

INSTRUCTOR'S GUIDE FOR

Developing
Clinical Skills for
Substance Abuse
Counseling

Daniel Yalisove



AMERICAN COUNSELING ASSOCIATION

5999 Stevenson Avenue
Alexandria, VA 22304
www.counseling.org

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American Counseling Association
5999 Stevenson Avenue
Alexandria, VA 22304

Director of Publications Carolyn C. Baker

Production Manager Bonny E. Gaston

Editorial Assistant Catherine A. Brumley

Copy Editor Rachel A. Fending

Cover and text design by Bonny E. Gaston

Introduction

This is the Instructor's Guide for *Developing Clinical Skills for Substance Abuse Counseling*, a text intended to help students learn counseling skills. Counseling programs include courses that cover the theory, knowledge, and principles of counseling. Often missing is a course that helps students translate these elements into clinical skills. For example, it is one thing to know what a reflection is; it is quite another to make therapeutic use of reflection. I have developed a course that I believe succeeds in teaching basic substance abuse counseling skills. In the course, students not only are introduced to the concepts but also learn how to use them skillfully. I wrote *Developing Clinical Skills for Substance Abuse Counseling* to serve as the text for this course.

The teaching approach of this text on counseling skills requires very active participation by students. The homework exercises and role-plays done in class are far different from the typical classroom situation, in which students expect the instructor to provide the knowledge they are required to learn for the course. Instructors may encounter some initial resistance to this experiential and exposed approach, but I have found that students become drawn into the active learning process outlined here. The approach is similar to team-based learning. For an introduction to team-based learning, see www.teambasedlearning.org.

Students may not eagerly begin to follow the assignments accurately and completely. These are not the typical assignments in academic classes. Instructors may find it essential to carefully review the students' early submissions and detail where they must provide more work. It has been my experience that once students know what they have to do, they are eager to complete the assignments.

Recommended Format for Structuring the Class

In the first half of the class period, I present the concepts, knowledge, and principles that will be the subject matter for the role-plays. Then the class breaks up into teams that perform the related role-plays in the second half.

Role-plays can be done in teams of four to five students. This kind of environment lends itself to teamwork, student teaching, and student learning. Students learn cooperation naturally, which is very helpful for work in substance abuse agencies, where collaboration among professionals is essential. Furthermore, students enjoy working in small groups and develop a comfort level and trust that lend themselves to more openness.

Setting Up and Monitoring the Role-Plays

Key to the course is students' successful participation in the role-plays. Appendix B in the text provides an outline of how role-plays should be conducted and recorded. Before students begin the role-play, be sure they have discussed what the goal for the session is and what techniques they will use. Determining the proper goal is often the key to a good role-play and a good counseling session.

The role-plays require the students to be spontaneous and candid, yet empathic to each other. They also demand a great deal of work by the recorders who document the role-play. Closely monitor these recorders to be sure they are completing their work accurately and on time and giving it to the other students. The online program Blackboard (see www.blackboard.com) allows this to be done quite easily. Each team can be assigned a discussion group, through which they can exchange all the information they need. E-mail and old-fashioned photocopies work, as well.

Students vary in their ability to do the role-plays. Some are able to role-play fairly unself-consciously from the beginning. Others, often shy students, have difficulty getting into the role. Over the course of the semester, however, almost all students are able to perform role-plays. I ask students who are role-playing the client to try to get into his or her shoes and respond as if they were the client in this counseling setting. I ask the student role-playing the counselor to follow the goals and techniques set up in the first part of the exercise. I have found it unnecessary to critique the role-plays; students are able to intuit quite easily the successful efforts and the less successful ones. I do encourage students to be empathic in their comments about the role-plays, because harsh criticism discourages spontaneous and open role-plays. Prewritten scripts I have found to be deadly. In addition, students often role-play very resistant clients. Although this is fine for one or two role-plays, they should be encouraged to role-play less resistant clients most of the time.

