

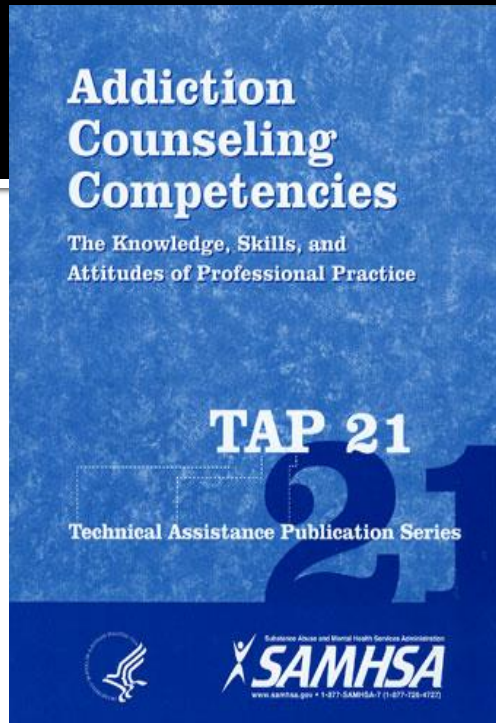
Core Competencies for Succeeding as Clergy and Other Pastoral Ministers in Addressing Alcohol and Drug Dependence and Mental Illness

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Los Angeles Metropolitan Churches

February 9, 2017

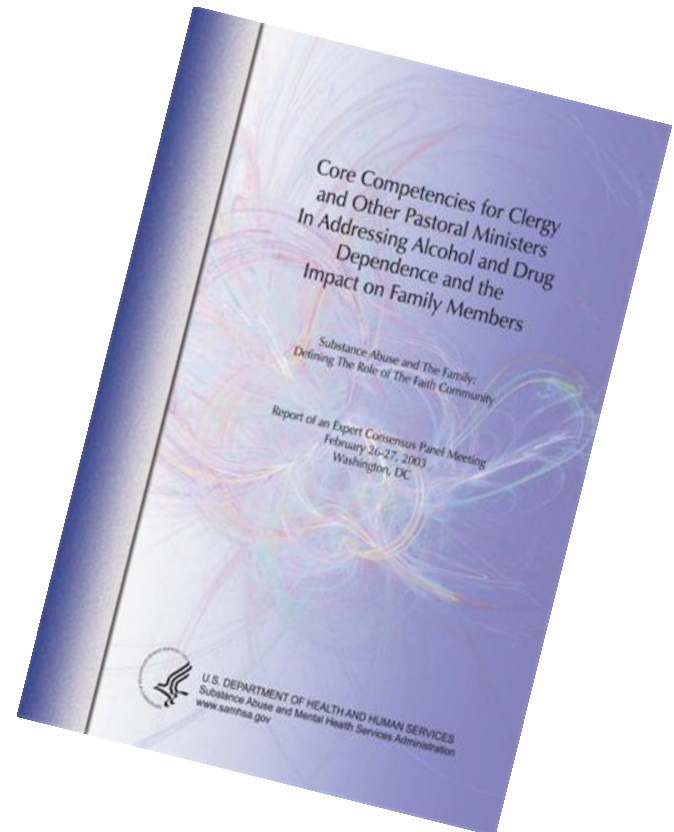


Tools to Use



- ***12 Core Competencies for Clergy in AOD services***

- ***Introduction to the TAP 21 Professional Practices of AOD Counselors***
- ***Introduction Scope of Professional Practice***
- ***Foundations for Addiction Professionals***



Training Objective

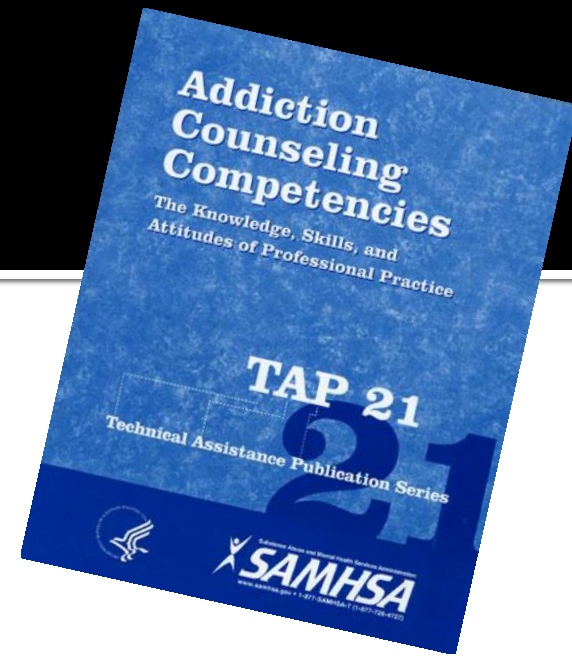
Teach participants about core competencies that will enable clergy and other pastoral ministers to practice new science in addiction and alcohol treatment and to encourage faith communities in Los Angeles County to become users of SAMHSA TAPs and TIPs.

