attcnnews/epubs/addmsg/documents/am-january2012-part1-contingencymanagement.pdf">HTTP://WWW.ATTCTNETWORK.ORG/FIND/NEWS/ATTCTNEWS/EPUBS/ADDMMSG/DOCUMENTS/AM-JANUARY2012-PART1-CONTINGENCYMANAGEMENT.PDF</a></p>	<p>Contingency management or Systematic use of Reinforcement is a type of treatment used in the mental health or substance abuse fields. Patients' behaviors are rewarded (or, less often, punished); generally, adherence to or failure to adhere to program rules and regulations or their treatment plan. As an approach to treatment, contingency management emerged from the behavior therapy and applied behavior analysis traditions in mental health.</p>
<p><b>MULTI FAMILY THERAPY “SUBSTANCE ABUSE FAMILY FOCUSED</b>  <a href="http://store.samhsa.gov/shin/content/SMA09-4423/THREEVIDENCE-FP.PDF">HTTP://STORE.SAMHSA.GOV/SHIN/CONTENT/SMA09-4423/THREEVIDENCE-FP.PDF</a></p>	<p>Multidimensional Family Therapy (MDFT) is a comprehensive and multisystemic family-based outpatient or partial hospitalization (day treatment) program for substance-abusing adolescents, adolescents with co-occurring substance use and mental disorders, and those at high risk for continued substance abuse and other problem behaviors such as conduct disorder and delinquency.</p>

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<p><b>WRAPAROUND</b> <a href="http://nwl.pdx.edu/">HTTP://NWL.PDX.EDU/</a></p>	<p>Wraparound is a philosophy of care with defined planning process used to build constructive relationships and support networks among students and youth with emotional or behavioral disabilities (EBD) and their families. It is community based, culturally relevant, individualized, strength based, and family centered. Wraparound plans are comprehensive and address multiple life domains across home, school, and community, including living environment; basic needs; safety; and social, emotional, educational, spiritual, and cultural needs. Another defining feature of wraparound is that it is unconditional; if interventions are not achieving the outcomes desired by the team, the team regroup to rethink the configuration of supports, services, and interventions to ensure success in natural home, school, and community settings.</p>
<p><b>12 STEP FACILITATION THERAPY</b> <a href="http://www.nrepp.samhsa.gov/viewintervention.aspx?id=55">HTTP://WWW.NREPP.SAMHSA.GOV/VIEWINTERVENTION.ASPX?ID=55</a></p>	<p>Twelve Step Facilitation Therapy (TSF) is a brief, structured, and manual-driven approach to facilitating early recovery from alcohol abuse, alcoholism, and other drug abuse and addiction problems. TSF is implemented with individual clients over 12 to 15 sessions. The intervention is based on the behavioral, spiritual, and cognitive principles of 12-step fellowships such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA).</p>