Session 2: Screening and Assessment with SUD

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Reminders

- Syllabus is posted ** please refer to moodle for your assigned materials for each sessions ** still making a few adjustments (complete by Sunday)
- Check the student presentation sign up to make sure you know when you are leading discussion, I had to swap 2 sessions for guest speaker
- Review syllabus/rubric and reach out to Christina with your plan on assignment submissions. Earliest submission for case conceptualization July 7th, due July 11th (midway point) – but flexible as in you CAN submit later if you wish.
- Portfolio (will have class time as well) due LATEST Saturday July 23rd. Grades due July 25th, so I need time to review.
- Think about, choose movie you aim to use for CC
- I've created a resource folder of some articles to get you started that may be helpful in the CC paper!

Set up 1:1 with me for Questions / talking through assignments!

Tight on time, in order to honor the 2 hour max synchronous goal!

Review: Keeping in Mind...Defining Terms

What is addiction? What then, is recovery and how do our definitions define pathway of treatment?

What is our language, our experience, and our perception -- and how do we balance this while engaging in client first client centered work (*IE: our definition may not match theirs*).

Working Thinking So Far

- Addiction is a disease
- Addiction is a disorder
- Addiction is a symptom of something else (mental health; trauma; suffering)
- Addiction may develop as a result of ongoing behaviors or may “just happen”
- Addiction is genetic, brain based, or biological
- Addiction is a compulsive behavior
- Addiction is an adaptation

- *Addiction is something we have often gotten wrong, not understood, left individuals out of the conversation (and research), and is historically highly stigmatized.*

Student led discussion on Readings for Today

20-30 minutes

2-minute Brain Break?

ASSESSMENT

Refer to this PPT if helpful, when starting your case conceptualization assignment!

Goal: Comprehensive Clinical Picture

"One needs to go beyond diagnosis when it comes to determining how best to help addicted individuals– whether they need medical support, advice and help regarding housing, in-patient treatment, one or another form of counselling, etc. This is not solely about a diagnosis of dependence but about obtaining a *comprehensive clinical picture*" (West & Miller, 2011).

BIOPSYCHOSOCIAL ASSESSMENT

Captures multiple domains of an individual:

Biological

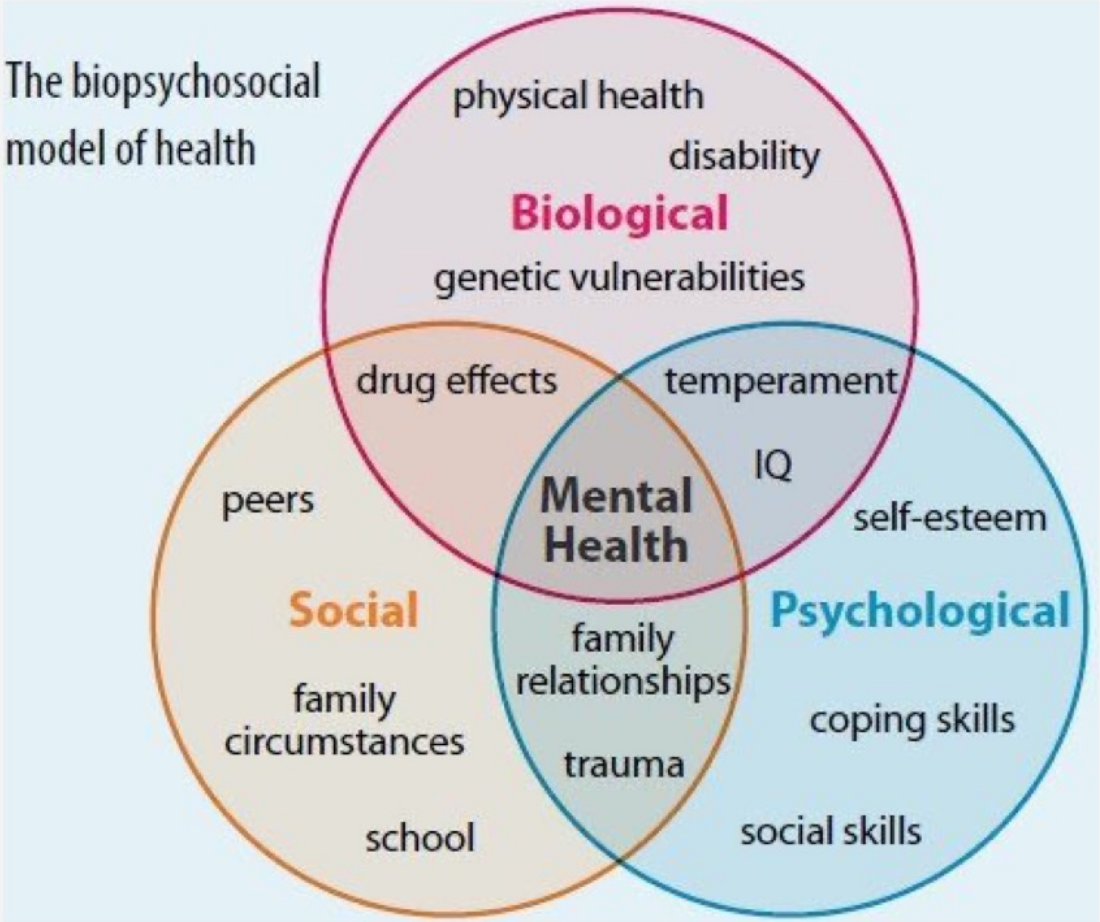
- Physical health
- Psychological functioning
- Biochemical functioning
- Nutritional choices
- Genetic heritage

