

Brief Intervention and Case Management



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families and connecting hearts
worldwide.

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**The Healing Institute
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**Oak Forest Recovery
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Agoura Hills, California**

Our presenters:

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- **Patricia Pike:** LAADC, CADAC-II, ICAADC, CIP & CCIP
Licensed Addiction Specialist, Certified Intervention Professional
- **Rocky Montesano:** RPT, IITAP, CSAT, CMAT, CIP & CCIP
Licensed Psychotherapist & Certified Intervention Professional

Our presenters



**Patricia Pike: LAADC
CADC-II, ICAADC, CIP & CCIP**
www.canaminterventions.com



**Rocky Montesano:
RPT, IITAP, CSAT, MAT, CIP**
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Keynote presenters:



**Dr. Krystle Martin Licensed Clinical,
Forensic Psychologist
Director of a Private Practice**



**Dr. Suanne Wong MBBS
EHN Canada | Senior Director,
Strategic Partnerships**



Keynote presenters:



Dr. Roberto Sanchez
PsyD, LMHC, CIP, MA,
MS, BA, AAS, Florida



Dr. Patrick Lockwood: PsyD
COO: Oak Forest Recovery,
Agoura Hills, California



Rob DeClark BSW, MSW, RSW
CEO: The Healing Institute
Nanaimo, BC, Canada



Intervention & Case Management Training

Coordinating pre and post soft interventions, crisis management and case management services for individuals and/or their families.

Description:

- Interventions styles, crisis management and case management skills
- Learn the practical structure of case management
- Learn how to create case management treatment plans
- Facilitate pre and post treatment to support families and/or their loved ones
- Learn how to facilitate family coaching and individualize aftercare support services

Goals:

- Offering 14 CEUs for the training participants
- Gain an understanding of case management
- Understanding the effects of addiction and mental health conditions
- Supporting individuals and families with a structured case management plan
- Gain skills on family & individual assessment, evaluation, treatment planning



Learning Objectives:

- Define intervention approaches
- Define case management skills
- Identify the stages of case management
- Identify crisis management techniques
- Case management intake and assessment
- Create treatment plans and referrals
- Understanding complex mental health cases
- Working with SUD , trauma & mental health cases
- Working with families and their loved ones
- Building a professional community



A field of blue flowers, possibly cornflowers, with a warm, golden light background. The flowers are in various stages of bloom, some are fully open and vibrant blue, while others are still buds. The background is a soft, out-of-focus mix of orange and yellow tones, suggesting a sunset or sunrise. The overall mood is serene and natural.

Introductions:

- What is your Name?
- What area are you from?
- What goals would you like to achieve?
- What skills would you like to acquire?



SUD and Family Disease: Patricia Pike

- Understanding SUD
- 11 criteria arise from SUD
- Signs of addiction behaviors
- The impact of SUD on family dynamics
- Four “W’s”
- Family recovery process

The importance of understanding the causes of SUD

Addiction Assessments

The importance of understanding the causes of SUD

- Genetic factors are responsible for **40% to 60%** of the vulnerability to any substance use disorder.
- Having a first-degree relative with SUD increases the likelihood of developing it.
- Environmental factors contribute to the development of SUD.
- Adverse childhood experiences (ACEs), which are stressful events during childhood, are associated with an increased risk for developing (SUD).
- The risk of developing SUD increases with a higher number of ACEs experienced.
- Understanding the signs and symptoms of SUD.

DSM-5 points out 11 criteria that can arise from SUD.

Excessive use:

Using more of a substance than intended or using it for longer than you're meant to.

Failed attempts:

Trying to cut down or stop using the substance but being unable to.

Unable strong cravings:

Experiencing intense cravings or urges to use.

Increased tolerance:

Needing more of the substance to get the desired effect — also called tolerance.

Withdrawal symptoms:

Developing withdrawal symptoms when not using the substance.

Time spent on substances:

Spending more time getting and using drugs and recovering from substance use.

Neglecting responsibilities:

at home, work, or school due to issues related to substance use.

Relationship issues:

Continuing to use - even when it causes relationship problems.

Social withdrawal:

Giving up important or desirable social and recreational activities due to substance use.

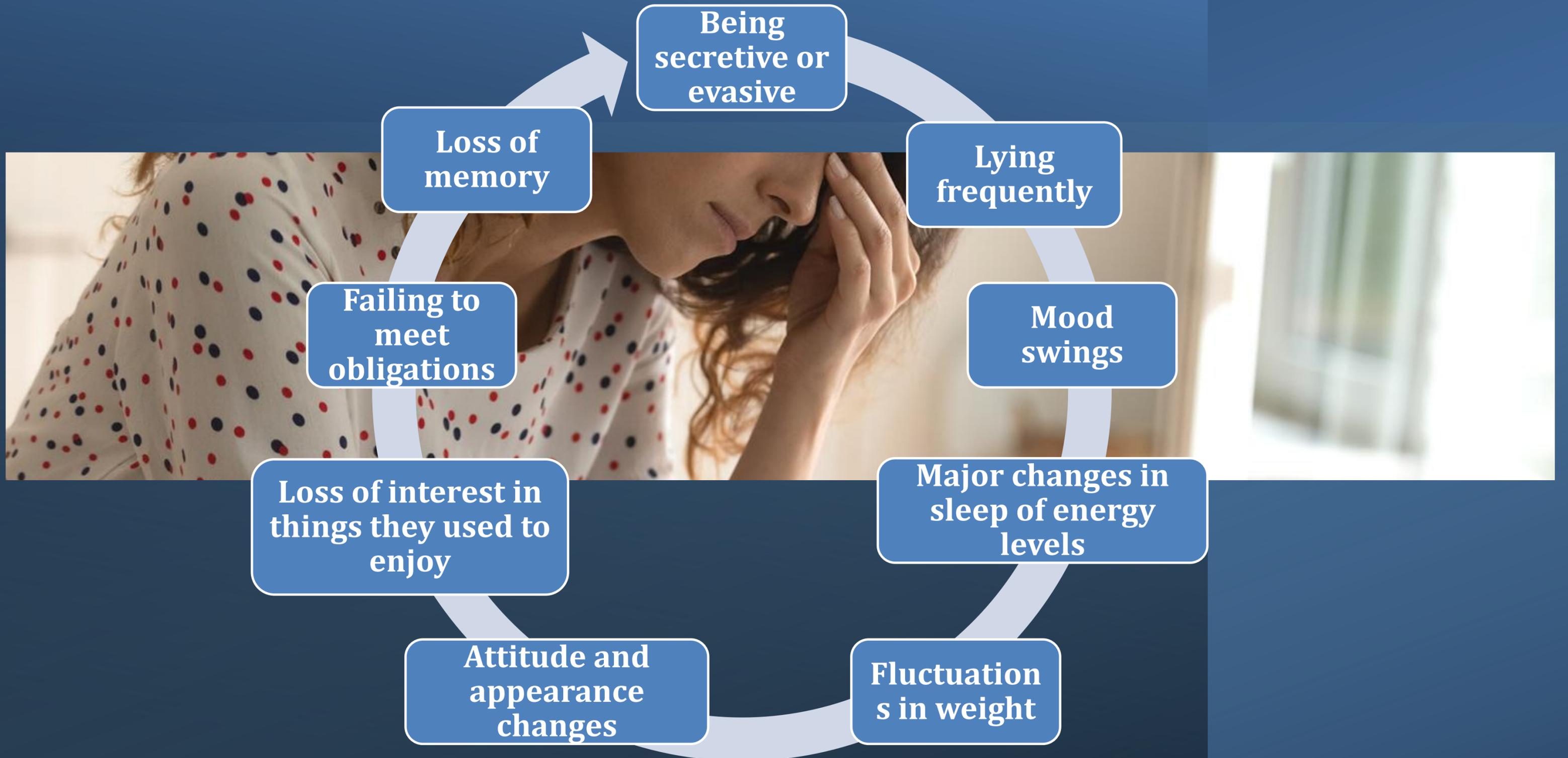
Risky use:

Using substances in risky setting.

Health problems:

Continuing to use substances despite the consequences to your physical and mental health.