Purpose of Counselor Certification

- Assure the public a minimum level of competency for quality service - *(Clergy/Laity & Ministry Populations)*
- Give community workers professional status and recognition to qualified addiction professionals through a process that examines demonstrated work competencies *(Workforce Development for Target Population)*

National Standards

- *TAP 21 - Addiction Counseling Competencies: The Knowledge, Skills and Attitudes of Professional Practice*
 - In an effort to standardize the process of certification in the State of California, while elevating the level of professionalism within the field, AAAOD and LAM uses national standards for substance abuse counseling.




Knowledge, Skills, Attitudes

- Transdisciplinary Foundations – identify the knowledge and attitudes that underlie competent practice—(i.e. *cultural competence* or ‘peer-based’; *language, locations, environment, other practices*)
- Skills may vary across disciplines but the knowledge and attitudes provide a basis of understanding that should be common to all addiction professionals



Transdisciplinary Foundations

(A) Understanding Addiction



Impact on AOD Treatment

- Comorbidity has the impact adversely on AOD treatment
- However, studies have shown that clients with comorbidity can benefit from AOD treatment as much as those without
- Therefore, the presence of comorbidity should not be viewed as an insurmountable barrier to AOD treatment

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(B) Treatment Knowledge

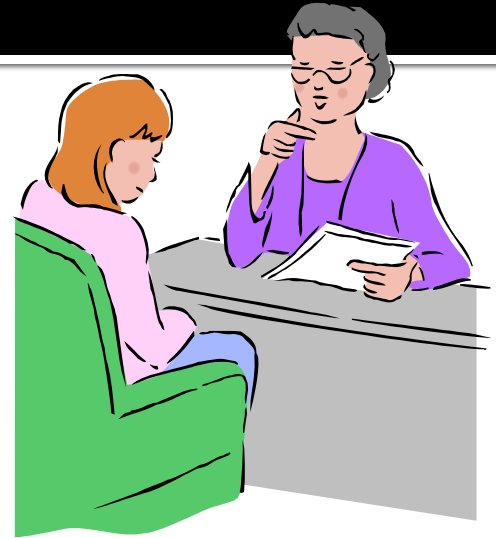
(C) Application to Practice



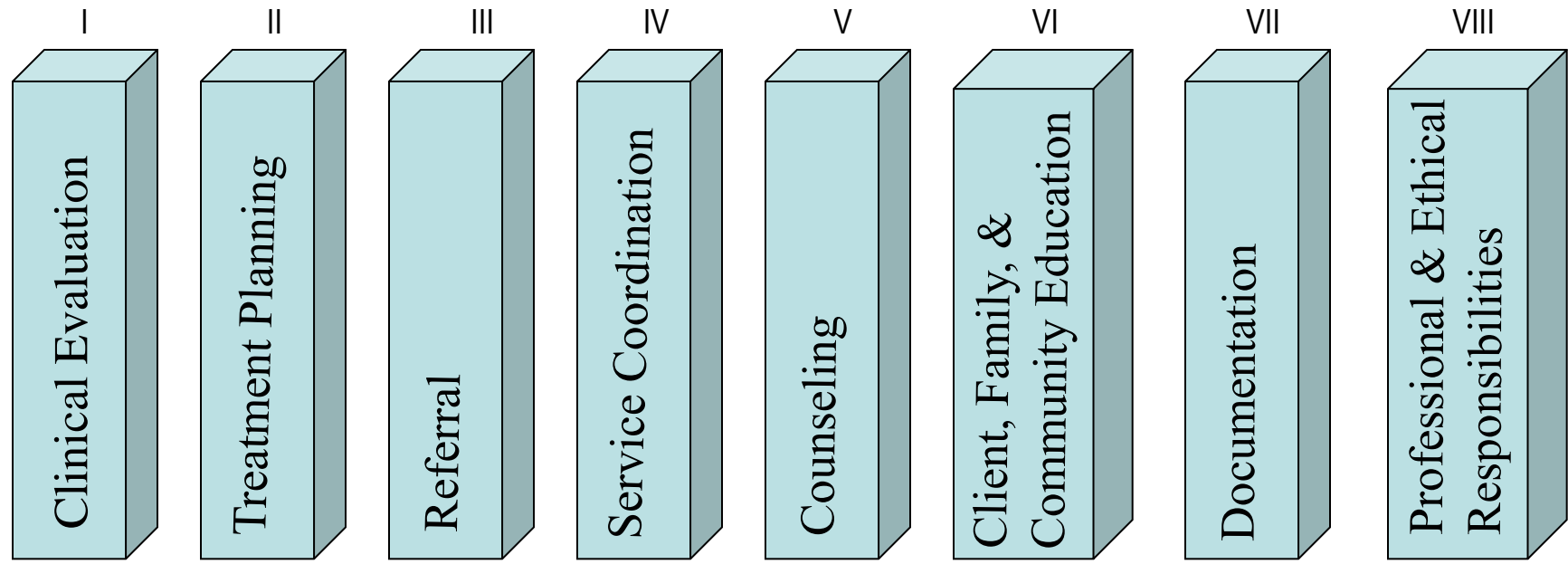
(D) Professional Readiness

8 Counselor Practice Dimensions

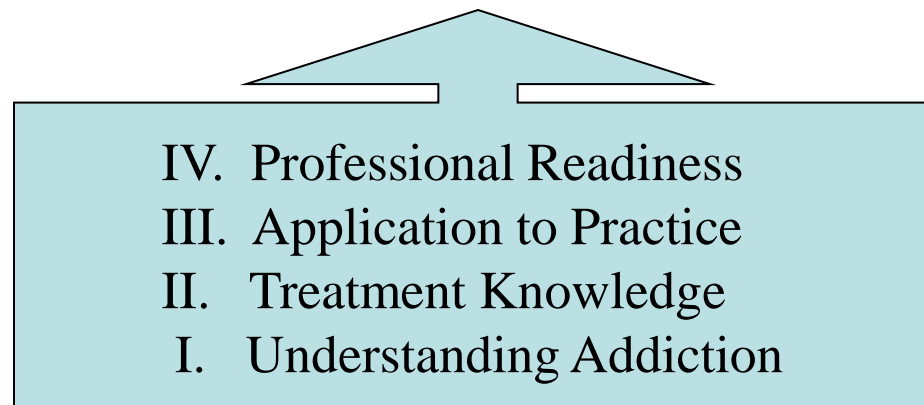
1. Clinical evaluation (*assessment/interview*)
2. Treatment planning
3. Referral
4. Service coordination
5. Counseling
6. Client, family and community education
7. Documentation
8. Professional and ethical responsibilities



Addiction Counseling Competencies: The Knowledge, Skills and Attitudes of Professional Practice



Dimensions of Professional Practice



Transdisciplinary Foundations

Comparison of the Eight Practice Dimensions of Addiction Counseling Competencies (KSA's) With the 12 Core Functions	
Knowledge, Skills, Attitudes	12 Core Functions
Clinical Evaluation (Screening & Assessment)	Screening Intake Orientation Assessment