Sometimes students discuss their own problems in the role-play situations. (These issues must be kept relatively simple—e.g., whether to quit or stay at a job or difficulties with quitting smoking. Obviously, deep-rooted issues should not be discussed.) Some students are comfortable with this, whereas others can get upset. Students should never be required to discuss their own problems. If they choose to do so, make sure they know that they can stop any role-play at any time and not have to give a reason. If a student becomes upset, offer to see him or her after class to provide

reassurance and give a referral if necessary. (This has never actually happened in the 10 years I have taught the course.)

The instructor should circulate among the teams and help them get a feel for the process during the role-play exercises. Teams may need help finding the goal of the session, determining the techniques to use, or getting into the role-play. You may need to role-play a client or counselor to give them an idea of what they need to do. You may also have to organize their discussion after the role-play. Immediately after the role-play, the students who role-played the client and counselor should discuss their experiences. Then the observing students can make their observations. Finally, the students should discuss the goals, techniques, and other aspects of the role-play as outlined in Part 3 of Appendix B. Keep in mind that encouragement and praise are helpful to students as well as clients. Instructors should review student role-play logs often, especially at the beginning of the semester.

What to Look for in the Submitted Role-Play Logs

Appendix B in the text provides an outline of how role-plays should be conducted and recorded. When you review student submissions (this can be done on Blackboard or conventionally), be sure to look for the following elements.

Part 1: Set-up for the role-play. Is the scenario adequately described? Are the goals appropriate for the treatment scenario? Do the techniques fit? Are the participants listed and assignments noted?

Part 2: Verbatim record of the role-play. Is the verbatim record in dialogue form? (i.e., Has one of the recorders integrated the comments to form a coherent dialogue? Separate pages of counselor's comments and client's comments are not acceptable.) Is it complete? Does it seem accurate?

Part 3: Discussion of the role-play. Is the team discussion complete? Did the student role-playing the client discuss his or her experience? Did the student role-playing the counselor discuss his or her experience? Did they discuss the goals, the techniques, what they learned, and what questions were raised by participation?

Part 4: Individual student analysis and discussion. Are key aspects of the dialogue underlined and explained? Are techniques such as reflections and open-ended questions underlined and labeled? Has each student provided his or her own commentary about the role-play?

The major written work for the course is based on a summary and analysis of students' role-play and workbook logs. I give the students the following instructions for this paper:

The purpose of the paper is to discuss what you learned during the course of the semester in the exercises and role-plays you conducted or observed. One of the main objectives of the course is to help you learn to self-reflect about your experiences. In this paper, I expect you to self-reflect on your experiences in the role-plays.

Suggestions for writing the paper:

- Review your logs carefully to remind yourself what you learned.
- Chart the progress you made over the course of the semester.
- What were the noteworthy experiences you had doing the role-plays as counselor, client, or observer? What was difficult? What did you learn from the experiences? How would you apply it to future counseling work?
- Cite the role-play or exercise and the specific segment by underlining and numbering it so I can find it. You may also refer to the videos.
- Fully explain each episode you choose to discuss. Refer to your underlining of the verbatim accounts and your discussion of them. Integrate all of these comments.
- What did you learn to do well? Explain and document as above.
- Where do you need to improve? Explain and document as above.
- How do you think you can improve in these areas?
- What are the strongest convictions you developed about what is important in counseling doing these role-plays and exercises? Why?
- Choose one of these convictions and research its effectiveness. Review at least one research article. Discuss the match between your conviction and the research results.
- Attach the role-play and exercise log as an appendix to the paper. Also attach the research article.

Discussion and Analysis of Case Studies

I have found that discussing case studies helps students learn to apply clinical knowledge, and I use case studies to supplement the material in this text. Because case studies are not often clearly structured, I have students analyze each case for the following elements:

- diagnosis (often not accurate in case studies),
- presenting problem (i.e., the reason client is coming for counseling),
- relevant clinical considerations,
- relevant history,
- treatment provided, and
- outcome.