Signs of addiction personality & behaviors



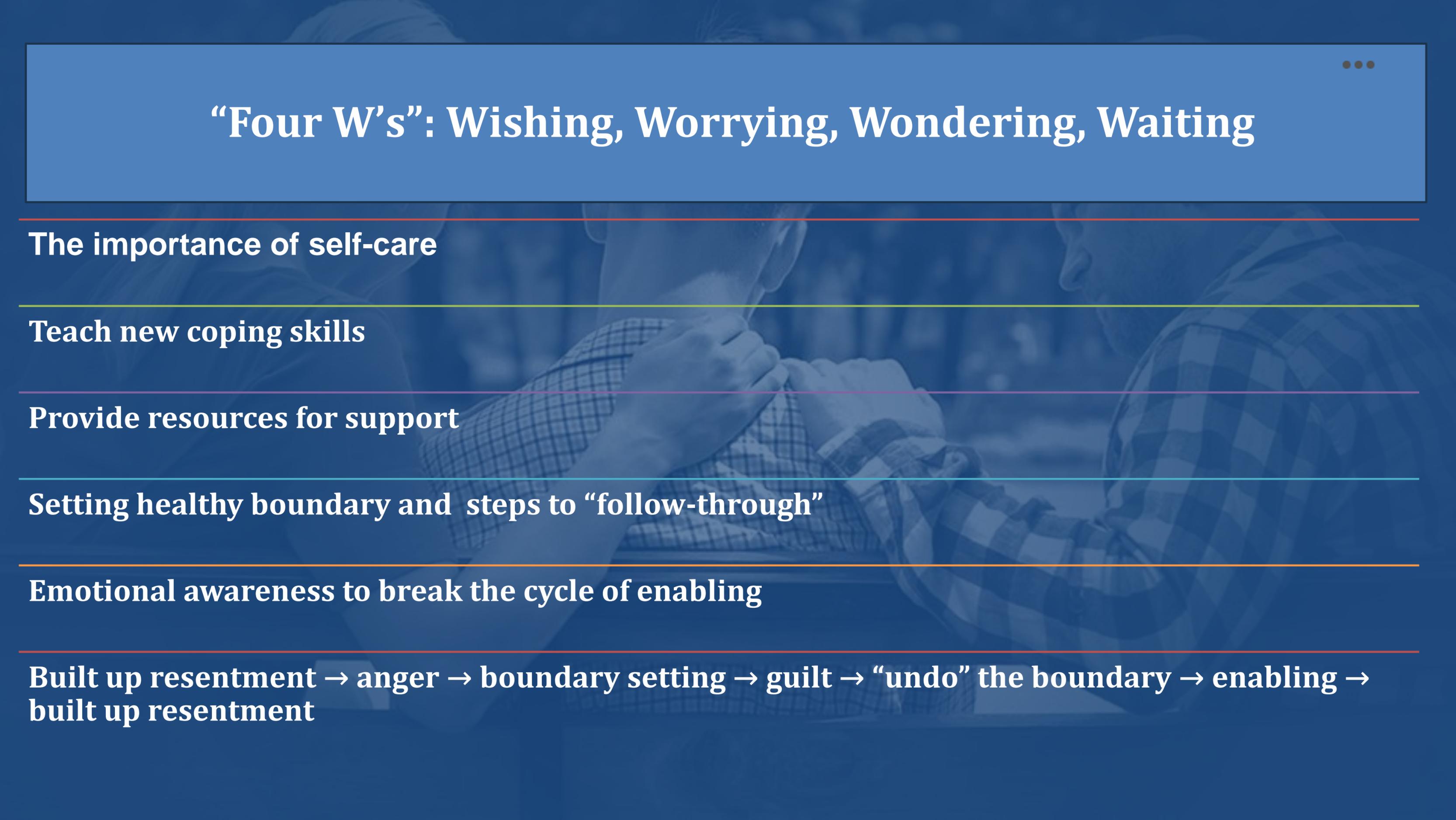
Family Assessment

**The importance
of understanding
the Family
System**



Understanding the impact of SUD on Family Dynamics

Impact Area	Family Effects	Community Effects
Emotional Distress	Anxiety, guilt, conflict among family members	Social stigma, increased crime rates
Economic Burdens	Job loss, financial instability, reliance on assistance	Strain on healthcare services and community resources
Intergenerational Consequences	Higher risk of children developing SUDs, neglect	Long-term societal health implications



“Four W’s”: Wishing, Worrying, Wondering, Waiting

The importance of self-care

Teach new coping skills

Provide resources for support

Setting healthy boundary and steps to “follow-through”

Emotional awareness to break the cycle of enabling

Built up resentment → anger → boundary setting → guilt → “undo” the boundary → enabling → built up resentment



How to help family members cope?

...

*“Honesty without compassion is brutal;
Compassion without honesty is enabling.”*

-Karen Willock

- The Oxygen Mask analogy
- Setting boundary using compassion and love
- Teach families on the “Stages of Change”

Family involvement in the recovery process



Family Role in Recovery	Impact	Strategies
Emotional Support	Reduces feelings of loneliness and isolation	Engage in therapy sessions
Accountability Partners	Encourages personal responsibility	Establish clear boundaries
Conflict Resolution	Helps rebuild trust and understanding	Foster open communication
Positive Reinforcement	Boosts morale and self-esteem during recovery	Celebrate small wins
Education	Empowers family members with knowledge on addiction	Attend informational programs

Resource Type	Examples	Purpose
Support Groups	Al-Anon, Nar-Anon	Offer community support and shared experiences
Counseling Options	Family Therapy, Professional Counseling	Help redefine roles and improve relationships
Educational Resources	Workshops, Community Outreach	Equip families with knowledge and coping strategies

By utilizing these resources, families can navigate the challenges of addiction more effectively, supporting both individual and collective recovery processes.

Family resources

Mental health education: Rocky Montesano

What is mental health?

What is trauma?

What is unhealthy attachment?

What is enabling behaviors?

Family trauma past and present.

The impact of trauma on the family system.



What is mental health?



Mental health issues can affect everyone, from young children to the elderly.



Mental health causes problems socially, work or family activities, worsening communication with others, difficulty paying attention in school, or a general inability to care for oneself.

Mental illness can take many forms, from depression and anxiety to severe schizophrenia.

Many people live with mental health problems all their lives without seeking help, letting it lead to unemployment, homelessness, incarceration, and even suicide.

Without treatment, mental health is progressive much like untreated addiction.

Mental issues disrupt sufferers' entire life, including the way they think, feel, act, function, and relate to others.

If left untreated, a mental illness can be debilitating. Luckily, early intervention is an effective way to manage a mental health issue before it does too much damage.

What is trauma?

- . **Trauma is the lasting emotional response** that often results from living through a distressing event.
- . Experiencing a traumatic event can harm a person's sense of safety, sense of self, and ability to regulate emotions and navigate relationships.
- . The physical and emotional effects of trauma can lead to certain experiences such as:
- . **Flashbacks** – reliving aspects of a traumatic event or feeling as if it's happening now. It could involve seeing images of what happened, or experiencing it through other senses like taste, sound, or physical sensations in your body.





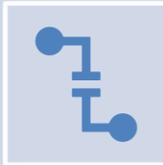
The importance of understanding Mental Health Diagnoses & Trauma

Mental Health Assessments

What is unhealthy attachment?



Unhealthy Attachment is a behavioral condition in a relationship where one person enables another person's addiction, poor mental health, immaturity, irresponsibility, or under-achievement.



Among the core characteristics of unhealthy attachment is an excessive reliance on other people for approval and a sense of identity.



If you have reached out to a friend or loved one who suffers from addiction and have experienced negative consequences because of doing nearly all you can to help that person, you may be involved in an unhealthy relationship with them.



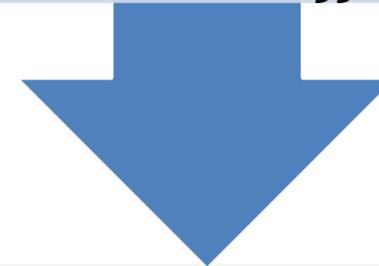
Constantly rescuing a person with an addiction from the trouble they cause themselves, or solving their problems, seems like a supportive, helpful measure, but it in fact impedes their psychological growth and emotional development while simultaneously causing you emotional turmoil.