Treatment Planning	Treatment Planning
Counseling (Individual, Group, Counseling Families, Couples & Significant Others)	Counseling Crisis Intervention
Service Coordination (Implement Treatment Plan Consulting, Continuing Assessment & Treatment Planning)	Case Management
Client, Family and Community Education	Client Education
Referral	Referral
Documentation	Reports and Record Keeping
Professional and Ethical Responsibilities	Consultation with Other Professionals

Similarities/differences?

KSA's

12 -Core Functions

Service coordination

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.

Case Management

Activities intended to bring services, agencies, resources, or people together within a planned framework of action toward the achievement of established goals. It may involve liaison activities and collateral contacts.

12 Core Competencies for Clergy & Other Pastoral Ministers

1. Be Aware of the:
 - Generally accepted definition of alcohol and drug dependence
 - Societal Stigma attached to alcohol and drug dependence
2. Be knowledgeable about the:
 - Signs of alcohol and drug dependence
 - Characteristics of withdrawal
 - Effects on the individual and the family
 - Characteristics of the stages of recovery
3. Be aware that possible indicators of the disease may include: among others: marital conflict, family violence, suicide, hospitalization or encounters with the criminal justice System

12 Core Competencies for Clergy & Other Pastoral Ministers

4. Understand that addiction erodes and blocks religious and spiritual development
5. Be aware of the potential benefits of early intervention to the:
 - addicted person
 - family system
 - affected children

12 Core Competencies for Clergy & Other Pastoral Ministers

7. Be able to communicate and sustain:
 - An appropriate level of concern
 - Messages of hope and caring

8. Be familiar with and utilize available community resources to ensure a continuum of care for the:
 - addicted person
 - family system
 - affected children

12 Core Competencies for Clergy & Other Pastoral Ministers

9. Have a general knowledge of and exposure to:
 - Peer to Peer Support Groups (i.e. 12-steps; *Free-N-One*, AA, NA, CA, Alateen)
 - Other groups
10. Be able to acknowledge and address values, issues, and attitudes regarding alcohol and drug use and dependence in:
 - Oneself
 - One's own family

