

*Thank you for attending the 2nd event in the CHAMPS/CCGC/SBIRT-CO
Screening, Brief Intervention, Referral to Treatment (SBIRT) Webcast Series**

Session 2:

Brief Intervention and Brief Therapy

Enhancing Treatment with the Non-Dependent User

A Live and Archived Webcast; Sponsored by Community Health Association of Mountain/Plains States (CHAMPS), Colorado Clinical Guidelines Collaborative (CCGC), and SBIRT Colorado

Presented by Anjali Nandi, MA, LAC, MAC, and Tracey Ayers, LPC, CAC III

Wednesday, August 20, 2008

Supplementary Information Packet

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**For more information about the other webcasts in this series, please visit
www.champsonline.org/Events/Distance_Learning.asp.*

Learning Objectives

1. Understand the continuum of care for the non-dependent, high-risk substance user including the components of a brief conversation.
2. Assess and enhance motivation for change and determine appropriate referral for patient.
3. Examine the construct of brief therapy and what patients can expect from a brief therapy referral.
4. Identify opportunities for coordinating patient care including treatment referrals and patient follow through.
5. Address perceived barriers to implementing screening and brief intervention including time, reimbursement and available specialty care.

AAFP Statement

This live webcast has been reviewed and is acceptable for up to 1.5 Prescribed credits by the American Academy of Family Physicians (AAFP). Application for 1.5 hours of Prescribed CME credit for the archived version of this webcast will be filed immediately after the live event. Anjali Nandi and Tracey Ayers have indicated they have no relationships to disclose relating to the subject matter of his presentation. The AAFP invites comments on any activity that has been approved for AAFP CME credit. Please forward your comments on the quality of this activity to cmecomment@aafp.org.

COPIC Statement

Colorado Participants: COPIC is awarding 1 ERS point for their insureds who participate in all three SBIRT webcast presentations. Interested participants must complete the Evaluation and CME questions for all three events to qualify. These evaluation forms will be submitted to COPIC after completing the third and final event.

Biography of Anjali Nandi

Anjali Nandi is the Program Director of the Center for Change, a state-licensed adult out-patient drug and alcohol treatment agency in Colorado. She is a member of the International Motivational Interviewing Network of Trainers and has been trained as an MI trainer by William Miller, co-developer of MI. As a bilingual psychotherapist, Anjali Nandi provides individual and group therapy to clients with depression, anxiety, addictions, and trauma. As a consultant and trainer, Anjali Nandi designs and delivers a variety of training seminars in the fields of addictions and corrections to state and local agencies throughout the country on topics as varied as skills for effective supervision; evidence based practice; adult and juvenile assessment; curriculum building; cognitive skill-building; and basic and advanced Motivational Interviewing. In addition to this clinical and consulting work, Anjali Nandi has co-authored *Probation and Parole Treatment Planner* published by Wiley (2003) and is currently working on a multi-media package on Motivational Interviewing for the National Institute of Corrections.

Biography of Tracey Ayers

Tracey Ayers is co-owner and Vice President of the Brief Therapy Institute of Denver, a service delivery group practice established in 1992. The practice has been acknowledged by the Best Practices organization for its attention to customer service and accessibility to care. In addition, Tracey's group model for substance abusing adolescents received an Innovation Award from the Behavioral Healthcare Tomorrow publication. Tracey has a published work in the Brief Therapy Case Studies Journal, and she has been a trainer at local, state, and national levels and has served as a clinical supervisor. Presently, her focus is on the creation of podcasts and web-based trainings in the areas of best practice standards and practice building strategies. Her experience includes work in a juvenile detention facility, school based clinic, drug and alcohol treatment facilities, emergency rooms, and private practice. She is a certified addictions counselor and licensed professional counselor in the state of Colorado and has been practicing Brief Therapy for nearly 20 years.

Description of CHAMPS

CHAMPS, the Community Health Association of Mountain/Plains States, is a non-profit organization dedicated to providing a coordinating structure of service to the community, migrant, and homeless health centers serving the medically indigent and medically underserved of Region VIII (CO, MT, ND, SD, UT, WY) as well as Region VIII's State Primary Care Associations (CCHN, MPCA, CHAD, AUCH, and WYPCA). Currently, CHAMPS programs and services focus on education and training, collaboration and networking, policy and funding communications, and the collection and dissemination of regional data. For more information, please visit www.champsonline.org or call (303) 861-5165.