Psychological

- emotional well-being
- Affective presentation
- Cognitive functioning
- General behavior
- Spiritual preferences
- Personality

Social

- Interpersonal relationships/interactions
- Environment, culture,
- family, work, faith community

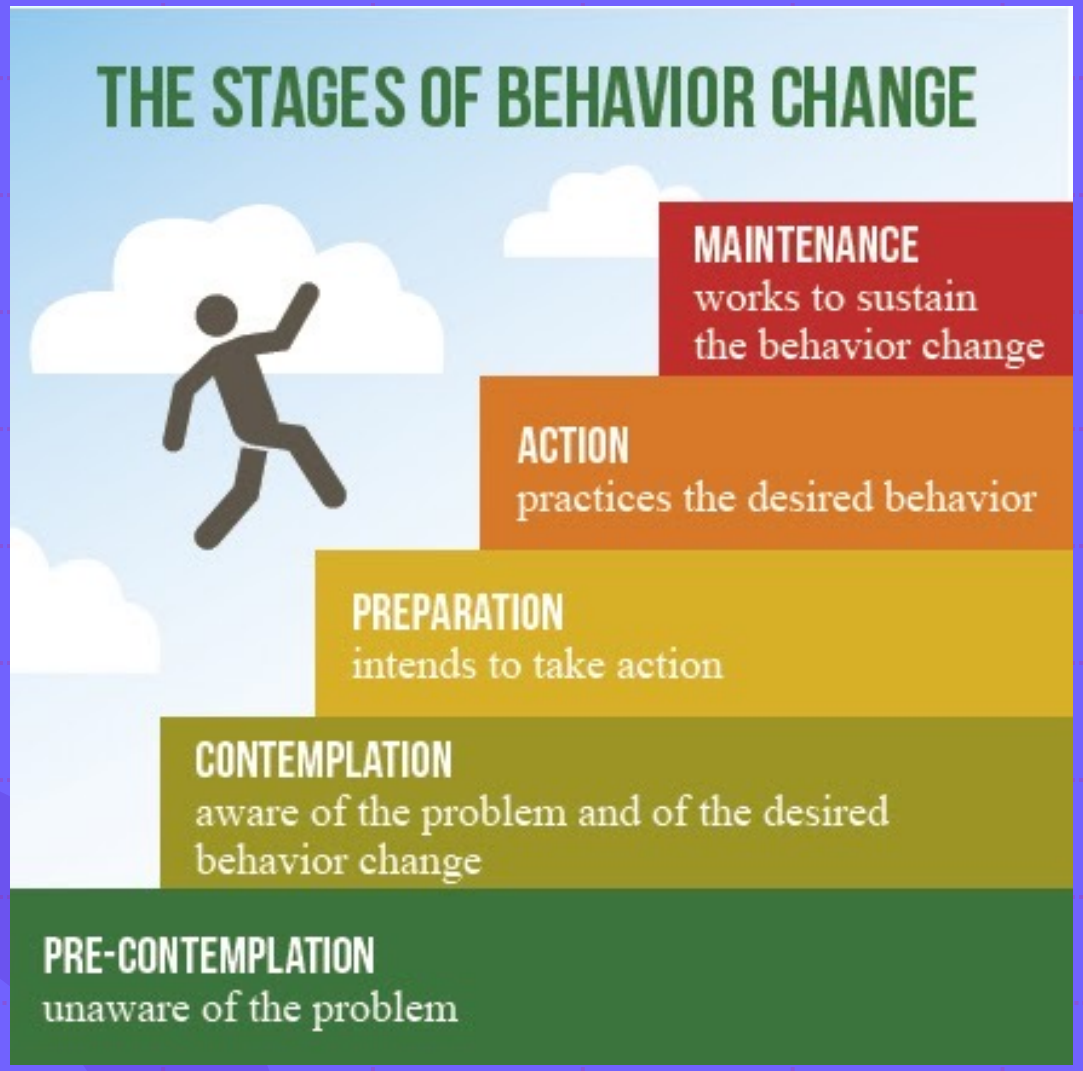


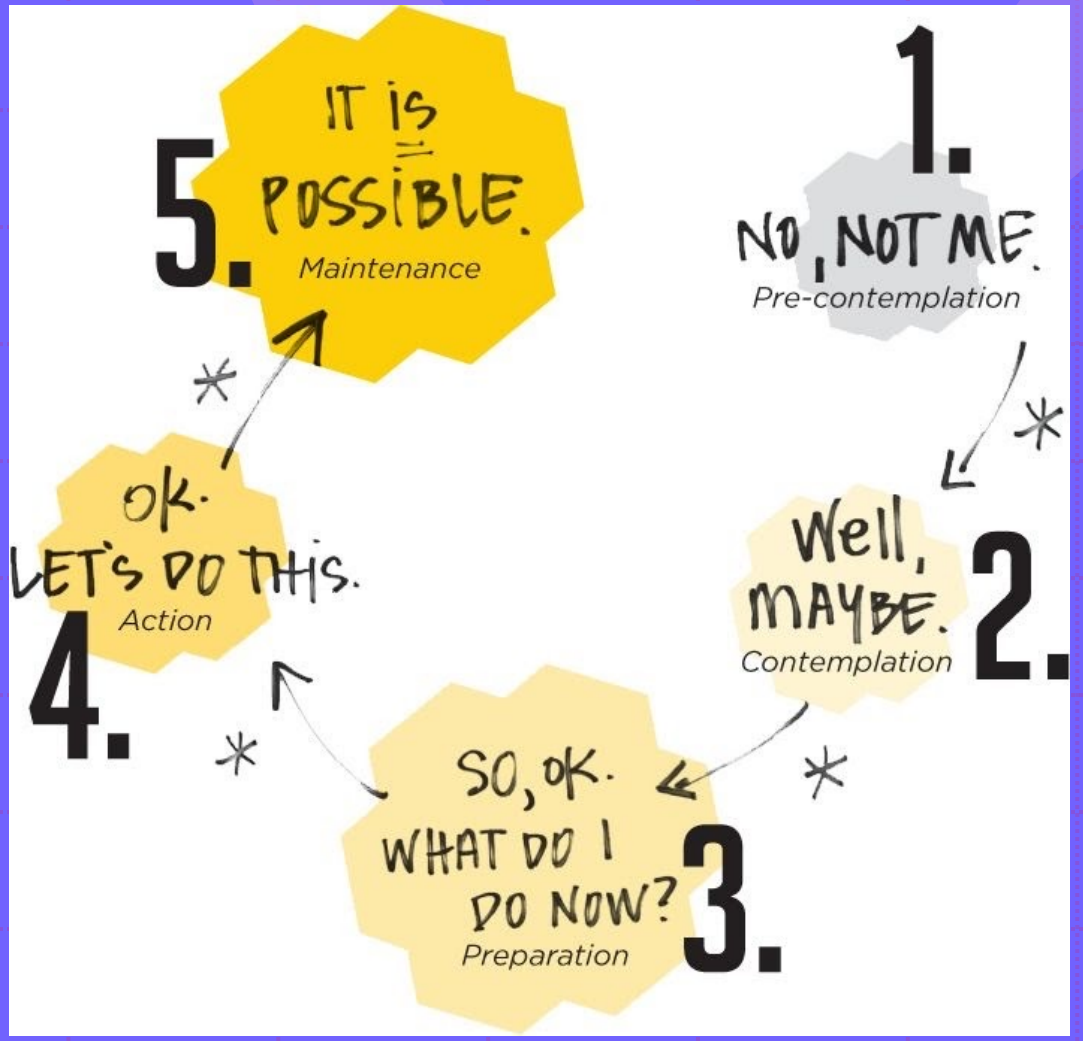
GOALS OF ASSESSMENT SESSION

- Identify basic information (name, age, pronouns, referral source, presenting problem)
- History of present circumstances, presenting problems, symptoms
- Past psychiatric and medical history (including medication)
- Social history including childhood, family structure, living situation, employment history, educational history, hobbies, daily routine, religious/spiritual preferences, trauma, substance use
- Case formulation where you synthesize most important aspects of this client including past and presenting problems.
  - Using your clinical acumen to make some summations about how these multiple domains have influenced and are influencing one another (NOTE: it's ok if you find you the connections you made are inaccurate or off base later! Point here is not to be perfect, but to use what you know about this client and combine it with your hard earned clinical and theoretical knowledge to make some meaningful connections about this case in a holistic way. *More on this later).*