12 Core Competencies for Clergy & Other Pastoral Ministers

- 11. Be able to shape, form and educate a caring congregation that welcomes and supports persons and families affected by alcohol and drug dependence
- 12. Be aware of how prevention strategies can benefit the larger community

Addiction and Health

- Health consequences for the individual – Including heart disease, stroke, cancer, HIV/AIDS, Hepatitis B and C, lung disease, mental disorders, etc.
- Health consequences for others – Drug-exposed infants and children – Environmental tobacco smoke (ETS) – Spread of infectious diseases/STDs

Addiction and Mental Disorders

- Co-exist commonly
- Mental illness may precede addiction
- Drug abuse may trigger or exacerbate mental disorders in vulnerable individuals

Substance Abuse & Psychopathology

- Psychopathology may serve as risk factor for substance abuse
- psychiatric disorders and SUDs may affect each other's course of illness – Symptom picture – Rapidity of onset – Response to treatment
- Psychiatric symptoms may develop in the course of acute or chronic intoxication

A complex relationship...

- SUDs and psychiatric disorders may co-occur by coincidence
- Substance use may cause or increase severity of psychiatric conditions
- Psychiatric disorders may cause or increase severity of SUDs
- Both conditions may be caused by a third condition
- Substance use and withdrawal may mimic symptoms of a psychiatric disorder

Initial Screening Questions

- How often do you drink anything containing alcohol?
- How many drinks do you have on a typical day when you are drinking?
- how often do you have four or more drinks on one occasion?
- In the last year, have you used drugs other than those required for medical reasons?
- In the last year, have you used prescription or other drugs more than you meant to?
- Which drug do you use most frequently?

Clergy & Other Pastoral Ministers –Organization Competencies

1. Electronic Records
2. Integrated Teams
3. Modern Back-office Systems
4. IT Protocols
5. Confidentiality Protocols
6. Process Improvement
7. Staff Development
8. Program planning and discharges



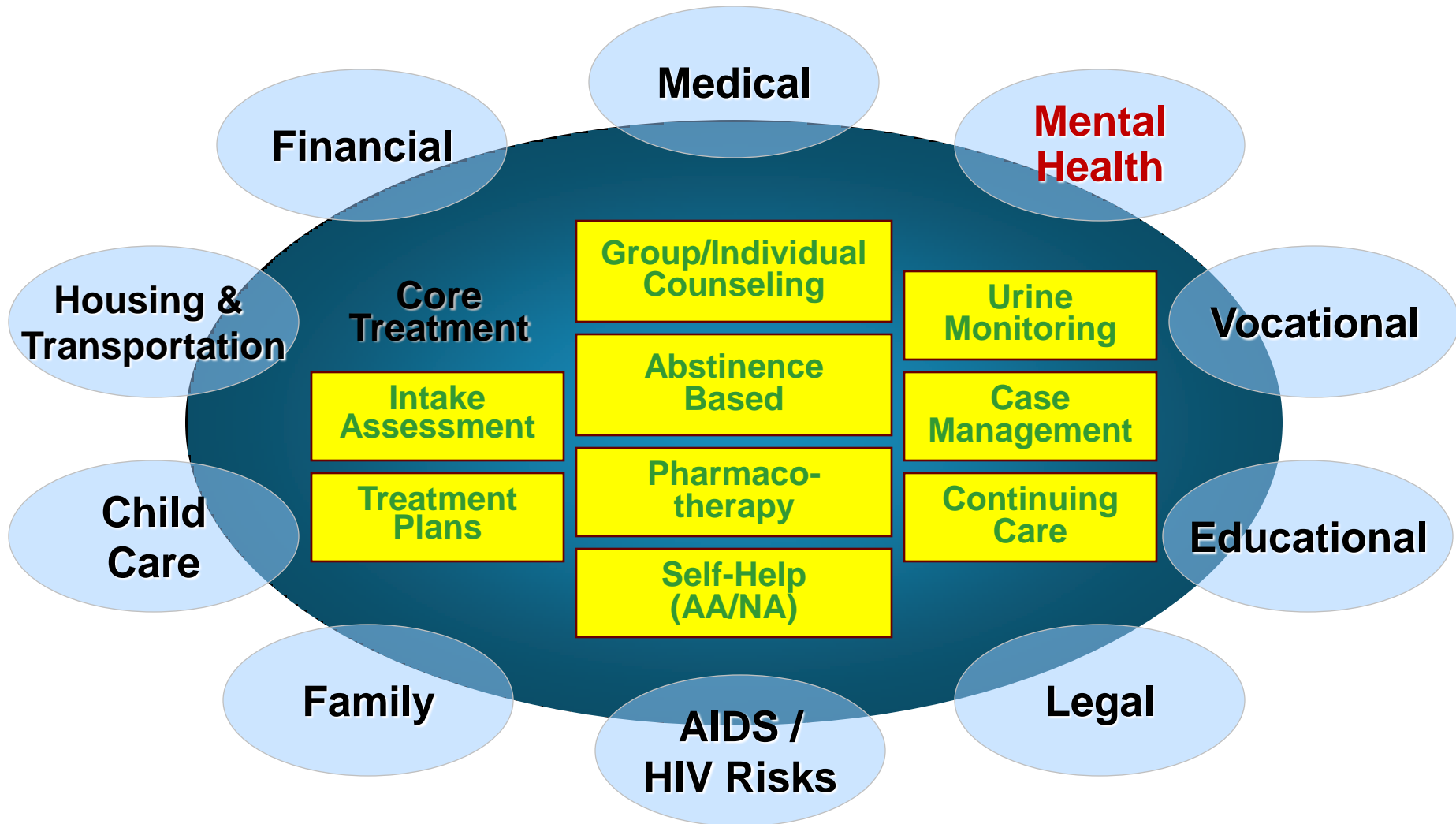
“The good clinician treats the problem; the great clinician treats the patient who has the problem.”*

