

FOUNDATION SKILLS FOR SUBSTANCE ABUSE COUNSELING

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OBJECTIVES:

- 1) Explore your professional readiness to work effectively with the addiction population;
- 2) Review a variety of Practice Dimensions, along with evidence-based practices for treating the addiction population;
- 3) Review techniques to enhance engagement with clients and how to formulate appropriate client involved treatment plans.

...So, what else do you want to leave with today?

WHERE DOES HE GET SUCH MAGNIFICENT TOYS?

- Most of the information will come from TAP 21: Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice.
 - If you haven't already downloaded or gotten a copy—suggest you do so!
- Special thanks to Geoff Wilson of the Ridge who provided his training for this because he couldn't be here
- My own personal experience of 10 plus years in the field.

WHO IS THIS GUY, ANYWAYS?

- ◉ Mark Miller
- ◉ Licensed Marriage and Family Therapist
- ◉ Director for Center for Behavioral Health since 2005
- ◉ State Director for CBH since January 2015.
- ◉ CARF Surveyor (6 years)
- ◉ Community Council member of SJNP (14 years)
- ◉ Husband and father of one super cute soon to be 9 year old

FOUNDATIONS

- ◉ Three Characteristics of Competency: Knowledge, Skills, Attitudes
- ◉ Trans-disciplinary: Knowledge and skills needed by all disciplines: Medical, Social Work, Counseling, Corrections, etc.
- ◉ Four Building Blocks: Understanding Addiction, Treatment Knowledge, Application to Practice, Professional Readiness.
- ◉ I won't be going through all of the 121 separate competencies—I'm going to hit the highlights.

UNDERSTANDING ADDICTION

○ **COMPETENCY 1:**

- Understand a variety of models and theories of addiction and other problems related to substance use.

○ **COMPETENCY 3:**

- Describe the behavioral, psychological, physical health, and social effects of psychoactive substances on the person using and significant others.

AUDIENCE PARTICIPATION!!!

- ⦿ What is your definition of addiction?
- ⦿ What is your definition of treatment for addiction?

THE ROLE OF THE BRAIN

- ◉ Mid Brain or “Old Brain”-Responsible for survival, managing stress, and sending messages to the.....
- ◉ Pre-frontal Cortex-Seat of the self and personality. Our conscience, decency, responsibility. If it is immature or harmed, it is the neurobiological explanation for why humans show poor judgment and act before thinking.
- ◉ Nucleus Accumbens-Motor Behavior...How much effort we will put in to something directly related to the pay-off!!
- ◉ Amygdala-It integrates our emotional reactions to pleasurable and aversive experiences. Lights up to cues to using!!

UNDERSTANDING ADDICTION

◎ **COMPETENCY 4:**

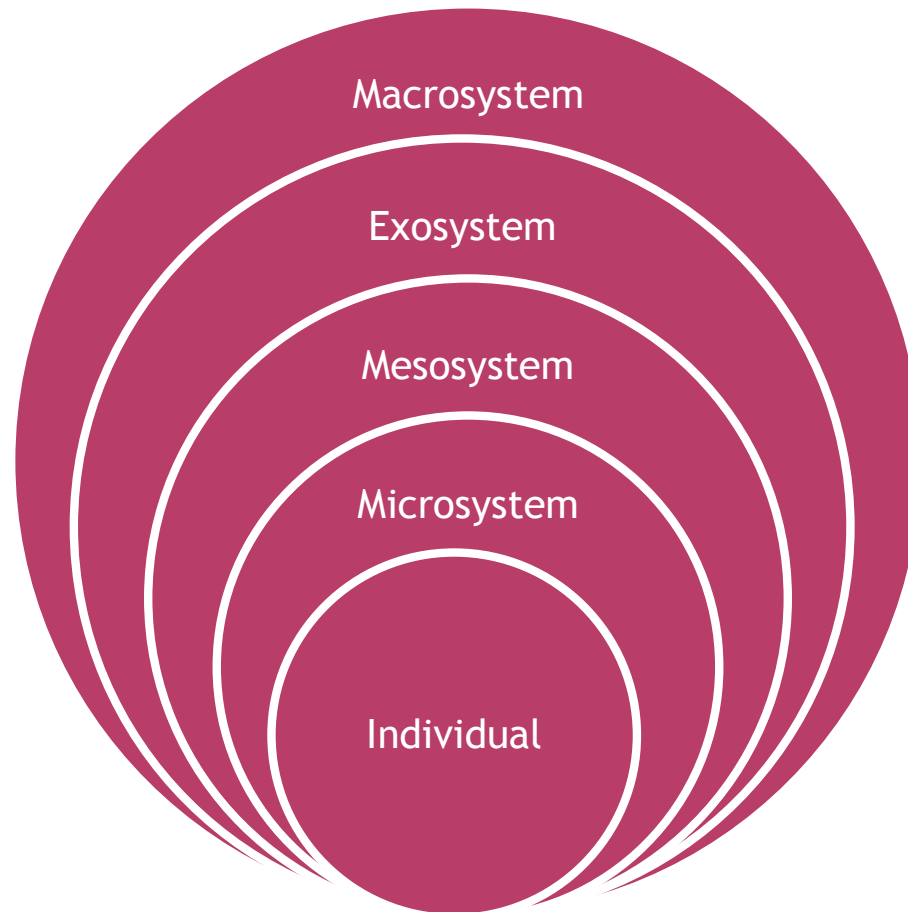
- Recognize the potential for substance use disorders to mimic a variety of medical and mental health conditions and the potential for medical and mental health conditions to coexist with addiction and substance abuse.

