

**MODULE 3:
FUNCTIONAL ANALYSIS AND
TREATMENT PLANNING**

Table Of Contents

TABLE OF CONTENTS	II
MODULE 3: FUNCTIONAL ANALYSIS AND TREATMENT PLANNING	1
BACKGROUND	1
CHECK-IN	2
INTRODUCE THE TOPIC	2
TROUBLESHOOTING MOTIVATION (OPTIONAL).....	2
DISCUSS THE RATIONALE	3
INTRODUCE THE NEW ROADS WORKSHEET	3
Identify triggers for use	3
Elaborate on triggers.....	4
Summarize triggers.....	4
Identify positive effects	5
Responding to difficulties (Optional)	5
Summarize effects	6
Draw connections	6
Discuss psychological dependence	7
Consider new roads	7
SUGGEST SKILLS FOR IDENTIFIED COPING DEFICITS.....	8
SUMMARIZE TREATMENT OPTIONS	9
CONSIDER ANCILLARY SERVICES.....	9
COMPLETE THE TREATMENT PLAN	10
COMPLETE AGENCY SPECIFIC TASKS	10
SUMMARIZE SESSION.....	10
PREVIEW NEXT SESSION	10
REVIEW HOME ASSIGNMENT	11
END SESSION.....	11
 APPENDIX A: SESSION MATERIALS	 12
NEW ROADS WORKSHEET	13
CLIENT NEEDS ASSESSMENT	14
MENU OF OPTIONS.....	15
SAMPLE TREATMENT PLAN.....	17
MODULE 3 SESSION CHECKLIST.....	18

Module 3: Functional Analysis and Treatment Planning

The primary objectives of this module are to: 1) identify the functional relationship between events that trigger substance use and the desired effects of substance use, and 2) develop a plan for treatment

====|| **Module Outline** ||=====

Target discussion points:

- Check-in
 - Introduce the topic
 - Set the agenda
 - Discuss the rationale
 - Introduce the New Roads Worksheet
 - Identify triggers
 - Identify effects
 - Draw connections
 - Discuss psychological dependence
 - Consider “New Roads”
 - Suggest skills
 - Summarize treatment options
 - Consider ancillary services
 - Complete treatment plan
 - Complete agency specific tasks
 - Summarize session
 - Preview next session
 - Discuss home assignment
 - End session
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Background

Within a cognitive-behavioral model of addiction, substance dependence is the result of maladaptive learning. People come to depend upon substances to achieve desired or needed effects. Depending on substance use as a coping strategy may be a result of never having learned coping skills or over time selecting substance use as the preferred strategy. For many clients who want to make changes in their substance use, the lack of alternative coping resources is a major obstacle to initiating and maintaining change. The functional analysis used in this treatment approach is designed to identify the

relationships between events that trigger substance use and the desirable outcomes that clients seek when they use substances. Understanding these relationships will help therapists to recognize deficits in coping skills that maintain substance use, and formulate a plan to help clients develop these skills.

Check-in

The therapist should conduct a brief check-in to assess how the client has been doing. Time for discussion of client's thoughts, questions, or concerns about the session material from the previous week can be taken as needed.

“Welcome back. It’s good to see you again. How have you been doing since our last session?”

Do you have any questions or thoughts about what we worked on last time we met?”

Introduce the topic

This session marks a major shift in treatment from contemplating the benefits of change to considering how to go about change. To begin this session, the therapist should provide a very brief summary of the most salient client change talk from the previous sessions and then discuss the shift in focus from talking about change to planning how to change.

“Over the last two sessions, you have told me about some of the reasons why you are making a choice to stop drinking. My impression is that the most important of these is to feel better about yourself. You have some serious concerns about work and money and your health, but mostly you want this because you know that drinking has left you feeling unhappy for several years. I know why you are here and what is at stake. Today we can begin thinking about what will be helpful to you as you work towards achieve your goal of not drinking. I hope by the end of our session today we will have a plan you are comfortable with. How does that sound to you?”

Troubleshooting motivation (optional)

Changes in motivation between sessions can be a potential problem as you begin this session. Because this session represents a shift from contemplation to preparation, clients may begin to exhibit some resistant behavior if they are still contemplating change and the therapist is moving towards initiating change. If clients begin to exhibit resistant behavior in this session (e.g., ignoring, negating, talking over) or begin to express more ambivalence about change (e.g., *“I’ve done better this week, I may not need to do anything drastic”*), the therapist should consider more work on exploring ambivalence about change and motivational enhancement from the first two modules.

