

Mobile MORE

Field Guide to Life

Scope and Sequence



Field Guide

By



Introducing the Mobile MORE *Field Guide to Life!*

For the first time ever, you can provide your clients leaving treatment with a full year of recovery support with Hazelden's new iPhone app, Mobile MORE *Field Guide to Life*.



This app is born from MORE, or My Ongoing Recovery Experience, a Web-based program of effective, personalized continuing care provided by Hazelden internally to our clients. Winner of a silver eHealthcare Leadership Award, MORE was proven effective in a study that appeared in the *Journal of Substance Abuse Treatment* in January 2012. The study showed that people who accessed a large number of MORE program modules in the year following treatment had significantly higher abstinence rates than those who only accessed a few modules.

The Mobile MORE *Field Guide to Life* offers the best of the evidence-based MORE program to the entire sober community. Compatible with the iPhone, iPad, or iPod touch, (an Android version is being planned for the future), this ingenious app creates a bridge between the treatment experience and the return to a supportive community.

Based on current brain research, evidence-based models and best practices, including Stages of Change, Motivational Enhancement Therapy, Cognitive-Behavioral Therapy, Twelve Step Facilitation, and best practices in relapse prevention and adult learning theory, this innovative app teaches users the essential skills connected to core recovery principles.

COMPOSED OF THREE VOLUMES FOCUSED ON THE 12 STEPS

The app contains three volumes that correspond with the Twelve Steps:

- *The Basics* includes Steps 1–3
- *Owning It* includes Steps 4–9
- *The New You* focuses on Steps 10–12.

In working through each of the ***Field Guide to Life's*** three volumes, users progress through the stages of early recovery over the course of a year.

GOALS OF THE MOBILE MORE *FIELD GUIDE TO LIFE*

The goals of this app are to:

- Create a bridge between treatment and the return to a supportive community
- Achieve higher recovery success rates as a result of the 18-month online education and support
- Help participants abstain from using and sustain a healthy lifestyle change
- Prevent or shorten the episodes of relapse

APP'S ROBUST FEATURES SET IT APART

This app is rich with innovative functions based upon best practices in supporting recovery:

A. DAILY GUIDANCE AND INSPIRATION

Each day, your clients may read a stage-wise message of guidance delivered in a sequence designed to support their current phase in recovery. Each message is then followed by a related activity to encourage further engagement in their recovery practice. Each entry ends with an inspirational thought for the day. Users may mark their favorites with a note or share them with a friend.



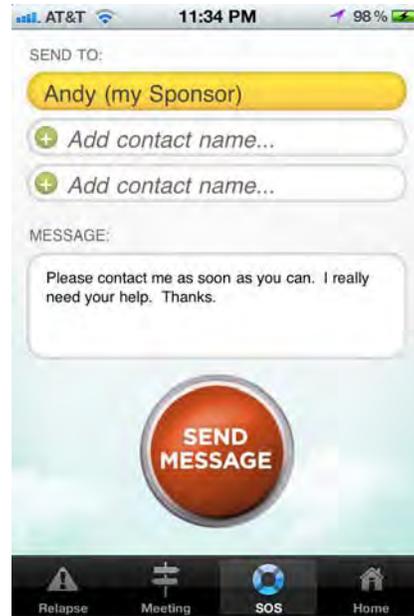
B. WEEKLY SOBER CHALLENGES

Users receive weekly notification of a new challenge designed to reinforce essential actions that result in positive change. A pop-up notification leads users to a video launching the challenge activity. Videos feature a variety of professionals and individuals in recovery, including William Cope Moyers, who engage and motivate the user as they progress in their sobriety. Completed challenges are then checked off their list. The Basics includes one sober challenge each week for the first seven weeks; Owning It for the first five weeks; and The New You for the first four weeks.

C. TOOLS FOR TRACKING PERSONAL PROGRESS AND TRENDS

Your clients may view their sober stats to monitor the days, hours, minutes, and seconds that they've been in recovery. They may then set their level of confidence and motivation each day, and view how these markers have trended over time.