TREATMENT KNOWLEDGE

◎ **COMPETENCY 6:**

- Recognize the importance of family, social networks, and community systems in the treatment and recovery process
- “Village of Addiction/Village of Recovery”

BRONFENBRENNER'S ECO MODEL



TREATMENT KNOWLEDGE

◉ **COMPETENCY 8:**

- Understand the value of an interdisciplinary approach to addiction treatment.

APPLICATION TO PRACTICE

◎ **COMPETENCY 9:**

- Understand the established diagnostic criteria for substance use disorders, and describe treatment modalities and placement criteria within the continuum of care.

APPLICATION TO PRACTICE

◉ **COMPETENCY 11:**

- Tailor helping strategies and treatment modalities to the client's stage of dependence, change, or recovery.

APPLICATION TO PRACTICE

◎ **COMPETENCY 13:**

- Adapt practice to the range of treatment settings and modalities.

◎ **COMPETENCY 14:**

- Be familiar with medical and pharmacological resources in the treatment of substance use disorders.

APPLICATION TO PRACTICE

◎ **COMPETENCY 16:**

- Recognize that crisis may indicate an underlying substance use disorder and may be a window of opportunity for change.
- “Think of a client you had that presented in crisis that initially sounded like it had nothing to do with drug/alcohol use.”

PROFESSIONAL READINESS

◎ **COMPETENCY 19:**

- Understand the importance of self-awareness in one's personal, professional, and cultural life.
- “Dual-Relationships!!!”
- How big is your town?
- How often do you run into patients/clients/person served and how do you handle that?

PROFESSIONAL READINESS

○ **COMPETENCY 20:**

- Understand the addiction professional's obligations to adhere to ethical and behavioral standards of conduct in the helping relationship.

PROFESSIONAL READINESS

◎ **COMPETENCY 21:**

- Understand the importance of ongoing supervision and continuing education in the delivery of client services.

THE EIGHT PRACTICE DIMENSIONS OF ADDICTION COUNSELING

- ◉ Clinical Evaluation: Screening/Evaluation
- ◉ Treatment Planning
- ◉ Referral
- ◉ Service Coordination: Implementing the Treatment Plan, Consulting, Continuing Assessment and Tx Planning
- ◉ Counseling: Individual, Group, Family
- ◉ Client, Family, and Community Education
- ◉ Documentation
- ◉ Professional and Ethical Responsibilities

CLINICAL EVALUATION

A. Screening

COMPETENCY 24:

- Establish rapport, including management of a crisis situation and determination of need for additional professional assistance.
- There are specific knowledge, skills, and attitudes for screening.

SCREENING

KNOWLEDGE

- Importance and purpose of rapport building.
- Rapport-building methods and issues.
- The range of human emotions and feelings.
- What constitutes a crisis.
- Steps in crisis prevention and management.
- Situations and conditions for which additional professional assistance may be necessary.
- Available sources of assistance.

SCREENING

SKILLS

- Demonstrating effective verbal and nonverbal communication in establishing rapport.
- Accurately identifying the client's beliefs and frame of reference.
- Reflecting the client's feelings and message.
- Recognizing and defusing volatile or dangerous situations.
- Demonstrating empathy, respect, and genuineness.

SCREENING

ATTITUDES

- Recognition of personal biases, values, and beliefs and their effect on communication and the treatment process.
- Willingness to establish rapport.

SCREENING

◎ **COMPETENCY 26:**

- Screen for psychoactive substance toxicity, intoxication, and withdrawal symptoms; aggression or danger to others; potential for self-inflicted harm or suicide; and co-occurring mental disorders.

◎ **COMPETENCY 27:**

- Assist the client in identifying the effect of substance use on his or her current life problems and the effects of continued harmful use or abuse.

SCREENING

◎ **COMPETENCY 28:**

- Determine the client's readiness for treatment and change as well as the needs of others involved in the current situation.

◎ **COMPETENCY 29:**

- Review the treatment options that are appropriate for the client's needs, characteristics, goals, and financial resources.

SCREENING

◎ **COMPETENCY 30:**

- Apply accepted criteria for diagnosis of substance use disorders in making treatment recommendations.

◎ **COMPETENCY 31:**

- Construct with the client and appropriate others an initial action plan based on client needs, client preferences, and resources available.

◎ **COMPETENCY 32:**

- Based on the initial action plan, take specific steps to initiate an admission or referral and ensure follow-through.

ASSESSMENT

COMPETENCY 33:

Select and use a comprehensive assessment process that is sensitive to age, gender, racial and ethnic culture, and disabilities that includes but is not limited to:

- History of alcohol and drug use
- Physical health, mental health, and addiction treatment histories
- Family issues
- Work history and career issues
- History of criminality

ASSESSMENT CONTINUED

- Psychological, emotional, and worldview concerns
- Current status of physical health, mental health, and substance use
- Spiritual concerns of the client
- Education and basic life skills
- Socioeconomic characteristics, lifestyle, and current legal status
- Use of community resources
- Treatment readiness
- Level of cognitive and behavioral functioning.