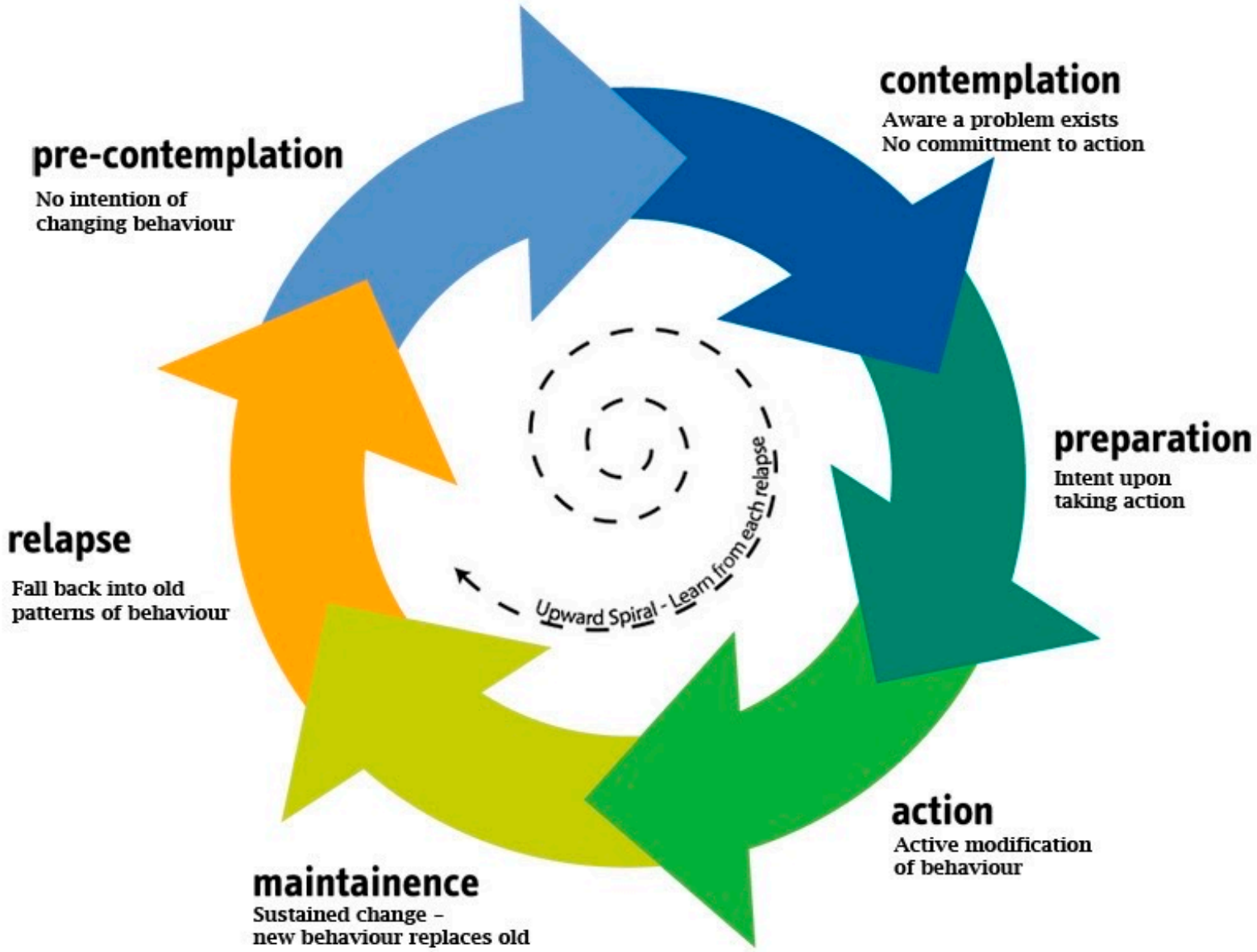
Some Relevant Theories

Stages of Change





Non-Linear



Transtheoretical Model of Change

Prochaska & DiClemente