Discourage students from speculating about missing elements, and suggest that if a counselor were seeing the client, he or she would simply ask for any necessary information. You can review case studies for the stages of change, apply the Building Session Goals and Strategies (BSGS) Model, and discuss challenging treatment scenarios. Sources for case studies can be found in Kelly and Juhnke (2005) and on the Web at www.cnsproductions.com/pdf/casestudies.pdf.

Simulated Dialogues in the Text

Throughout the text are simulated dialogues to illustrate clinical points. These dialogues can be reviewed and analyzed by instructors and students. For example, you can ask about the purpose of a particular counselor's comment and discuss whether it could have been expressed better.

Evaluating Students' Performance

The role-play log and workbook are the primary means to rate students' understanding and application of the principles of the course (i.e., their development of clinical skills). I recommend frequent reviews of assignments to make sure students are on track. The final paper, based on the contents of the role-play log and workbook, counts for 50% of the grade in my classes. I exempt students who submit truly outstanding papers from the final examination.

Written examinations can include sample dialogues that illustrate various techniques, such as open questions, reflections, and rolling with resistance. Students can be asked to underline these techniques and name them. They can also be given treatment scenarios and asked to identify the stage of change, the goal for the session, and techniques that should be used. Samples of clinical writing can be devised for students to critique, as in Exercise E.13.1.

Chapter-by-Chapter Suggestions

For each chapter, I highlight the focus, indicate key concepts, and discuss the key role-plays and assignments.

Preface

The preface includes an overview of the book, a discussion of all the elements of the book, and a list of abbreviations used.

Chapter 1: The Substance Abuse Counselor

This chapter discusses the practical aspects of the substance abuse counselor's job. The purpose is to give students a candid view of the profession, its rewards, and its frustrations to help them decide whether this is a career they wish to pursue. Please add your own knowledge and relevant experience.

You can introduce your students to the counselor competencies at this point in the course. The competencies covered in the text are listed in Appendix A. A full discussion of the competencies can be found in Center for Substance Abuse Treatment (2006). This and many other government publications are available free or at low cost from the Substance Abuse and Mental Health Services Administration (<http://ncadistore.samhsa.gov/catalog/>). Many of the publications can be downloaded as well as ordered in hard copy.

Key concepts. The following are the key concepts for this chapter:

- the clinical method, and
- self-reflection.

Exercise. E.1.1: Teachers. Insist that students turn in this assignment on time. Review it carefully. Be sure that students have completed all aspects of the assignment. This will set the tone for what you expect in the course.

Chapter 2: Theoretical Considerations

This chapter discusses the basic theories of substance abuse counseling used in the text. My orientation is commonly called the common factors approach. Two excellent edited volumes that discuss this approach are Hubble, Duncan, and Miller (1999) and Norcross (2002).

Motivational interviewing (MI) is an essential element of the text. As you teach this approach, it is perhaps most important to keep in mind that MI is very subtle. It takes students a long time to appreciate what is involved in this approach. MI is fully discussed in Miller and Rollnick (1991, 2002). I am trying to emulate the style of the first edition (Miller & Rollnick, 1991), which was somewhat folksy and relaxed in tone. The more recent edition is more academic. Center for Substance Abuse Treatment (1999) is free and serves as a good middle ground. Two excellent recorded materials are Bill Miller's (2000) interview with a very resistant client and the University of New Mexico, Department of Psychology (1998), a lengthy two-DVD set with presentations by Bill Miller, Theresa Moyers, and Stephen Rollnick. It includes several interviews with clients; two are conducted by Bill Miller and one by Theresa Moyers. Moyers's interview is the best I've seen using MI.

The stages of change are closely tied to MI. The eight stages of therapy are my way of attempting to explain the processes of counseling as the client progresses. Building Session Goals and Strategies (BSGS) is my invention, intended to help beginning counselors and advanced students start to think clinically and learn session management.

In the clinical example in the chapter, the counselor and client work on the goal of controlled drinking. This is controversial, but the evidence is strong that people who have an alcohol abuse diagnosis, such as this imagined case example, are often successfully able to control their drinking (see my summary of the research literature in Yalisove, 2004). Clients with alcohol dependence are much less likely to succeed in controlling their drinking, and it is not recommended as a treatment goal. You may want to have a discussion about controlled drinking and harm reduction with the class at this point. If you do, I urge you to allow an open discussion of the issue and give consideration to the research evidence regarding the goals of controlled drinking and harm reduction.

