Toolbox Training: A Substance Abuse Educational Series for Mental Health Professionals

Module 9
Professional Readiness, Attitudes and Values

Unifying science, education and service to transform lives
Module 9 - Professional Readiness, Attitudes and Values

Goals and Objectives

Listed below are the goals and objectives of the module and the corresponding TAP 21 competencies.

<table>
<thead>
<tr>
<th>Module 9 Goals and Objectives</th>
<th>SAMHSA CSAT TAP 21 Competencies</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Professional Readiness / Attitudes and Values</strong></td>
<td><strong>Transdisciplinary Foundations (TF)</strong></td>
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<tr>
<td><strong>Goal:</strong></td>
<td><strong>Professional Readiness</strong></td>
</tr>
<tr>
<td>Distinguish the impact of professional decision-making from an independent perspective relative to client counselor relationships in a co-occurring treatment environment.</td>
<td>1. Understand diverse cultures and incorporate the relevant needs of culturally diverse groups, as well as people with disabilities, into clinical practice.</td>
</tr>
<tr>
<td><strong>Objectives:</strong></td>
<td>2. Understand the importance of self-awareness in one’s personal, professional, and cultural life.</td>
</tr>
<tr>
<td>1. Evaluate individual professional career choice as it pertains to co-occurring theoretical implementation;</td>
<td>3. Understand the addiction professional’s obligations to adhere to ethical and behavioral standards of conduct in the helping relationship.</td>
</tr>
<tr>
<td>2. Discuss professional readiness to implement personal change in ever changing helping professions;</td>
<td>4. Understand the importance of ongoing supervision and continuing education in the delivery of client services.</td>
</tr>
<tr>
<td>3. Address impact of clinician readiness to change;</td>
<td>5. Understand the obligation of the addiction professional to participate in prevention as well as treatment.</td>
</tr>
<tr>
<td>4. Discuss clinical impact of stress and burnout.</td>
<td>6. Understand and apply setting-specific policies and procedures for handling crisis or dangerous situations, including safety measures for clients and staff.</td>
</tr>
</tbody>
</table>
Module 9 - Professional Readiness

Pre-session Assignment

All participants to read:


Be prepared to reflect on and discuss this article at the training session.

Elective article:


Additional Required Module 9 Pre-Session Exercise:

1. Access the below web site:  http://www.humanmetrics.com/cgi-win/JTypes2.asp
2. Complete the survey.
3. Score your answers.
4. Consider how your results might effect: therapeutic, colleague, and supervisory relationships.
Module 9

ADDITION COUNSELOR TRAINING SERIES

Professional Readiness / Attitudes and Values

AGENDA

14-Nov-07
8:30 AM registration
9:00 AM Treatment Knowledge
10:30 AM break
10:45 AM Treatment Knowledge
noon lunch
1:00 AM Treatment Knowledge
Referral, Service Coordination, and Documentation
2:15 AM break
3:30 AM Referral, Service Coordination, and Documentation
3:45 AM Documentation
4:30 AM close

15-Nov-07
8:30 AM registration
9:00 AM Referral, Service Coordination, and Documentation
11:00 AM Documentation
11:15 AM break
11:15 AM Professional Readiness: Attitudes and Values
noon lunch
Professional Readiness: Attitudes and Values
1:00 PM Values
2:45 PM break
Professional Readiness: Attitudes and Values
3:00 PM Values
4:30 PM close
# Personal Stress Inventory

**Physiological Reactions to Stress**

Note the number that best presents the frequency of occurrence of the following physical symptoms and add up the total number of points.

<table>
<thead>
<tr>
<th>1 = Never</th>
<th>2 = 1+/6mo.</th>
<th>3 = 1/mo.</th>
<th>4 = 1+/wk.</th>
<th>5 = constantly</th>
</tr>
</thead>
<tbody>
<tr>
<td>tension</td>
<td>increased urge to urinate</td>
<td>dizziness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>headaches</td>
<td>sweaty</td>
<td>nausea/vomiting</td>
<td></td>
<td></td>
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<tr>
<td>migraine (vascular)</td>
<td>feet/hands</td>
<td>menstrual</td>
<td></td>
<td></td>
</tr>
<tr>
<td>headaches</td>
<td>oily skin</td>
<td>distress</td>
<td></td>
<td></td>
</tr>
<tr>
<td>stomachaches</td>
<td>fatigue/</td>
<td>skin blemishes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>increase in blood pressure</td>
<td>exhausted</td>
<td>heart pounding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>cold hands</td>
<td>feeling</td>
<td>colitis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>acidic stomach</td>
<td>panting</td>
<td>asthma/hay fever</td>
<td></td>
<td></td>
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<tr>
<td>shallow, rapid breathing</td>
<td>hand tremor</td>
<td>indigestion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>diarrhea</td>
<td>backache</td>
<td>high blood pressure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>palpitations</td>
<td>neck stiffness</td>
<td>hyperventilation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>shaky hands</td>
<td>gum chewing</td>
<td>arthritis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>burping</td>
<td>grinding teeth</td>
<td>skin rash</td>
<td></td>
<td></td>
</tr>
<tr>
<td>gassiness</td>
<td>constipation</td>
<td>jaw pain</td>
<td></td>
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<tr>
<td></td>
<td>tightness in chest or heart</td>
<td>allergy</td>
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</tr>
</tbody>
</table>