Description of SBIRT CO and CCGC

In 2006 the State of Colorado was awarded a grant from the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment to develop and implement screening, brief intervention, and referral to treatment (SBIRT) as a routine procedure within health service delivery systems. SBIRT is designed to target high-risk, non-dependent users and to provide effective strategies for intervention prior to the need for more intensive treatment. It emphasizes regular screening and very brief interventions for patients identified as needing some level of intervention for risky use of alcohol and other substances. The SBIRT Colorado initiative implements the SBIRT model in hospitals and community health clinics throughout Colorado. For more information about SBIRT Colorado, please visit www.improvinghealthcolorado.org or call (303) 369-0039 x245.

Colorado Clinical Guidelines Collaborative (CCGC), a non-profit collaboration of over 50 health care organizations, developed an SBIRT guideline for primary care providers to increase awareness and use of SBIRT in primary care settings. The guideline and other supporting tools are available at www.coloradoguidelines.org/guidelines/sbirt.asp. CCGC is offering free Continuing Medical Education presentations and in-office trainings to Colorado health care providers. To schedule a presentation or training, please call CCGC at (720) 297-1681 or 1 (866) 401-2092.

Welcome to Session 2 of the "Introduction to SBIRT" Webcast Series*

Brief Intervention and Brief Therapy

Enhancing Treatment Follow Through with the Non-Dependent User

Presented by Anjali Nandi & Tracey Ayers

Wednesday, August 20, 2008, 11:30 AM – 1:00 PM Mountain Time

This live webcast has been reviewed and is acceptable for up to 1.5 Prescribed credits by the American Academy of Family Physicians (AAFP). Application for 1.5 hours of Prescribed CME credit for the archived version of this webcast is pending with AAFP. COPIC is awarding one ERS point for their insureds who participate in all three webcasts in this series. Anjali Nandi and Tracey Ayers have no conflicts of interest to disclose relating to the content of this presentation. This presentation was supported by a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA), awarded to the State of Colorado Office of the Governor, Administered by Alcohol and Drug Abuse Division, and Managed by Peer Assistance Services, Inc. Views of the presenter do not necessarily represent the official views of these supporters, CCGC, SBIRT CO, or CHAMPS.

Presented by Colorado Clinical Guidelines Collaborative (CCGC), SBIRT Colorado, and Community Health Association of Mountain/Plains States (CHAMPS)



*For information about this series, please visit www.champsonline.org/Events/Distance_Learning.asp.

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Anjali Nandi & Tracey Ayers

Learning Objectives

- Understand the continuum of care for the non-dependent, high-risk substance user including the components of a brief conversation.
- Assess and enhance motivation for change and determine appropriate referral for patient.
- Examine the construct of brief therapy and what patients can expect from a brief therapy referral.



Anjali Nandi & Tracey Ayers

Learning Objectives (continued)

- Identify opportunities for coordinating patient care including treatment referrals and patient follow through.
- Address perceived barriers to implementing screening and brief intervention including time, reimbursement and available specialty care.



Anjali Nandi & Tracey Ayers

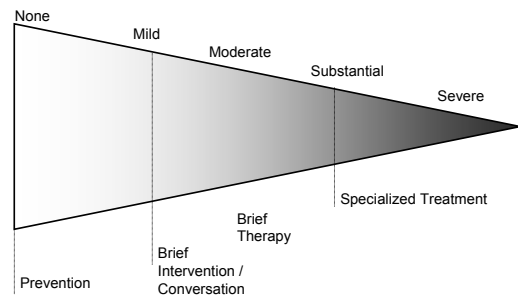
Learning Objectives - 1

- Understand the continuum of care for the non-dependent, high-risk substance user including the components of a brief conversation.
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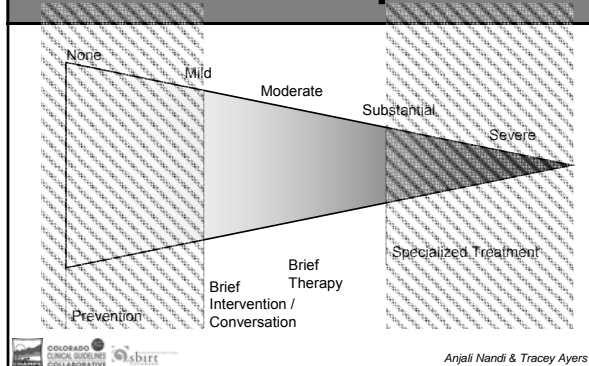
Anjali Nandi & Tracey Ayers