Systems Theory

-Change at one level, effects all other levels

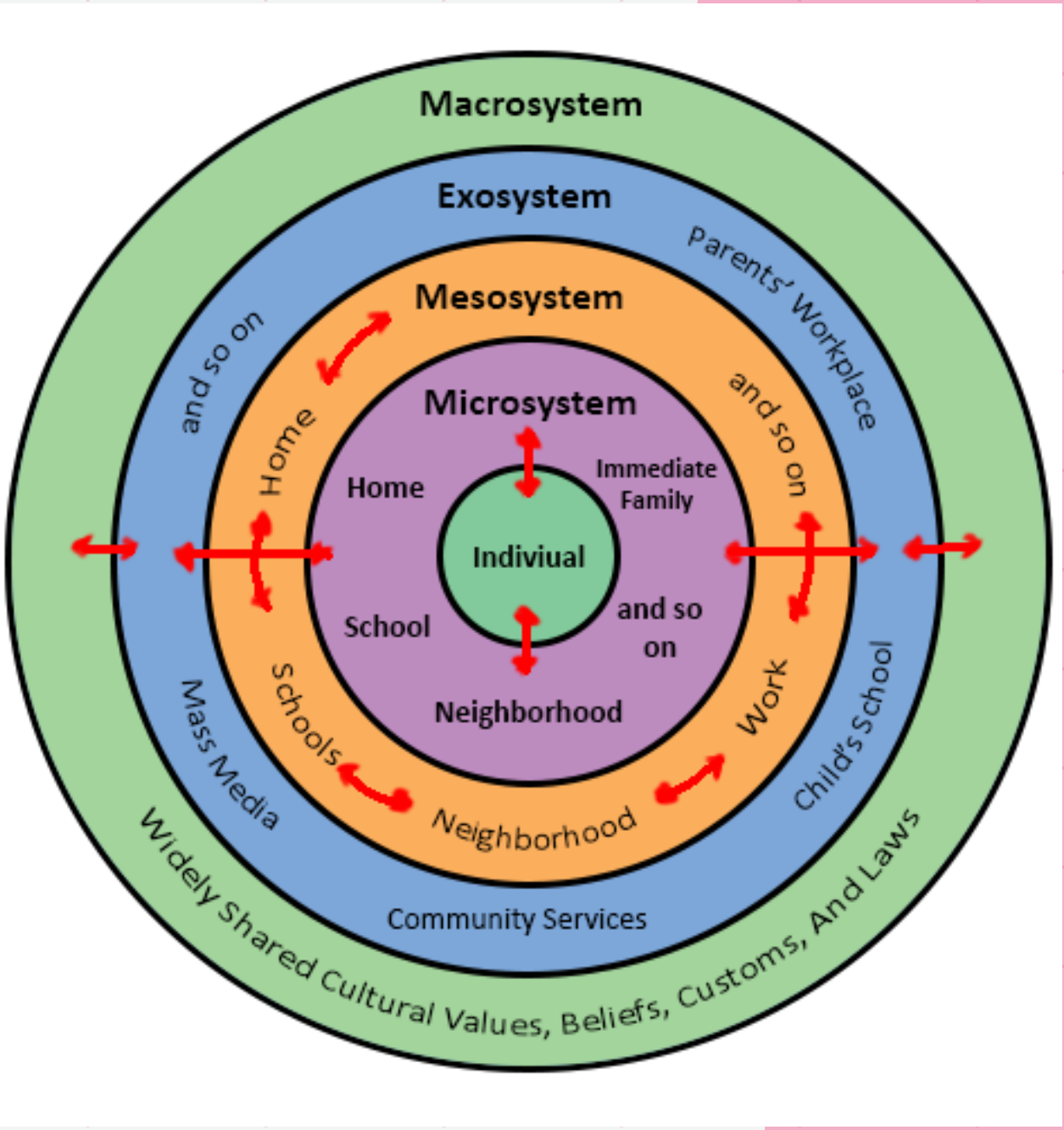
-Interconnectedness of life, development, and change

