SUPPLEMENTAL COD SESSION GUIDE

	THOUGHT-	→ CRA	VING ———	→ 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	Con	2. templation	Dete	3. ermination
 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 	 self-efficacy Explore exp what the characteristic Summarize statements 	person's sense of ectations regarding ange will entail self-motivational ploration of pros and	 Help identify various chan Identify and I Help person Encourage p 	of options for change pros and cons of ge options ower barriers to change enlist social support erson to publicly ans to change
4. Action	Ма	5. intenance	Red	6. currence
 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 try alternative behaviors (drug-free sources of pleasure) Maintain supportive contact Help develop escape plan Work to set new short and long term goals Explore possible behavioral, psychological, & social antecedents Help to develop alternative coping strategies Explain Stages of Change and encourage person to stay in the process Maintain supportive contact 			
Staff Signature and		Date		
This confidential information is provided to y State and Federal laws and regulations includi	Name:		16#.	
to applicable Welfare and Institutions Code, Civil Code and HIPAA Privacy Standards. Duplication of this information for				
further disclosure is prohibited without prior written authorization of the client/authorized representative to who it		Agency: Provider #:		
pertains unless otherwise permitted by law.		Los Angeles County – Department of Mental Health		

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