“As we begin to talk about how you might make some changes in your cocaine

use, it sounds as though you wondering if quitting cocaine is what you want right now. Can you tell me what your thoughts are about this?”

“ My role in this treatment is to help you make a decision about what you want to do, and to then help you to find ways o achieve the goals you set out for yourself. Instead of moving on to working on goals, it might be a good use of our time to talk about what you want to do. Would that be OK for you?”

Based on the discussion with the client, the therapist may return to any of the motivation building exercises in Modules One and Two. Having the client re-rate importance, readiness, and confidence using the personal rulers worksheet may provide some guidance for further discussion of motivation.

Discuss the rationale

Formulating some ideas about what might be helpful to the client requires that the therapist have an understanding of what factors maintain substance use. The functional analysis is one means for achieving this goal.

“I have learned mostly about the reasons why you want to quit using heroin, and today we will begin to think about how you can do this. In order to come up with some ideas that make good sense for you, I would like to get a better understanding of the role heroin has been playing in your life; when you use it, and what positive effects you are looking for when you use it. After talking about how heroin fits into your life right now, I think we will have some ideas about what will be helpful for us to work on.”

Introduce the New Roads Worksheet

The New Roads Worksheet (Appendix A) is a tool for examining the functional relationship between triggers for substance use and the desired effects of substance use (Miller, 2004). This worksheet provides the client with an opportunity to identify specific areas of his or her life in which coping deficits may relate to substance use. The exercise should be completed to reflect the relationships that maintain substance use in immediate past and the present.

“We are going to use this worksheet to begin mapping out how substance use fits Into your life.”

Identify triggers for use

Record each antecedent to drinking or drug use in the Triggers column of the New Roads Worksheet.

“I’d like to start out talking about triggers. Theses are situations in which you have been most likely to drink or use drugs in the recent past. A trigger might be a specific place, being with specific people, certain times of day, or even changes In your mood. When have you been most likely to feel like having a drink or getting high?”

Use evocative questions to elicit a representative group of triggers.

“What else?”

“If you stopped using alcohol today, when would you most want to have a drink over the next week?”

“Are there times in your daily life that you can’t imagine going without a drink?”

“If you stopped using cocaine today, are there people you know you would need to avoid altogether in order to not get high?”

Use directive questions as needed

“What about changes in your mood, like when you are feeling upset about something?”

“Sometimes people are more tempted to use when they are feeling good. Is that ever true for you?”

Elaborate on triggers

Clients will sometimes identify effects (e.g., “I drink when I want some relief”) when asked about triggers. Use follow-up questions as needed to have the client elaborate on the triggers that are connected to the desired effect they are discussing. Clients may discuss triggers which are largely circumstantial (e.g., “I drink at the end of the day”) but have specific features which are important to understanding coping deficits.

Client: “I drink at the end of the day, usually as I start cooking dinner.”

Therapist: “There’s something about that time of day for you.”

Client: “I think it is just my routine for unwinding.”

Therapist: “One part of the end of the day that makes it a trigger is feeling wound up?”

Client: “The first glass of wine takes that feeling away every time.”

Therapist: “Something you look forward to during the day.”

Client: “I work hard, I deserve to feel good at the end of the day.”

Therapist: “So another part of the end of the day that is a trigger is feeling like you deserve some reward or pleasure?”

Summarize triggers

“It sounds like we have gotten most of these. Let me read back what we have come up with so far. Some of the circumstances that seem to be related to you wanting to use alcohol are when you are feeling depressed, when you are around others who are drinking, at the end of the day when you want a reward, on special occasions when it seems polite to celebrate by drinking with others, when you are feeling angry, and also when you are bored. Does that sound about right?”

“This probably accounts for most of the circumstances when you drink but perhaps not all. If you think of something else we can always add it in later.”

Identify positive effects

The client will likely have discussed some positive effects in the course of identifying triggers. Summarize these and ask the client to identify other desired effects of substance use.

“I have already learned about some effects you look forward to when you drink, like feeling some relief from stress and forgetting about the day. I am wondering what other effects of drinking you enjoy?”