For additional ideas on teaching MI, see Tober and Raistrick (2007), which offers many insights into the process of teaching MI. Although the present text is MI oriented, the exercises can be easily adapted to other theoretical points of view. I believe that the approach presented here will be helpful to most theoretical orientations.

Key concepts. The following are the key concepts for this chapter:

- ambivalence,
- BSGS,
- empathy,
- interrupted drinking,
- lapse,
- MI,
- relapse,
- reflection, and
- stages of change.

Exercise E.2.1: Demonstrate empathy. In this and the following exercises (Exercises E.2.2, E.2.3, and E.2.4), the purpose is simply for students to try the technique. They should begin to use the Role-Play Recording Form and Instructions (see Appendix B), but in this exercise, there is no goal for the session. Students role-playing the counselor should simply try to feel and express empathy. Students role-playing the client should simply react to the counselor's approach. The dialogue should be recorded and discussed in teams. Because this is the first role-play exercise, instructors should insist that the assignment be turned in promptly and review it carefully for completeness (as entered into the designated discussion group on Blackboard or through another method). Be sure that the recorders combine the separate records of the client and counselor roles into a single, coherent dialogue. A summary of the team's discussion should also be posted (Part 3 of Appendix B).

Exercise E.2.2: Use reflection in a role-play to demonstrate empathy and selectively to build motivation. This exercise is like E.2.1: There is no therapeutic goal. Students will try to make reflections based on their partner's comments. This is more difficult than it seems. The goal is for students to make good, simple reflections. They need not try to "cure" the client. Observers should record the dialogue, and students should underline and label the reflections in the dialogue.

Exercise E.2.3: As the counselor in a first session, first focus on the client's need to stop using drugs, then try to focus on the ambivalence the client has in a role-play. This is another exercise like E.2.1: There is no therapeutic goal. The purpose of the exercise is to demonstrate that focusing on the negative aspects of drug use and confronting the client elicit resistance, whereas focusing on the client's ambivalence is more likely to evoke more details about the problematic aspects of his or her drug use. Students need help in

understanding what it means to focus on the ambivalence. Of course, the student role-playing the client must display ambivalence.

Exercise E.2.4: Review case studies and determine the stage of change the client is in. Students often have difficulty determining the stage of change. Review several case studies carefully with them to determine the stage of change together. Case studies can be taken from Kelly and Juhnke (2005), and others are available at www.cnsproductions.com/pdf/casestudies.pdf.

Chapter 3: Some Basic Principles of Substance Abuse Counseling

In this chapter, some basic concepts are discussed. Diagnosis of substance use disorders should be reviewed at this point in the course, as students often do not understand how to make an accurate substance use disorder diagnosis. My earlier book (Yalisove, 2004) reviews these diagnoses completely. Students are often relieved that their responsibility is not to cure patients or get them sober but to provide ways to help clients recover.

Key concepts. The following key concepts are discussed in this chapter:

- prioritize,
- rationale,
- substance abuse, and
- substance dependence.

Exercise E.3.1: Develop a rationale for an intervention. It is helpful for the instructor to give some intervention and treatment rationales to help students understand what this exercise requires. Clarify the difference between a procedure (e.g., detoxification) and a therapeutic approach (e.g., MI). Be sure students have completed this exercise before doing the role-play of giving the rationale to a client. This is the first role-play for which students can use the Role-Play Recording Form and Instructions (see Appendix B) in its entirety.

Exercise E.3.2: Review the following case study for clinical concerns. List them and then prioritize them. It is helpful to review a case or two and prioritize the clinical concerns to help students understand what this exercise requires. Additional case studies can be found in Kelly and Juhnke (2005).