ASSESSMENT

◎ **COMPETENCY 34:**

- Analyze and interpret the data to determine treatment recommendations.

◎ **COMPETENCY 35:**

- Seek appropriate supervision and consultation.

◎ **COMPETENCY 36:**

- Document assessment findings and treatment recommendations.

TREATMENT PLANNING

- ◉ *Definition: A collaborative process in which professionals and the client develop a written document that identifies important treatment goals; describes measurable, time-sensitive action steps toward achieving those goals with expected outcomes; and reflects a verbal agreement between a counselor and client.*

TREATMENT PLANNING

- ◉ *At a minimum an individualized treatment plan addresses the identified substance use disorder(s), as well as issues related to treatment progress, including relationships with family and significant others, potential mental conditions, employment, education, spirituality, health concerns, and social and legal needs.*

TREATMENT PLANNING

COMPETENCY 37:

Use relevant assessment information to guide the treatment planning process.

TREATMENT PLANNING

KNOWLEDGE

- The role assessment plays in identifying client problems, resources, and barriers to treatment.
- Stages of change and readiness for treatment.
- The impact that the client and family systems have on treatment decisions and outcomes.
- Other sources of assessment information.

TREATMENT PLANNING

SKILLS

- Establishing treatment priorities based on all available assessment data.
- Interpreting assessment information considering the client's age, developmental level, treatment readiness, gender, and racial and ethnic culture.
- Using assessment information to individualize the client's treatment goals.

TREATMENT PLANNING

ATTITUDES

- **Appreciation of the strengths and limitations of the assessment data.**
- **Recognition that assessment is an ongoing process throughout treatment.**

TREATMENT PLANNING

○ **COMPETENCY 38:**

- Explain assessment findings to the client and significant others.

○ **COMPETENCY 39:**

- Provide the client and significant others with clarification and additional information as needed.

○ **COMPETENCY 40:**

- Examine treatment options in collaboration with the client and significant others.

TREATMENT PLANNING

◎ **COMPETENCY 46:**

- ◎ Develop with the client a mutually acceptable treatment plan and method for monitoring and evaluating progress.

◎ **COMPETENCY 47:**

- ◎ Inform the client of confidentiality rights, program procedures that safeguard them, and the exceptions imposed by regulations.

REFERRAL

- ◉ Definition: *The process of facilitating the client's use of available support systems and community resources to meet needs identified in clinical evaluation or treatment planning.*
- ◉ **COMPETENCY 49:**
 - Establish and maintain relationships with civic groups, agencies, other professionals, governmental entities, and the community at large to ensure appropriate referrals, identify service gaps, expand community resources, and help address unmet needs.

REFERRAL

◎ **COMPETENCY 50:**

- Continuously assess and evaluate referral resources to determine their appropriateness.

◎ **COMPETENCY 52:**

- Arrange referrals to other professionals, agencies, community programs, or appropriate resources to meet the client's needs.

WHERE DO WE REFER SUBSTANCE ABUSE CLIENTS????

- ◉ Mutual aid groups such as Narcotics Anonymous, Alcoholic Anonymous.
- ◉ What are other non self-help groups....????

SERVICE COORDINATION

- ◉ Definition: *The administrative, clinical, and evaluative activities that bring the client, treatment services, community agencies, and other resources together to focus on issues and needs identified in the treatment plan.*

SERVICE COORDINATION

- ◉ *Service coordination, which includes case management and client advocacy, establishes a framework of action to enable the client to achieve specified goals. It involves collaboration with the client and significant others, coordination of treatment and referral services, liaison activities with community resources and managed care systems, client advocacy, and ongoing evaluation of treatment progress and client needs.*

IMPLEMENTING THE TREATMENT PLAN

COMPETENCY 60:

Establish accurate treatment and recovery expectations with the client and involved significant others, including but not limited to:

The nature of services

- Program goals
- Program procedures
- Rules regarding client conduct
- The schedule of treatment activities
- Costs of treatment
- Factors affecting duration of care
- Clients' rights and responsibilities
- The effect of treatment and recovery on significant others.

COMPETENCY 61:

Coordinate all treatment activities with services provided to the client by other resources.

CONSULTING

◎ **COMPETENCY 62:**

- Summarize the client's personal and cultural background, treatment plan, recovery progress, and problems inhibiting progress to ensure quality of care, gain feedback, and plan changes in the course of treatment.

◎ **COMPETENCY 63:**

- Understand the terminology, procedures, and roles of other disciplines related to the treatment of substance use disorders.

CONTINUING ASSESSMENT AND TREATMENT PLANNING

◎ **COMPETENCY 67:**

- Maintain ongoing contact with the client and involved significant others to ensure adherence to the treatment plan.