Use of evocative questions can be helpful for eliciting multiple effects. Both positive reinforcement (e.g., euphoria, drug effects) and the negative reinforcement (e.g., numb feelings, stop worrying) that may result from substance use should be considered as factors that maintain substance use.

“What else?”

“If you stopped using alcohol today, what would you miss most?”

“Does drinking make some things in your life more tolerable?”

“What is the feeling you are looking for when you have your first drink of the night?”

Directive questions can also be used as needed:

“You mentioned drinking in some social circumstances, what do you think alcohol does for you in that type of situation?”

Responding to difficulties (Optional)

If the client does not want to talk about positive consequences of drinking or drug use “normalizing” and “distancing” strategies may be used to elicit client discussion of positive drug effects.

Normalizing involves letting the client know that it is common for people who drink or use drugs to have some things they like about it.

“All people who drink or use drugs have some things that they like about alcohol or drugs. This is why people continue to use them even in the face of negative consequences. If we can talk about it we may have a better understanding of why you were attracted to drinking or drug use.”

Distancing involves talking about substances use in the past tense. This may help to minimize the feelings of conflict that some clients experience when they discuss positive effects of substances while they are working to maintain sobriety.

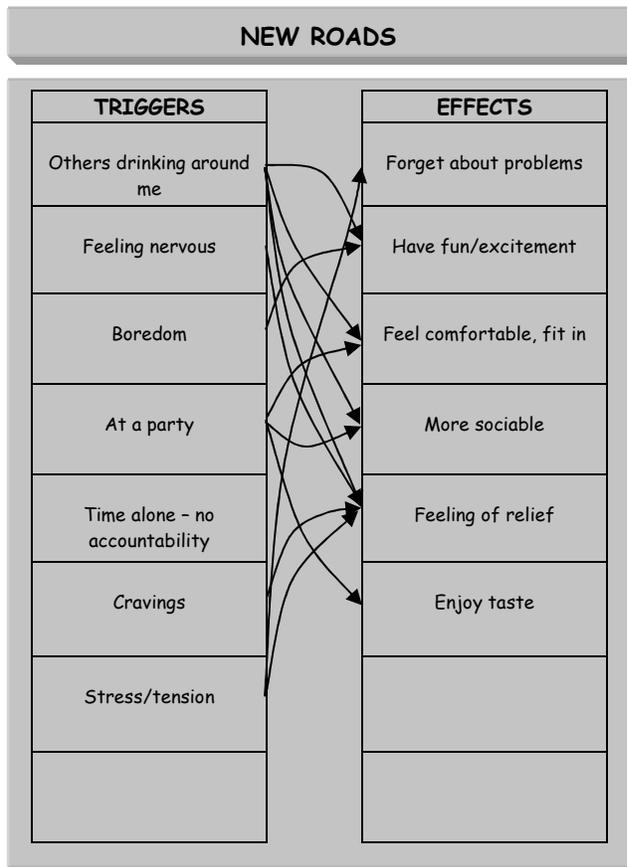
“You’re not drinking or using drugs right now and I understand from what you said that is how you want to keep it. I’d like to talk about the past when you were using.”

Summarize effects

“ It sounds like we have gotten most of these. Let me read back what we have come up with so far. Some of the desirable effects of drinking that you see include reducing stress, forgetting about the day, feeling more socially confident, being able to stand up for yourself, feeling some excitement, feeling rewarded, and relieving boredom. Does that sound about right? This probably accounts for most of the effects you are looking for when you drink but perhaps not all. If you think of something else we can always add it in later.”

Draw connections

The therapist should help the client make a connection between the triggers and the effects on New Roads worksheet.



“As you can see I’ve written down the triggers or situations in which you have been likely to drink and the effects of drinking that you are expecting when you drink. People often use alcohol as a way to get from here (Point to triggers) to here (point to effects). Let’s focus on one of your triggers and effects and discuss how they might be connected.”

“For example, you said that you are likely to want to drink when you are around others who are drinking. You told me that drinking helps you to fit in and Feel part of the crowd (therapist draws connection). Are there other effects that you would expect or like to have in this

situation? Can you make some more of these connections?"

Have the client work on making connections. It is not essential to pair all items but encourage the client to make as many connections as possible. In some cases it may be necessary to add something new to either the trigger or effect column.