**Interpretation:**

- 40-75 Low physiological symptoms of stress response
- 76-100 Moderate physiological symptoms of stress response
- 101-150 High physiological symptoms of stress response
- Over 150 Excessive physiological symptoms of stress response

**Source:** H. Ebel et al., eds. Presidential Sports Award Fitness Manual. 197-98 Copyright 1983, FitCom Corporation, Haverton, PA.

**Notes:**

- A stressor is a stimulus with the potential of triggering the fight-or-flight response.
- The goal of stress management is not eliminate all stress; stress is often a motivator for peak performance.
- Our goal should be to limit the harmful effects of stress while maintaining life’s quality and vitality.
Life Events and Stress

If you are older than the typical college student, determine which of the following events you have experienced within the past year.

<table>
<thead>
<tr>
<th>Event Description</th>
<th>Likelihood</th>
</tr>
</thead>
<tbody>
<tr>
<td>Death of spouse</td>
<td>100</td>
</tr>
<tr>
<td>Divorce</td>
<td>73</td>
</tr>
<tr>
<td>Marital separation</td>
<td>65</td>
</tr>
<tr>
<td>Jail term</td>
<td>63</td>
</tr>
<tr>
<td>Death of close family</td>
<td>63</td>
</tr>
<tr>
<td>Personal injury or illness</td>
<td>53</td>
</tr>
<tr>
<td>Marriage</td>
<td>50</td>
</tr>
<tr>
<td>Fired at work</td>
<td>47</td>
</tr>
<tr>
<td>Marital reconciliation</td>
<td>45</td>
</tr>
<tr>
<td>Retirement</td>
<td>45</td>
</tr>
<tr>
<td>Change in health of family member</td>
<td>44</td>
</tr>
<tr>
<td>Pregnancy</td>
<td>40</td>
</tr>
<tr>
<td>Sex difficulties</td>
<td>39</td>
</tr>
<tr>
<td>Gain of new family member</td>
<td>39</td>
</tr>
<tr>
<td>Business readjustment</td>
<td>39</td>
</tr>
<tr>
<td>Change in financial state</td>
<td>38</td>
</tr>
</tbody>
</table>

To obtain your score, multiply the number of times an event occurred by its mean value. Then total all of the scores. Your score is termed your life-change units (LCU). This is a measure of the amount of significant changes in your life to which you have had to adjust.

People who score 150-199 LCU in one year show a 37 percent chance of those stressors leading to illness or disease the following year; those scoring 200-299, a 51 percent chance; and those scoring over 300, a 79 percent chance.


Notes:
- Stress-related diseases include: ulcers, allergies, asthma, hay fever, rheumatoid arthritis.
- Stress increases blood pressure and serum cholesterol; stress is associated with hypertension, stroke, and coronary heart disease.
- Stress decreases the effectiveness of the immunological system. A less-effective immunological system is suspected of resulting in allergic reactions, asthma attacks, and even cancer.
- Stress results in increased muscle tension and bracing. It is this phenomenon that is thought to be the cause of tension headaches, migraine headaches, backaches, and neck and shoulder pain, and TMJ syndrome.
The Hassles Scale

Directions: Hassles are irritants that can range from minor annoyances to major pressures, problems, or difficulties. They can occur few or many times. Listed below are a number of ways in which a person can feel hassled.

First circle or highlight the hassles that have happened to you in the past month. Then look at the numbers on the right of the items you circled. Indicate by 1, 2, 3 how severe each of the circled or highlighted hassles has been for you in the past month. If a hassle did not occur in the past month, do not circle it.

Once you have identified your hassles, try to eliminate as many of them as you can while recognizing that many others will either take a long time to change or are unchangeable (you will have to learn to live with these).