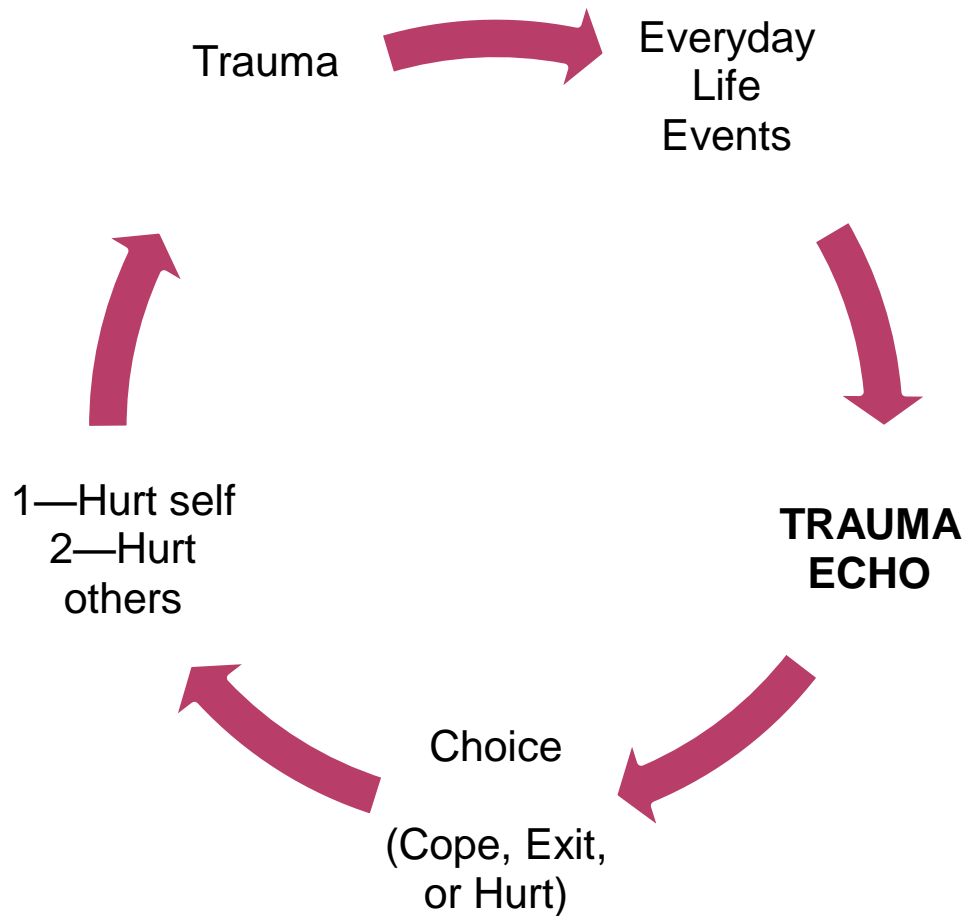
◎ **COMPETENCY 68:**

- Understand and recognize stages of change and other signs of treatment progress.

ONE WAY TO CONCEPTUALIZE ADDICTION AND ADDICTION TREATMENT

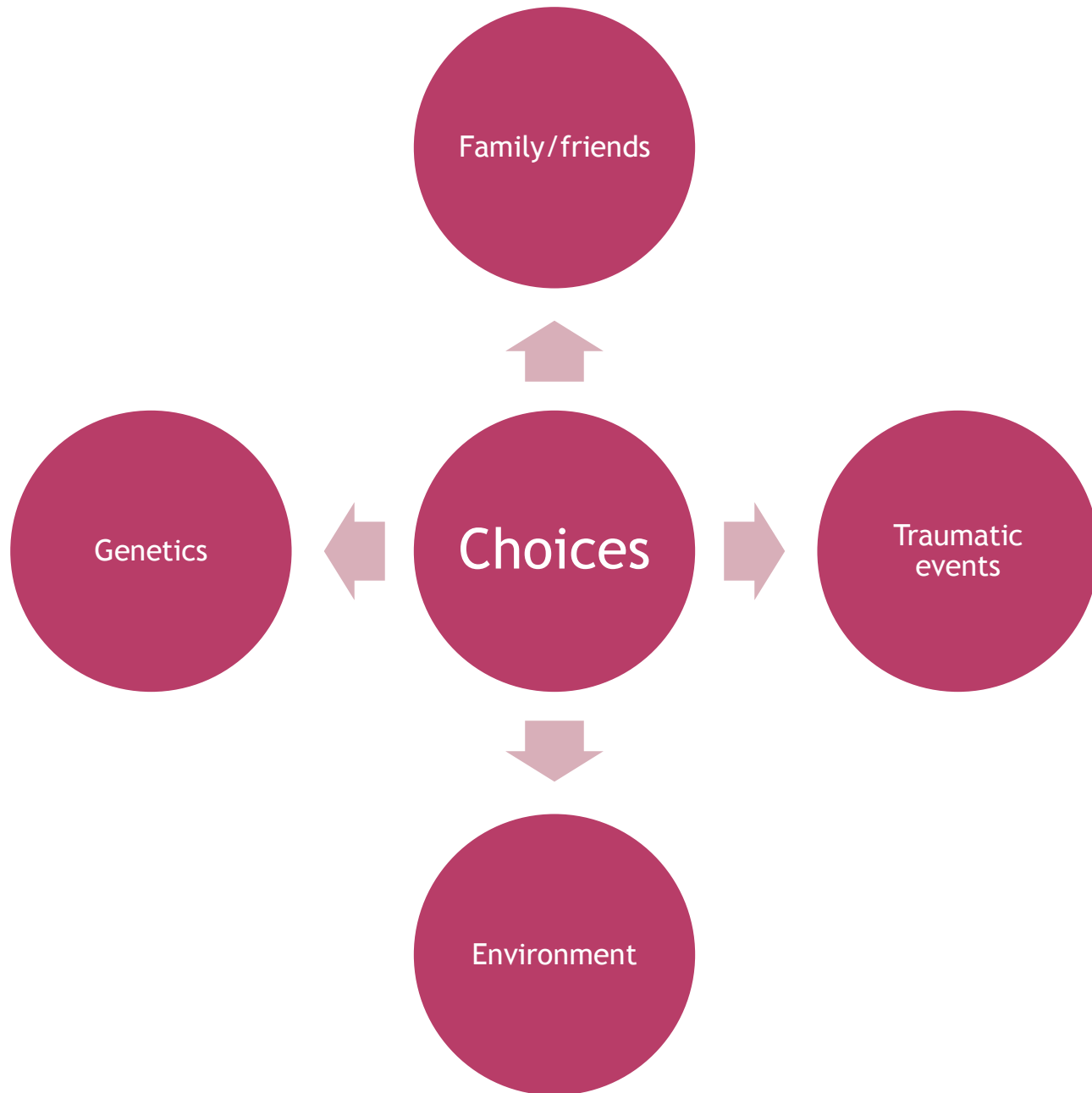
- ◉ The following includes helping to answer the question we are all asked by “civilian”:
- ◉ Why do they do that? (Or, alternatively, Why don't they stop?)
- ◉ Joann Schladale's Trauma Outcome Process.

