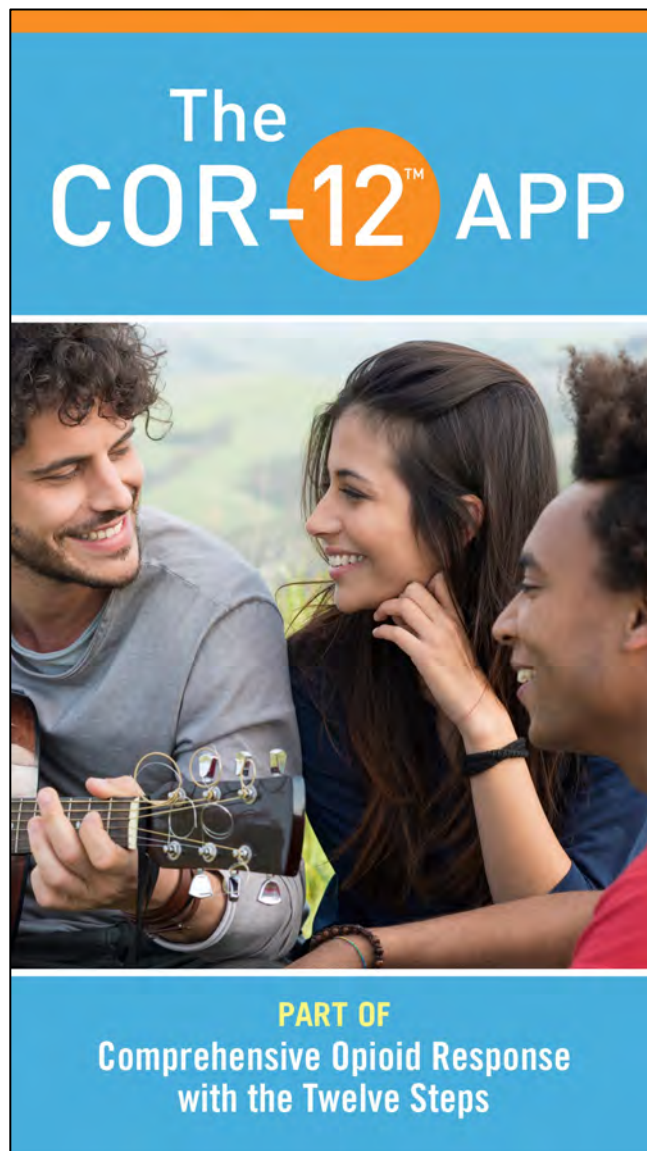


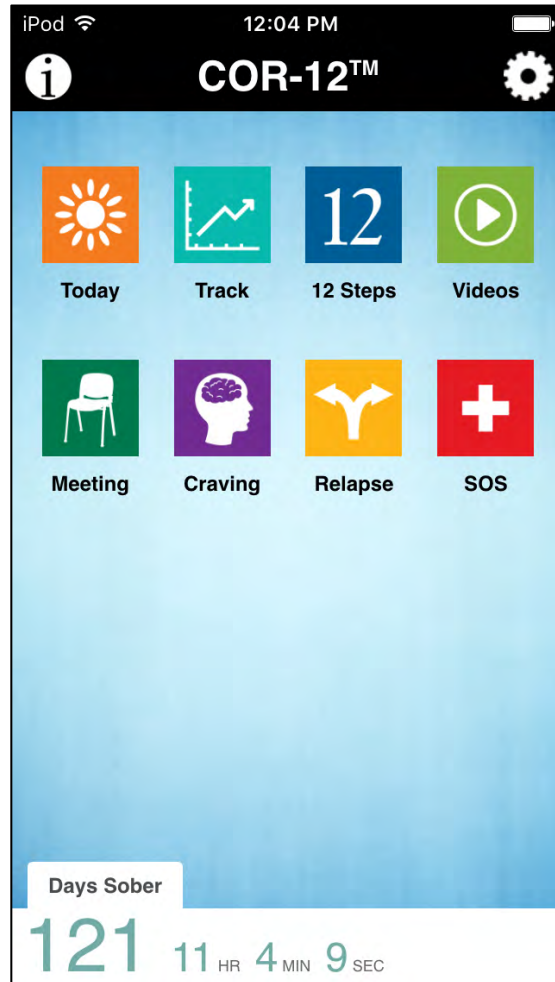
COR-12 App

Counselor Guide



Designed for those in recovery from opioid addiction (including heroin and prescription painkillers), the COR-12 App uses the Twelve Steps and Medication-Assisted Treatment (MAT) concepts to help your clients stay active and on track in early recovery.