_____ Misplacing or losing things
_____ Troublesome neighbors
_____ social obligations
_____ inconsiderate smokers
_____ troubling thoughts about your future
_____ thoughts about death
_____ health of a family member
_____ not enough money for clothing
_____ not enough money for housing
_____ concerns about owing money
_____ concerns about getting credit
_____ concerns about money from emergencies
_____ someone owes you money
_____ financial responsibility for someone who doesn’t live with you

_____ cutting down on electricity, water, etc.
_____ smoking too much
_____ personal use of drugs
_____ too many responsibilities
_____ decisions about having children
_____ nonfamily members living in your home
_____ care for pet
_____ planning meals
_____ concerned about the meaning of life
_____ trouble relaxing
_____ trouble making decisions
_____ problems getting along with fellow workers
_____ customers or clients give you a hard time
_____ job security

_____ concerns about retirement
_____ laid-off or out of work
_____ don’t like current work duties
_____ don’t like fellow workers
_____ not enough money for basic necessities
_____ not enough money for food
_____ too many interruptions
_____ unexpected company
_____ too much time on hands
_____ having to wait
_____ concerns about accidents
_____ being lonely
_____ not enough money for health care
_____ fear of confrontation
_____ financial security
_____ silly practical mistakes
_____ inability to express yourself

_____ physical illness
Unifying science, education and service to transform lives

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For Mental Health Professionals First Edition

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Toolbox Training: A Substance Abuse Educational Series

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The University of Iowa

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Brownout Inventory

Are you suffering from burnout, or are you only partway there (brownout)?
Complete the brownout inventory below and find out.
For each statement below, write a T if the statement is true for you or an F if it isn’t.

_____ Is your efficiency at work declining?
_____ Have you lost some of your initiative at work?
_____ Have you lost interest in your work?
_____ Does work stress get to you more than it used to?
_____ Do you feel fatigued or run-down?
_____ Do you get headaches?
_____ Do you get stomach aches?
_____ Have you lost weight recently?
_____ Have you gained weight recently?
_____ Do you find yourself eating to replace emotion?
_____ Have you experienced back aches?
_____ Do you have trouble sleeping?
_____ Do you experience shortness of breath?

Do you have frequently changing or depressing moods?
Are you easy to anger?
Do you get frustrated easily?
Are you more suspicious than you used to be?
Do you feel more helpless than you used to?
Are you using too many mood-altering drugs (e.g., tranquilizers or alcohol)?
Are you becoming more inflexible?
Are you becoming more critical of your own and others’ competencies?
Are you working more but feeling that you’re getting less done?
Have you lost some of your sense of humor?

- If you answered true for more than half of these statements you may be experiencing brownout. If you answered true for fifteen or more of these statements, you may be burning out (or already burnt out).
- Recognize, however, that you can remedy this situation by employing stress management techniques.

Stressors For Consideration

Check all of the following that apply for consideration.

☐ Diminished humor
☐ Over-stimulated sense of humor
☐ Skipping rest and food breaks
☐ Skipping food breaks
☐ Binge eating
☐ Increased overtime
☐ No vacations aside from forced
☐ Afraid to go on vacation for fear job will be gone when you return
☐ Increased physical complaints
☐ Social withdrawal: church, family, friends
☐ Changed job performance
☐ Increase in time away from work (illness, family, environment)

☐ Self-medication
☐ Sleep: too much
☐ Sleep: lack of
☐ Emotional Changes (low self-esteem, depression, anxiety, irritation, anger)
☐ Hypertension--high blood pressure
☐ Ulcers
☐ Migraines
☐ Back Aches; muscle tension
☐ Chronic tension headaches
☐ Ulcers
☐ Acid reflux
☐ Skin irritations
☐ Irregular menstruation
# Energy Expenditure by a 150-pound Person in Various Activities.

<table>
<thead>
<tr>
<th>Energy Cost (Cal per Hr) and Activity</th>
<th>80</th>
<th>100</th>
<th>120</th>
<th>140</th>
<th>180</th>
<th>210</th>
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<th>220</th>
<th>230</th>
<th>250</th>
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<th>270</th>
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<tbody>
<tr>
<td>lying down or sleeping</td>
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<td>driving an automobile</td>
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<td>bicycling (5 ½ mph)</td>
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<td>walking (2 ½ mph)</td>
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<td>canoeing (2 ½ mph)</td>
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<td>lawn mowing (power)</td>
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<td>lawn mowing (hand)</td>
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<td>row boating (2 ½ mph)</td>
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<tr>
<td>swimming (1/4 mph)</td>
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<td>walking (3 ¾ mph)</td>
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</tbody>
</table>

Module 9 - Handout 1

Individual Exercise

Reasons for Entering the Field

1. List reasons why you chose to enter the field at the time you began your experience.

2. Have the reasons changed over time? If so, what are your current reasons for continuing in the field?

3. Do you feel your reasons are being supported? If so, by who and what is their motive? If not, why?
Values - “Ethical Principles”

1. Divide into groups of two or three.

2. Individually determine:
   - your top guiding ethical principles
   - your primary universal value (ex: family, religion).