TRAUMA OUTCOME PROCESS

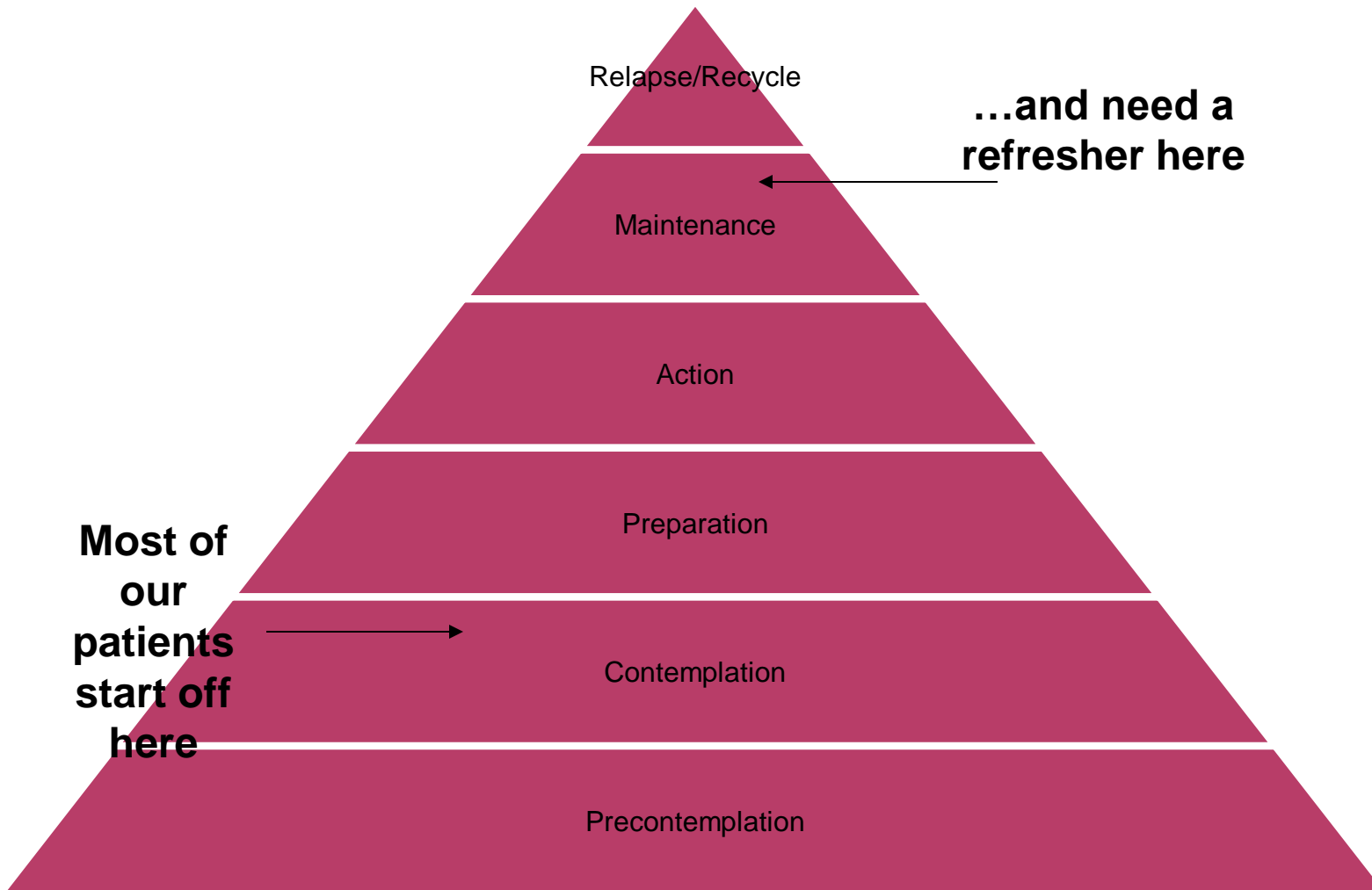


CHOICES:

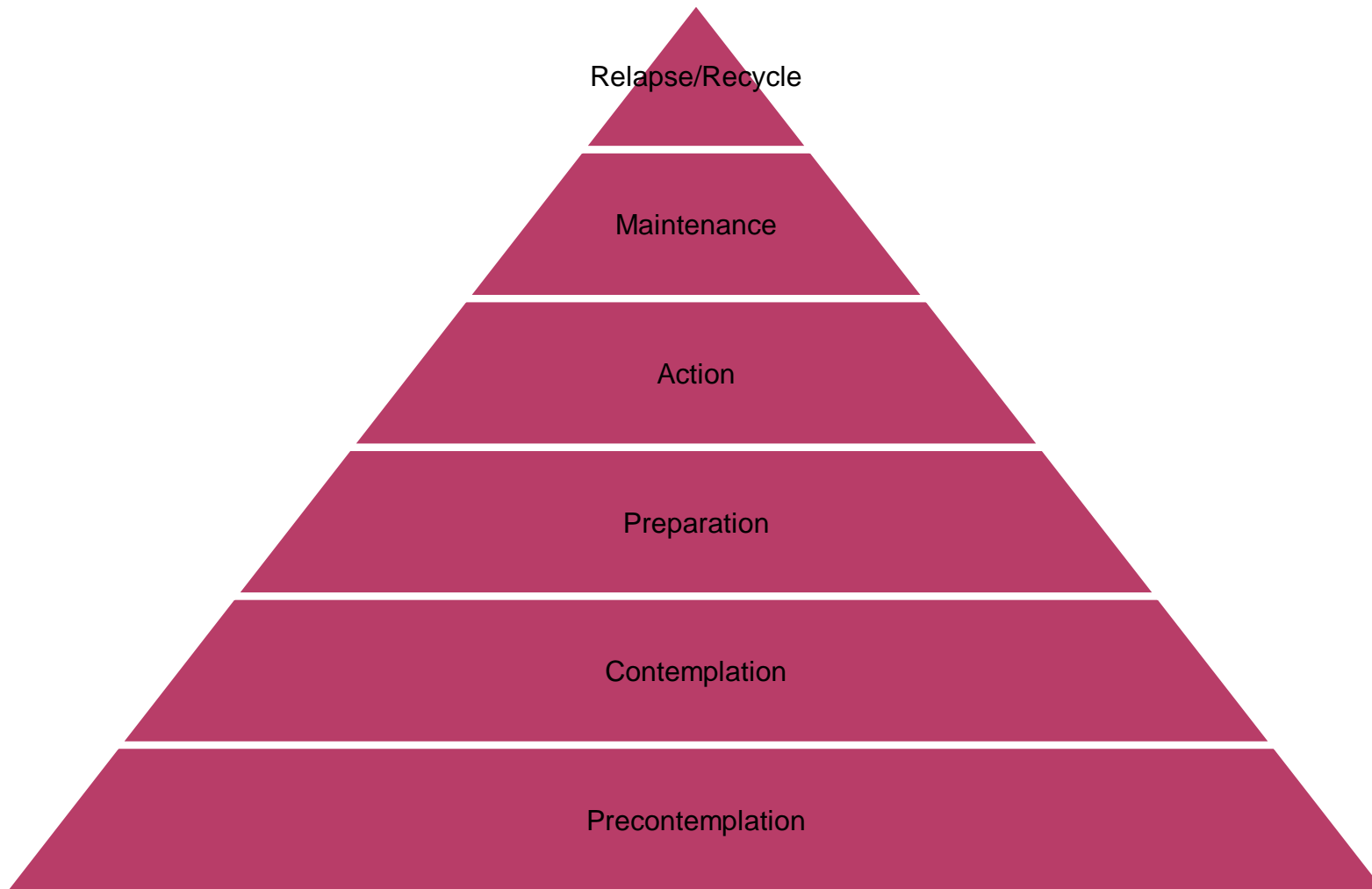
- Why is this one so important?
 - A: Because, without choices, we would have no control over what we did.
- However, our choices are influenced by the people, places, and things we hang out with and by the events that have occurred in our lives.



MODEL OF CHANGE (PROCHASKA, DICLEMENTE, & NORCROSS, 1992)



WHERE WOULD YOU PUT THE FAMILIES YOU SEE?



CONTINUING ASSESSMENT AND TREATMENT PLANNING

◎ **COMPETENCY 69:**

- Assess treatment and recovery progress, and, in consultation with the client and significant others, make appropriate changes to the treatment plan to ensure progress toward treatment goals.

◎ **COMPETENCY 70:**

- Describe and document the treatment process, progress, and outcome.

COUNSELING

- ◉ **Definition:** *A collaborative process that facilitates the client's progress toward mutually determined treatment goals and objectives.*

COUNSELING

- ***Counseling includes methods that are sensitive to individual client characteristics and to the influence of significant others, as well as the client's cultural and social context. Competence in counseling is built on an understanding of, appreciation of, and ability to appropriately use the contributions of various addiction counseling models as they apply to modalities of care for individuals, groups, families, couples, and significant others.***

INDIVIDUAL COUNSELING

COMPETENCY 75:

Establish a helping relationship with the client characterized by warmth, respect, genuineness, concreteness, and empathy.