Chapter 4: Applying the Principles of Building Session Goals and Strategies (BSGS) to Prepare for a Session With a Client

This chapter introduces the clinical method (session management). The list of techniques is a unique feature of the text and gives students a chance to see the range of interventions that are possible. Help students understand these and, of course, any additional techniques you are familiar with. Even though the focus of the chapter is on planning ahead and

having a structure for the session, flexibility is essential for developing a good therapeutic relationship.

Key concepts. The following key concepts are discussed in this chapter:

- BSGS,
- normalize, and
- roll with resistance.

Exercise E.4.2: Develop a goal and techniques for the following scenarios. The Answer Guide gives answers for two of the scenarios.

Exercise E.4.3: What are ways of objectively measuring the goals you developed for the above exercises by the end of the session and over a period of time? List additional goals and how they can be measured. How can a counselor determine when he or she is successful during a session? Typically, the best way to tell is by the client's reaction. For real success, however, the client's behavior must change. This can only be determined by what the client does between sessions. Did he or she actually attend the Alcoholics Anonymous (AA) meetings as planned? Did the client really stay away from his or her drug-using buddies? Did he or she do the homework as agreed to? For example, did he or she keep a log of drink signals?

Exercise E.4.4: Role-play a scenario with an intoxicated client. Once students realize that the client's safety is the main goal, they usually do quite well.

Exercise E.4.5: In a team role-play, role-play a resistant client and a counselor who rolls with the resistance. There is no therapeutic goal for the session. Students generally have no difficulty role-playing a resistant client. Students role-playing the counselor, however, often have difficulty rolling with resistance.

Beginning with this scenario, selected students can do the role-plays in front of the class instead of in teams. The first several weeks of team role-plays allow the students to warm up and become comfortable with this task. If you observe a team really doing a good job with a scenario, you may ask them to do it for the class.

Extra credit 4.a: Skills to practice with a partner. The techniques of MI may sound simple but are quite difficult to use fluidly. Practicing these techniques will improve students' skills.

Extra credit 4.b: Do you know any stories or metaphors that might be helpful in the counseling situation? This exercise is intended to encourage students' creativity.

Chapter 5: Building Session Goals and Strategies (BSGS) and the First Session

The first session is critical in counseling. Getting off to a good start sets a positive tone for all that follows. This chapter is fairly detailed and technical, and I encourage instructors to review it carefully with the students. Be sure to discuss the third step of the BSGS process: reviewing the work

you've done. It is the operational way of becoming self-reflective, one of the key concepts of the text.

Key concepts. The key concepts discussed in this chapter are as follows:

- empathy,
- open-ended questions,
- operational empathy,
- reflection, and
- self-reflection.

Exercises. Be sure students have completed these exercises before class, because they serve as preparation for the role-plays for the class.

Exercise E.5.1.a: Compose your opening statement for a new client. This exercise should be role-played in class.

Exercise E.5.4.b: Administer the AUDIT (Alcohol Use Disorders Identification Test; Babor, Biddle, Saunders, & Monteiro, 2001). This is an important exercise for a number of reasons: The AUDIT is a screening test for alcohol problems and is in the public domain; therefore, students and instructors can use it without making a copyright payment. The manual for the AUDIT is free for download and includes extensive background information on the test. Most important, it provides the standardized instruction manual. Students can learn the importance of administering a test according to the manual so that the results are valid and reflect a fair comparison with the groups the test was standardized on.

This exercise also offers students an opportunity to role-play a situation in which the client must be presented with unpleasant information. Many students have difficulty with this, either coming on too strong or avoiding the bad news. Make sure that the students develop a goal for administering the test and choose techniques that will help them accomplish this goal. This is one of the most popular of the exercises. (See Center for Substance Abuse Treatment, 1999, pp. 65–71, for a good discussion of the MI approach to giving feedback and the goals from an MI perspective. University of New Mexico, Department of Psychology, 1998, includes an interview in which a counselor provides feedback in an MI manner.) The AUDIT manual can be obtained from Babor et al. (2001).

Exercise E.5.5: Write out an "expert" approach. This exercise should be role-played in class.