3. Discuss your response with small group members.

4. Discuss how and when your personal values stated might be in conflict with your professional ethical principles when working with a client, supervisor, or colleagues.

5. As a group come to a consensus as to which “one” ethical principle holds strongest for your group, keeping in mind that “all” the principles are key to ethical practice.

***Later in this session we will discuss a problem solving model and apply the above in decision-making.***
Module 9 - Handout 3

Values - Ethics
Decision Making

1. Return to your groups of two or three of which you participated earlier in the “Ethical Principles Exercise”.

2. Choose one of the cases discussed in your group regarding “how and when your personal values stated might be in conflict with your professional ethical principles”.

3. As a group apply the Decision-Making Model discussed. (Steps One - Three)

4. Report processing back to group at large.
Module 9 - Handout 4

**Individual Exercise**

**Being Right: Internal Dialogue and Behavioral Awareness Inquiry**

1. How did you learn right from wrong?

2. What does it feel like to be wrong?

3. Being right impacts others by ____________
   (fill in the blank)

4. What are your cognitions when your goal is to prove others wrong or engage in debate?

5. What are your behaviors when your goal is to prove others wrong or engage in debate?
**Group Exercise: Myers-Briggs**

1. Divide into groups of 2-3.

2. Share results of Myers Briggs tool.

3. Discuss how communication with your group members would be effected given variations in results.

4. Discuss how results might effect communication with:
   - Therapeutic Relationships
   - Colleague Relationships
   - Supervisory Relationships
Module 9 - Slide Outline with Notes

Title Slide - Toolbox Training: A Substance Abuse Educational Series

Module 9 - Professional Readiness: Attitudes and Values

Content guided and presented by:
Candace Peters, MA, CADC

Today’s Presenter
Module 9: Professional Readiness

Anne Helene Skinstad, PhD
Project Director, Prairielands ATTC
Faculty, The University of Iowa
(319) 335 5368
anne-skinstad@uiowa.edu

Shanita Eze, MA, ADN
Kirkwood Community College, Iowa City, IA
shanitaeze@yahoo.com

Candace Peters, MA, CADC
Director of Training, Prairielands ATTC
(319) 335 5368
candace-peters@uiowa.edu

Panel Members:
Michael Flaum, MD
Penny Bassman
Rowe Winecliff
Module 9 – Professional Readiness/Attitudes and Values

Agenda

14-Nov-07
8:30 AM registration
9:00 AM Treatment Knowledge
10:30 AM break
10:45 AM Treatment Knowledge
noon lunch
1:00 AM Treatment Knowledge
Referral, Service Coordination, and Documentation
2:15 AM break
Referral, Service Coordination, and Documentation
3:30 AM
3:45 AM
4:30 AM
15-Nov-07
8:30 AM registration
9:00 AM Referral, Service Coordination, and Documentation
11:00 AM break
11:15 AM Professional Readiness: Attitudes and Values
noon lunch
1:00 PM Professional Readiness: Attitudes and Values
2:45 PM break
3:00 PM Professional Readiness: Attitudes and Values
4:30 PM close

Review Activity

Slide 141
Review Activity: Postcard to a Friend

Module 8: Referral, Service Coordination, & Documentation

Presenter will provide instructions.

Review Activity: Postcard to a Friend

Module 8: Referral, Service Coordination, & Documentation

Participants divide into small groups and review equal number of “postcards to a friend” collected during previous session (module 8: Referral...).

Small groups discuss and determine which of the postcards is their “Top Answer” and why. Return to the group and summarize.

Module 9: Professional Readiness
Goals and Objectives

Goal: Distinguish the impact of professional decision-making from a independent perspective relative to client counselor relationships in a co-occurring treatment environment.