INDIVIDUAL COUNSELING

KNOWLEDGE

- Theories, research, and evidence-based literature.
- Approaches to counseling that are person centered and have demonstrated effectiveness with substance use disorders.
- Definitions of warmth, respect, genuineness, concreteness, and empathy.
- The role of the counselor.
- Transference and counter-transference.

INDIVIDUAL COUNSELING

◎ SKILLS

- Active listening, including paraphrasing, reflecting, and summarizing.
- Conveying warmth, respect, and genuineness in a culturally appropriate manner.
- Validating.
- Demonstrating empathic understanding.
- Using power and authority appropriately in support of treatment goals.

INDIVIDUAL COUSNELING

◎ ATTITUDES

- Respect for the client.
- Recognition of the importance of cooperation and collaboration with the client.
- Professional objectivity.

FOUNDATION FOR BRIEF INTERVENTIONS

- ◉ Feedback-Personal Risk or impairment.
- ◉ Responsibility-For change, its up to you!
- ◉ Advice-The essence of brief intervention.
- ◉ Menu- Of Alternative Change options
- ◉ Empathy- Warm, reflective vs. authoritarian.
- ◉ Self-Efficacy- Optimism regarding the possibility of change vs. powerlessness.

FOUR ESSENTIAL SKILLS FOR PROVIDING EFFECTIVE BRIEF INTERVENTIONS

- ◉ An overall attitude of understanding and acceptance.
- ◉ Counseling skills such as active listening and helping kids explore and resolve ambivalence.
- ◉ A focus on intermediate goals
- ◉ A working knowledge of the stages of change through which a client moves when thinking about, beginning, and trying to maintain new behavior.

THINGS TO KEEP IN MIND

- ⦿ **The same things that minimize resistance!!!**
- ⦿ **The Therapeutic Alliance**
- ⦿ **The Helper is a significant variable in determining outcome: Drop out, retention, and adherence.**
- ⦿ **People who believe they are likely to change do so.**

EVIDENCE-BASED PRACTICES

- ◉ Provide motivational enhancement to increase motivation for treatment.
- ◉ Motivation Interviewing (MI) is a “client-centered, non-directive, method for enhancing intrinsic motivation to change by exploring and resolving ambivalence (Miller & Rollnick, 2002).
- ◉ Who here uses motivational interviewing in their practice?

MOTIVATIONAL INTERVIEWING

1. Expressing empathy: Skillful reflective listening, ambivalence is normal
2. Developing discrepancies: Change is motivated by a perceived discrepancy between present behavior and future goals
3. Rolling with resistance: Avoid arguing, new perspectives are invited, resistance is a signal to respond differently, client is a resource in finding answers
4. Supporting self-efficacy: A person's belief in the possibility of change is an important motivator, validation of client's effort.

INDIVIDUAL COUNSELING

- ◉ Remember, motivation can often be influenced by....
 - EMPATHY:
 - An essential component to breaking through resistance is maintaining a foundation of understanding through a dialogue that engages the client's experience with empathic comments (Clifton Mitchell, Ph.D.)
- ◉ Again, people change when they have an emotionally compelling reason....empathy can help get them there.
 - Empathy can foster the emergence of emotionally compelling reasons to change.

EVIDENCE-BASED PRACTICES

- Use **Cognitive Behavioral** therapeutic techniques to address maladaptive thinking and behavior.
- An underlying assumption is that the client systematically and negatively distorts her view of the self, the environment, and the future.
- Use cognitive and or behavioral strategies to identify and replace irrational beliefs with rational beliefs/new behaviors the client can practice.
- “Everybody uses.....”
- “It should be legalized.....”

EVIDENCE-BASED PRACTICES

- ◉ Employ **Relapse Prevention** techniques to reduce psychiatric and substance use symptoms.
- ◉ Have a broad repertoire of cognitive and behavioral coping strategies.
- ◉ Make appropriate lifestyle changes.
- ◉ Increase healthy activities.
- ◉ Prepare for interrupting lapses, so that they don't end up in full blown relapse.
- ◉ Learn specific skills to identify and cope effectively with drug urges and craving.

INDIVIDUAL COUNSELING

◉ **COMPETENCY 77:**

- ◉ Work with the client to establish realistic, achievable goals consistent with achieving and maintaining recovery.

◉ **COMPETENCY 78:**

- ◉ Promote client knowledge, skills, and attitudes that contribute to a positive change in substance use behaviors.-Motivate, Motivate, Motivate!!
- ◉ “Give a person a fish/teach them to fish”

◉ **COMPETENCY 79:**

- ◉ Encourage and reinforce client actions determined to be beneficial in progressing toward treatment goals.-Genuine care and concern, pats on the back!

ENGAGEMENT

- Project MATCH - Largest study ever conducted on the treatment of problem drinking. 8 years and \$27 million. Looked at treatment outcomes between cognitive behavioral, motivational interviewing, and 12-step facilitation therapy.

ENGAGEMENT

- What did Project MATCH find???
- All approaches work equally well with some of the people some of the time!
- Client's engagement the strongest determinant of outcome
- The therapeutic alliance often mediates client engagement.
- Allegiance: The clinician believing in the work they do.