-social ecology (who do we interact with, routine, how we interact), person in environment

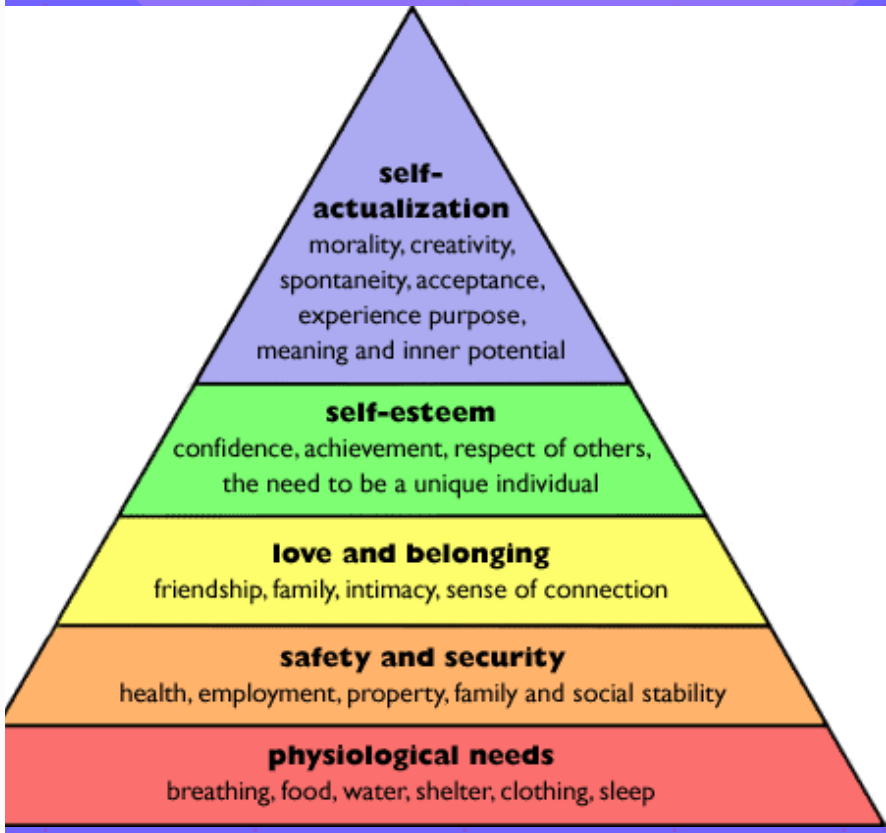
-We do not function in isolation but as part of many systems that impact our sense of self, resources, access, feelings, state, and well being