Objectives:
1. Evaluate individual professional career choice as it pertains to co-occurring theoretical implementation;
2. Discuss professional readiness to implement personal change in ever changing helping professions;
3. Address impact of clinician readiness to change;
4. Discuss clinical impact of stress and burnout.
Knowledge, Skills, and Attitudes

What is/are:
- knowledge
  - familiarity, awareness, or understanding gained by experience and/or study
- skills
  - a developed talent or ability
- attitudes
  - a complex mental state involving beliefs and feelings and values and dispositions to act in certain ways

What are values?
- a term that expresses the concept of worth in general, and it is thought to be connected to reasons for certain practices, policies, or actions

Change: Four Process Variables Common to Various Approaches Which May be Necessary Conditions for Change in Therapy

(Walbom, 1996)

1. therapeutic relationship
generally agreed by most to be a key component. Carl Rogers (1980): genuineness, empathic understanding, unconditional positive regard

2. cognitive insight
psychoanalytic and cognitive camps—yes; client-centered—no, rather warmth, empathy, and unconditional positive regard

3. affective (emotions) experience
most respect the necessity

4. appropriate client expectations
has an impact, however there is no clear research to state clients who enter treatment on their own accord have higher success rates than those entering for other reasons (i.e. court ordered or committal)

**Research has not substantiated any of the claims that one style of therapy is more effective than another.**
Reasons Persons Enter the Counseling Field
(Walborn, 1996)

To Help Other People
enjoy helping people find their strengths, care about people and want to help them, highly nurturant and have much to offer.

To Meet Personal Needs
The needs to: make an impact, return a favor, care for others, self-help, need to be needed, money, prestige and status, provide answers.

Loneliness and Aloneness
Socially lack of interpersonal skills—counseling offers a relatively structured and safe environment.

Individual Exercise
See Module 9 - Handout 1
Mandatory vs. Aspirational Ethics

Mandatory Ethics
the most basic level of ethical functioning which is guided by a compliance with the law and principles which dictate professional codes which apply to their practice (i.e. IBSAC).

Aspirational Ethics
reflection of the situation on the welfare of the client and the effects of counselor actions.

Ethical Principles

Autonomy
acknowledging the right of another to choose and act in accordance with his or her wishes or beliefs

Non-maleficence
obligation not to harm others intentionally

Beneficence
taking positive steps to help others

Justice
equitable distribution of burdens and benefits

Fidelity
fulfilling one’s responsibilities of trust in a relationship

Veracity
truthfulness
Title Slide - Group Exercise

Slide 153

Group Exercise
“Ethical Principles”

Slide 154

Values – “Ethical Principles” (Handout 2)
- Divide into groups of two or three.
- Individually determine:
  - your top guiding ethical principles
  - your primary universal value (ex: family, religion).
- Discuss your response with small group members.
- Discuss how and when your personal values stated might be in conflict with your professional ethical principles when working with a client, supervisor, or colleagues.
- As a group come to a consensus as to which “one” ethical principle holds strongest for your group, keeping in mind that “all” the principles are key to ethical practice.

**Later in this session we will discuss a problem solving model and apply the above in decision-making.**

Slide 155

Attitudes and Values – Iowa Code of Ethics

Attitudes and Values (cont)

**Principle I.A.1.**
Alcohol and Drug counselors avoid bringing personal or professional issues into the counseling relationship.

**Principle I.B.**
Alcohol and drug counselors do not use their professional relationships with clients to further their own interests.

**Principle I.H.**
Alcohol and drug counselors respect the integrity and protect the welfare of the client. The counselor in the presence of professional conflict, is concerned primarily with the welfare of the client.

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Attitudes and Values (cont)

**Principle II.A.**
Alcohol and drug counselors are aware of their influential position with respect to clients, and they avoid exploiting the trust and dependency of such persons. Counselors, therefore, make every effort to avoid dual relationships with clients that could impair professional judgment or increase the risk of exploitation. When a dual relationship cannot be avoided, counselors take appropriate professional precautions to ensure judgment is not impaired and no exploitation occurs. Examples of such dual relationships include, but are not limited to, business or close personal relationships with clients.