The COR-12 App includes sharable daily messages, video clips featuring recovery and MAT experts, a sober counter to track time in recovery, information and tools on the Twelve Steps and relapse, a Stop Cravings tool, a customizable home screen, and more.



GOALS OF THE COR-12 APP

- Create a bridge between treatment and the return to a supportive community
- Achieve higher recovery success rates through easily accessed tools and support
- Help participants abstain from using and sustain a healthy lifestyle change
- Prevent or shorten the episodes of relapse

INTEGRATING THE COR-12 APP INTO YOUR TREATMENT DELIVERY SYSTEM

In order to successfully implement the use of the COR-12 App with your clients, and subsequently enhance your clients' recovery success, it is important to consider how you will integrate this service into your existing treatment delivery system. It is also important to educate all clinical staff so everyone is delivering the same service, message, and support.

The COR-12 App can be used during any level of care. Here are some suggestions for integration:

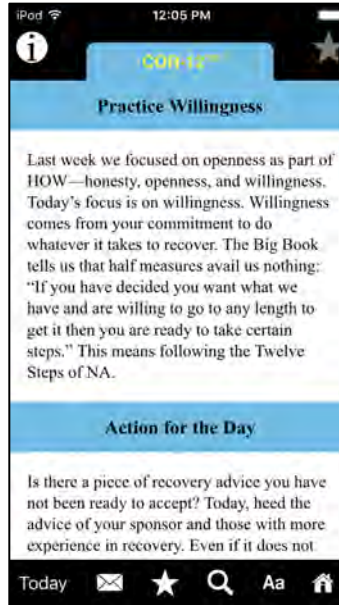
1. Have non-clinical staff introduce the app individually or in a group setting to new admits.
 - Using non-clinical staff saves valuable clinician staff time.
 - Presenting to a group of clients, instead of individually, saves staff time.
 - If your clients have access to their phones or mobile devices while in treatment, have them download the app and give them 15–20 minutes to explore.
 - If your clients do not have access to their phones or mobile devices while in treatment, use mobile tablets with the app already preloaded. Have them sit in groups of two or three and explore the app.
 - Use your discharge staff to help clients download the app on their phones when the phones are returned to them.
 - Hand out the client guide.
2. Write the use of the app into your clients' treatment plans. If you have an EHR system, load problem, goal, objective, and methods into this system. For example:
 - Problem: Seems to be unaware of the obstacles he will face when he leaves treatment.
 - Goal: Become familiar with the Powerups and Obstacles within the app.
 - Objective: Become aware of what might hold me back in my recovery.
 - Method #1: Discuss with my counselor what fears I have about staying sober.
 - Method #2: Discuss with my counselor or a trusted peer how I will deal with using friends or family members when I leave treatment.
3. Show one of the short videos within the app to a treatment group and then facilitate a discussion.
4. Discuss how clients are using the app during scheduled and nonscheduled meetings with their primary and continuing care counselor, cd tech, social worker, psychologist, etc. Discussions can also take place during treatment group meetings, senior peers meetings, and free time in peer-to-peer conversations.
5. Have clients share daily messages and facilitate discussions.
6. Ensure that the multi-disciplinary team understands the app so they can support the clients' use of it.

COR-12 APP FEATURES

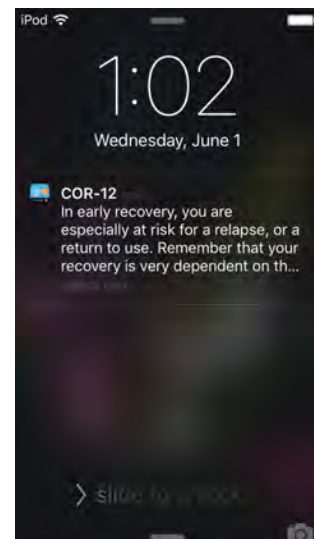
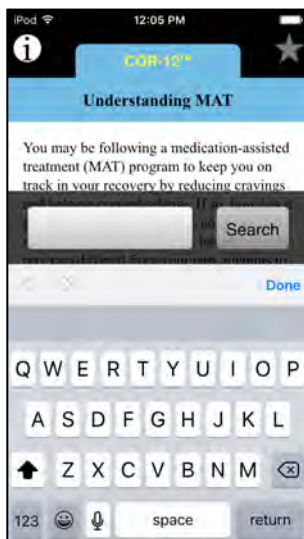
Use the app functions to inform your patients’ treatment plans.

Daily Guidance and Inspiration

Each day, users can read a message of guidance delivered in a sequence designed to support their recovery. Each message contains an action or activity to encourage further engagement in their recovery practice and ends with an inspirational thought for the day.



Users can mark their favorite messages, search them by keyword, and share the messages with friends. They can also set a time to receive a daily notification to remind them to read today’s message.