Matching Use Severity with Level of Care



Anjali Nandi & Tracey Ayers

Historical Emphasis



Brief Intervention: Background

- Also known as Brief Conversation
- Clinically effective method of reliably triggering behavior change
- Effective method of increasing treatment initiation, adherence and successful completion
- Cost efficient
- Focuses on single, specific and short-term or intermediate objectives
- Goal is to reduce risk of harm from substance use

Brief Intervention: Components

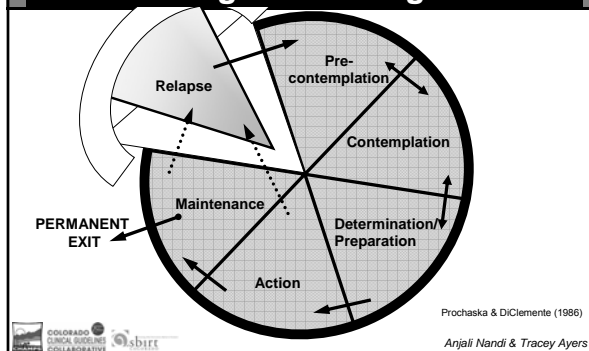
- Introduce concerns in the context of the client's health
- Screen, evaluate and assess
- Provide feedback
- Talk about change and set goals
- Summarize and close

Source: Treatment Improvement Protocol (TIP) Series, No. 34

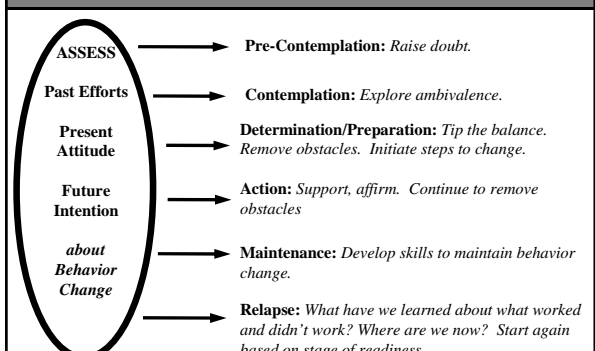
Learning Objectives - 2

- Understand the continuum of care for the non-dependent, high-risk substance user including the components of a brief conversation.
- **Assess and enhance motivation for change and determine appropriate referral for patient.**
- Examine the construct of brief therapy and what patients can expect from a brief therapy referral.

Transtheoretical Model of the Stages of Change



GOALS AT EACH STAGE OF CHANGE



General Principals Underlying Motivational Interviewing

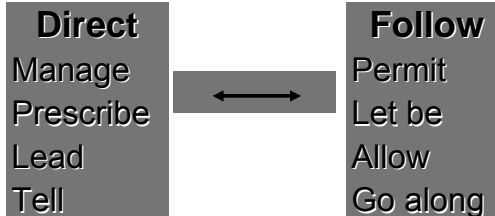
- Resist the Righting Reflex
- Understand Person's own Motivation
- Listen with Empathy
- Empower the Client

Rollnick, Miller and Butler (2007), "Motivational Interviewing in Healthcare", Guilford Press.



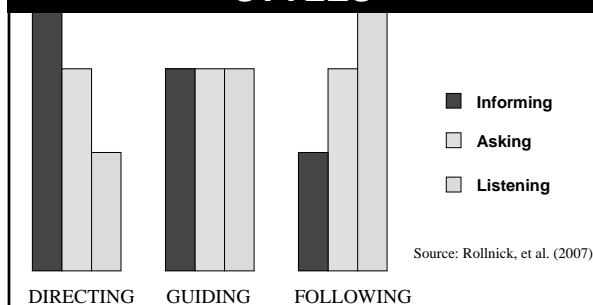
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A Widespread Dichotomy



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SKILL DISTRIBUTION ACROSS STYLES



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Brief Intervention Strategies