-Relationship to **attachment theory**

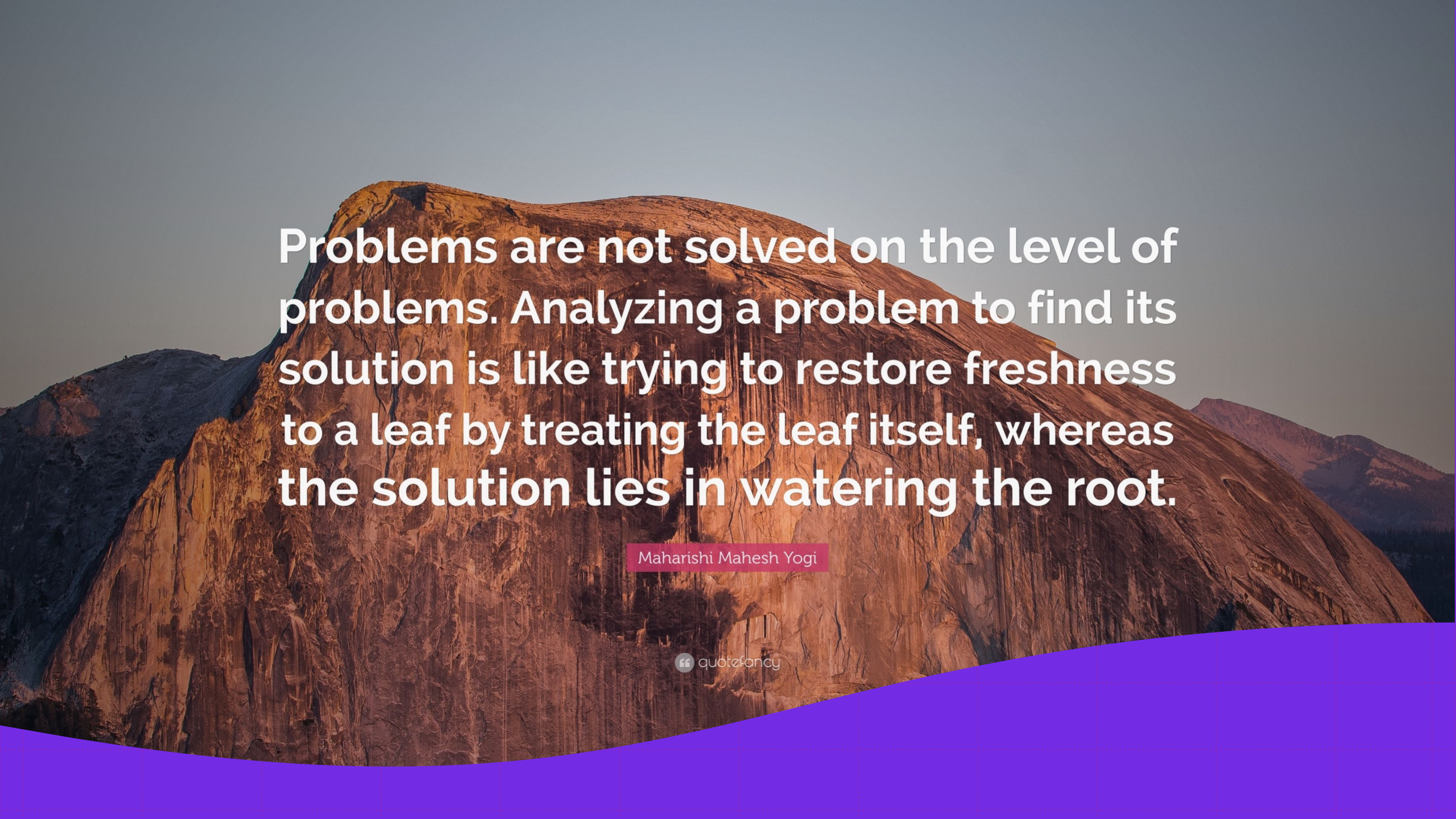
- Micro: our immediate social environment, relationships, direct interactions
- Meso: interaction between 2 or more microsystems (ex: family + school)
- Exo: settings that influence individual but that they're not directly a part of (parent's work)
- Macro: cultural patterns, etc. of larger society
- Chrono: historical times (war, depression, etc.)