William Osler MD (paraphrased)

Back to Basics



Core Components of Comprehensive Services

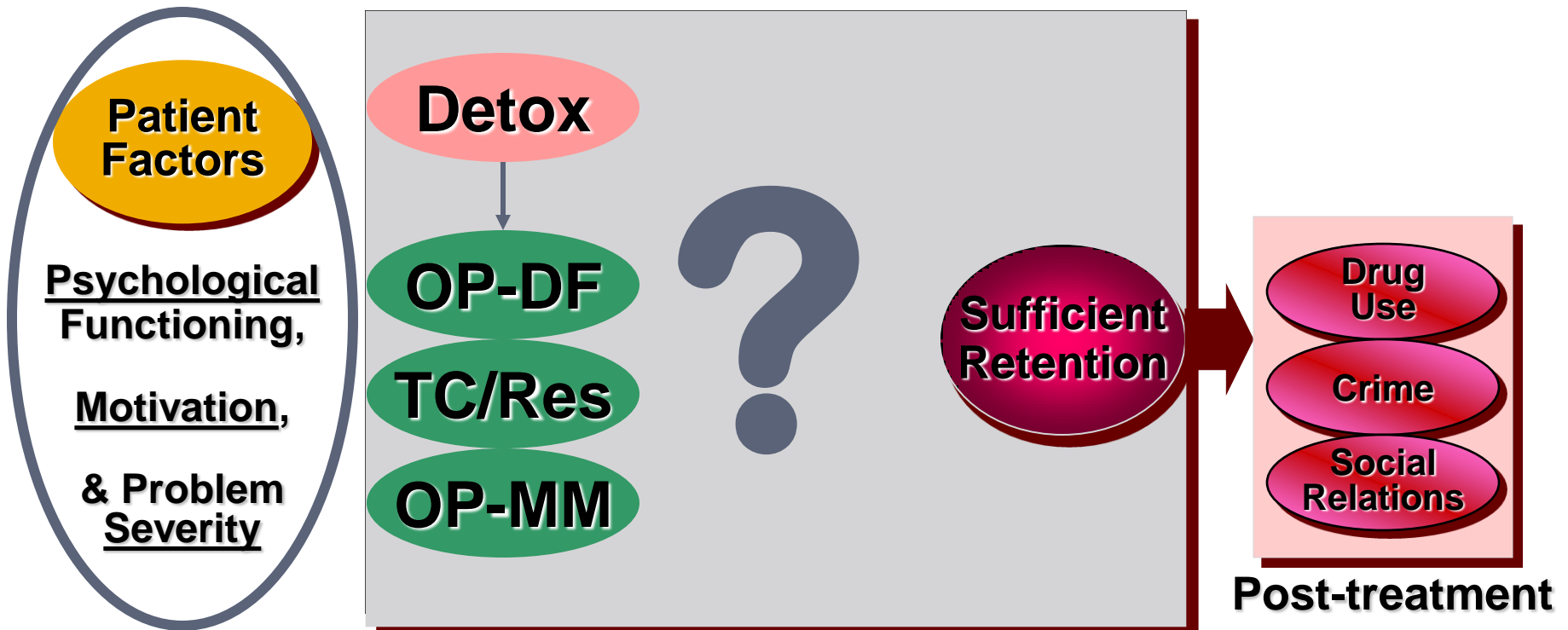


An Evidence-Based Treatment Model for Improving Practice

Texas Christian University