What is enabling behaviors?

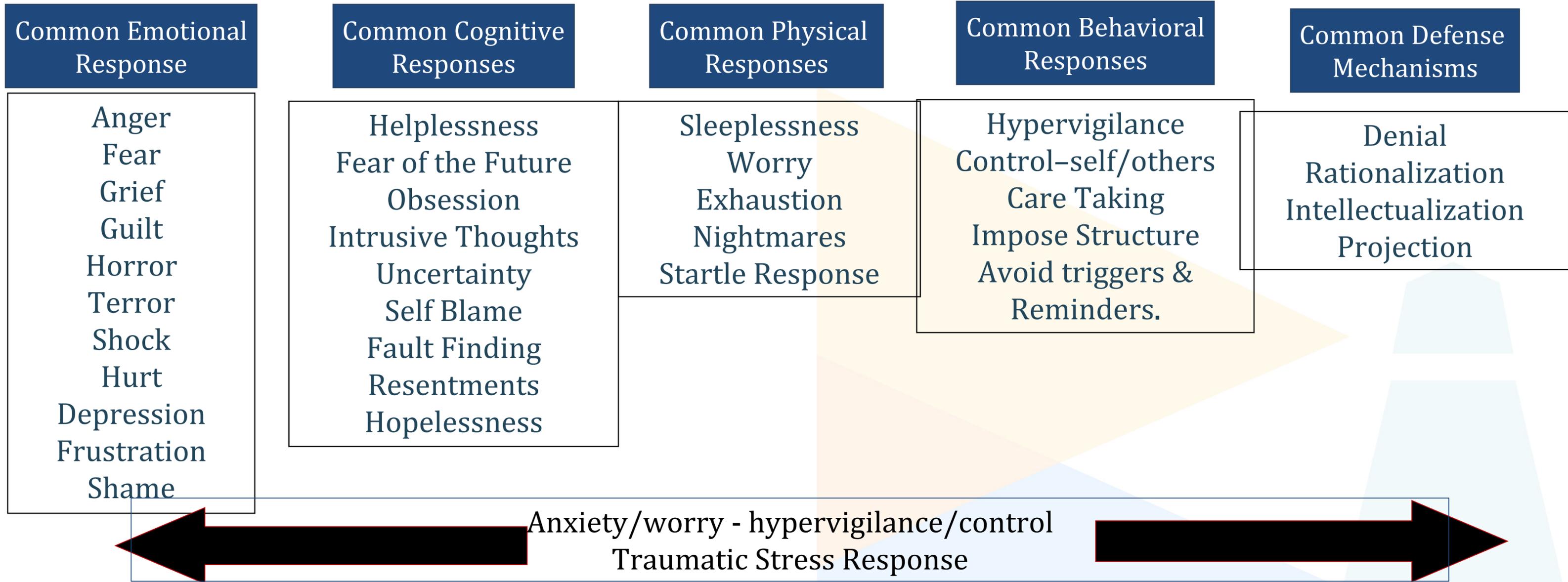
Enabling behaviors can encourage unhelpful habits and behaviors, even if it's unknowingly.

Applying enabling to addiction behaviors, codependency and untreated mental health diagnoses, "enabling behaviors will have the reverse effect of what is intended"



Enabling behavior is born out of our instinct for love. It's only natural to want to help someone we love, but when it comes to certain problems, helping can create negative outcomes. It is best to access professional help.

The impact of untreated mental health & trauma and addiction on family systems



INTERVENTION



- What is the CanAm Interventions approach?
- What is an intervention?
- The goals of an intervention?
- Family systemic intervention model.
- CanAm crisis management approach.
- CanAm case management approach.

**Brief intervention theory & practices:
Patricia Pike**

CanAm Interventions “Approach and Philosophy”

Evidence-Based Practices for Inform Interventions

Untreated Substance Abuse or Mental Illness Affects the Entire Family System

Intervention Theories:

Family Systemic Model
Approach

Traditional Johnson
Model Approach

Crisis Management: intake , safety plans,
and professional's engagements.

Case Management: assessment, treatment
plan, family coaching, and resources

Attachment theory practices

Continuum model of mental health

Model of change theory

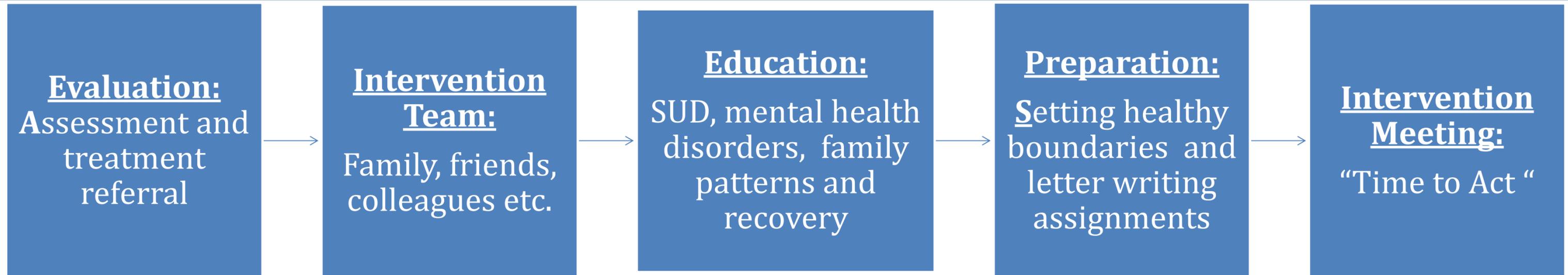
Family systemic approach

The disease model

What is an Intervention?

An intervention is an orchestrated process involving friends, family members, and occasionally colleagues, guided by an interventionist. Their collective objective is to address an individual's SUD or mental health disorders, self-destructive tendencies, and other concerning behaviors.

What is the process of an Intervention?



Goals of an intervention?

The primary goal of this intervention is to encourage the individual to seek professional support, treatment options, and guidance.

What is the family systemic intervention model?

This style of intervention comes from the **family systemic theory**.

...

The **goal of the Family Systemic Model** is the entire family will become motivated to seek treatment and work with a professional.

This model focused is **education and processing** to develop healthy skills and to be equipped to deal with crisis management in constructive way.

The family will **engage with case management** to learn practical skills.

The Invitational “Family Systemic Intervention Model,” addresses the entire family together, focused on an invitational approach.

Structure of family systemic intervention

Known as the invitational approach

Invitational

Everyone is invited to attend the 2-day family workshop (SFI), including the addict or alcoholic.

No surprises, no hiding, no sneaking, no deception, and no dishonesty.

Addiction and mental health has cause damage to family relationships; healing begins with the SFI workshop.

Educational

2-day educational and interactive family workshop where all participants learn about the disease of alcoholism, addiction, codependency, treatment, treatment options, and recovery.

- ***All participants are helped*** into recovery, addressing their specific needs and pain.

Treatment Options

- The goal each intervention will end with the addicted person seeking treatment.
- ***Three different options.***
- **An aftercare plan** with the family that will include **6 months to 2 years of recovery-oriented treatment** for the entire family.

Stages of Professional Engagement

**Telephone
intake +
screening
crisis
management**

**Interventions
+ treatment
planning**

**Case
management +
family
coaching**

**Collaboration
+ therapeutic
resources**

What is crisis management?

CM is “short-term” service.