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Attitudes and Values (cont)

**Principle VII.F.**
Alcohol and drug counselors do not accept a private fee or any other gift or gratuity for professional work.
**Title Slide - Decision Making**

**Decision Making**
- Ethical responsibility to learn and adopt a decision-making model and utilize it.
- Supplement mandatory level with other sources

**Examples of other sources:**
- Scholarly literature
- Consult colleagues
- Consult supervisor
- Accreditation bodies (hold practice to highest standard)
- Consider nature and intent
- Self-awareness
- Balance
- Context of the situation
- COLLABORATION
**Decision-Making Model**

(V. M. Tarvydas, 1998)

1. Interpreting the situation through awareness and fact finding
   - Enhance sensitivity and awareness
   - Reflection (self-awareness, balance between issues and parties, context)
   - Determine the major stakeholders

2. Formulating an ethical decision
   - Determine what ethical codes, laws, ethical principles, and institutional policies and procedures exist that apply
   - Generate possible and probable courses of action
   - Consider potential positive and negative consequences for each course of action
   - Consult

3. Select an action by weighing competing, Non-moral values
   - Engage in reflection recognition and analysis of personal competing values
   - Consider contextual influences on values selection at the collegial, team, institutional, and societal levels
   - Select the preferred course of action

The client/therapist relationship is of vital importance in therapy. Therapist self-disclosure in psychotherapy may precipitate transference and/or counter transference.

**ULTIMATELY “DO NO HARM” – MAINTAIN ETHICAL PROFESSIONALISM**
Values -- Ethics

- Return to your groups of two or three of which you participated earlier in the “Ethical Principles Exercise”.
- Choose one of the cases discussed in your group regarding “how and when your personal values stated might be in conflict with your professional ethical principles”.
- As a group apply the Decision-Making Model discussed (Steps One – Three)
- Report processing back to group at large.

Group Exercise - Decision Making: Values and Ethics

See Module 9 - Handout 3.
Individual Exercise - Being Right

See Module 9 - Handout 4.

Supervision

Consultation with your supervisor is a component of decision-making

It is your ethical obligation to seek “clinical supervision” and not work under case evaluation only.
Three Goals of an Effective Supervisor

- Assure delivery of quality treatment: training, ethical responsibility, treatment process.
- Create a positive work environment: work space, scheduling, confidentiality, wages, team/individual approaches.
- Develop staff clinical skills: current research, training appropriate to needs, on/off site training, clinical/administrative plan.

Effective Clinical Supervisors

- Are effective communicators.
- Set clear expectations that are understood.
- Follow-through via observation.
- Provide feedback with respect in a timely manner.
- Teach needed skills.
- Provide a supportive and respectful environment.
- Check assumptions about counselors.
- Check counselor assumption about supervision and you as their supervisor.
- Understand how people change.

Supervisory Tasks and Functions

Administrative: an emphasis on conformity with administrative and procedural aspects of the agency's work.

Evaluative: evaluation is a part of both clinical and administrative supervision, and is an on-going process that is central and essential to everything a supervisor does.

Clinical: an intensive, interpersonally focused, one-to-one relationship in which one person is designated to facilitate the development of therapeutic competence in the other person.
Counselors - Supervisors Decision Making

It is your ethical responsibility to utilize your supervisor in decision-making—if you do not have a supervisor, get one, or if you do not have regular clinical supervision sessions, start them!

As a counselor it is your responsibility to collaborate. This will assist you from harm and assist your clients from harm.

Decisions are NOT yours to make alone.
Myers Briggs

- The test differs from standardized tests and others measuring traits, such as intelligence, instead identifying preferred types. While types and traits are both inborn, traits can be improved akin to skills, whereas types, if supported by a healthy environment, naturally differentiate over time.

- The test attempts to tell the order in which this occurs in each person, and it is that information, combined with interviews done with others who have indicated having the same preferences, that the complete descriptions are based on.

- The types the MBTI tests for, known as dichotomies, are:
  - Extraversion/introversion
  - Sensing/intuition
  - Thinking/feeling
  - Judging/perceiving

- Participants are given one of 16 four-letter acronyms, such as ESTJ or INFP, indicating what they prefer.

  The person taking the test is always the best judge of what their preferences are, and the test itself should never be used to make this decision.

Introvert and Extrovert

- Are referred to as attitudes and show how a person orients and receives their energy.

- In the extroverted attitude the energy flow is outward, and the preferred focus is on other people and things.

  Whereas

- In the introverted attitude the energy flow is inward, and the preferred focus is on one’s own thoughts and ideas.
Sensing and Intuition

- Are the perceiving functions.
- They indicate how a person prefers to receive data.
- These are the non-rational functions, as a person does not necessarily have control over receiving data, but only how to process it once they have it.
- Sensing prefers to receive data primarily from the five senses.
- Intuition prefers to receive data from the unconscious, or seeing relationships via insights.

Thinking and Feeling

- Are the judging functions.
- They both strive to make rational judgments and decisions using the data received from their perceiving functions, above.
- Thinking uses logical "true or false, if-then" logical connections.
- Feeling uses "more or less, better-worse" evaluations.