Videos

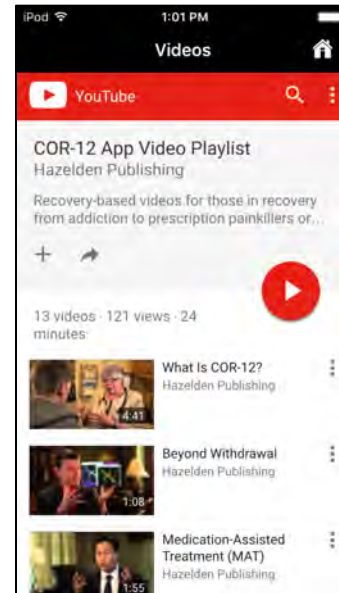
Video clips feature a variety of professionals and individuals in recovery who engage and motivate users as they progress in their sobriety. Use the videos in peer-to-peer settings, treatment group settings, as patient assignments, and in continuing care plans.



Videos

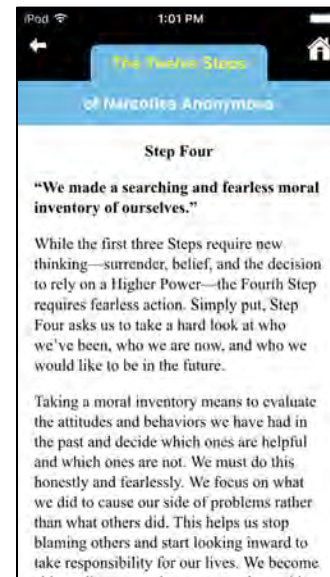
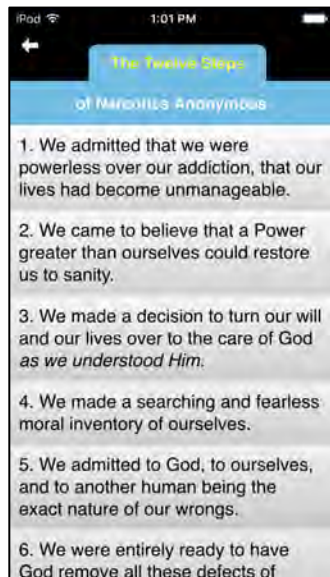
Video topics include:

- What Is COR-12?, 4:41 min.
- Beyond Withdrawal, 1:08 min.
- Medication-Assisted Treatment (MAT), 1:55 min.
- Plan Your Daily Schedule, 1:34 min.
- Find Your Higher Power, 2:07 min.
- Trust the Process, 1:53 min.
- Be Vigilant: Avoid Overconfidence, 1:21 min.
- Stay Stopped, 1:07 min.
- The Disease of Addiction, 2:37 min.
- Powerlessness, 2:13 min.
- Does Treatment Work?, 1:28 min.
- Recovery Is the Answer, 1:10 min.
- Benefits of 12 Step Recovery, 1:45 min.



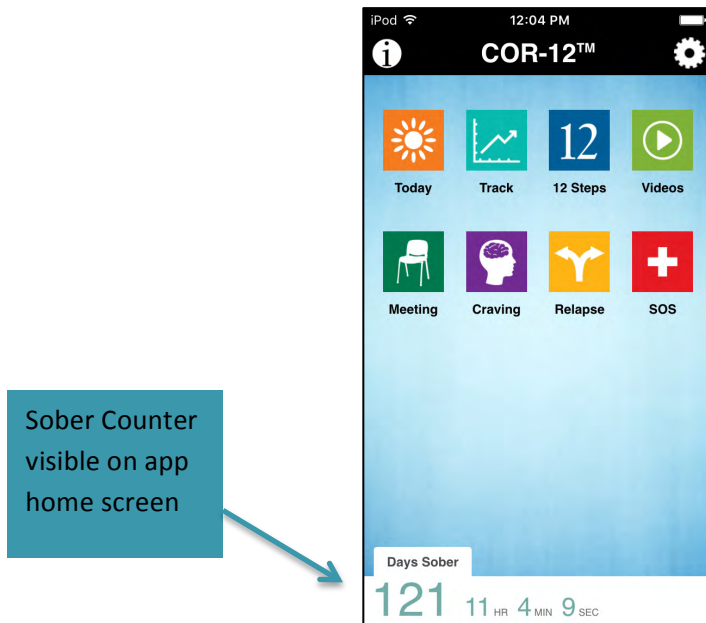
The Twelve Steps

A list of the Twelve Steps of NA is easily accessed using the Twelve Step tool. Users can click on each Step for more information about that Step.