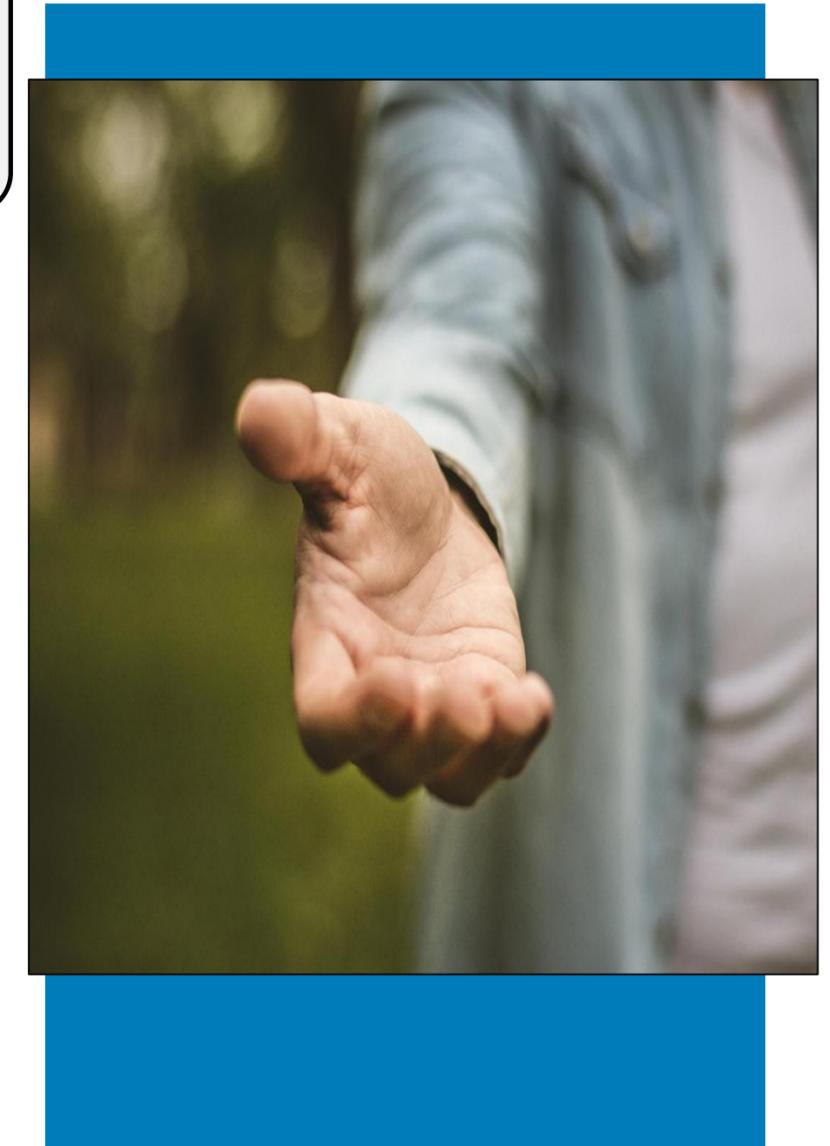
CM is evaluating the problem + crisis assessment + screening

CM starts the process from pre-contemplation stage to the contemplation stage to create an action plans

CM creates safety treatment plan to collaborate with other professionals.

CM provides family education supporting healthy boundaries + crisis evaluations + referrals

CM acts as a stabilization for individuals or families in crisis.

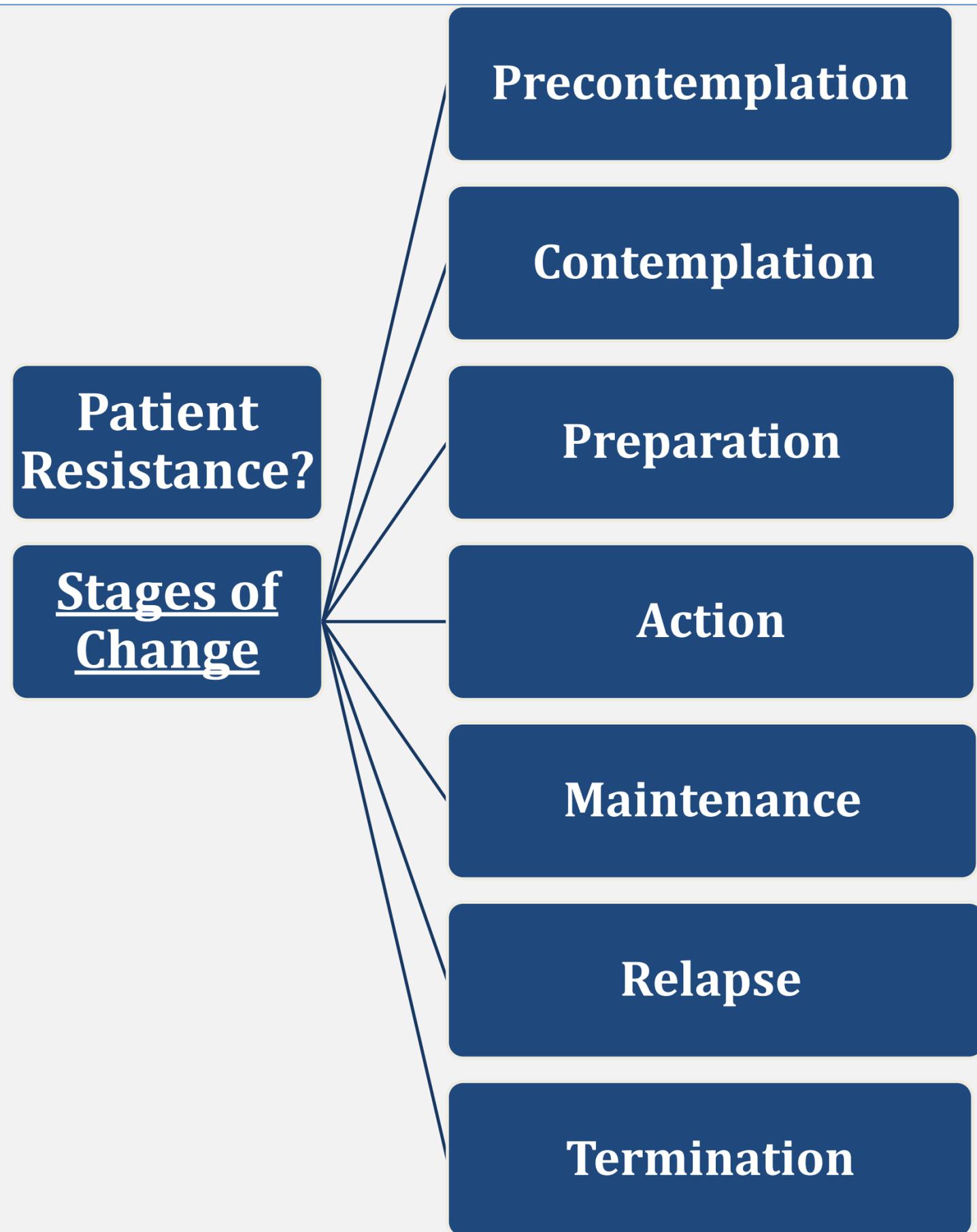


Model of Change (MI) Approach: Crisis interventions + Case Management + Treatment Planning



Model of Change Theory and Motivational Interviewing Model:

MI methods are commonly
used for helping people
and families in crisis or
those with a SUD or Mental
Health conditions.



Intervention theory & practices:

Rocky Montesano

- Intervention introduction approach.
- Johnson model of intervention.
- Reason for a surprise approach intervention.
- Seven components of the Johnson Model.
- Intervention preparation and letter writing assignments.



What is the Johnson Model

Known as “The Surprise Approach”.

The Johnson Model focuses on Addictions Only.

The patient is the person with addiction disorders.

Dr. Vernon Johnson developed the Johnson Model in the 1970s.

Dr. Vernon Johnson saw the value of interventions for families and loved ones.

Instead of family members “ganging up” on their loved ones and blaming them for hurtful feelings, Dr. Johnson encouraged caring as the priority.



Reasons for a “surprise intervention” approach.

80% of untreated persons fail to look at treatment options

Help families to create healthy bottom lines

Untreated persons are unable to admit they have a problem

Untreated persons blame others for their problems and are complacent to ask for help on their own.

Breaking the cycle of denial for untreated person

Breaking the Cycle of unhealthy behaviors for the families

Families need professional help to guide them through the process of getting their loved ones help.

Environmental consequences, living situations and chronic addictions

Health issues, hospitalizations, cirrhosis to the liver and physical issues

High potential of drug overdoses and destructive lifestyle

Legal issues, drug convictions, DUIs, jails, prisons and deaths

The benefits of a surprise approach intervention.



Seven components of the Johnson model.