LISTENING

- Reflections
- Change Talk

INFORMING

- Elicit – Provide – Elicit
- Agenda Matching

ASKING

- Open Questions
- Using Rulers

FRAMES

- Feedback – Responsibility – Advice – Menu of Options
- Empathy – Self-efficacy



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MOTIVATIONAL INTERVIEWING Further Information

General Information:

www.motivationalinterview.org

Research on MI including outcome studies of effectiveness:

www.motivationalinterview.org/library/MARMITE_files/frame.htm

www.motivationalinterview.org/library/outcome_files/frame.htm



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Learning Objectives - 3

- Understand the continuum of care for the non-dependent, high-risk substance user including the components of a brief conversation.
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Brief Therapy Definition

- Goal Oriented Therapy
- Collaborative and Direct Approach
- Skill Development and Practice
- Decreased number of sessions
- Length of time in therapy is merely a side effect of this approach



Brief Therapy

- Highly strategic, exploratory, and solution-based rather than problem-oriented
- It is less concerned with how a problem arose than with the current factors sustaining it and preventing change.
- Brief therapists do not adhere to one "correct" approach, but rather accept that there being many paths, any of which may or may not in combination turn out to be ultimately beneficial. -Wikipedia



Characteristics of All Brief Therapies

- They target the symptom and not what is behind it
- Clearly define goals related to a specific change or behavior
- Goals should be understandable to both the client and clinician
- They should produce immediate results
- Responsibility for change is placed clearly on the client



Treatment Improvement Protocol (TIP) Series, Number 34, pg 44

Characteristics of All Brief Therapies (continued)

- Early in the process, focus is to help the client have experiences that enhance self-efficacy and confidence that change is possible.
- Termination is discussed from the beginning
- Outcomes are measurable

Treatment Improvement Protocol (TIP) Series, Number 34, pg 44



Problem Frame vs. Outcome Frame

Problem Frame	Outcome Frame
What's wrong?	What do you want?
Why is it a problem?	What change do you want to make?
Why do you have it?	How will you know when you have met your goal?
Whose fault is it?	What would it take to make the change?
What caused it?	Where are you now?
Why can't you solve it?	What's stopping you from getting your outcome now?

Research and Findings

- Outcome Studies
 - Success Rate
 - Substance Abuse
 - Length of Treatment



What Patients Can Expect in a First Session

- Managed care/Insurance referrals
- Initial and ongoing assessment
- Attainable, realistic and measureable goals
- Solution generation and treatment plan
- List of resources and referrals
- Homework
- Coordination with healthcare providers



What Patients Can Expect (Subsequent Sessions)

- Follow up on homework
- Maintain motivation, emphasis on skills, and focus on the goals
- Emphasize successes and strengths
- Assess need for further therapy, resources or other services



Learning Objectives - 4

- **Identify opportunities for coordinating patient care including treatment referrals and patient follow through.**
- Address perceived barriers to implementing screening and brief intervention including time, reimbursement and available specialty care.

Putting it all Together

- Screening and Assessment
- Brief Intervention Strategies
- Talking about Change and Setting Goals
- Treatment Referral



Patient Follow Through

- Utopia
 - Advanced Access
- Reality
 - What affects no show rates
- Ways to Reduce No-Show Rate
 - Administrative Solutions
 - On site scheduling via phone/internet
 - Patients contact clinician directly
 - Utilize insurance company case managers
 - Schedule follow up appointment
 - Clinical Solutions
 - Homework
 - Review risk/benefit of a more thorough assessment



Insurance Companies' Access Standards

- 24 hour response to member's request for routine outpatient care
- First appointment within 10 business days
- EAP appointments within 3 business days
- Urgent care within 48 hours
- Within 6 hours for non-life-threatening emergencies
- Immediate referral to ER for life threatening emergencies



Coordination of Care Expectations

- Improves quality of care
 - Confirmation of follow through on a behavioral health referral
 - Minimizes adverse medication interactions for those prescribed psychotropic medications
 - Better management of treatment
 - Follow up for members with co-existing mental health and medical disorders
 - Reduce the risk of relapse with substance abusing patients



Care Coordination Expectations (Continued)

- Information exchanged:
 - Summary of evaluation
 - Diagnosis
 - Treatment plan summary
 - Update when there's a change in the patient's condition or medication
 - Discharge summary