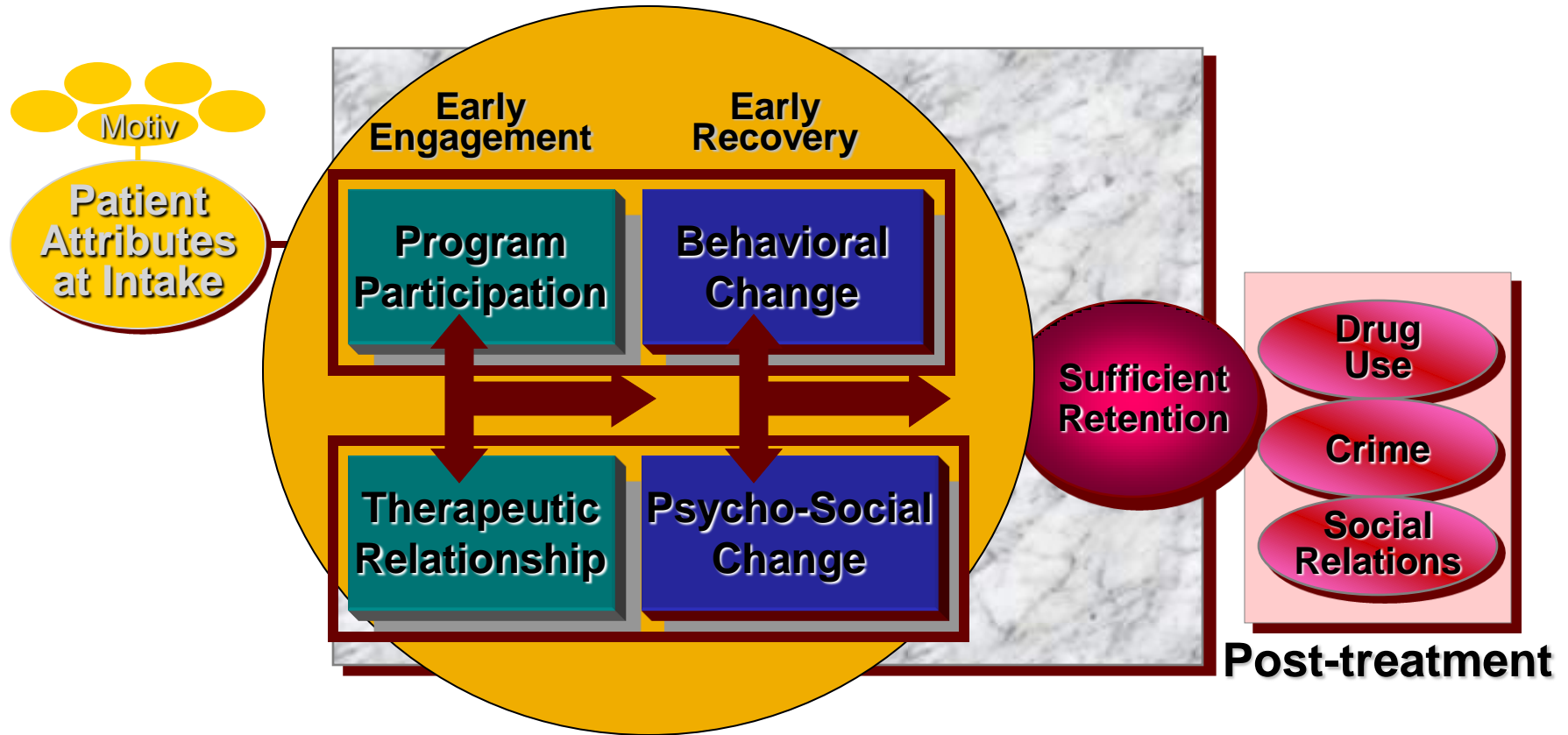


Elements of a Treatment Process Model



Cognitive and behavioral components with therapeutic impact

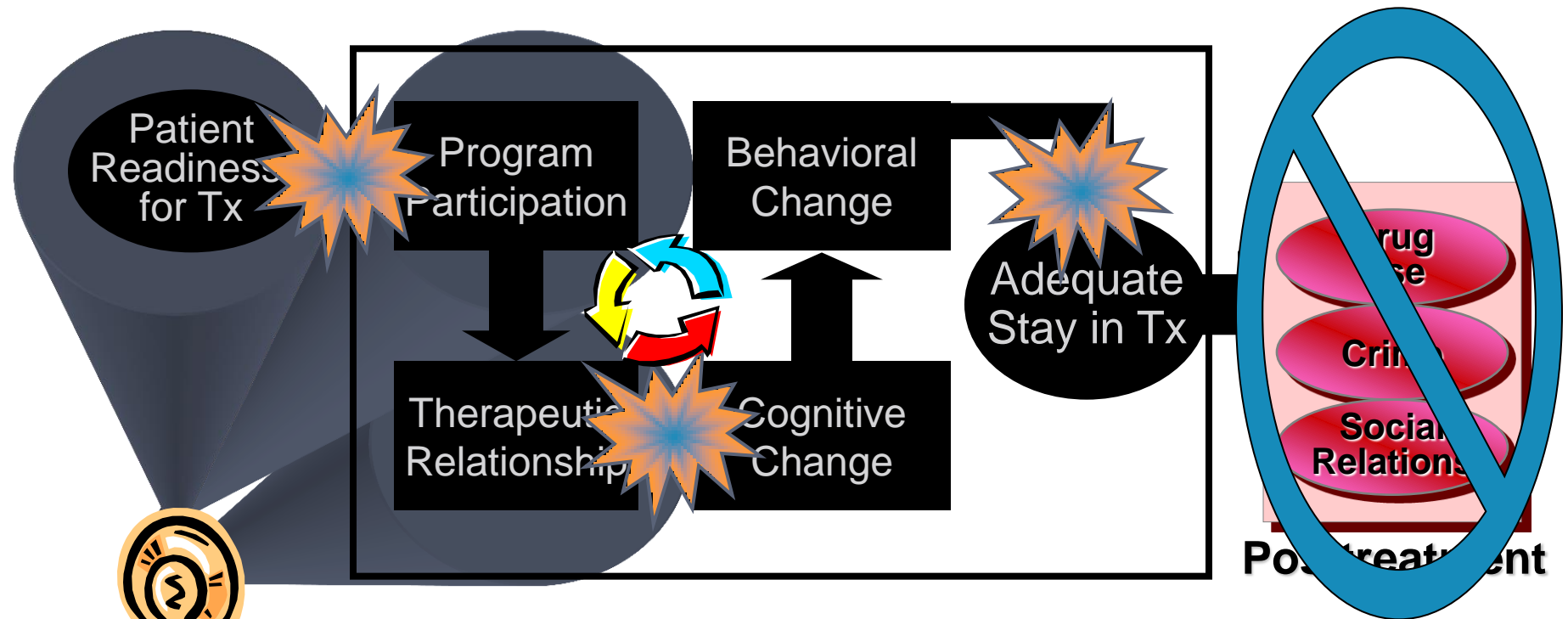
TCU Treatment Process Model



Engagement

Simpson, 2001 (Addiction)