When Thinking or Feeling is extroverted, judgments tend to rely on external sources and the generally accepted rules and procedures.

When introverted, Thinking and Feeling judgments tend to be subjective, relying on internally generated ideas for logical organization and evaluation.
Judging and Perceiving

- Reveals the specific attitudes of the functions.
- In J-types, the judging function (T or F) is dominant, and will be directed inward or outward in accordance with the I/E preference.
- J-types tend to prefer a step-by-step (left brain: parts to whole) approach to life, relying on external rules and procedures, and preferring quick closure.
- The perceiving function (S or N) is the direct opposite to the judging function.
- On the other hand, in P-types the perceiving function is the stronger, and follows the I/E preference, whereas the judging function is auxiliary.
- This can result in a “bouncing around” approach to life (right brain: whole to parts), relying on subjective judgments, and a desire to leave all options open.

(The terminology may be misleading for some - the term "Judging" does not imply "judgmental", and "Perceiving" does not imply "perceptive").
Pre-session Exercise: Myers Briggs

See also, Module 9 Pre-Session Exercise.

1. Access the below web site:
   http://www.humanmetrics.com/cgi-win/JTypes2.asp
2. Complete the survey
3. Score your answers
4. Consider how your results might effect:
   therapeutic, colleague, and supervisory relationships.

In-session Exercise: Myers Briggs

See Module 9 – Handout 5.

1. Divide into groups of 2-3
2. Share results of Myers Briggs tool
3. Discuss how communication with your group members would be effected given variations in results.
4. Discuss how results might effect communication with:
   - Therapeutic Relationships
   - Colleague Relationships
   - Supervisory Relationships

Title Slide – Group Exercise: Journal Article
Group Work: pre-training assignment

Required Article:

Optional Article:
Transference and Counter Transference

Transference
- A series of psychological experiences are revived, not as belonging to the past, but as applying to the clinician at the present moment.
- Client’s unconscious shifting to the analyst of feelings and fantasies that are reactions to significant others in the client’s past.
- Transference allows clients to understand and resolve “unfinished business” from these past relationships.
  - Clients learn to provide themselves with reassurance, rather than seeking confirmation from others in the environment


Counter Transference
- the reactions therapists have toward their clients that may interfere with their objectivity
- Therapist unresolved needs – unless therapist is aware of own needs as well as own dynamics, it is very likely that their dynamics will interfere with the progress of therapy.

Title Slide: Stress & Professional Growth

Stress
- Stress begins with a life situation that knocks you out of balance.
- When life situations are perceived and cognitively appraised as distressing, emotional reactions (fear, anger, insecurity) develop leading to physiological arousal (illness, disease).

Stressor Effects
- Biological:
  - brain, limbic, endocrine, autonomic nervous, sympathetic nervous, parasympathetic, cardiovascular, gastrointestinal, muscles, skin
- Psychological:
  - thoughts and feelings
- Sociological:
  - surrounding environment
Stressor Physical Reactions

Hypertension (high blood pressure)
- Obesity, cigarette smoking, and lack of exercise are correlates to hypertension
- Programs: weight control, smoking withdrawal, exercise, decreased ingestion of salt

Ulcers
- Fissures or cuts in the wall of the stomach and other parts of the intestines

Migraine Headaches are prevalent—
- approx 18 million women and 5.6 million men over the age of twelve (Sheftell et. al, 1992)
- Result of a constriction and dilation of the carotid arteries of one side of the head.
- Usually involves just one side of the head
- Flashing lights
- Differing patterns
- Dark space

Tension Headaches
- Muscle tension: may include forehead, jaw, or neck
- Treatment: medication, heat therapy, massage, relaxation therapy

Stress Management

- Interventions are activities designed to block a stressor from resulting in negative consequences such as illness or disease.
- Stress management consists of the use of the interventions (diet, exercise, activities, laughter, reading, meditation, music, etc.).
- What relieves your stress?
Stress Management (cont)

- Exercising control rather than giving it up to others or to your environment.
- Allowing yourself to maintain control over your reactions (bio-psycho-social).
- Rather than looking to change others, change your reaction to them.
- You are in charge of you !!!!