- **Team:** The intervention should be planned and carried out by a team.
- **Planning:** Successful interventions result from a thorough plan.
- **Care-Focused:** The event should be centered on love instead of anger or blame.
- **Addiction-Only:** Participants should only highlight past transgressions if they directly relate to addiction.
- **Evidence:** Everything mentioned should be specific and backed by evidence.
- **Clear Goal:** The goal of an intervention is to have the individual enter treatment.
- **Treatment Options:** The best approach is to provide the individual with three treatment options so that he or she feels like there is a choice.



Letter writing assignments



Dr. Johnson had family members confront their loved ones using two letters.

- **First letter** expressing their love and asking their loved ones to accept professional help.
- **The second letter**, if their loved ones would not accept treatment, a list of loving recovery boundaries were presented.

Letter One Love Approach: When dealing with a loved one's behaviors stemming from their mental health diagnosis or their addiction to alcohol and/or drugs, writing letters can help the intervention group stay focused.

Letter Two, Loving Limits: It is essential to write a second letter to outline healthy boundaries. The intervention team will have a conversation with the interventionist prior to the intervention meeting.

All letters will be review by the interventionist before the intervention meeting.



Case Management Framework:

Patricia Pike

- What is case management?
- Case management research.
- A framework for case management.
- Five steps of case management.

What is Case Management ?

CM: is the care **coordination, assessment & treatment planning, screening & evaluation** to meet individuals and/or family needs.

CM: provides professional engagement , structure accountability plan for individuals and/or their families challenges.

CM: will evaluate frequently and advocate for the individual struggling with addiction and/or mental health challenges, to act as a mediator with their families.

CM: provides real-time advice and guidance to problems to find solutions to support individuals during pre and post treatments.



Case Management Research

Prior to 1990 Case Management was used almost exclusively with mental health populations.

Case Management Studies:

- National Institute on Drug Abuse (NIDA) initiative is to improve treatment retention and outcomes.
- (NIDA) suggest that intensive **case management**, delivered for 6 months or more, can reduce drug and alcohol use and help mental health challenges.

Current Studies:

- Studies have shown that individuals and families who participate in case management services have a higher level of success.
- Aftercare treatment and case management have a higher level of success.



Case Management Framework

“Three C”

Moving to Build a Change

- Coordination
- Communication
- Collaboration



Understanding “A Case Management Approach”

Coordination

Providing services by navigating formal or informal therapeutic activities.

Designed treatment plans and referrals to optimize the wellbeing the needs of clients.

Communication

is where everyone feels their voice are being heard.

Advocating self agency by promoting responsibility & accountability.

Collaboration

Building a team in the community.

Assessment and treatment planning, facilitation of services, ongoing evaluation.

Five Stages of Case Management?

Intake Questionnaire : Gathering information to creating a structured foundation to support individuals or family members.

Assessment Tool: SUD, Mental Health, Family, relationships, personality traits, education, employment, recovery, or treatment.

Treatment plan: Explores recovery goals, current problems, maximizes client's strengths, outlines activities, and a timeline.

Referrals: Identifies appropriate services and support, making referrals and linkages to services and arranging referrals.

Monitoring and Coordination: Coordination of services, achieve goals , weekly schedule promoting (accountability).



GOALS OF CASE MANAGEMENT

Improve quality of care

To learn how to live and practice recovery skills

Risk planning strategy

Direct communication with a professional

Monitors accountability and builds trust

Setting goals for employment & education

Builds healthy relationships with family and friends

Builds a recovery community

Case Management Objectives

Building Trust

“Create healthy attachments”

Educate information on addiction, mental health conditions

Education on the process of recovery

Build new coping skills to have healthy communication in relationships

Coordinate and collaborate with other professionals i.e.

Build relationships with inpatient, outpatient, sober living, detox or family programs.

Identify roles played within the family structure.

Facilitating hard conversations with individuals and families in a meaningful way

Creating boundaries by setting new rules promoting healthy communication

“A comprehensive care plan for individuals and/or a family member”

Substance abuse disorder

Mental health and other diagnoses disorders

Assessment and treatment referrals

Legal issues, probation, parole, open court cases

Individuals learning recovery skills

Providing recovery relapse skills

Families struggling to set healthy boundaries

Aftercare & monitoring support



Case Management Action Plan:

Providing daily, weekly patient accountability

Collaborate with inpatient treatment + outpatient treatment

Collaborate with sober living environments +sober companionship

Facilitate weekly family coaching + engagement

Providing family programs + self-help groups

Professional collaboration & referrals

Build a team within the professional community

Stages of Case Management (example)

CANAM INTERVENTIONS

5 Stages of Case Management

Engagement

Enrollment, building relationships, creating structured action plan to support family and/or client needing additional services.

1



Assessment

Identify strengths and barriers of clients, summarized in both objective and subjective terms, to create a plan for the client and/or family.

2

Planning/Goal Setting

Explore and set attainable goals. Maximizing strengths, outlines activities and timeline.

3



Intervention

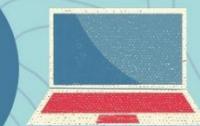
Identifies appropriate services and supports, making referrals and linkages to services then arranging referrals.

4

Monitoring and Coordination

Client cooperation, accountability and monitoring services, continued coordination of services.

5



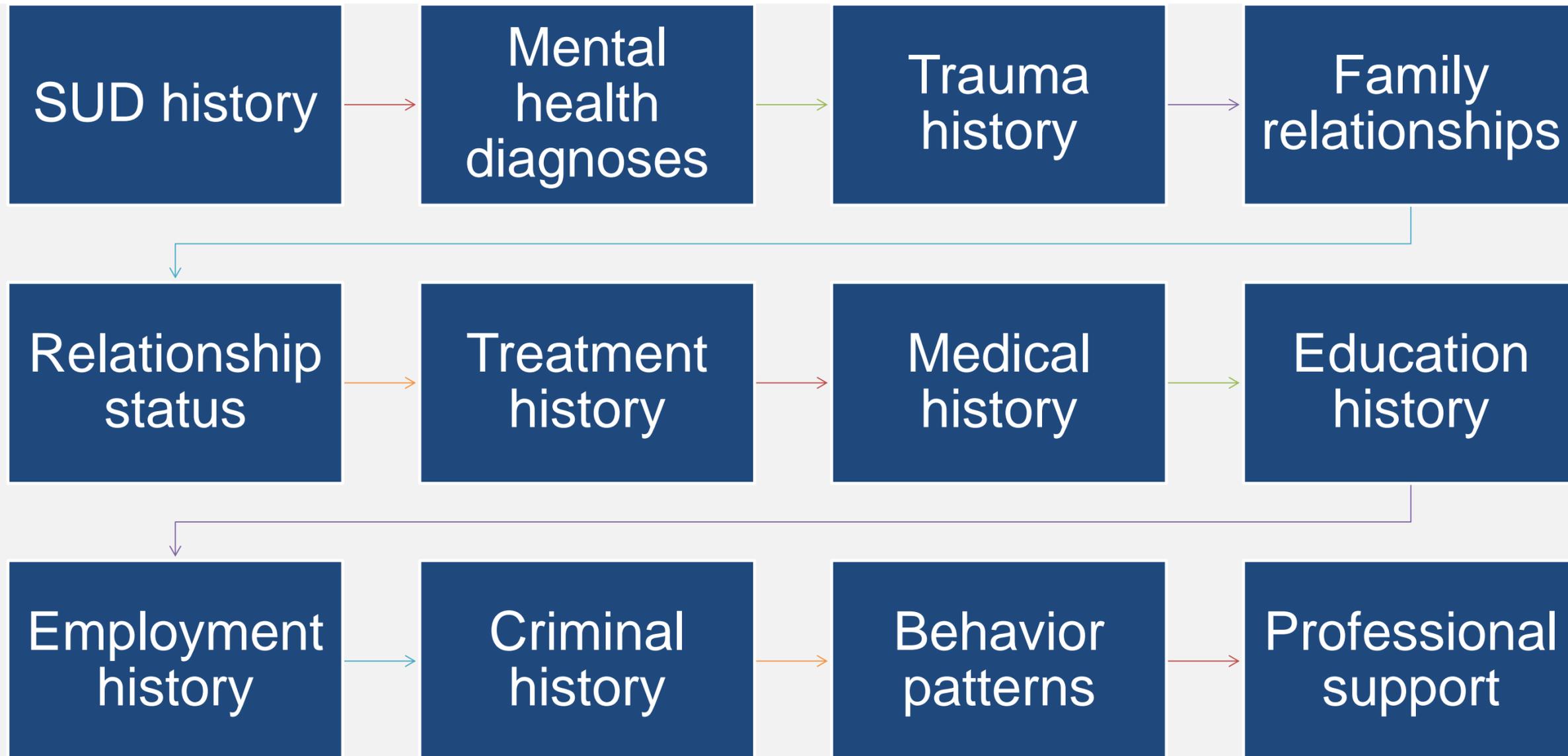
For more information visit our website:
www.canaminterventions.com

Building a case management plan:

Rocky Montesano

- Who are you treating?
- Attachment styles (understanding the family system)
- Genograms (the importance of gathering information)
- Family enmeshment – family empowerment
- Professional collaboration & referrals

Who are we treating?