Exercise E.5.6: Construct a summary of the client's problems in his or her language. This exercise is intended to help students learn to communicate to their clients in a manner that the clients can understand. One hallmark of a good counseling relationship is that counselor and client can understand each other. Often, the student counselor must learn to translate his or her understanding to the client in a clear and concise but not condescending manner. You may assign additional case studies from Kelly and Juhnke (2005).

Exercise E.5.7: Which of the following are open questions and closed questions? The answers are given in the Answer Guide.

Chapter 6: Beyond the First Session: The Beginning Phase of Treatment

An innovative and important aspect of MI is its stance that the counselor is responsible for evaluating and building the client's motivation. Whereas traditional approaches view motivation as an internal trait of the client, MI provides several techniques to build motivation. Each of these techniques is based on eliciting the intrinsic motivation of the client. Self-efficacy is an aspect of motivation: If the client does not feel he or she has the capacity to change even if he or she wants to, he or she will be unlikely to really try to change.

Many beginning counselors tend to focus too much on clients' substance use. Although it is essential to keep good track of substance use and discuss it, too great a focus on it will turn clients off and prevent other therapeutic goals from being fulfilled. Theresa Moyers's interview (University of New Mexico, Department of Psychology, 1998) is a great example of how a counselor can overcome the resistance of a criminal justice referral.

Key concepts. The following key concepts are discussed in this chapter:

- build discrepancy,
- decisional balance,
- mandated or coerced client,
- provide personalized feedback,
- raise ambivalence, and
- self-efficacy.

Exercise E.6.1: Role-plays on the topic of monitoring drug use. Students have a tendency to be overly confrontational when discussing a client's positive urine test in the role-plays. Have them think carefully about the goal of discussing the positive urine test and techniques to use to achieve this goal.

Exercise E.6.2: A client is actively using drugs but feels that his current job is causing the pressure that makes him use. Students generally do not see that postponing the decision to quit until a period of sobriety is established is the best approach. With the period of sobriety, the client will be more able to make the best decision and not act impulsively.

Chapter 7: The Middle Phase of Treatment

Instructors should explain fully the concept of the therapeutic alliance. Two sources for good discussions on the alliance are Hubble et al. (1999) and Norcross (2002). Emphasize the letting-go aspect of the relationship, which should begin in this phase. A discussion about letting go can be engaging and can facilitate students' understanding of the issues involved.

Key concepts. The following key concepts are discussed in this chapter:

- coping skills training,
- letting go,
- relapse prevention,
- therapeutic alliance,
- 12-step facilitation, and
- values clarification.

Chapter 8: Moving Toward Termination

Perhaps the most important issue to discuss is that the majority of substance use disorder clients do not complete their treatment. Thus, students need to learn how to end the counseling process in the most therapeutic way possible when treatment termination is premature. Class discussion of emotional reactions to clients leaving prematurely can lead students to develop insight about this issue.

Key concepts. The following key concepts are discussed in this chapter:

- premature termination and
- termination criteria.

Exercise E.8.3: Role-play a scenario in which a client has decided to leave treatment after three sessions and get sober on his or her own. The goal for this role-play should have two parts: In the first scenario, try to convince the client to remain in treatment; in the second scenario, when the client insists on leaving, develop goals for that possibility. Make sure students role-play both scenarios.

Chapter 9: Group Counseling for Clients With Substance Use Disorders

Richard Kempter, the author of this chapter, teaches a dedicated course on group counseling in John Jay College of Criminal Justice's Addiction Studies Program, which consists of a T-group (i.e., small-group training) experience and reflection on that experience. In the course you are teaching with this text, you will probably not have time to do more than the recommended chapter exercises, but students would benefit from more T-group experience in most addiction studies programs.