Quality Performance Practices

- Practices that monitor their treatment and service
 - Satisfaction Surveys:
 - measure client's satisfaction with scheduling options
 - measure client's satisfaction with the services
 - Access to Care:
 - monitoring to insure appointments are offered, on the average, within five days of contact
 - Symptom Inventories
 - measures the symptom level of clients
 - Chart Reviews:
 - internal and external review of charts ensures quality services



Quality Performance Practices (continued)

- Online scheduling 24x7x365 at clients convenience
- Website resources, paperwork downloads and scheduling
- Live operator scheduling during business hours
- Group pager coverage 24x7x365 for critical emergencies
- Waiting room educational resources
- Coordination of care with other professionals when needed
- Participation on quality advisory committees keeping us current with standards



Learning Objectives - 5

- Identify opportunities for coordinating patient care including treatment referrals and patient follow through.
- Address perceived barriers to implementing screening and brief intervention including time, reimbursement and available specialty care.

Perceived Barriers

- Time
 - U.S. Preventative Services Task Force (USPSTF) recommendations
- Reimbursement
 - Evaluation and Management (E&M) codes
- Available Specialty Care
 - Colorado-ADAD
 - National-Online Directories



In Conclusion

“Screening and brief interventions can keep patients healthier, improve physicians’ performance measures, and reduce hospital and healthcare costs. Screening and brief intervention is the most transformative substance abuse tool for medicine in decades.”

- Bertha Madras, Ph.D.
Deputy Director of the White House



Anjali Nandi & Tracey Ayers



Thank you for joining Anjali Nandi, Tracey Ayers, CHAMPS, CCGC, and SBIRT CO!



Your opinions are very important to us.

Please take a few minutes to complete the Evaluation for this webcast. If you are applying for Continuing Medical Education (CME) credit or one ERS point through COPIC, you must complete the CME questions found at the end of the Evaluation.

Only one person per computer may use the online Evaluation/CME form.

Click on the link to the side of your screen to download a printable form that can be completed by additional participants and faxed to CHAMPS.

AAFP invites comments on any activity that has been approved for AAFP CME credit. Please forward your comments on the quality of this activity to cmecomment@aafp.org.

Session 1 of this series (How to Implement SBIRT) is available as an online archive, and Session 3 (New SBIRT Guidelines) will be broadcast live on 10/07/08.

Visit www.CHAMPSonline.org/Events/Distance_Learning.asp for more information.



Brief Intervention Strategies:

FRAMES:

F EEDBACK
R ESPONSIBILITY
A DVICE
M ENU OF OPTIONS
E MPATHY
S ELF EFFICACY

ELICIT – PROVIDE – ELICIT

Providing Information

ELICIT: What do you already know about...?

PROVIDE: Here is some information that might be helpful about...

ELICIT: What did you understand about what I just covered?

Giving Feedback

ELICIT: What do you understand about the assessment we just completed...? Would you be interested in understanding what your scores mean?

PROVIDE: *Explain assessment scores or provide assessment feedback*

ELICIT: What do you think about that?

USING RULERS

Step One: Ask question using a scale

On a scale from 0 to 10, how important is it to you to make this change right now, 0 being not important at all and 10 being extremely important?

How confident do you feel you can make this change if you wanted to? If 0 is not confident at all and 10 is extremely confident, what would you choose?

Step Two: Ask a follow up question

What makes it important enough to be the number you chose and not a lower number?

What would need to happen for your confidence to increase a half point from what you chose (e.g., 5) to 5.5?

References/Studies:

Removing Barriers to Care: Clinica Campesina
Institute for Healthcare Improvement
<http://ihi.org>

Review of Brief Therapy Studies
<http://www.solutionsdoc.co.uk/mckeel.htm>

7 Ways to Reduce No-Shows and Cancellations
Spectrasoft
<http://www.ssoft.com>

New CPT Codes for Substance Abuse Screening
Marianne Mattera, Managing Editor, MedPage Today
www.medpagetoday.com

Primary Care: Is There Enough Time for Prevention?
Yarnall, Pollak, Ostbye, Krause, Michener
American Journal of Public Health, April 2003, Vol 93, No. 4

The Safety Net and its Use of Advanced Access in Ambulatory Care
National Association of Public Hospitals and Health Systems
www.naph.org

