SUPPLEMENTAL COD SESSION GUIDE

TRIGGER	THOUGHT	→ CRAVING —	→ USE
Today's Date:			
1. What were your treatment goals as related to the impact of substance use on your mental health?			
2. How did working towards these goals or not working towards them contribute to how you are doing today?			
3. Was there any substance use since your last session?			
4. How did this impact your working or not working on your treatment goals?			
Check the client's current level of readiness to work toward change. Please use suggested activities/treatment goals to guide today's session and document in a Progress Note.			
1. Pre-Contemplation	2. Contemp	lation	3. Determination
 Offer factual information Explore the meaning of events that brought the person to treatment Explore results of previous efforts Explore pros and cons of targeted behaviors 	 Explore the perso self-efficacy Explore expectation what the change of the statements Continue explorate cons 	ons regarding various various vill entail ldentify of tivational help per encoura	menu of options for change entify pros and cons of change options and lower barriers to change rson enlist social support age person to publicly be plans to change
4. Action	5. Mainten	ance	6. Recurrence
 Support a realistic view of change through small steps Help identify high-risk situations and develop coping strategies Assist in finding new reinforcers of positive change Help access family and social support 	 Help identify and behaviors (drug-free pleasure) Maintain supportion Help develop escape Work to set new set term goals 	ee sources of ee contact ape plan hort and long ee sources of psycholo strategie encoura process	possible behavioral, ogical, & social antecedents develop alternative coping es Stages of Change and ge person to stay in the
Staff Signature and Title Date			
This confidential information is provided to you in accord with			
State and Federal laws and regulations includ to applicable Welfare and Institutions Code	e, Civil Code and		IS#:
HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization of the client/authorized representative to who it			
authorization of the client/authorized representative to who it Los Angeles County – Department of Mental Health			