ENGAGEMENT

- ◉ The quality of the relationship more potent predictor of outcome than theoretical orientation, experience level, or professional discipline (S. Miller).
- ◉ Client perception of the relationship a better predictor of outcomes than therapist's perception.
- ◉ Assist client with focusing on ONE thing that will be beneficial for them by coming to see YOU!
- ◉ Try to target something positive as a “pay-off” that is as emotionally meaningful as their drug and alcohol use.

GROUP COUNSELING

◉ **COMPETENCY 88:**

- ◉ Describe, select, and appropriately use strategies from accepted and culturally appropriate models for group counseling with clients with substance use disorders.

◉ **COMPETENCY 89:**

- ◉ Carry out the actions necessary to form a group, including but not limited to determining group type, purpose, size, and leadership; recruiting and selecting members; establishing group goals and clarifying behavioral ground rules for participating; identifying outcomes; and determining criteria and methods for termination or graduation from the group.

GROUP COUNSELING

◎ **COMPETENCY 90:**

- Facilitate the entry of new members and the transition of exiting members.

◎ **COMPETENCY 91:**

- Facilitate group growth within the established ground rules and movement toward group and individual goals by using methods consistent with group type.

COUNSELING FAMILIES, COUPLES, AND SIGNIFICANT OTHERS

COMPETENCY 94:

Understand the characteristics and dynamics of families, couples, and significant others affected by substance use.

KNOWLEDGE

- Dynamics associated with substance use, abuse, dependence, and recovery in families, couples, and significant others.
- The effect of interaction patterns on substance use behaviors.
- Cultural factors related to the effect of substance use disorders on families, couples, and significant others.
- Systems theory and dynamics.
- Signs and patterns of domestic violence.
- Effects of substance use behaviors on interaction patterns.

COUNSELING FAMILIES, COUPLES, AND SIGNIFICANT OTHERS

SKILLS

- Identifying systemic interactions that are likely to affect recovery.
- Recognizing the roles of significant others in the client's social system.
- Recognizing potential for and signs and symptoms of domestic violence.

ATTITUDES

- Recognition of non-constructive family behaviors as systemic issues.
- Appreciation of the role systemic interactions play in substance use behavior.
- Appreciation for diverse cultural factors that influence characteristics and dynamics of families, couples, and significant others.

COUNSELING FAMILIES, COUPLES, AND SIGNIFICANT OTHERS

◎ **COMPETENCY 95:**

- Be familiar with and appropriately use models of diagnosis and intervention for families, couples, and significant others, including extended, kinship, or tribal family structures.

◎ **COMPETENCY 96:**

- Facilitate the engagement of selected members of the family or significant others in the treatment and recovery process.

COUNSELING FAMILIES, COUPLES, AND SIGNIFICANT OTHERS

◎ **COMPETENCY 97:**

- Assist families, couples, and significant others in understanding the interaction between the family system and substance use behaviors.

◎ **COMPETENCY 98:**

- Assist families, couples, and significant others in adopting strategies and behaviors that sustain recovery and maintain healthy relationships.

DOCUMENTATION

◎ **COMPETENCY 108:**

- Demonstrate knowledge of accepted principles of client record management.

◎ **COMPETENCY 109:**

- Protect client rights to privacy and confidentiality in the preparation and handling of records, especially in relation to the communication of client information with third parties.

DOCUMENTATION

◎ **COMPETENCY 110:**

- Prepare accurate and concise screening, intake, and assessment reports.

◎ **COMPETENCY 111:**

- Record treatment and continuing care plans that are consistent with agency standards and comply with applicable administrative rules.

◎ **COMPETENCY 112:**

- Record progress of client in relation to treatment goals and objectives.

PROFESSIONAL AND ETHICAL RESPONSIBILITIES

- ◉ **COMPETENCY 115:**

- ◉ Adhere to established professional codes of ethics that define the professional context within which the counselor works to maintain professional standards and safeguard the client.

- ◉ **COMPETENCY 116:**

- ◉ Adhere to Federal and State laws and agency regulations regarding the treatment of substance use disorders.

- ◉ **COMPETENCY 117:**

- ◉ Interpret and apply information from current counseling and psychoactive substance use research literature to improve client care and enhance professional growth.

PROFESSIONAL AND ETHICAL RESPONSIBILITIES

◉ **COMPETENCY 121:**

- Obtain appropriate continuing professional education.

◉ **COMPETENCY 122:**

- Participate in ongoing supervision and consultation.

◉ **COMPETENCY 123:**

- Develop and use strategies to maintain one's physical and mental health.

REFERENCES

- ◉ Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice (TAP 21): Center for Substance Abuse Treatment through SAMHSA, 2002.
- ◉ Miller and Rollnick, 2002
- ◉ CSAT, 2005
- ◉ Clifton Mitchell, Ph.D.

REFERENCES ON MODELS AND THEORIES

- ◉ E.M. Jellinek- “The Disease Concept of Alcoholism”: 1890-1963 Pivotal Work
- ◉ Vaillant- Genetics in Addiction.
- ◉ Exposure Theories
- ◉ Bio-Psycho-Social-Spiritual Models
- ◉ Endorphin Deficiency-Goldstein and Snyder

QUESTIONS, COMMENTS, CONCERNS!?!?

⦿ Thank You!!!