Enhancing Motivation for Change in Substance Abuse Treatment
Treatment Improvement Protocol (TIP) Series, No. 35
www.samhsa.org

Brief Interventions and Brief Therapies for Substance Abuse
Treatment Improvement Protocol (TIP) Series, No. 34
www.samhsa.org

Screening and Assessment Instruments:

Alcohol and Drug Consequences Questionnaire (ADCQ)
John Cunningham, jcunning@arf.org, (416) 595-6701

Alcohol Effects Questionnaire (AEQ)
<http://silk.nih.gov/dilk/niaaa1/publication/insaeq.htm>

Alcohol Expectancy Questionnaire
<http://silk.nih.gov/silk/niaaa1/publication/instable.htm>

Alcohol Use Disorders Identification Test (AUDIT)
<http://silk.nih.gov/silk/niaaa1/publication/instable.htm>

Brief Situational Confidence Questionnaire (BSCQ)
Linda Sobell, sobell@cps.nova.edu, (954)262-5811

Personal Feedback Report
Project MATCH Series
National Institute on Alcohol Abuse and Alcoholism
P.O. Box 10686
Rockville, MD 10849-0686

Readiness to Change Questionnaire (RCQ-TV)
Nick Heather, Ph.D., Northern Regional Drug and Alcohol Service, United Kingdom
FAX: 44 191 219-5601

Situational Confidence Questionnaire (SCQ-39)
Addiction Research Foundation
(416) 595-6557

Stages of Change Readiness and Treatment Eagerness Scale (SOCRATES)
William Miller, Ph.D., wrmiller@unm.edu, (505)768-0100

University of Rhode Island Change Assessment Scale (URICA)
Carlo DiClemente, Ph.D., diclemen@umbc.edu, (410)455-2415

Publication: Assessing Alcohol Problems: A Guide for Clinicians and Researchers
National Clearinghouse for Alcohol and Drug Information
(800) 729-6686

Brief Intervention and Brief Therapy Reading List:

Berg, Insoo Kim and Miller, Scott (1992) Working with the Problem Drinker: A solution focused approach. New York: Norton.

Berg, Insoo Kim and Reuss, Norman (1997) Solutions Step by Step: a substance abuse treatment manual. New York: Norton & Wylie.

Budman, S (1984). Theory and Practice of Brief Therapy.

de Shazer, Steve (1985) Keys to Solution in Brief Therapy. New York: Norton.

Fisch, R., Weakland, J., & Segal, L. (1982). Tactics of change: Doing therapy briefly, SF, CA: Jossey-Bass.

Haley, J. (1976). Problem-solving therapy. San Francisco: Jossey-Bass.

Hawkes, David, Marsh, Trevor, and Wilgosh, Ron (1998) Solution Focused Therapy: A handbook for health care professionals. Oxford: Butterworth Heinemann.

Hoyt, M.F. (1995), Brief Therapy and Managed Care: Readings for Contemporary Practice. San Francisco: Jossey Bass.

Rollnick, S., Miller, W. and Butler, C. (2008). Motivational Interviewing in Health Care: Helping Patients Change Behavior. NY, NY: Guilford Press

Miller, W. and Rollnick, S. (2002). Motivational Interviewing: Preparing People for Change. Second Edition. NY, NY: Guilford Press

Miller, Scott and Berg, Insoo Kim (1995) The Miracle method: A radically new approach to problem drinking. N.Y.: Norton.

O'Hanlon, Bill and Weiner-Davis, Michele (1988) In Search of Solutions: A new direction in psychotherapy. New York: Norton.

Walter, John and Peller, Jane (1992) Becoming Solution-Focused in Brief Therapy. New York: Brunner/Mazel.

Watzlawick, P., Weakland, J., & Fisch, R. (1974) Change: Problem formation and problem resolution, NY: WW Norton.

Notable Websites:

Today's Presenters:

www.PsychotherapistInBoulder.com

Center for Change: ADAD Licensed treatment center offering psychotherapeutic services for voluntary and court-ordered clientele. Treatment specialties include addictions, trauma, mood disorders and personal growth.

Anjali Nandi, Program Director.

www.btid.com

Brief Therapy Institute of Denver, offering efficient and effective therapy services, adhering to best practice standards. Education resources for clients and professionals, online scheduling and payment options.