Discuss psychological dependence

The relationship between triggers and effects is a good representation of how the client has come to rely on substances to achieve some desired effect or cope with some unpleasant circumstances. Attempting to cut back or quit using substances often causes acute discomfort for clients, and, without other options to manage the distress, continued substance use is more probable. This psychological dependence on substances will persist until clients have addressed the deficit in coping skills and have found other means for achieving these effects.

"You have mapped this out well. One thing I noticed right away is that almost every trigger leads to this effect of "feeling relaxed." It is clear that feeling relaxed is an important effect for you, and drinking is how you get there most of the time.

What we have here is a map of how you have come to depend upon alcohol in your life. If alcohol dependence were just a physical problem, you could get a 3-day detox and come out never wanting to use again. In some way, this is a map of what keeps you using alcohol even when you may not want to. This is psychological dependence. Over time you have come to depend on alcohol to achieve these positive effects. When you stop drinking, you may begin to feel uncomfortable, not because of any physical withdrawal, but because you are not finding a way to get from this side (point to triggers) to this side (point to effects). Breaking the psychological dependence involves finding another way to get from the trigger to the effect that does not involve alcohol. If you can find ways to achieve some of these effects without drinking, I think you are going to have a lot less desire for alcohol. What do you think?"

Consider new roads

Introduce the idea of finding a new road or path for achieving desirable outcomes in each trigger situation.

"So I am curious, as you look at all of these triggers and the desired effects, can you think of any way that you could get to the effect you are looking for without alcohol as a road or path?"

If the client has trouble identifying any alternative coping strategies, reminding the client of alternative strategies that he or she talked about in previous sessions may be helpful for moving the discussion forward.

“Earlier you told me that watching TV is a good escape form reality for the moment. This is one way to get this effect of forgetting about problems. Can you think of any other ways?”

As the client discussion current coping strategies and possible new means for achieving the desired effects, reflect and affirm as needed.

“Exercise has worked for you in the past when you are feeling stressed and it may be something that could help you again now. These are great ideas you are coming up with. What else can you imagine would help you get from any of there triggers to the desired effects without drinking?”

The therapist should keep a detailed account of the new roads that the client identified over the course of this discussion and when the client has run out of ideas, summarize the client’s strategies.

“You have really done a great job coming up with other ways to achieve these effects without needing to drink to get there. You have things that you have been using for a while that work in some of these situations. You also have some ideas about new strategies you could try for a few of these trigger situations, such as exercise, distracting yourself, and leaving your house when you are bored. These are all great ideas.”

Suggest skills for identified coping deficits

For each of the trigger and effect relationships, the therapist should consider what skill deficits may maintain the relationship and build client motivation for learning new coping skills.

“There are some triggers that do not seem as easy to find new roads as the others. For instance, being out at a restaurant is more challenging to you. Drinking in this environment enhances the positive time you have, and you have doubt that you could get through this trigger situation without drinking. You could avoid going out to dinner altogether, but that might feel like more of a sacrifice than you want to make. Separate from the effects of alcohol, it sounds like there is some genuine pleasure for you in going to dinner with your friends, I have some ideas about how we can work on helping you to be able to enjoy this aspect of your life without having it lead you back to drinking. Would that be interesting to you?”

“Great. One of the areas we could work on here is how to cope with cravings or urges to drink. In a restaurant with your friends, I imagine that the urge to drink, the feeling of temptation, can get pretty strong. I have some ideas about how to handle that kind of feeling and overcome the urge to drink. Would it be worth adding this topic (Urges) to our list of things to work on?”

“The other idea I am thinking that would help with this situation and a few others on your trigger list is for us to talk about social pressure. What I mean by social pressure is that when people around you drink, you probably feel tempted to join in whether anybody encourages you or not. You probably know that if you stand in a room full of people who are drinking and you have nothing in your hands it sort of situation and others like it where you are around people who are drinking and you really don’t want to drink. Could we add this topic (Social Pressure) to our list of things to work on?”

For some of the effects, there may be no equivalent alternative coping strategy that could be used to achieve the effect (e.g., feeling buzzed, losing control). Sometimes the desired effect can be reframed so that there is some alternative coping strategy that would help to fulfill the need.