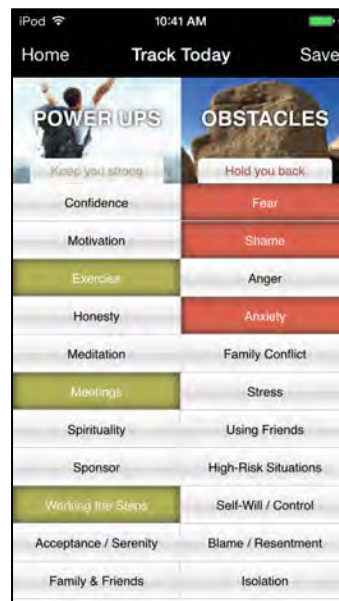
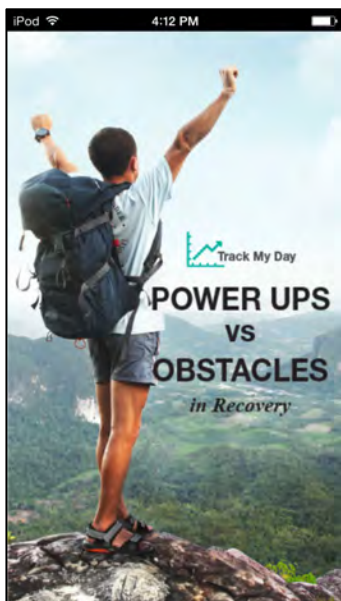


Tools for Tracking Personal Progress and Trends

By inserting the specific date of their recovery anniversary, users can view their sober stats to monitor the days, hours, minutes, and seconds that they've been in recovery. If a user experiences a relapse, the date can be reset and the time will start accumulating once again.

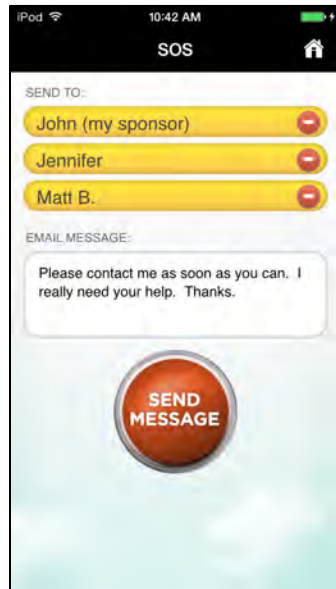


A user-friendly Track tool helps clients track their biggest obstacles to successful recovery (such as stress, anger, and anxiety) and their greatest strengths or “power-ups” (such as meditation, honesty, and exercise)—and monitor these over time. Clinicians can use this tool in clients’ treatment plans. Use this tool as discussion items in individual therapy or treatment group settings.

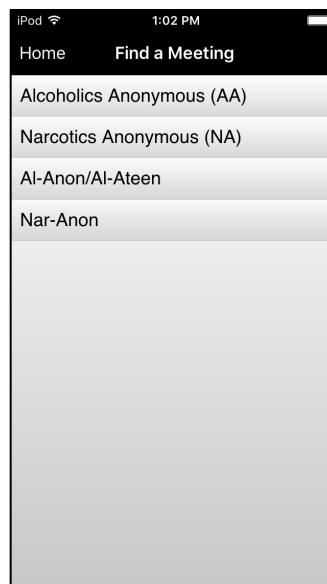


Community Support System and Meeting Finder

Users can program contact information (phone numbers on phones, e-mail addresses on tablets) for their counselor, sponsor, and other key supporters into the SOS tool. If needed, supporters can be contacted with the touch of a button.

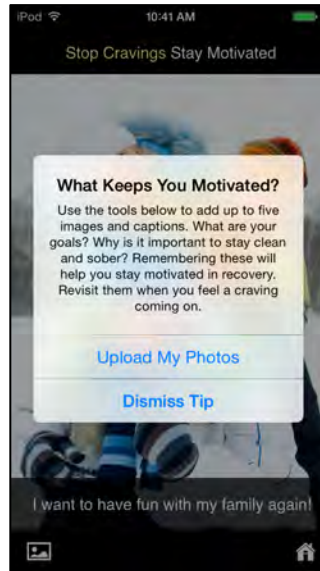


The Meeting tool provides direct access to the websites for AA, NA, Al-Anon/Al-Ateen, and Nar-Anon where users can look for nearby meetings.