Tracey Ayers, co-owner.

Motivational Interviewing:

www.motivationalinterview.org

General information about motivational interviewing.

www.motivationalinterview.org/library/MARMITE_files/frame.htm

www.motivationalinterview.org/library/outcome_files/frame.htm

Two sites dedicated to research on MI including outcome studies of effectiveness.

Brief Therapy:

<http://www.brieftherapy.org.uk/>

The Brief Therapy Practice was founded in 1989 and is now Europe's largest provider of solution focused training with over 4000 professionals from the NHS, local authorities, education and private sector attending courses each year.

<http://www.brieftherapysydney.com.au/>

The Brief Therapy Institute of Sydney (BTIS) is a center in Parramatta - in the western suburbs of Sydney - committed to being a "centre of excellence" for practice, training and supervision in Solution-focused Brief Therapy and applications of "the strengths perspective".

<http://www.sfbta.org>

Solution Focused Brief Therapy Association

Tools/Resources:

www.inflexxion.com

Inflexxion's scientifically developed tools and assessments reduce health-related risks, improve clinical outcomes, and positively influence the quality of care in a variety of settings across the United States. Founded by Simon Budman, author of *Theory and Practice of Brief Therapy*.

www.talkingcure.com

The Institute for the Study of Therapeutic Change website. Research, training, tools, resources and books designed to look at "what works" in therapy settings.

Tools/Resources, continued:

<http://ncadistore.samhsa.gov/catalog/productDetails.aspx?ProductID=15542>
www.samhsa.gov

TIP 34: Brief Interventions and Brief Therapies for Substance Abuse

This Tip, Brief Interventions and Brief Therapies for Substance Abuse, is intended primarily for counselors and therapists working in the substance abuse treatment field. However, those portions of this TIP dealing with specific brief interventions will be useful to any professional service provider working with people with substance use disorders. The goal of this TIP is to make readers aware of the research, results, and promise of brief interventions and brief therapies in the hope that they will be used more widely in clinical practice and treatment programs across the United States.

Colorado Resources:

<http://www.cdhs.state.co.us/adad/>

The mission of ADAD is to develop, support and advocate for comprehensive services to reduce substance use disorders and to promote healthy individuals, families and communities.

<http://www.peerassist.org/>

Dedicated to providing quality and accessible prevention and intervention services in workplaces and communities, focusing on substance abuse and related issues.

www.improvinghealthcolorado.org

Official SBIRT website. Resources and links for healthcare professionals.
(303) 369-0039 X245 or 1-(866) 369-0039 X245

www.coloradoguidelines.org

The Colorado Clinical Guidelines Collaborative (CCGC) is a unique non-profit coalition of health plans, physicians, hospitals, employers, government agencies, quality improvement organizations, and other entities working together to implement systems and processes, using evidence-based clinical guidelines, to improve healthcare in Colorado. All of our [guidelines](#) are available free-of-charge online to Colorado physicians and members of CCGC.

Therapist Directories:

www.therapistunlimited.com

TherapistUnlimited.com is a National directory of centers and counseling services for those seeking help with family and marriage counseling, or treatment for substance abuse, mental and physical disorders, and more. Therapist Unlimited includes listings for therapists, drug rehabs, counseling centers, non-profit orgs and more. The listings in this directory are broken down by state and then by city and provide information about the services offered by each organization.

<http://www.psychologytoday.com/>

Psychology Today's comprehensive national directory of therapists sorted by area of speciality.

CARE COORDINATION FORM

Clinical Notice

DATE:

TO:

FROM: vm:

RE:

I am currently seeing this client for:

- Individual therapy
- Marital therapy
- Family therapy

At this time, my working diagnosis is:

- Major Depression
- Bipolar
- Anxiety Disorder
- Panic Disorder
- Adjustment Disorder
- Substance Abuse
- _____
- Other: _____

- Weekly
- 2x per Month
- Monthly
- As needed

Expected course of treatment:

I have requested the client see you for:

- Evaluation for psychotropic meds.
- Medication management
- Physical examination
- Other
- None of the above

Other concerns include:

- Suicidal tendencies
- Homicidal ideations
- Domestic Violence

****Signed Authorization to Disclose on File****

Current medications client indicates taking:

Comments:

Signature