SECURE + CONFIDENT

- **NON-REACTIVE**
- **RESILIENT**

DISMISSIVE + AVOIDANT

- **ISOLATION**
- **AMBIGUITY**
- **AMBIVALENCE**
- **EMOTIONALLY DISTANT**

FEARFUL + AVOIDANT

- **INTERNAL CONFLICT**
 - **DRAMATIC**
- **UNPREDICTABLE**
- **AMBIVALENCE**

ANXIOUS + PREOCCUPIED

- **EMOTIONAL HUNGER**
 - **FANTASY BOND**
- **LACK OF NURTURING**
 - **TURBULENCE**

Assessing for attachment styles.

The deeper truth is that suffering is more closely a result of how we deal with the effect these past events have on us in the present.

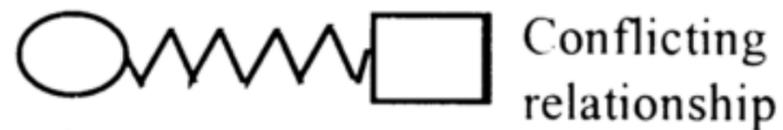
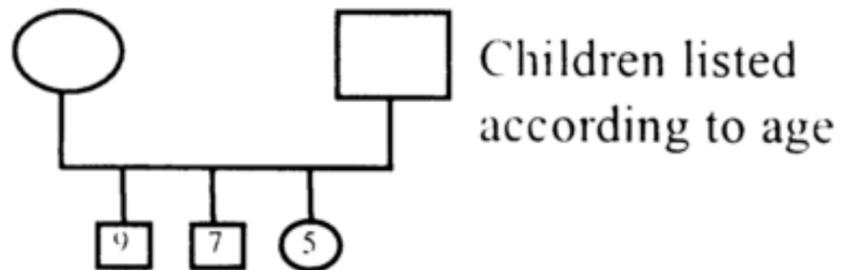
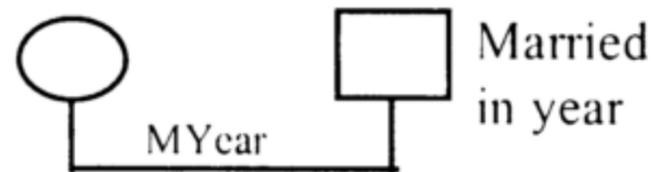
• **Peter Levine**

Genogram “uncovering the family story”

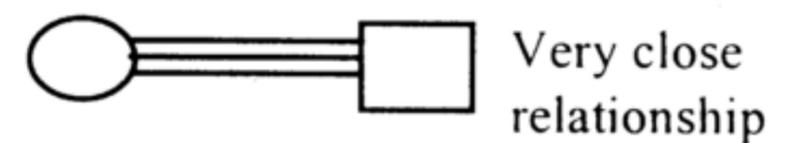
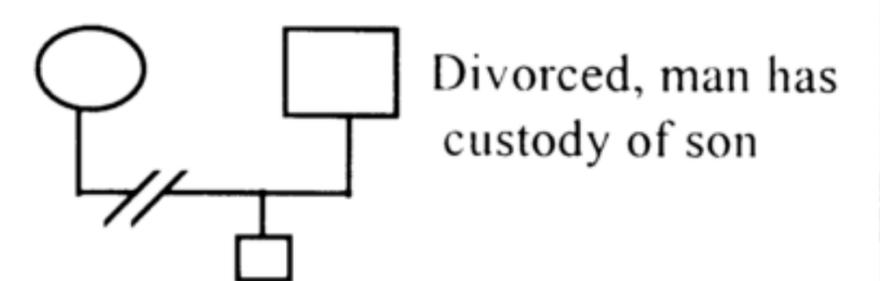
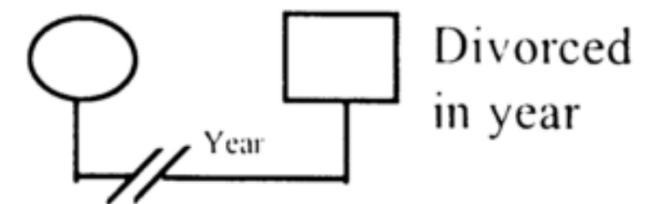
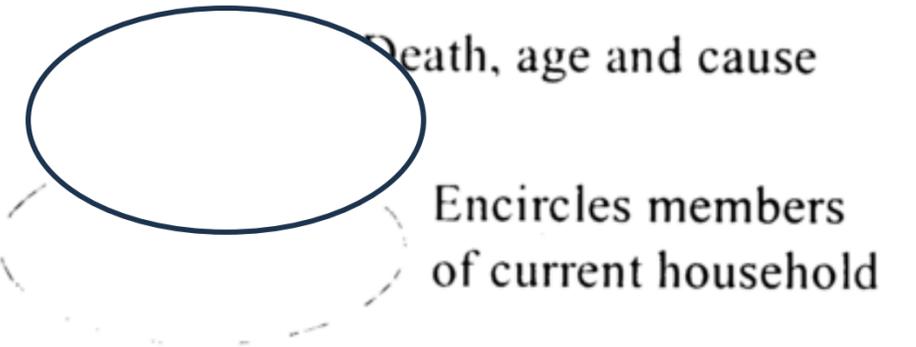
○ Woman

□ Man

III Household head



⊙ Respondent



From unhealthy enmeshment to recovery empowerment

THE DRAMA TRIANGLE: ROLES

Persecutor

Rescuer

Victim

THE EMPOWERMENT TRIANGLE: ROLES

Challenger

Coach

Creator

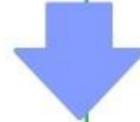
THE WINNER'S TRIANGLE: CHARACTERISTICS

**Assertive;
constructive challenge**

**Caring; listening,
self-awareness**

**Vulnerable; taking responsibility;
problem-solving**

Strongly suggest you have physically been there.



Cultivate a relationship with admissions, marketing, clinical director.



Get a clear understanding of their programming and delivery of services.



Do they have family programming?

BUILD RELATIONSHIP WITH TREATMENT CENTRES

Building a Case Management Plan

- Case management packet: contract, intake, assessment and treatment planning
- Case management case study practical skills

Presenters: Rocky Montesano and Patricia Pike



Case Management Packet



**Case management packet
(information on
CM services)**



**Intake forms:
family and
individual client
assessment forms.**



**Case management
contract, fee
structure &
services (90 days is
best to start)**



**Gather medical
insurance information
i.e., safety issues, mental
health diagnoses, release
of information for other
providers**



**Telephone
contacts, emails,
address &
emergency contact
person**

Tips working with families

- The case manager will engage with individuals or families to understand the current crisis and develop an appropriate action treatment plan.
- Facilitate communication between the client, their family, and other professionals involved.
- An intake assessment will be conducted with the client or family to comprehend past and present situations and challenges, aiding in the preparation of treatment plans.
- The case manager will devise a tailored case management plan focused on daily or weekly consultations, coaching, and professional recommendations based on the client's needs.
- The case manager will continuously assess the effectiveness of the treatment and adjust the plan as circumstances evolve.
- The case manager will ensure client support by adhering to privacy laws and managing the release of information forms for sharing details with family members and other professionals.