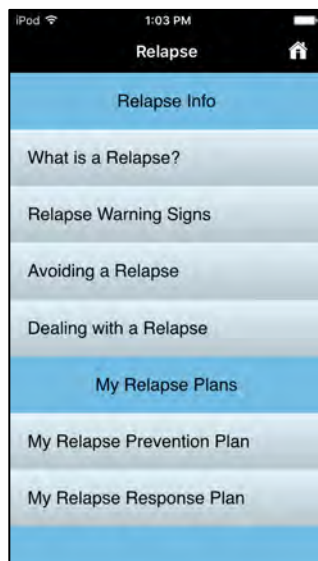


Preventing Cravings and Relapse

Users can insert personal photos and captions into the Stop Craving tool to remind them of their recovery goals and motivations. Users can revisit these photos when struck by a craving or when in need of inspiration.



Within the Relapse tool, clients can create personalized relapse prevention and response plans, which can be accessed whenever the user runs into a situation where they might be tempted to use. This tool can be used as part of a client’s treatment plan. Have them discuss some of their issues in treatment group with others who are also using the app. Additional content in the Relapse tool includes: What is a Relapse?, Relapse Warning Signs, Avoiding a Relapse, and Dealing with a Relapse.



HOW TO USE THE COR-12 APP

Sober Counter and Homepage Image

- The sober counter on the homepage begins counting the moment you first open the app.
- To adjust the counter to accurately reflect your time of sobriety, touch the Settings (gear) icon in the top right corner of the homepage. Use the Set Days Sober button to set the month, day, and year of your sobriety anniversary.
- Reset the sober counter to zero to reflect a relapse and watch your time immediately start to grow again.
- In Settings you can upload your own photo as a background image for the homepage.

Today: Daily Message

- Use the Today button to access today's daily message.
- Touch the Search (magnifying glass) icon in the lower toolbar to search the messages by keyword.
- Touch the grey star in the upper toolbar to mark a message as a favorite. The star will turn yellow.
- Touch the white star in the lower toolbar to easily access the list of your favorites.
- Remember to share your favorite daily messages with a friend by touching the envelope icon in the lower toolbar.

Daily Reminder

- From the homepage, touch the Settings (gear) icon in the upper right corner.
- Use the buttons to choose a time of day to receive a pop-up alerting you to read the daily message.

Track My Day

- Use the Track button on the homepage to perform your daily inventory.
- Each day, select items that helped your recovery (Power Ups) and things that are holding you back (Obstacles).
- Touch "Save" and you will see a cumulative bar chart that keeps growing each time you track your day.
- The chart is designed to report how often you experience specific Power Ups and Obstacles.
- Share your chart with your counselor, a sponsor, or other friend in recovery for added support and guidance.

12 Steps

- Use the 12 Steps button on the homepage as a handy reference list any time you need to review the Twelve Steps.
- Touch any Step for more information on how to work that Step.

Meeting Finder

- Use the Meeting button on the homepage to find a meeting near your current location with easy links to the websites for AA (Alcoholics Anonymous), NA (Narcotics Anonymous), Al-Anon/Al-Ateen, and Nar-Anon.

Stop Cravings, Stay Motivated

- Use the Craving button on the homepage to combat cravings and stay focused on your goals.
- Within this tool, use the lower toolbar to upload and store up to five images of friends, family members, your passions, and your aspirations.
- Write a caption for each photo to remind you of what keeps you motivated in recovery.
- Revisit the photos when you are struck by a craving or when you need inspiration.

Relapse

- Use the Relapse button on the homepage to find information on avoiding relapse and to create and access your own relapse prevention and response plans.
- Touch the notes field to enter your personalized relapse prevention and response plans.

SOS: Community Support System

- Use the SOS button on the homepage to quickly and easily send a message requesting help to your three primary support people.
- Touch the message field to edit the prepopulated message.

Videos

- Touch the Videos button for access to videos on recovery-based topics.

USING THE EVIDENCE-BASED MODELS AND BEST PRACTICES IN THE APP WITH YOUR CLIENTS

Twelve Step Facilitation

1. Explain the disease model view of addiction and interpret slips and resistance to AA/NA in terms of the power of addiction and the dynamics of denial.
2. Introduce the Twelve Steps and related concepts and help patients understand key themes and concepts (e.g., denial, powerlessness) by identifying personal experiences that illustrate them.
3. Introduce, explain, and advocate reliance on the fellowship of AA/NA as the foundation for recovery that should be thought of as an ongoing process of “arrest” (as opposed to cure).
4. Explain the role of a sponsor and help patients identify what they would most benefit from in a sponsor.
5. Answer questions about material found in the Big Book, *Twelve Steps and Twelve Traditions* (“Twelve by Twelve”), and other readings.
6. Encourage attendance at AA/NA meetings, monitor patient involvement in AA/NA, and actively promote a progression toward greater involvement in AA/NA (for example, by going to meetings that require more personal involvement such as Step meetings and discussion meetings).
7. Remain vigilant for signs of denial, particularly in patient accounts of slips, and explain slips in terms of denial.
8. Suggest recovery tasks that will enhance patients’ understanding of addiction and AA/NA as well as their successful integration into the fellowship of AA/NA.

