

BHRS Adult Alcohol and Drug Program Phases Range Chart

Program	Drug Court, IOP's (SRC, RT's, Stan Wks) (DTX)	Day TX (SRC, First Step)	SRC Res.	WOW/ MIR	OP	Genesis Detox	Genesis Methadone Maintenance	Aftercare (SRC)	Other BHRS Non-AOD Programs (RT's, FSPs, CERT)
Phases + Stages									
<i>Stage of Change: Pre-Contemplation</i> SATS Stage: #1 Pre-Engagement									•
<i>Stage of Change: Pre-Contemplation</i> SATS Stage: #2 Engagement									•
BHRS Phase: Motivational <i>Stage of Change: Contemplation/ Preparation</i> SATS Stage: #3 Early Persuasion	•		•	•	•	•	•		•
BHRS Phase 2: Willingness <i>Stage of Change: Contemplation/ Preparation</i> SATS Stage: #4 Late Persuasion	•	•	•	•	•	•	•		
BHRS Phase 3: Open Mindedness <i>Stage of Change: Action</i> SATS Stage: #5 Early Active Treatment	•	•	•	•	•		•		
BHRS Phase 4: Honesty <i>Stage of Change: Action</i> SATS Stage: #5 Early Active Treatment	•	•	•	•			•	•	
BHRS Phase 5: Introspection <i>Stage of Change: Action</i> SATS Stage: #5 Early Active Treatment	•	•	•	•			•	•	
BHRS Phase 6: Detachment <i>Stage of Change: Action</i> SATS Stage: #6 Late Active Treatment	•	•					•	•	
BHRS Phase 7: Acceptance <i>Stage of Change: Action</i> SATS Stage: #6 Late Active Treatment	•							•	
BHRS Phase 8: Identifying Addictive TFB's. <i>Stage of Change: Action</i> SATS Stage: #6 Late Active Treatment	•							•	
BHRS Phase 9: Changing Addictive TFB's. <i>Stage of Change: Maintenance</i> SATS Stage: #7 Relapse Prevention								•	

The un-shaded bulleted areas show the range of phases offered by each program. Clients may or may not progress through the whole range of phases. Steady progress in treatment is the key. This chart also lines up the Phase with the Stages of Change and the Substance Abuse Treatment Scale (SATS).

ALCOHOL AND DRUG CROSS-SYSTEM RECOVERY PHASES FOR ADULTS AND OLDER ADOLESCENTS

PHASE DESCRIPTIONS:

PHASE 1: MOTIVATIONAL:

Education, intervention, and motivational services can be effective in building willingness, open-mindedness and honesty, which are essential to the recovery process. The main goals of the motivational phase are to increase receptiveness to Alcohol and Other Drug services (AOD), increase expression of honest ambivalence, increase awareness of abuse and/or dependence and instill hope that recovery is possible. Additionally, the desire for a reduction in substance use and/or complete abstinence may be expressed. Some individuals may progress through the motivational phase based on personal acknowledgement of negative consequences, while others may require additional professional services. Peer and professional engagement and motivational counseling are often effective.

PHASE 2: WILLINGNESS:

Given establishment of motivation for change, one becomes willing to examine their own life and begins to recognize and verbalize the relationship between substance use and negative consequences. Initial abstinence is established and/or continued for a significant period. Additionally, acceptance of the need for recovery groups and self-help are increased, as evidenced by group attendance.

PHASE 3: OPEN MINDEDNESS: Participates in groups and becomes open to giving and receiving feedback. An effort to follow treatment recommendations and peer recovery group suggestions is observed. Understanding of the relationship between negative consequences and substance use is increased. Identification with the peer recovery group is observed and positive aspects of recovery are verbalized. Additionally, a commitment to full abstinence is established as evidenced by a significant increase in clean time.

PHASE 4: HONESTY:

As trust in the group, the counselor, and the recovery process develops, the potential for honesty with oneself and others may occur. Honesty is the foundation of recovery, which enables one to begin breaking through their denial. Through authentic self-disclosure, one begins to experience honesty as a healthier choice. Recognition of one's positive and negative traits is increased.

PHASE 5: INTROSPECTION:

Following establishment of willingness, open-mindedness, and honesty, one begins to accept ownership of their addiction. Identification of one's current addictive nature may include euphoric recall of substance use, awfulizing of recovery, magical thinking, obsessive and compulsive behaviors, cognitive distortions (stinking thinking), and other triggers.

PHASE 6: DETACHMENT:

Individual begins to detach from the old thoughts and feelings of euphoric recall of substance use, awfulizing of recovery, magical thinking, obsessive and compulsive behaviors, cognitive distortions (stinking thinking), and other triggers. A general understanding of addiction is developed. May begin to gain emotional distance from ongoing inner struggle related to alcohol and drugs. Hopefulness and trust in recovery increases.

PHASE 7: ACCEPTANCE:

One begins to recognize and accept one's own addiction. Individual is able to think and talk about their own addiction without denial, shame, guilt or pain. The self-empowerment that accompanies the acceptance of the powerlessness over alcohol and drug use begins to be experienced. A spiritual dimension is often present.

PHASE 8: IDENTIFYING ADDICTIVE THOUGHTS, FEELINGS AND BEHAVIORS:

Individual begins to self-identify addictive and irrational thinking and learns new ways to manage addictive feelings rather than by repression, blaming, overreaction and remorse. This typically occurs in longer-term programs, intensive outpatient, in 12 step meetings or in chemical dependency oriented outpatient psychotherapy.

PHASE 9: CHANGING ADDICTIVE THOUGHTS, FEELINGS AND BEHAVIORS:

Individual begins to change addictive thoughts and behaviors. May also work on repairing social damage and changing self-defeating personality. This phase typically occurs in aftercare and ongoing recovery.

AFTERCARE:

This is a **level of care** that begins as early as open-mindedness or as late as changing addictive thoughts, feelings and behaviors, depending on what phase one is at when completing treatment. In aftercare one is expected to manage one's own recovery and have a relapse prevention plan. Individuals continue working a program of recovery. This is demonstrated by a giving back to others, strengthening social support and the ongoing use of peer support or professional services to address any remaining issues.