A user-friendly tool helps them track their biggest obstacles to successful recovery (such as stress, anger, anxiety) and their greatest strengths or “power-ups” (such as meditation, honesty, exercise)—and monitor these over time.



D. COMMUNITY SUPPORT SYSTEM AND MEETING FINDER

Users may designate key supporters to be alerted with the touch of the Get Help Now button. The app also provides one-touch access to iMaps, where they may easily find an Alcoholics Anonymous meeting near their current location.

E. RELAPSE PREVENTION TOOL

Your clients will learn about preventing relapse and can create personalized relapse prevention and response plans.

HOW CAN MOBILE MORE BE USED WITH CLIENTS?

During Treatment

The Mobile MORE *Field Guide to Life* app can be introduced to inpatient or outpatient clients while they are still in treatment. During their treatment experience, most patients learn about the importance of continuing care and can be introduced to the Mobile MORE app, its many features and how to use it. Patients could also work with their counselor to fill out the Relapse Prevention Plan and SOS portions of the app before leaving treatment.

After Treatment

Patients leaving treatment can begin to use the app on a daily basis by reading the daily messages, keeping track of their obstacles and power-ups, and completing challenges as they are offered. When they are struggling in their sobriety, they can review their relapse prevention plan and reach out to the people they listed in their SOS feature. Patients struggling with a particular issue can also search the

Daily Messages for readings on that topic. Clinicians could also raise topics covered in the app to discuss in continuing care groups or in one-to-one counseling.

VALUE OF THE APP TO THE RECOVERY MOVEMENT

Until now, there has never been a mobile app that truly guides people through a year of recovery support using evidence-based practices. The **Field Guide to Life** marries Hazelden’s expertise in addiction recovery with mobile technology, leveraging social media and location-based technology to offer those in recovery the guidance and support they need as they evolve in their new lives. The app’s robust interactive features are keyed to where the user is in the process of recovery: that fact really takes recovery support using technology to the next level.



ORDERING FOR YOUR ORGANIZATION

At only \$ 19.99 per person, give your clients the comprehensive year-long support they need when they leave treatment. The app is available for use on an iPhone, iPad, or iPod touch. An Android version is being planned for the future. To order your Mobile MORE **Field Guide to Life** apps, call 888-685-0557 to speak to a Hazelden sales representative who will walk you through the set-up process.

When you order 1,000 or more copies of the app to distribute to your clients, Hazelden will customize the **Field Guide to Life** to your treatment or aftercare program for free, featuring your organization’s logo on the opening splash screen and contact information on the support screen. Visit hazelden.org/fieldguide and click on “Businesses Click Here” to view a short video of the app in action.

Note: Each volume within this app is also available for purchase by individuals for \$6.99 each through the Apple App Store. Search for “Hazelden” in the App Store and download the Mobile MORE **Field Guide to Life**, which will include The Basics, the first volume in the set. The other two volumes may then be purchased within the app.

CONTENT AND RESEARCH-BASED MODELS USED IN MOBILE MORE *FIELD GUIDE TO LIFE*

The following pages provide an overview and just a **sample** of the app's content and the evidence-based practices that were used to develop it.

VOLUME ONE: THE BASICS (Steps One to Three, Days 1 to 125)

Start Fresh: Introduction to the Field Guide

- Create a Safe Space
- Go to a Twelve Step Meeting
- Find a Sponsor
- Understand Addiction
- Plan Your Day

Step One: Find a New Sense of Power (Days 6 to 44)

- Admit Powerlessness
- Attend a Meeting
- Learn about Relapse
- Connect with a Sponsor
- Develop Supportive Friends
- Practice Honesty
- Watch Out for Triggers
- Avoid High-Risk Situations
- Avoid Stinking Thinking
- Manage Anger
- Build Self-esteem

Step Two: Heal Your Mind, Body and Spirit (Days 45 to 85)

- Learn about Denial
- Identify your Feelings
- Deal with Addictive Thinking
- Understand Relapse
- Let Go of Worry
- Create Fun Routines
- Deal with Emotions
- Improve Family Relationships
- Practice Serenity
- Avoid Triggers
- Celebrate Progress