Adapted from “Patient Objectives”:

9. Facilitate patients’ understanding of some of the ways in which their thinking has been affected by addiction.
10. Facilitate patients’ understanding of how their thinking may reflect denial (“stinking thinking”) and thereby contribute to continued drinking/using and resistance to acceptance (Step One).
11. Facilitate patients’ understanding of the connection between their addiction and negative consequences that result from it.
12. Facilitate patient understanding of the AA/NA view of emotions and how certain emotional states (e.g., anger, loneliness) can lead to drinking/using.
13. Educate patients about some of AA/NA’s practical suggestions for dealing with emotions so as to minimize the risks of drinking and using other drugs.
14. Facilitate patients’ understanding of how the powerful and cunning illness of addiction has affected their whole lives and how many of their existing or old habits have supported their continued use.
15. Facilitate patients’ ability to turn to the fellowship of AA/NA and make use of its resources and practical wisdom to change their addictive behavior.
16. Facilitate patients’ understanding of the need to “get active” in AA/NA as a means of sustaining their sobriety.

17. Facilitate patient attendance and regular participation in AA/NA meetings of various kinds, including AA- and NA-sponsored social activities.
18. Encourage patients to obtain and develop a relationship with a sponsor.
19. Facilitate patients' understanding of the need to access AA/NA whenever they have the urge to drink/use or suffer a relapse.
20. Facilitate patients in reevaluating relationships with "enablers" and fellow addicts.
21. Facilitate the development of hope for recovery.
22. Facilitate the development of a belief and trust in a power greater than patients' own willpower.
23. Facilitate patients' acknowledgement of character defects, including specific immoral or unethical acts and harm done to others as a result of their addiction.

Cognitive-Behavioral Therapy

1. Complete a functional analysis by identifying specific patient thoughts, feelings, and circumstances before and after use. This is done to assess high-risk situations and provide insight into reasons why an individual may be using. Later, it assists in identifying situations or states in which the individual still has difficulty coping.
2. Teach patients how to recognize urge "triggers" so they can reduce exposure to them. Have patients self-monitor and record daily urges, identify their antecedents (or triggers), rate their intensity, describe how they reduced or eliminated the trigger, and record the coping behavior(s) used.
3. Teach patients how to use specific urge-coping strategies (e.g., finding a distracting activity, talking it through, "urge surfing").
4. Teach patients how to manage thoughts about use (and/or manage depression, anxiety) by reviewing specific types of cognitive distortions (or maladaptive thoughts) and asking specific restructuring questions to challenge and shape thinking.
5. Teach patients how to think beyond the more immediate pleasure associated with use, to play out the mental image of the possible use episode to the end, including all of the detrimental consequences that could arise.
6. Help patients avoid visualizing what they are not going to do, but instead to picture a substitute or opposing behavior that they are going to do in place of drinking or using.
7. Provide problem-solving skills training. Assist patients in doing the following: (a) Recognize the problem (Is there a problem?), (b) Identify and specify the problem (What is the problem?), (c) Consider various approaches to solving the problem (What can I do to solve the problem?), (d) Select the most promising approach (What will happen if...?), (e) Assess the effectiveness of the selected approach (What did happen when I...?)
8. Conduct refusal skills and assertiveness training. Basic steps to review and practice: (a) Respond rapidly, (b) Have good eye contact, (c) Respond with a clear and firm "no" that does not leave the door open to future offers, (d) "No" can be followed by changing the subject, suggesting alternative activities, and clearly suggesting the person not offer alcohol or other drugs again in the future.
9. Teach patients how to plan for emergencies or high-risk situations. Basic skill guidelines: (a) Leave or change the situation or environment, (b) Put off the decision to use for 15 minutes, remembering that cravings are time-limited, (c) Challenge thoughts about using,

- (d) Think of something unrelated to use, (e) Remind self of successes to this point, (f) Call list of emergency numbers.
10. Teach patients how to cope with a lapse. Basic skill guidelines: (a) Get rid of alcohol or other drugs and get away from the lapse setting, (b) Realize that one use does not have to result in a full-blown relapse; don't give in to guilt or blame as these feelings will pass in time, (c) Call for help, (d) Examine lapse with counselor, discuss events prior to lapse, identify triggers and reactions to them, establish a plan to cope with a similar situation in the future.
 11. Facilitate patient understanding of seemingly irrelevant decisions. Convey to the patient the kinds of seemingly irrelevant thoughts, behaviors, and decisions that may culminate in a high-risk situation. Encourage patients to articulate and think through all decisions, no matter how small, in order to avoid rationalizations or minimizations of risk.