Chapter 10: The Role of the Substance Abuse Counselor in the Treatment of Clients With Both Substance Use Disorders and Mental Disorders

This chapter focuses on the practical things a substance abuse counselor can do when collaborating in the care of dual diagnosis clients. I believe the most important consideration is to help students understand that goals

and objectives for these clients must be realistic and not too ambitious. Obviously, students need to familiarize themselves with an extensive knowledge base to become good dual diagnosis counselors. You can enhance the chapter by presenting some of this knowledge. It is important, however, to emphasize to the students that this chapter only scratches the surface of understanding and treating dual disorders. This point in the course is a good time to have an extensive discussion of harm reduction as a goal in substance abuse treatment.

I recommend Mueser, Noordsy, Drake, and Fox's (2003) text for a full discussion of integrated treatment. This book serves as a good guide for understanding the integrated treatment model.

Key concepts. The following key concepts are discussed in this chapter:

- case management,
- crisis intervention,
- harm reduction,
- integrated treatment,
- integrated treatment: treatment stages,
- medication compliance,
- mentally ill chemical abusing, and
- seriously mentally ill.

Exercises. In the role-play exercises, discuss with the students whether the clients they choose to role-play are seriously mentally ill or less severely impaired. Discuss the effect of the degree of impairment on the treatment approach.

Chapter 11: Working With the Significant Others of Clients With Substance Use Disorders

Because this chapter focuses on working with the significant others of clients with substance use disorders, this point in the course is the logical time to discuss family counseling.

Chapter 12: Considerations of Diversity in Substance Abuse Counseling

This chapter has two sections. In the first, general multicultural considerations are discussed; in the second, specific issues for particular populations are addressed. Perhaps the most important objective of the chapter is to encourage students to be self-reflective about their views of all diverse groups and to be willing to overcome any bias or prejudice they might have. In writing the chapter, I confronted some of my own biases and have taken steps to overcome them. I discuss this in my classes to serve as a role model and facilitate discussion on this sensitive topic.

Key concepts. The following key concepts are discussed in this chapter:

- acculturation,
- cultural identity,
- feminist therapy,
- homophobia,
- multicultural competency, and
- multicultural counseling.

Chapter 13: Treatment Plans and Clinical Writing

Bring in agency forms or have students bring them in so they can get a good idea of what real-world forms are like.

Key concepts. The following key concepts are discussed in this chapter:

- admission and discharge summary;
- initial, revised, and aftercare treatment plan;
- mental status;
- objective versus goal in a treatment plan;
- presenting problem;
- progress note;
- psychosocial narrative; and
- STOP mnemonic for progress notes.

Exercise E.13.3: Create an initial and a revised treatment plan based on a case study. This is a detailed, involved assignment and role-play. Be sure students have completed all of the homework aspects of the exercise before doing the role-play.

Chapter 14: Closing Perspective

In the closing chapter, I address two issues: practical considerations in becoming a substance abuse counselor, and continuing professional development. Regarding practical considerations, please give your students the current provisions of your state's credentialing process and discuss the kinds of agencies counselors can work for, and ask students who have worked in the field to discuss their experiences.

I recommend a review of the code of ethics of NAADAC, the Association for Addiction Professionals. The complete NAADAC code of ethics may be found at http://naadac.org/index.php?option=com_content&view=article&id=405&Itemid=73. Finally, please encourage your students to continue to develop professionally. The chapter provides several resources for this development.

Resources for Substance Abuse Counseling Education

I have listed some resources below that I have found useful for addiction studies course materials:

- Hazelden offers 12-step facilitation curricula: www.hazelden.org/.
- The Addiction Treatment Technology Transfer Centers offer many curricular aids for the most recent research findings: <http://naadac.org/>.
- The International Coalition for Addiction Studies Education (INCASE) publishes the *Journal of Teaching in the Addictions*. INCASE's URL is <http://incase.org>.

The Counseling Competencies of Technical Assistance Publication Series (TAP) 21 Covered in the Text

Appendix A lists the competencies covered in the text. You may review them as they are mentioned in the text or address them all at the beginning of the course, where they are discussed in Chapter 1. The competencies are fully discussed in Center for Substance Abuse Treatment (2006), an essential resource for substance abuse educators.

I welcome your questions and comments. I may be reached at: dyalisove@jjay.cuny.edu.

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