Step Three: Surrender in Order to Grow (Days 86 to 125)

- Face Your Fears
- Take Care of Your Body
- Practice Affirmations
- Understand Depression
- Connect at Meetings
- Know the Big Book
- Give Up the Need to Control
- Stay on Track
- Be Patient
- Set Healthy Boundaries

VOLUME TWO: OWNING IT (Steps Four to Nine, Days 126 to 245)

Step Four: Be Fearless (Days 126 to 145)

- Perform a Moral Inventory
- Cope with Loss
- Identify Resentments
- Connect with Others
- Perform a Fears Inventory
- Keep Thinking Positive
- Begin a Sexual Harms Inventory
- Stay Balanced at Work

Step Five: Follow the Path to Freedom (Days 146 to 163)

- Prepare to Admit Past Wrongs
- Find a Physician
- Accept Others
- Strengthen Spirituality
- Uncover Hidden Resentments
- Tell Your Story
- Admit Character Defects
- Acknowledge Strengths

Step Six: Prepare to Change (Days 164 to 182)

- Prepare for Steps Six and Seven
- Change Old Behaviors
- Trust in the Promises
- Accept Your Life Today
- Take Responsibility

- Practice Willingness
- Practice Self-Examination
- Refine your Response Plan (Relapse Response Plan)
- Keep Working the Steps
- Know New Freedom

Step Seven: Become Your Best Self (Day 183 to 205)

- Prepare for Transformation
- Strengthen Relationships
- Live with Humility
- Set Goals
- Embrace the Fellowship
- Practice Forgiveness
- Establish Healthy Boundaries
- Banish Blaming
- Discover Your True Friends
- Keep Practicing Trust

Step Eight: Act with Accountability (Days 206 to 225)

- Learn About Making Amends
- Improve Social Skills
- Remove Self-Pity
- Handle Challenging Feelings
- Overcome Barriers
- Protect Your Mental Health
- Keep Managing Stress
- Live It Up

Step Nine: Grow Strong and True (Days 226 to 245)

- Make Direct Amends
- Tell Your Story (at Meetings)
- Know Your Worth
- Recognize Depression
- Perform Indirect Amends
- Give Back
- Grow in Confidence
- Live with Gratitude
- Improve Important Relationships

VOLUME THREE: THE NEW YOU (Steps Ten to Twelve: Days 246 to 365)

Step Ten: Create Everyday Miracles (Days 246 to 285)

- Start a Daily Inventory
- Create Daily Gratitude
- Keep Asking For Help
- Heal from Emotional Pain
- Deal with Problems
- Focus on Finances
- Deepen Your Daily Inventory
- Monitor Your Emotions
- Practice Courage
- Live and Let Live
- Maintain Balance

Step Eleven: Find Peace in Spirituality (Days 286 to 325)

- Abandon Perfectionism
- Welcome Help
- Expand Trust
- Stay Grounded
- Renew Healthy Relationships
- Keep Practicing Acceptance
- Keep It Simple
- Do the Next Right Thing
- Be at Peace

Step Twelve: Embrace the Journey (Day 326 to 365)

- Carry the Message
- Practice the Principles
- Keep Building Family Bonds
- Deal with Unresolved Anger
- Serve Others
- Consider Becoming a Sponsor
- Revisit Your Goals
- Learn from Others
- Celebrate Important Milestones

Relapse Content

- What Is a Relapse?
- Relapse Warning Signs
- Avoiding a Relapse

- Dealing with a Relapse
- My Relapse Prevention Plan
- My Relapse Response Plan

Evidence-Based Models and Best Practices Used In the Mobile MORE *Field Guide to Life*

Twelve Step Facilitation

(Source: National Institute of Alcoholism and Alcohol Abuse (NIAAA) Twelve Step Facilitation Therapy Manual, Project MATCH Monograph Series, 1999)

1. Explain the disease model view of alcoholism and interpret slips and resistance to AA in terms of the power of alcoholism and the dynamics of denial.

2. Introduce the Twelve Steps and related concepts and help patients to 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 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,” the “Twelve by Twelve,” and other readings.