Burnout

An emotional exhaustion in which the professional no longer has any positive feelings, sympathy, or respect for clients

(Skorupa and Agresti, 1993)

An adverse work stress reaction with psychological, psycho-physiological, and behavioral components, often associated with:

- Stress
- Fatigue
- Frustration
- Apathy (an absence of emotion or enthusiasm)
Burnout Symptoms
- Diminished sense of humor
- Skipping rest and food breaks
- Increased overtime and no vacation
- Increased physical complaints
- Social withdrawal
- Changed job performance
- Self-medication
- Internal changes (low self-esteem, depression)

Stages of Burnout Development
Stage One: the honeymoon—satisfied with the job
Stage Two: fuel shortage—fatigue sets in
Stage Three: chronic symptoms—physical effects
Stage Four: crisis—actual illness can develop
Stage Five: hitting the wall—physical and psychological problems can become severe enough to cause illness that is life-threatening.

Professional Burnout - Interventions
- Setting limits on the size of a caseload
- Acknowledging a duty to understand the process of burnout and prevention techniques
- Conducting research to determine how work settings can affect counselors and how to mediate effects of workplace stress on the work of counselors.
- Burnout has implications for ethical practice
- Your response is your responsibility.
Burnout/Stress–Interventions (continued)

- Nutrition
- Reduce noise
- Social support – Do you feel like you are working when you are off the clock?
- Decrease “every day hassles”
- Ascribe to positive events
- Spirituality/Community
- Assert yourself
- Conflict resolution – professional and personal
- Communication — verbal and non-verbal

Burnout/Stress–Interventions (continued)

- Time Management—Too little occupational stress is almost as unhealthy as too much.
- Setting goals, prioritizing, scheduling, saying “no”, maximize your rewards, delegate, evaluate, limit interruptions
- Humor
- Meditation
- Progressive relaxation Techniques — nerve muscle relaxation
- Exercise — it can be fun — play with your kids

Title Slide - Summary
Professional Readiness - Tap 21 Overview

- Understand diverse cultures and incorporate the relevant needs of culturally diverse groups, as well as people with disabilities, into clinical practice.
- Understand the importance of self-awareness in one’s personal, professional, and cultural life.
- Understand the addiction professional’s obligations to adhere to ethical and behavioral standards of conduct in the helping relationship.
- Understand the importance of ongoing supervision and continuing education in the delivery of client services.
- Understand the obligation of the addiction professional to participate in prevention as well as treatment.
- Understand and apply setting-specific policies and procedures for handling crisis or dangerous situations, including safety measures for clients and staff.

Presentation Summary

**Goal:** Distinguish the impact of professional decision-making from an independent perspective relative to client counselor relationships in a co-occurring treatment environment.

**Objectives:**
1. Evaluate individual professional career choice as it pertains to co-occurring theoretical implementation;
2. Discuss professional readiness to implement personal change in ever changing helping professions;
3. Address impact of clinician readiness to change;
4. Discuss clinical impact of stress and burnout.
Evaluations and Certificates

- Please complete the evaluations: consent, pre, post/survey
- Sign out
- You will receive a follow-up survey in approximately 30 days—Return this survey in the self-addressed envelope
- Your certificate of completion will be available at the end of the series. If you need adaptations to this format please speak to Brenda Hollingsworth.
- Next Toolbox Session: 12/12-13/2007 Counseling Families, Partners, and Significant Others; Group Counseling; and Client, Family and Community Education

THANK YOU FOR ATTENDING!!

This training series integrates:

- CSAT’s TAP 21: Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice
- NIDA’s Principles of Drug Addiction Treatment: A Research Based Guide
- Overview of empirically supported innovations

CSAT’s TAP 21: Competencies

Treatment Improvement Protocol (TIP) Series

TAP 21: Addiction Counseling Competencies:
The Knowledge, Skills, and Attitudes of Professional Practice
http://www.treatment.org/taps/tap21/TAP21Toc.html

Prairielands ATTC Toolbox Training Module 7: Treatment Knowledge

Thank you for attending!!

Prairielands ATTC Toolbox Training Module 9 Professional Readiness

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CSAT’s TAP 21: Competencies

TAP 21: Addiction Counseling Competencies:
The Knowledge, Skills, and Attitudes of Professional Practice
http://www.treatment.org/taps/tap21/TAP21Toc.html
Principles of Drug Addiction Treatment: A Research-Based Guide

- Frequently Asked Questions
- Drug Addiction Treatment in the U.S.
- Scientifically Based Approaches to Drug Addiction Treatment
- Resources

References

See the reference pages at end of module for complete list of references.

Thank you for taking the time out of your very important work to ensure quality service through education to the persons we serve!

Candace Peters, MA, CADC
Prairielands ATTC Training Coordinator

Prairielands ATTC Toolbox Training Module 9 Professional Readiness

Unifying science, education and services to transform lives.