Model of Relapse Prevention

1. Introduce the concept of high-risk situations and help participants identify them in their own lives.
2. Explain that high-risk situations can come from a variety of people, places, things, and emotional states.
3. Teach participants avoidance and coping strategies to handle high-risk situations.
4. Teach participants about the difference between a lapse and relapse. Help them see that a lapse is not an irredeemable failure, but an opportunity to strengthen sobriety.
5. Teach participants strategies to plan for and handle lapses, so they don't become full-blown relapses.
6. Teach participants how to develop a balanced lifestyle, so the urge to use doesn't increase.
7. Teach participants how to handle negative and positive emotional states, to prevent relapse.

Motivational Enhancement Therapy (MET)

1. Evoke from clients their own motivation for change by eliciting self-motivational statements of desire for and commitment to change. Ask open-ended questions, for example: Tell me about your drinking/drug use. What do you like about drinking/using? What's positive about drinking/using for you? And what's the other side? What are your worries about drinking/using?
2. Avoid confrontational statements (e.g., "You are an alcoholic/addict") since they evoke hostility and provoke the client to verbalize the wrong set of statements (response: "No, I am not."). Use reflective listening instead.
3. Ask the client to complete a Personal Feedback Form and review the results in session, explaining each item of information, pointing out the client's score and comparing it with normative data.
4. Seek opportunities to affirm, compliment, and reinforce the client sincerely. This helps to (a) strengthen the working relationship, (b) enhance the attitude of self-responsibility and empowerment, (c) reinforce effort and self-motivational statements, and (d) support client self-esteem.

5. Never meet resistance head on. Avoid disagreeing, challenging, warning of negative consequences, seeking to persuade with logic, interpreting or analyzing “reasons” for resistance, confronting with authority, or using sarcasm.
6. Roll with resistance by using the paradoxical element of going with it instead of opposing it. For example, if the client says, “I can’t quit drinking/using drugs!” respond with, “And it may very well be that when we’re through, you’ll decide that it’s worth it to keep on drinking/using as you have been. It may be too difficult to make a change. That will be up to you.”
7. After spending time on reasons for change, shift to negotiating a plan for change. Elicit ideas from the client. (Avoid prescribing a plan or teaching specific skills. Instead, the overall message is, “Only you can change your drinking/using and it is up to you.”)
8. Communicate free choice through MET: (a) “It’s up to you what you do about this.” (b) “No one can decide this for you.” (c) “No one can change your drinking/using for you. Only you can do it.” (d) “You can decide to go on drinking/using just as you were or to change.”
9. Use the Change Plan Worksheet to take notes during motivational dialog, and use it as a basis for recapitulation (described in #10 below). Use the worksheet to make sure you have covered the following areas in your discussion: (a) The changes I want to make are... (b) The most important reasons why I want to make these changes are... (c) The steps I plan to take in changing are... (d) The ways other people can help me are... (e) I will know that my plan is working if... (f) Some things that could interfere with my plan are... Provide the client with a copy of the worksheet.
10. Recapitulation: When the client is moving toward a firm decision for change, offer a broad summary of what has transpired. This may include a repetition of the reasons for concern uncovered earlier. Emphasize the client’s self-motivational statement, the role of the significant other (SO), the client’s plans for change, and the perceived consequences of changing and not changing.
11. After recapitulating the client’s situation, move toward getting a formal commitment to change. Ask whether the client is ready to commit to making the change(s). Cover the following: (a) Clarify what exactly the client plans to do, (b) Reinforce what the client and SO perceive to be likely benefits of making a change and the consequences of inaction, (c) Ask for fears and doubts they may have that would interfere with the plan, (d) Ask about other obstacles that may be encountered and have the client suggest how to deal with them, (e) Clarify the SO’s role in helping the client make the change, (f) Remind the client (and SO) that you will see the client for two follow-through visits 6 and 12 weeks later.
12. Make efforts to involve the significant other during the sessions (including the first session) and actively engage them in the treatment process, emphasizing the need for the client and SO to work collaboratively on the client’s behavior.
13. Follow the first session with a personalized and handwritten follow-up note (not a form letter). Include the following elements: (a) A “joining message” (“I was glad to see you” or “I felt happy for you and your wife after we spoke today”), (b) Affirmations of the client (and SO), (c) A reflection of the seriousness of the problem, (d) A brief summary of highlights of the first session, especially self-motivational statements that emerged, (e)

A statement of optimism and hope, (f) A reminder of the next session. Keep a copy of the note in the records.

14. During the follow-through sessions, review progress, renew motivation, and redo the commitment to change (or reaffirm the commitment made earlier).