6. Encourage attendance at AA, monitor patient involvement in AA, and actively promote a progression toward greater involvement in AA (for example, by going to meetings that require more personal involvement such as “Step meetings” and “discussion meetings”).

8. Remain vigilant for signs of denial, particularly in patient accounts of slips, and explain slips in terms of denial.

9. Suggest recovery tasks that will enhance patients’ understanding of alcoholism and AA as well as their successful integration into the fellowship of AA.

Adapted from “Patient Objectives”:

10. Facilitate patients’ understanding of some of the ways in which their thinking has been affected by alcoholism.

11. Facilitate patients’ understanding of how their thinking may reflect denial (“stinking thinking”) and thereby contribute to continued drinking and resistance to acceptance (Step 1).

12. Facilitate patients' understanding of the connection between their alcohol abuse and negative consequences that result from it.
13. Facilitate patient understanding of the AA view of emotions and how certain emotional states (e.g., anger, loneliness) can lead to drinking.
14. Educate patients about some of AA's practical suggestions for dealing with emotions so as to minimize the risks of drinking.
15. Facilitate patients' understanding of how the powerful and cunning illness of alcoholism has affected their whole lives and how many of their existing or old habits have supported their continued drinking.
16. Facilitate patients' ability to turn to the fellowship of AA and make use of its resources and practical wisdom to change their alcoholic behavior.
17. Facilitate patients' understanding of the need to "get active" in AA as a means of sustaining their sobriety.
18. Facilitate patient attendance and regular participation in AA meetings of various kinds, including AA-sponsored social activities.
19. Encourage patients to obtain and develop a relationship with an AA sponsor.
20. Facilitate patients' understanding of the need to access AA whenever they have the urge to drink or suffer a relapse.
21. Facilitate patients in reevaluating relationships with "enablers" and fellow alcoholics.
22. Facilitate the development of hope for recovery.
23. Facilitate the development of a belief and trust in a power greater than patients' own willpower.
24. Facilitate patients' acknowledgement of character defects, including specific immoral or unethical acts and harm done to others as a result of their alcoholism.
Cognitive-Behavioral Therapy (Source: National Institute of Alcoholism and Alcohol Abuse Cognitive Behavioral Therapy Manual, Project MATCH Monograph Series, 1999)
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.

<p>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.</p>
<p>3. Teach patients how to use specific urge-coping strategies (e.g., finding a distracting activity, talking it through, “urge surfing”).</p>
<p>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.</p>
<p>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.</p>
<p>6. Help patients avoid visualizing what they are <i>not</i> going to do, but instead to picture a substitute or opposing behavior that they <i>are</i> going to do in place of drinking or using.</p>
<p>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...?)</p>
<p>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.</p>
<p>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.</p>
<p>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.</p>

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

(Source: G. Alan Marlatt Relapse Prevention articles, 1984–2003)

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

(Source: National Institute of Alcoholism and Alcohol Abuse Motivational Enhancement Therapy Manual, Project MATCH Monograph Series, 1995)

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. What do you like about drinking? What's positive about drinking for you? And what's the other side? What are your worries about drinking?"

2. Avoid confrontational statements (e.g., "You are an alcoholic") since they evoke hostility and provoke the patient to verbalize the wrong set of statements (response: "No, I am not."). Use reflective listening instead.

3. Ask the patient to complete a Personal Feedback Form and review the results in session, explaining each item of information, pointing out the patient's score and comparing it with normative data.

4. Seek opportunities to affirm, compliment, and reinforce the patient 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 patient self-esteem.