“So I can’t suggest other ways to feel buzzed and lose control but I get the sense that part of what you like is the initial excitement you feel when you are drinking. Boredom is one of the triggers related to these effects, and, as I think about this it really would be good if you could find ways to create some excitement in your life, especially when you are feeling bored. It won’t be the same as drinking to get some excitement, but we could work on helping you to find some genuine pleasure and excitement in your life without drinking. Would you like to work on this topic (Pleasure, reward and happiness)?

The therapist may want to use the “Menu of Options” in appendix A as an information sheet for client’s to better understand the choices available.

“We have talked about some of the options for how we can work together. There are some others that we have not talked about- I have a sort of menu of options that you can review and see if there are others areas you would like to focus on.”

Summarize treatment options

“So this is what we have so far. You have some ideas about things you can get started with to help you achieve and maintain abstinence. You want to start exercising again and you have ideas about getting back to the other things you used to enjoy. We identified a few areas that we can focus on during our time working together. You seem interested in learning ways to handle drinking situations, working on coping with the temptation to drink, getting involved in AA, and exploring some non-drinking activities in your life that will be more rewarding. Our goal is to help you find the means for achieving these important effects that you get from drinking without needing to drink. Do you think we have missed anything?”

Consider ancillary services

Some clients may benefit from and ask for treatment alternatives that the therapist would normally not provide. For example clients who use substances to cope with feelings of depression may ask about antidepressant medications. Client may also request help with areas of social functioning that are not covered in this treatment manual but are important for long-term stability (e.g., housing or employment). Clients may also benefit from an evaluation for medication to treat their addiction. Consideration should be given to the other types of treatments and services that may benefit the client. Review of the Client Needs Assessment may help to determine if Case Management (Module 13) should be added to the treatment plan.

Complete the treatment plan

The therapist should use the agency-specific treatment planning tools to create a treatment plan for the client (see Appendix A for a sample treatment plan). Allowing the client to select and prioritize the options for treatment may enhance the client's commitment to the plan.

After the therapist and client have reviewed the treatment plan, the therapist should ask the client to make a final commitment to the plan.

“Are you ready to go ahead with this plan?”

If the client is committed, the therapist and client sign the plan. If the client is unwilling to commit to specific goals, he or she can be asked to defer the decision until a later time.

“It sounds like you're not quite ready to make this decision yet. This feels like a tough choice for you. Why don't you think about it between now and our next meeting, both the benefits of making a change and of not changing, and we can explore it further next time?”

Complete agency specific tasks

Complete any agency specific paperwork with the client as needed.

Summarize session

The therapist should provide a closing summary of the session highlighting major accomplishments made during the session, reviewing any commitments the client has made to try out new strategies, and recognizing the client's efforts.

“We have accomplished a lot today. I appreciate all of the work that you have put into this so far. We have a good working model for what has kept you drinking, what I called psychological dependence. We have some ideas about how to break this dependence, and you have committed yourself to this plan for change.”

Preview next session

Provide a brief preview of what will be covered in the next session.

“In our next session, we will begin to work on this first treatment topic (refer to treatment plan). I’m hoping this will add to the skills you already have and make it easier for you to get through these situations (refer to new roads) without drinking. How does that sound to you?”

Review home assignment

The therapist may assign home exercises as need to continue to work on the skills and concepts within the current module, or to prepare the client for material that will be covered in the next session.

End session

“I look forward to our next session. Do you have any other questions, concerns, or thoughts before we end today?”

**APPENDIX A
FUNCTIONAL ANALYSIS AND
TREATMENT PLANNING
SESSION MATERIALS**

NEW ROADS

TRIGGERS

EFFECTS

Client Needs Assessment

Please indicate whether you need assistance with any of the following areas in your life:

1. Housing	YES	NO
2. Career (employment, training, education)	YES	NO
3. Finances (assistance programs, debt counseling, budgeting)	YES	NO
4. Medical health	YES	NO
5. Mental health (counseling, medication)	YES	NO
6. Dental care	YES	NO
7. Legal issues	YES	NO
8. Support (self-help and support groups)	YES	NO
9. Personal safety (domestic violence or abuse)	YES	NO
10. Daily necessities (food, clothing, heat, water)	YES	NO
11. Family/Marital problems	YES	NO
12. Childcare problems	YES	NO
13. Other _____	YES	NO
14. Other _____	YES	NO
15. Other _____	YES	NO
16. Other _____	YES	NO

Menu of Options

Handling urges or cravings to use

Urges to use or cravings for the substance are normal and expected. Sometimes these feelings may feel out of control to you – like you don't have any choice but to give in and use. One skill that you can work on in this treatment is how to get through cravings and urges with using.

