



LEWIS & CLARK COLLEGE

GRADUATE SCHOOL OF EDUCATION AND COUNSELING

Department of Counseling Psychology

Professional Mental Health Counseling-Addiction

CPSY 547: Addictions Treatment: Procedures, Skills, Case Management

Time & Day: 5:30-9:00, Monday

Class Room: York Graduate Center, Room 107

Instructor: John Fitzgerald, PhD, LPC, CAS

Email: jfitzgerald@lclark.edu

Office Hours: Available on Request: 503-343-5666

CATALOG DESCRIPTION

This class provides an emphasis on developing a detailed understanding and foundation of skills in the use of specific strategies, procedures, and interventions in assessment, diagnosis, and treatment of addictive disorders and co-occurring disorders.

COURSE PURPOSE & OBJECTIVES

1. To gain a more in-depth understanding of the philosophical/scientific assumptions that underlies the various theoretical models of addiction and recovery.
2. To understand the risk factors of HIV/AIDS and the treatment process of these clients.
3. To develop a deeper knowledge and experience in conducting assessments, treatment plans, and documentation of the treatment process.
4. To learn more about conceptualizing treatment
5. To be well versed in the treatment of clients' with co-occurring disorders.

CACREP ADDICTION COUNSELING OBJECTIVES & LEARNING OUTCOMES

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| AC.A.1. | Understands the history, philosophy, and trends in addiction counseling. |
| AC.A.7. | Recognizes the potential for addictive disorders to mimic a variety of medical and psychological disorders and the potential for medical and psychological disorders to coexist with addiction and substance abuse. |
| AC.A.9. | Understands the impact of crises, disasters, and other trauma-causing events on persons with addictions. |
| AC.A.10. | Understands the operation of an emergency management system within addiction agencies and in the community. |
| AC.C.1. | Knows the principles of addiction education, prevention, intervention, and consultation. |
| AC.C.2. | Knows the models of treatment, prevention, recovery, relapse prevention, and continuing care for addictive disorders and related problems. |
| AC.C.5. | Knows a variety of helping strategies for reducing the negative effects of substance use, abuse, dependence, and addictive disorders. |
| AC.C.6. | Understands the principles and philosophies of addiction-related self-help programs. |
| AC.C.7. | Understands professional issues relevant to the practice of addiction counseling, including recognition, reimbursement, and right to practice. |
| AC.C.8. | Understands the principles of intervention for persons with addictions during times of crisis, disasters, and other trauma-causing events. |
| AC.D.4. | Demonstrates the ability to use procedures for assessing and managing suicide risk. |
| AC.E.3. | Knows public policies on local, state, and national levels that affect the quality and accessibility of addiction services. |
| AC.E.4. | Understands effective strategies that support client advocacy and influence public policy and government relations on local, state, and national levels to enhance equity, increase funding, and promote programs that affect the practice of addiction counseling. |
| AC.G.1. | Understands various models and approaches to clinical evaluation for addictive disorders and their appropriate uses, including screening and assessment for addiction, diagnostic interviews, mental status examination, symptom inventories, and psychoeducational and personality assessments. |
| AC.G.2. | Knows specific assessment approaches for determining the appropriate level of care for addictive disorders and related problems. |
| AC.G.3. | Understand the assessment of biopsychosocial and spiritual history. |
| AC.G.4. | Understands basic classifications, indications, and contraindications of commonly prescribed psychopharmacological medications so that appropriate referrals can be made for medication evaluations and so that the side effects of such medications can be identified. |
| AC.I.1. | Knows models of program evaluation for addiction counseling treatment and prevention programs. |
| AC.I.2. | Knows evidence-based treatments and basic strategies for evaluating counseling outcomes in addiction counseling. |
| AC.K.1. | Knows the principles of the diagnostic process, including differential diagnosis, and the use of current diagnostic tools, such as the current edition of the <i>Diagnostic and Statistical Manual of Mental Disorders (DSM)</i> . |
| AC.K.2. | Knows the impact of co-occurring addictive disorders on medical and psychological disorders. |
| AC.K.3. | Understands the established diagnostic and clinical criteria for addictive disorders and describes treatment modalities and placement criteria within the continuum of care. |
| AC.L.2. | Is able to conceptualize an accurate multi-axial diagnosis of disorders presented by clients and communicate the differential diagnosis with collaborating professionals. |

COURSE DETAILS

This is a practice-based class! You will have opportunities to hone your clinical, leadership, presentation, and feedback skills, as well as contribute to an effort to build a tool box of practical intervention options that may be used with clients. *No computers or electronics are allowed in class.*

Class Time Structure:

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|-------------|--|
| 5:30 – 5:40 | Class warm-up exercise (Student led and rotated each week) |
| 5:40 – 6:45 | Student presentations, guest speakers, accountability round (discussed in class) |
| 6:45 – 7:00 | Break |
| 7:00 – 7:30 | Lecture – clinical skill review (me or guest speaker) |
| 7:30 – 9:00 | Group work with actors |

Assignments

1. *Warm-up exercise:* You will take turns leading a warm-up exercise at the beginning of class.
2. *Client vignettes:* Each night you will bring to class a one-page client vignette that you create. A template for the weekly assignment is attached to this syllabus. The idea is to create clients that: a) are similar to clients that currently challenge you, b) present issues that you want more experience treating, c) offer potential things you will experience in practice (suicidal, come to session intoxicated, have traumatic brain injury, etc.), and d) whatever you want to create! Actors will review the papers and each choose one for the night. At the end of class all papers will be turned in. Failure to turn in papers will result in accountability rounds.
3. *Presentation skills:* Each of you will research, develop, and present to the class an *intervention tool*. The tool you choose to present is up to you, but should be applicable to a broad clinical population. For example, you may choose to present on: nutrition, self-help meetings, yoga, meditation, exercise, spending time in nature, clinical use of pets, volunteer work, life mission and goal setting, journaling, or anything else that you believe would be useful for clients and contribute to our group tool box. Your presentation should last 25-30 minutes. You are free to incorporate video, music, group exercises...but remember, develop your presentation *as if you were going to present it to a group of clients*. Please have a useful handout to accompany your presentation so that by the end of the term we will have a very nice tool box!
4. *Leadership skills:* Each night we will have trained actors help with clinical work. We will split into two groups for approximately half of class and each group will require a leader for the night. The role of the leader will be to coordinate clinicians and evaluators, keep time, and facilitate the overall process.
5. *Clinical skills:* You will have multiple opportunities to practice your clinical skills with actors in front of your classmates.
6. *Feedback skills:* While students are taking their turn doing clinical work, the remaining group members will learn how to track and code what is happening in sessions. Once all clinicians have gone for the night, evaluators will provide feedback and the group will process what was learned, all facilitated by the group leader. The actor will also be part of the process and offer feedback to the group.

Attendance

Because you are expected to show up and be on time for your sessions with clients, you will also be held accountable for your attendance in class. This includes both being in class, but also being on time for class.

Please read the CPSY department attendance policy:

CPSY DEPARTMENTAL ATTENDANCE POLICY

Class attendance is expected and required. Any missed class time will be made up by completing *extra assignments designed by the instructor*. Missing more than ten percent of class time may result in failure to complete the class. This would be 4.5 hours of a 45 hour class (3 credits), 3.0 hours for a 30 hour class (2 credits) or 1.5 hours for a 15 hour class (1 credit.) In case of extreme hardship and also at the discretion of the instructor, a grade of incomplete may be given for an assignment or the entire course. In such cases, the work to be submitted in order to remove the incomplete must be documented appropriately and stated deadlines met. Students are expected to be on time to class and tardiness may be seen as an absence that requires make-up work.

Given this policy, the attendance plan will be as follows:

Missed class:

- 1st missed class:
- 2nd missed class:
- 3rd missed class: Incomplete, will need to retake the course

Showing up late for class:

- 1st late class: Subject to accountability round
- 2nd late class: Subject to accountability round
- 3rd late class: Incomplete, will need to retake the course

Note: This policy stands no matter what the reason for missed or late classes.

Grades

Clinical vignettes 12 papers worth 10 points each = 120 points

Tool box presentation 100 points (based on average of confidential student-graded scores)

Total Points = 220

Grade Calculation (percentages of total points)

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|------------|------------|------------|
| 93-100 = A | 83-87 = B | 73-77 = C |
| 90-92 = A- | 80-82 = B- | 70-72 = C- |
| 88-89 = B+ | 78-79 = C+ | |

Class Schedule

| Date | Topic | |
|------|-------|---|
| 1 | 5/6 | Introduction, 546 review |
| 2 | 5/13 | Motivating clients to change/ MI skills |
| 3 | 5/20 | Evaluation and assessment |
| | 5/27 | No class |
| 4 | 6/3 | Treatment planning |
| 5 | 6/10 | Manage: Counseling approaches I |
| 6 | 6/17 | Guest Instructor |
| 7 | 6/24 | Manage: Counseling approaches II |
| 8 | 7/1 | Manage: Counseling approaches III |
| 9 | 7/8 | Resolve: Somatic approaches I |
| 10 | 7/15 | Resolve: Somatic approaches II |
| 11 | 7/22 | Resolve: Developmental interventions |
| 12 | 7/29 | Create: Positive psychology, goals, happiness |
| 13 | 8/5 | Create: Religion and spirituality |

NON-DISCRIMINATION POLICY/SPECIAL ASSISTANCE

Lewis & Clark College adheres to a nondiscriminatory policy with respect to employment, enrollment, and program. The College does not discriminate on the basis of race, color, creed, religion, sex, national origin, age, handicap or disability, sexual orientation, or marital status and has a firm commitment to promote the letter and spirit of all equal opportunity and civil rights laws.