Community Reinforcement

1. Explore the client's motivation for change including (a) identifying positive reinforcers that could serve as incentives for the client to change behavior, and (b) reviewing current and future negative consequences of drinking/using in a motivational interviewing style rather than a confrontational style.
2. Once the client has identified motives to change addictive behavior, set goals for abstinence. If reluctant, negotiate intermediate goals via "sobriety sampling." For example, encourage the client to try a trial period of sobriety such as one month to see how it feels and to learn more about the ways in which the client is dependent.
3. Conduct a functional analysis of addictive patterns to identify situations in which drinking/using is most likely to occur (high-risk situations) and positive consequences of drinking/using that may have reinforced this behavior in the past.
4. Increase the client's sources of positive reinforcement unrelated to drinking/using, and re-engage the client in the community—for example, developing hobbies, getting involved with sports, socializing with non-using people. Social and recreational counseling can help the client choose positive activities to try. If the client cannot identify activities, use activity sampling whereby the client schedules various activities to try between sessions and plans where, when, how, and with whom to participate. Emphasize activities that will bring the client into contact with others.
5. Skills training and behavioral rehearsal: Teach and practice skills (e.g., coping skills, interpersonal communication, drink refusal skills, assertiveness training). Role-play the behavioral skills and have the client practice new skills.
6. Emphasize and encourage the involvement of significant others. Offer practical skills training to improve positive communication and reinforcement between the client and SO, reduce aversive communication, and facilitate negotiation of specific changes in the client's behavior. Coach significant others on how to avoid inadvertent reinforcement of drinking/using ("enabling") and increase positive reinforcement for sobriety (for example, spending time with the client when sober and withdrawing when using).
7. Recognize and praise any and all signs of progress, no matter how small (even just showing up for an appointment).

COR-12 APP'S CONNECTION TO SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA) PRIORITIES

The COR-12 App helps organizations meet two key priority areas of SAMHSA's Leading Change 2.0: Advancing the Behavioral Health of the Nation 2015–2018. These priority areas include Strategic Initiatives #4: Recovery Support and #5: Health Information Technology.

Objectives met under Initiative #4: Recovery Support:

- Objective 4.1.1: Identify and promote the adoption of evidence-based practices that facilitate health, wellness, and resiliency.
- Objective 4.1.2: Promote recovery-oriented service systems that include coordinated clinical treatment and recovery support services.
- Objective 4.1.3: Conduct outreach to and engage individuals and their families in recovery through self-directed care, shared decision-making, person-centered planning, family-driven and youth-guided care (in the case of children), self-care, complementary services, psycho-education, faith-based, and other approaches.

Objectives met under Initiative #5: Health Information Technology:

- Objective 5.4.2: Support the dissemination of effective HIT (health information technology) tools including EHRs, telehealth, mobile health tools, mobile apps, and patient portals to the behavioral health community to improve quality of, and access to, care.
- Objective 5.4.3: Support the dissemination of effective HIT tools that support patient self-management and recovery to behavioral health consumers.

COR-12 APP'S CONNECTION TO SUBSTANCE ABUSE PREVENTION AND TREATMENT (SAPT) MENTAL HEALTH BLOCK GRANTS

The COR-12 App also helps organizations meet some of the SAMHSA strategic goals of SAPT/Mental Health Block Grants, including:

- To promote recovery, resiliency and community integration.
- Making better use of interactive communication devices (such as recovery tools).
- Strategies targeted for adults with mental or substance use disorders that will design and implement recovery-oriented services.
- Strategies that will promote integration and inclusion into the community.
- Strategies on how technology, especially Interactive Communications Technologies (ICTs) will be used to engage individuals and their families into treatment and recovery supports. Almost 40 percent of uninsured individuals are under the age of 30 and use technology (e.g. web or texting) as a mode of communication.
- Strategies that increase the use of person-centered planning and self-direction and participant-directed care. This includes measures to help an individual or their caregiver (when appropriate) identify and access services and supports that reinforce recovery or resilience.

- Strategies that are developed to prevent substance abuse and mental disorders and promote emotional health and prevention of mental illness should be consistent with the latest research.
- Strategies that work with schools, workplaces and communities to deliver programs to improve mental health literacy and enhance resilience.
- Strategies that use Interactive Communication Technologies (ICTs) to deliver various health care and recovery support services. ICT include but are not limited to: text messaging, e-therapy, remote monitoring of location, outreach, recovery tools, emotional support, prompts, videos, case manager support and guidance, and telemedicine.

The COR-12 App will cover these areas of Recovery Support Services:

- Relapse Prevention/Wellness Recovery Support
- Peer Recovery Support Coaching
- Self-Directed Care