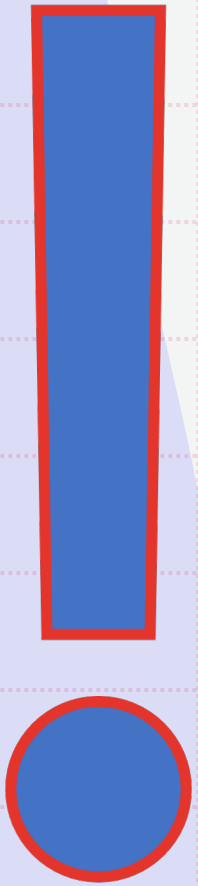
Maslow's Hierarchy of Needs



- Certain kinds of change isn't possible if certain benchmarks/foundations aren't in place
- *Meeting someone where they are at*


Problems are not solved on the level of problems. Analyzing a problem to find its solution is like trying to restore freshness to a leaf by treating the leaf itself, whereas the solution lies in watering the root.
Maharishi Mahesh Yogi
quotefancy

Breakout Room + Reflection on Example Assessment



8-10 minutes

What do you think is useful?

What is not?

What do you think is missing?

15-minute Break and Guest Speaker Talk

Tara Sullivan-Butrica, MSW, LCSW, Director of Clinical Operations (NET)

35 minute Talk

https://youtu.be/pf32PzMgLKk

ADDITIONAL SLIDES FOR YOUR REFERENCES BELOW ON ASSESSMENT/ INTAKE

Outpatient Treatment

Outpatient behavioral treatment includes a wide variety of programs for patients who visit a behavioral health counselor on a regular schedule. Most of the programs involve individual or group drug counseling, or both. These programs typically offer forms of behavioral therapy such as:

- *cognitive-behavioral therapy,* which helps patients recognize, avoid, and cope with the situations in which they are most likely to use drugs
- *multidimensional family therapy*—developed for adolescents with drug abuse problems as well as their families—which addresses a range of influences on their drug abuse patterns and is designed to improve overall family functioning
- *motivational interviewing,* which makes the most of people's readiness to change their behavior and enter treatment

Inpatient Treatment

Inpatient or residential treatment Licensed residential treatment facilities offer 24-hour structured and intensive care, including safe housing and medical attention. Residential treatment facilities may use a variety of therapeutic approaches including 12-step, group therapy, individual therapy, alternative therapies, and trauma-focused treatment. Examples of residential treatment settings include:

- *Detox:* 5-7 Days intensive medically monitored unit. Research shows very low effectiveness for individuals who ONLY participate in detox, however, many who are not ready for longer-term treatment come to detox and return to their community. This can also be an entry point and prevention for overdose.
- *Short-Term residential treatment:* Typically 3-4 weeks, providing initial intensive counseling and preparation for treatment in a community-based setting. Individual, group, alternative therapies, along with Medicated assisted treatment initiation.
- Long-Term residential: 3-6 months.
- *Halfway house/Recovery housing,* which provides supervised, short-term housing for patients, often following other types of inpatient or residential treatment. Recovery housing can help people make the transition to an independent life—for example, helping them learn how to manage finances or seek employment, as well as connecting them to support services in the community.

Further Thinking: Barriers

While one in seven people in the United States is at risk of developing a substance use disorder , only one in 10 will ever receive treatment. For Women, this has historically been even less (we'll talk about this in a future session).

- What are barriers to treatment on a structural level?
- What are barriers to treatment on the personal level?
- Societal/ cultural level?
- Is treatment working? *(40-60% of those who seek treatment relapse and many leave "against medical advice")*
- Can we instill motivation? Inspire it? Instill it? Can we create or support motivation to change?

RISK FACTORS

FOR NEXT WEEK!