Case management intake

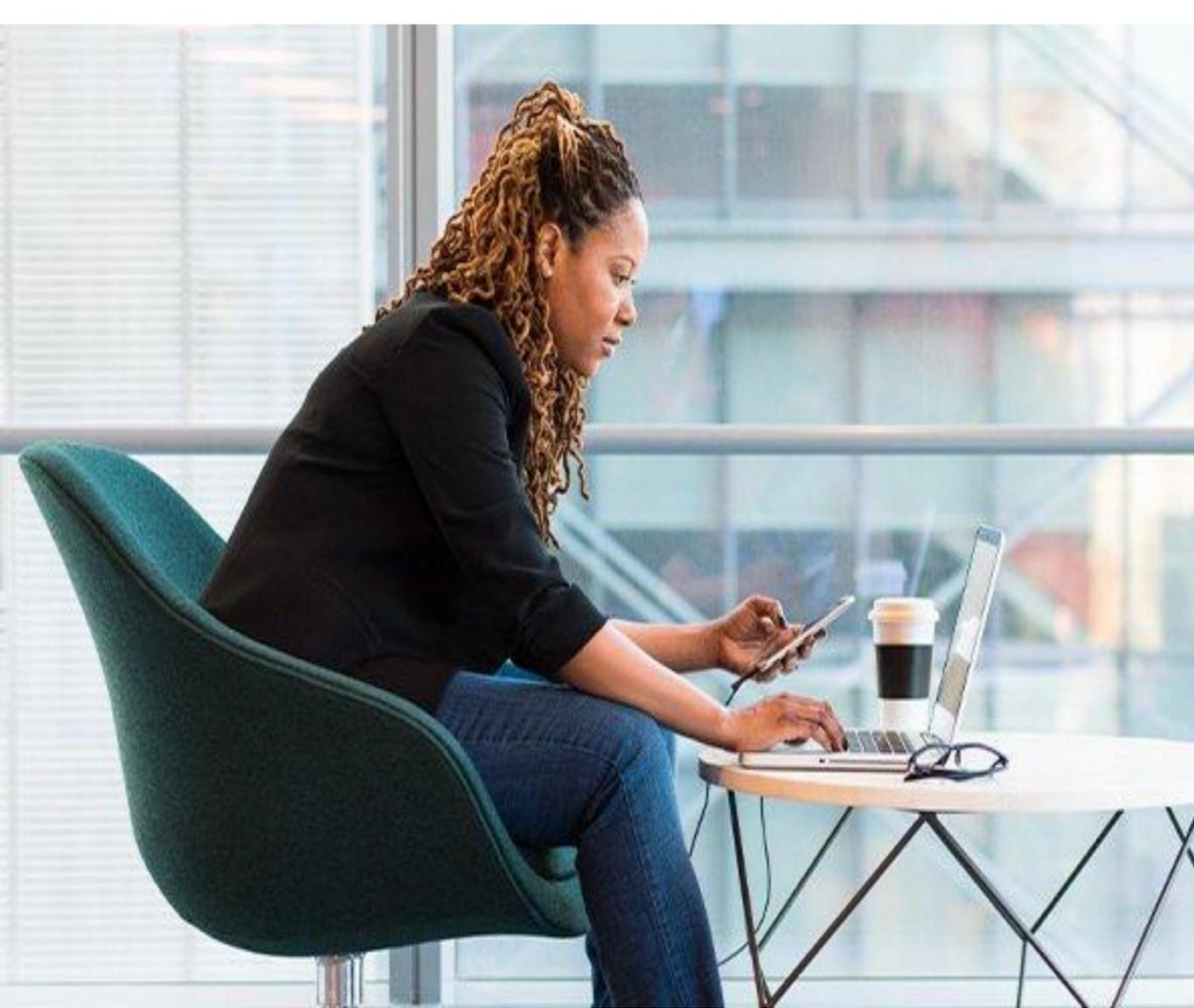
Intake: Often the first caller is someone in crisis. With the information gathered in the brief telephone intake, we can begin formulating a list of options and best treatment resources approaches.

Using a screening tool form, to gather information, to obtain the history of the family patterns and behaviors.

Intake information : drug history, mental health status, physical health, emotional wellbeing, medical issues, treatment episodes, family history of chemical dependency, work history, legal consequences, spouse and children.

Family / Friends Information: the roles in relationships include codependent, enabler, historic attachment issues, mental illness, and family members that may have chemical dependency.





FIRST CALLERS' INFORMATION:

First Caller: _____ Relationship: _____ Date: _____

Family members: _____ IP: _____

Address: _____ Phone: Home: _____ Business: _____ Cell: _____ Email: _____

Age: _____ Date of Birth: _____ Occupation: _____

Years at current job: _____ Education completed: _____

Marital status: _____ Spouse's name: _____

Years married: _____ Have you ever been divorced? _____ Children: _____

Children: _____ Legal: _____

HISTORY:

What is the reason for an intervention? _____ IP First time of use? _____

When did substance become a problem for IP? _____

How much drugs/alcohol does the IP use? _____

Are there tremors related to drug/alcohol? _____

Are there a mental health diagnosis? _____

Suicide ideation? _____

Hospital visits? _____

Has the IP attended any treatments, or self-help groups? _____

Any other medication or professionals involved with the IP? _____

Is there a family history of alcohol/drugs or mental health? _____

Are there problems in your family, related to alcohol/drug use? _____

Who would like to be part of an intervention? _____

Who will take care of the fees for intervention service? _____

What is your budget for treatment or is there insurance? _____

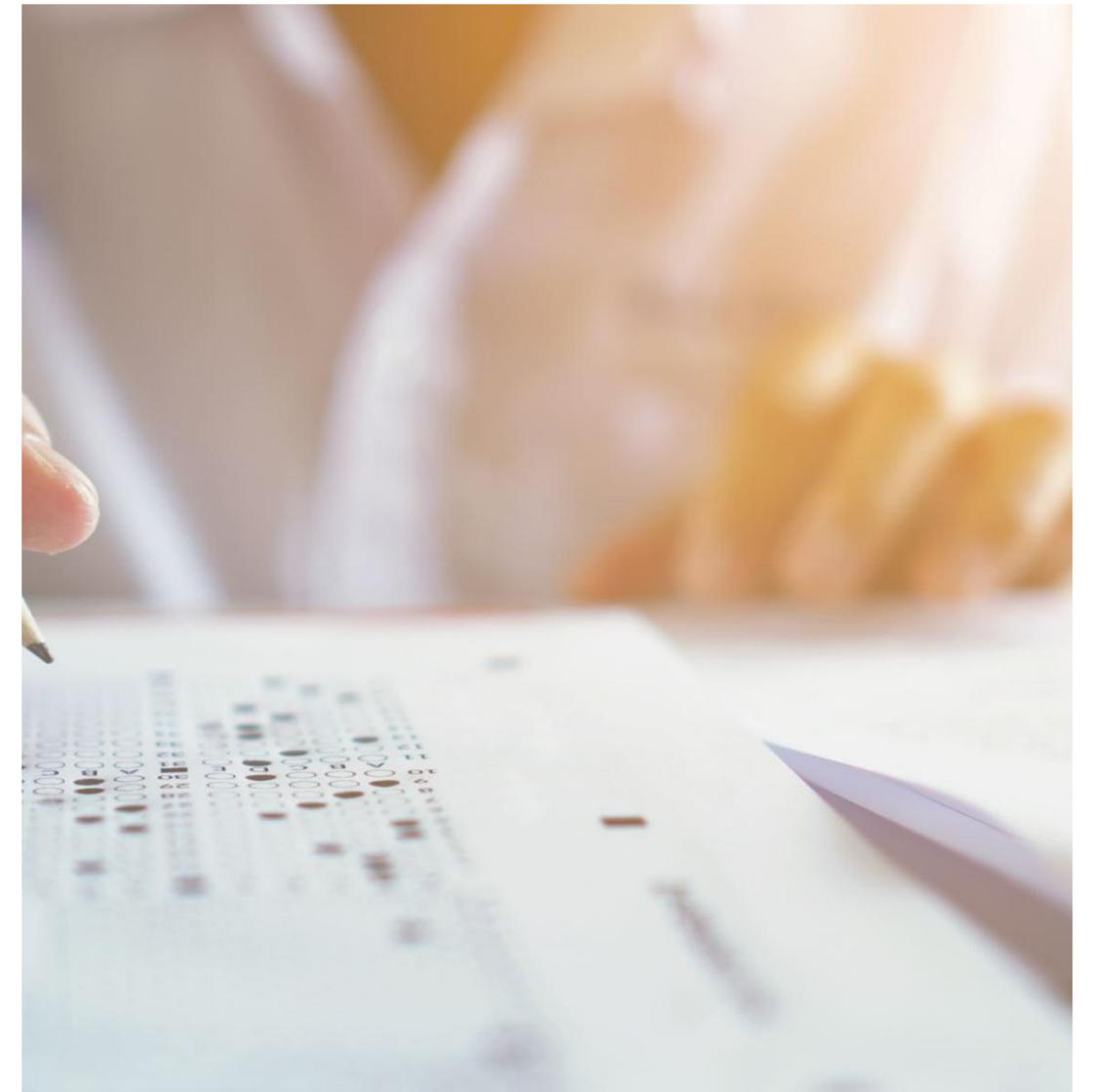
What are current concerns about having an intervention? _____