PARTICIPATION IN THE LEARNING COMMUNITY

Students are required to attend and actively participate in all scheduled class meetings. This includes being on time, being prepared, following through on group projects, and otherwise engaging with colleagues as fellow professionals. Becoming a counselor/therapist involves looking closely at ourselves, our values, beliefs, and biases. This can be a very personal, and sometimes emotional, process. Treating colleagues with respect, listening deeply to their experiences, and being open to diverse world views encourages a collaborative milieu of care in which we can all challenge ourselves and each other to critically examine and develop our skills and perspectives. In order to prepare for each class, students should carefully read and study all assigned materials to be ready to discuss, debate, and apply the content of readings. Class discussion and interaction with colleagues are fundamental to the process of learning to be a therapist and all sessions include necessary information. Therefore, if you must miss a class, fellow students and the instructor may ask you to contribute to learning community in another way. If you must be absent or late, please email the instructor at least several hours prior to class.

SPECIAL ASSISTANCE

The Student Support Services Office, located in the Templeton Student Center, is a resource for students with disabilities. A variety of services are available through this office according to the particular needs of each student. Students interested in such services may contact Student Support Services at 503-768-7191. This contact is the necessary first step for receiving appropriate accommodations and support services. Please inform me if you need accommodations in class.

Client: Janine is a 36 year-old, single, Caucasian female with no children whose primary presenting problem is pathological gambling. She lives alone and works as a marketing managing for a paper company. Initial evaluation revealed a number of issues that could benefit from intervention:

Manage

1. Gambling
2. Food
3. Smoking
4. Alcohol
5. Sex

Resolve

1. Sleep
2. Depression/Anxiety
3. Trauma

Create

1. Occupation
2. Friends
3. Physical Health
4. Meaning/Purpose

- Assessment revealed following **character strengths:** 1) Justice, 2) Wisdom, 3) Transcendence, 4) Courage, 5) Love, 6) Temperance
- Assessment revealed following **learning style preferences:** 1) Visual, 2) Auditory, 3) Tactile

Connections among presenting issues

- Gambling is the most all-consuming activity that dominates her life, far more than the other addictions.
- She does not like her job, but has significant debts from gambling and cannot quit. She feels tremendous shame about her gambling behavior, so she has little confidence in getting another job, thus she feels stuck in her current position.
- The shame fuels her overeating, making her feel worse about herself, her body, and contributing to her depression and anxiety.
- Smoking and alcohol occur almost every time she gambles. Other gambler's offer her cigarettes and alcohol is cheap.
- She sacrifices tremendous time after work late into the night to gamble, as a result her sleep suffers immensely. This leads to being very tired at work, and contributes to her depression and overeating.
- She has sex and trauma last on two lists because these issues are ones that produce significant anxiety for her and she does not feel comfortable or safe confronting initially. She was sexually abused as a teen, and then had numerous sexual experiences for years following that had little to do with intimacy. She participated in some sexual behaviors she feels shame about and has never had a healthy, intimate, romantic partner – although she deeply longs for one.
- Because she spends much of her free time gambling she has little time for healthy friendships. Her two closest friends live out of town, and she rarely sees or talks to them anymore. In the past she has felt more connected to people, but an escalation of her unhealthy behaviors has led to feeling trapped in her current life, alone, isolated with her addictions, and depressed.
- Her various excessive behaviors, along with poor eating habits and no exercise has created some physical health problems for her. She has high blood pressure, back pain, smoker's cough, and a high BMI.
- Life is a struggle, unfair, and she feels it has little purpose or meaning, thus she feels disconnected spiritually.

Clinical curveballs

- When the counselor asks her about her past trauma, she begins to have a flashback in session. She appears to stare off in space, lost, and no longer in session. Her breathing gets faster and she visibly begins to shake.
- Although she shows up for treatment and clearly is experiencing a challenging life, her motivation for change is low. She has a significant history in using objects of addiction to soothe herself in place of people, and as a result, is child- like developmentally in many ways, despite completing an undergraduate degree and working as a marketing manager.