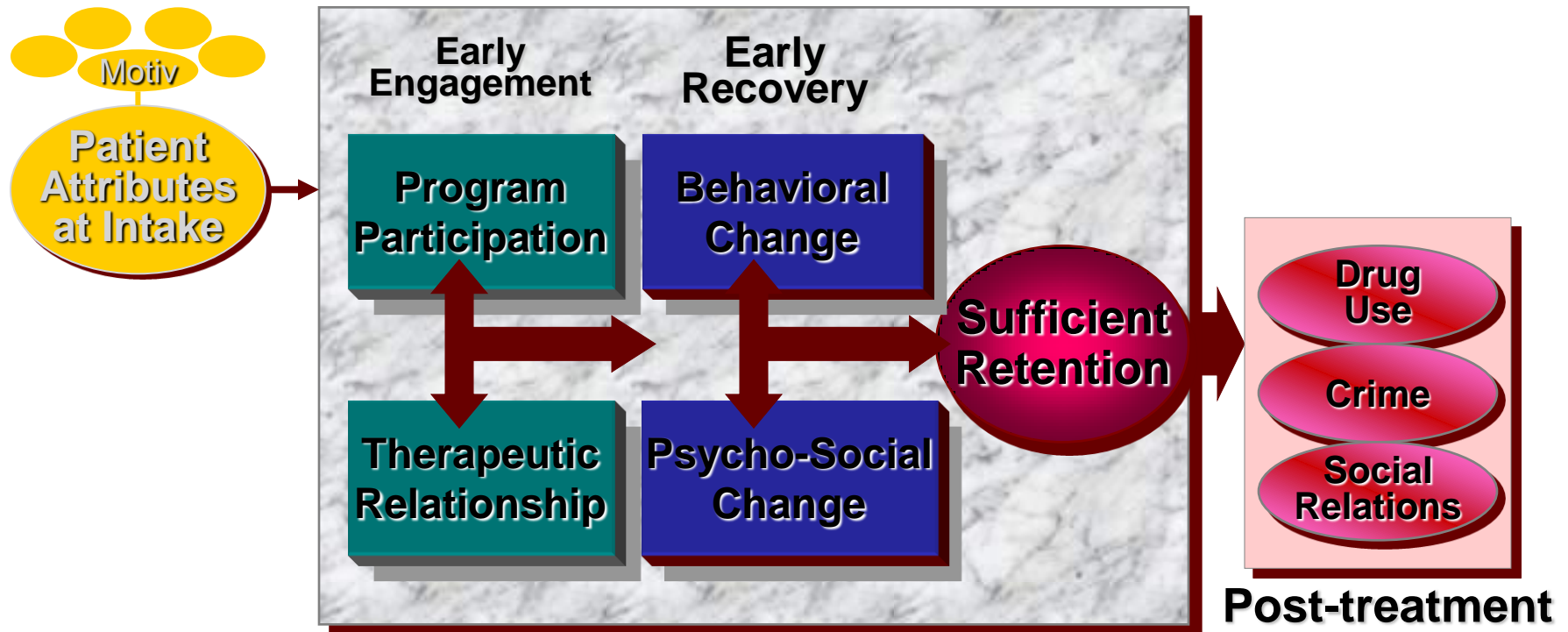
"Sequence" of Recovery Stages



**Targeted Interventions
Get Focused!!**