Intake screening form

(example)

Screening form[SAMPLE]

- Past family history? Addiction, MH, legal, hospitalizations, rehab, divorce, job loss, losses in general- past and present.
- Any past treatment history whether inpatient, outpatient, one on one counselling, therapy, AA, or NA? Sponsor?
- Past family efforts to seek professional help?



Safety assessment form

- Has the identified person threatened to hurt himself/herself or others?
- Have weapons been involved? Are there weapons in the house?
- Is the identified person driving drunk or impaired?
- Has anyone ever had to call the police or an ambulance?
- Any current or past legal issues?
- Any history of trauma, domestic violence or abuse?
- Any medical or mental health issues?

Assessment tool

Develop a thorough assessment of the entire family members, gathering historic information to best assess the family's current situation and patterns within the family system.

Part of the family assessment, you will need to gather information related to the identified person's (IP) addictions to drugs or alcohol, mental health diagnoses, past or current traumas, relationships, recovery and treatment history, and other pertinent information to create a case management treatment plan.

Family assessment form “EXAMPLE”

Full Name: _____ Residence (City, State): _____

Location of the Intervention: _____

relationship to the loved one being intervened on: _____

What are your family/individual goals for the intervention?

How long have you been struggling with your loved one's addiction or mental health diagnoses, please explain?

Are you or other family members/friends attending support groups, or have you attended a family program in the past, if so, please explain?

Is there a history of addictions and/or mental health issues in your family system?

•

Describe your relationship with other family members that have been affected by a loved one's addictive behaviors or untreated mental health diagnoses?

What are some of the current crises with your loved one's lifestyle? How are you coping with your untreated loved one's behavior, please explain?

What are some of the patterns in your family that enable your loved one's behavior?

Treatment plan “EXAMPLE”

Client Name:		Date:	
Issues/Concerns	Objectives	Steps to Achieve/Referrals Made	Steps to Achieve
Addictive Behaviors:			
Mental & Emotional Health:			
Relationships:			
Client Signature:		Date:	
Parent(s) Signature:		Date:	
Counselor Signature:		Date:	

SUD inpatient treatment

Mental health inpatient treatment

Professional collaboration

Aftercare treatment resources

Treatment or professional support → **ED or other behaviors treatment**

Insurance policy + private pay or government funding → **Professional resources**

Education or employment support resources → **Outpatient treatment**

Family treatment

Crisis management or hospitalization

Contract for Services

It is mutually agreed that Patricia M. Pike of CanAm Interventions will provide professional services for:

Client (s): _____ dated: _____.

What is Case management: a collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services to meet an individual's and family's comprehensive health needs through communication and available resources.

Case Management Process:

The Case Manager will facilitate an intake assessment with the client to gain a better understanding of their challenges, goals, and current circumstances.

Create a custom-built based on the Case Management options geared towards weekly consultation, coaching, and recommendations based on the individual's clinical needs.

The Case manager facilitates communication between the individual client independently and/or their families, and any care professionals involved in the case as needed.

The Case Manager will continually evaluate treatment effectiveness and refine the treatment process as the circumstances change.

The Case manager will work with the client on relapse prevention strategies, and how to mitigate/navigate crises if they arise.

There will be a monitoring program overseen by the case manager and monitoring manager.

Case Management Services (based on current assessments and evaluation):

- Meet with the Case Manager weekly i.e.: in person, virtual, and/or by telephone.
- Providing monitoring services, supervised by a monitoring manager **email:**
- Providing ongoing evaluation and treatment planning to meet the client's needs.
- Compliance adding names to a release of information for sharing information.
- Tracking 12-step recovery meetings attendance on a weekly basis.
- Relapse prevention steps education, and crisis management plans, if needed.
- Providing other services as determined in ongoing evaluation.

Case Management Options:

Client (s): _____ agrees to option (____) to pay non-refundable fee of \$ _____ dated on _____.

Client (s): _____ agrees and understands there are no refunds upon signing this contract.

Client (s) agree: _____ understand and agree to all statements in this contract.

Name (Patricia Pike) _____ **Date:** _____

Name (Client): _____ **Date:** _____

Family education

- **Family Education Meetings:** Families will have a chance to learn new and effective ways of communicating with each other, create clear and appropriate talking points, healthy boundaries, and build a strong support system within the family.
- **Family Planning Meetings:** Discussions around the appropriate levels of care, creating and implementing treatment plans, custom built aftercare plans, and researching treatment options.
- **Self Help Support Groups:** To address the ongoing needs of the family while a loved one is in treatment or even before they have agreed to get help.



A family coaching approach to case management

- Family coaching and consultation by creating a family treatment plan focusing on family healing and / or client's struggling with mental health conditions or untreated addictions.
- The case manager advocates for both families and individual clients by recommending and coordinating other services to meet the needs of each case.

The importance of “walking the talk” by setting healthy boundaries

- Boundaries are “loving limits”
- Expressing your feelings responsibly
- Healthy boundaries is crucial for self-care and positive relationships
- Healthy boundaries is an essential life skill and an important self-care practice
- Accepting responsibility for what you say, think, and always do
- Respecting the beliefs and opinion of oneself even when others disagree
- Being yourself because of who you are, not what others think you should be
- Do what you say or don't say it

What is your case management plan?

Virtual or in-person meetings

Ongoing assessment and treatment planning

Referrals to additional professionals

Collaborating with professionals

Conference calls and meetings

Telephone consultation

24/7 Text message support

Recovery coaching, monitoring & accountability

Drug and alcohol screening/random testing

12-step meetings or other recovery support groups



Case management action plan overview “EXAMPLE”

1. Weekly check-in call with the family
2. Weekly check-in call with a client (while in treatment program)
3. Weekly check-in with the professional team
4. Mid-point assessment at the three-week point, to make further recommendations as needed (i.e.: additional case management, aftercare referrals for client/family, etc.)



The difference between professional and a sponsor

Coaching / Professional	Sponsorship
Focus on strengths and resources	Stepwork: resentments, defects, amends
Short-term	Long-term
Paid professional relationship (ICF ethics and boundaries)	Being of service by providing experience, strength and hope
Agenda based on client's vision	Asks sponsee to take direction/advice
12 step involvement not required	Requires 12 step involvement

Community resources

- Alcoholics Anonymous <https://www.aa.org>
- Narcotics Anonymous <https://www.na.org>
- Al-Anon Family Groups <https://www.al-anon.org>
- Codependent Support Group <https://www.codependents.org>
- [Adult Children of Alcoholics & Dysfunctional Families](https://adultchildren.org) – <https://adultchildren.org>
- Smart Recovery Self Help Group Addiction Recovery <https://www.smartrecovery.org>
- Celebrate Recovery <https://www.celebraterecovery.com>
- Gamblers Anonymous Recovery <https://www.gamblersanonymopus.org>
- Sex Anonymous <https://saa-recovery.org>
- Mental Health Support Group <https://nami.org>
- Eating Disorder Support Groups:
<https://www.eatingdisorderhope.com>

Practical experiential group exercises

**Patricia Pike and Rocky
Montesano**

- Mock cases
- Breaking up in groups
- Designing a practical case
- Sharing the outcome



Thank You!

Patricia M. Pike

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