Handling social pressure and being around others who use

It may not be possible (or desirable) to avoid all of the people you know who continue to use. Some of these people may encourage you to join them in using, other use on their own or in front of you without ever pressuring you. Having good skills for handling both of these types of people will help you to avoid being influenced by other people. In this treatment you can work on skills for dealing with others that use.

Using Social Support

The people you surround yourself with can make a big difference in whether you get better or stay the same. Being around people who encourage you to continue using is a challenge even if you are more determined than you have ever been. Being around people who support your decision to change can help you to achieve this. In this treatment you can work on expanding your support for change and decreasing your time around people who do not want to see you change.

Finding your reward

You may have found that using gives you a moment of relief from something, helps you forget about problems, or just feels good in the moment. Finding relief, reward and pleasure are all important to feeling happy in life. If you make the choice to not use substances to get these effects, it may feel like you are giving up something that is important. One of the most important skills you can learn in this treatment is how to find relief, reward and pleasure without needing to use substances.

Reducing risky decisions and risky thinking

If you have ever tried to cut back or quit before, you probably know what that it's hard to always make healthy decisions. You probably also know that you are sometimes your own worst enemy when you convince yourself to do things that you know are too risky. Everybody has different ways of talking themselves into something. Knowing your own risky thinking and being ready to challenge it will help you to make fewer unhealthy choices. In this treatment you can learn to better recognize your thinking and decision making that lead up to using.

Menu of Options

Handling unpleasant feelings

Unpleasant feelings are a normal part of everybody's life. If you have used substances for a long time to get relief from these feelings, it may feel overwhelming to have them and not use. Unpleasant feelings are also the most common reason for relapse. There are techniques you can learn in this treatment to have some control over how intense these feelings are and how you cope with them.

Test drive sobriety

You may not be certain about your ultimate goal. Committing to lifelong abstinence may feel overwhelming but you're not sure you can just use less. If you have been in treatment many times before, you may have already figured this out for yourself. Whatever your history is, it may be helpful to try a period of no use to see what it will feel like. You can work with your therapist and decide on a time period of no use to see what it will feel like. You can work with your therapist and decide on a time period when you would like to try to completely abstain.

Getting back on track after using

If you have ever started to make this change before and gave up using, you know how hard it can be to get back on track after heavy use. You may have felt discouraged after using, like you've ruined everything you were trying to do. Sometimes the negative feelings that come with resuming use lead people to use even more or for longer periods of time. One of the skills you can learn in this treatment is how to prepare yourself in case this happens so that you don't give up after a minor setback.

Getting additional help

You may have some other problems in your life right now that make it hard to tackle your substance use. If you are trying to get help for other problems (e.g., medical, legal, vocational) right now, you can spend some time with your counselor in this treatment finding the appropriate persons or agencies to help you with this.

Considering medication

There are some medications that help people to overcome problems with alcohol and drugs. Not all people may benefit from medication and there is no "magic bullet" that will cure problems with alcohol or drugs, but many people do find that medication helps them to reduce or stop using substances. You can spend some time in this treatment talking about options that may be available to you.

Treatment Plan

Problem Area	Short-Term and Long-Term Goals	Planned Intervention

Module 3 Session Checklist

Functional Analysis and Treatment Planning

PREPARATIONS	✓
Session checklist	
Agency-specific paperwork	
<i>New Roads worksheet</i>	
Client Needs Assessment	
GETTING STARTED	
Check-in	
Troubleshoot motivation (optional)	
Discuss the rationale	
Set the agenda	
INTRODUCTION THE NEW ROADS WORKSHEET	
Identify triggers for use	
Elaborate on triggers	
Summarize triggers	
Identify positive effects	
Respond to difficulties (optional)	
Summarize effects	
Draw connections	
Discuss psychological dependence	
Consider <i>New Roads</i>	
SUGGESTING SKILLS	
Suggest skill areas	
Summarize treatment options	
Consider ancillary services	
Complete the treatment plan	
COMPLETION OF AGENCY SPECIFIC TASKS	
WRAP UP	
Summarize session	
Preview next session	
Assign home exercise	