<p>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.</p>
<p>6. Roll with resistance by using the paradoxical element of going with it instead of opposing it. For example, if the patient says, “I can’t quit drinking!” 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 as you have been. It may be too difficult to make a change. That will be up to you.”</p>
<p>7. After spending time on reasons for change, shift to negotiating a plan for change. Elicit ideas from the patient. (Avoid prescribing a plan or teaching specific skills. Instead, the overall message is, “Only <i>you</i> can change your drinking and it is up to you.”)</p>
<p>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 for you. Only you can do it. (d) You can decide to go on drinking just as you were or to change.</p>
<p>9. Use the Change Plan Worksheet to take notes during motivational dialog, and use it as a basis for recapitulation (described 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 patient with a copy of the worksheet.</p>
<p>10. Recapitulation: When the patient 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 patient’s self-motivational statement, the role of the significant other (SO), the patient’s plans for change, and the perceived consequences of changing and not changing.</p>
<p>11. After recapitulating the client’s situation, move toward getting a formal commitment to change. Ask whether the patient is ready to commit to making the change(s). Cover the following: (a) Clarify what exactly the patient plans to do, (b) Reinforce what the patient 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 patient suggest how to deal with them, (e) Clarify the SO’s role in helping the patient make the change, (f) Remind the patient (and SO) that you will see the patient for two follow-through visits 6 and 12 weeks later.</p>
<p>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 patient and SO to work collaboratively on the drinking problem.</p>

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 patient (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

(Source: Miller, Meyers, Hiller-Sturmhofel, “The community-reinforcement approach,” *Alcohol Research & Health*, 1999)

1. Explore the patient’s motivation for change including (a) identifying positive reinforcers that could serve as incentives for the patient to change behavior, and (b) reviewing current and future negative consequences of drinking in a motivational interviewing style rather than a confrontational style.

2. Once the patient has identified motives to change drinking behavior, set goals for abstinence. If reluctant, negotiate intermediate goals via “sobriety sampling.” For example, encourage the patient 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 patient is dependent.

3. Conduct a functional analysis of drinking patterns to identify situations in which drinking is most likely to occur (high-risk situations) and positive consequences of drinking that may have reinforced drinking in the past.

4. Increase the patient’s sources of positive reinforcement unrelated to drinking, and re-engage the patient in the community—for example, developing non-drinking-related hobbies, getting involved with sports, socializing with non-using people. Social and recreational counseling can help the patient choose positive activities to try. If the patient cannot identify activities, use activity sampling whereby the patient schedules various activities to try between sessions and plans where, when, how, and with whom to participate. Emphasize activities that will bring the patient 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 patient practice new skills.

6. Emphasize and encourage the involvement of significant others. Offer practical skills training to improve positive communication and reinforcement between the patient and SO, reduce aversive communication, and facilitate negotiation of specific changes in the drinker's behavior. Coach significant others on how to avoid inadvertent reinforcement of drinking ("enabling") and increase positive reinforcement for sobriety (for example, spending time with patient when sober and withdrawing when drinking).

7. Recognize and praise any and all signs of progress, no matter how small (even just showing up for an appointment).

Mobile MORE's Connection to Substance Abuse and Mental Health Services Administration's (SAMHSA's) Priorities

Mobile MORE **Field Guide to Life** helps organizations meet two key priority areas of SAMHSA's *Leading Change: A Plan for SAMHSA's Roles and Actions 2011-2014*. These priority areas include: Strategic Initiative # 4: Recovery Support and Strategic Initiative # 6: Health Information Technology.

Mobile MORE helps meet the following objectives under Initiative # 4: Recovery Support and Strategic Initiative

- Objective 4.1.2: Promote recovery-oriented service systems (i.e., develop online educational resources)
- Objective 4.1.3: Engage individuals in recovery and their families in self-directed care, shared decision-making, and person-centered planning.
- Objective 4.4.: Promote peer-support/mutual support and the social inclusion of individuals with or in recovery from mental and substance abuse disorders and their families.

Mobile MORE helps meet the following objectives under Initiative # 6: Health Information Technology:

- Goal 6.2: Provide incentives and create tools to facilitate the adoption of Health Information Technology...with behavioral health functionality in general and specialty healthcare settings.
- Objective 6.2.2: Facilitate the dissemination of information on the acquisition and effective use of...Health Information Technology to the behavioral health community.

Mobile MORE's Connection to Substance Abuse Prevention and Treatment (SAPT)/Mental Health Block Grants

Mobile MORE *Field Guide to Life* 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.

Mobile MORE will cover the areas of Recovery Support Services:

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