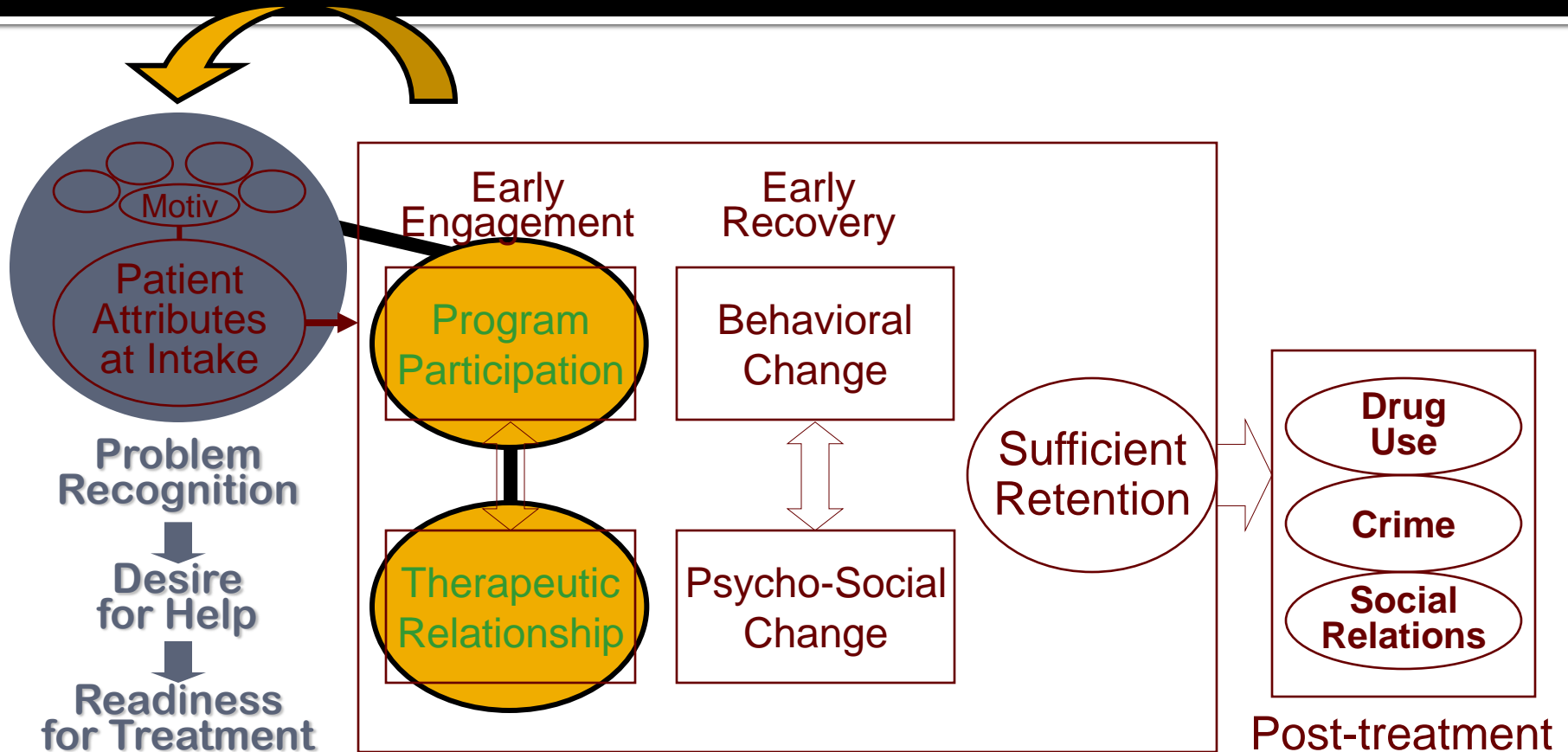


Interventions Should Maintain This Process



Simpson, 2001 (Addiction)

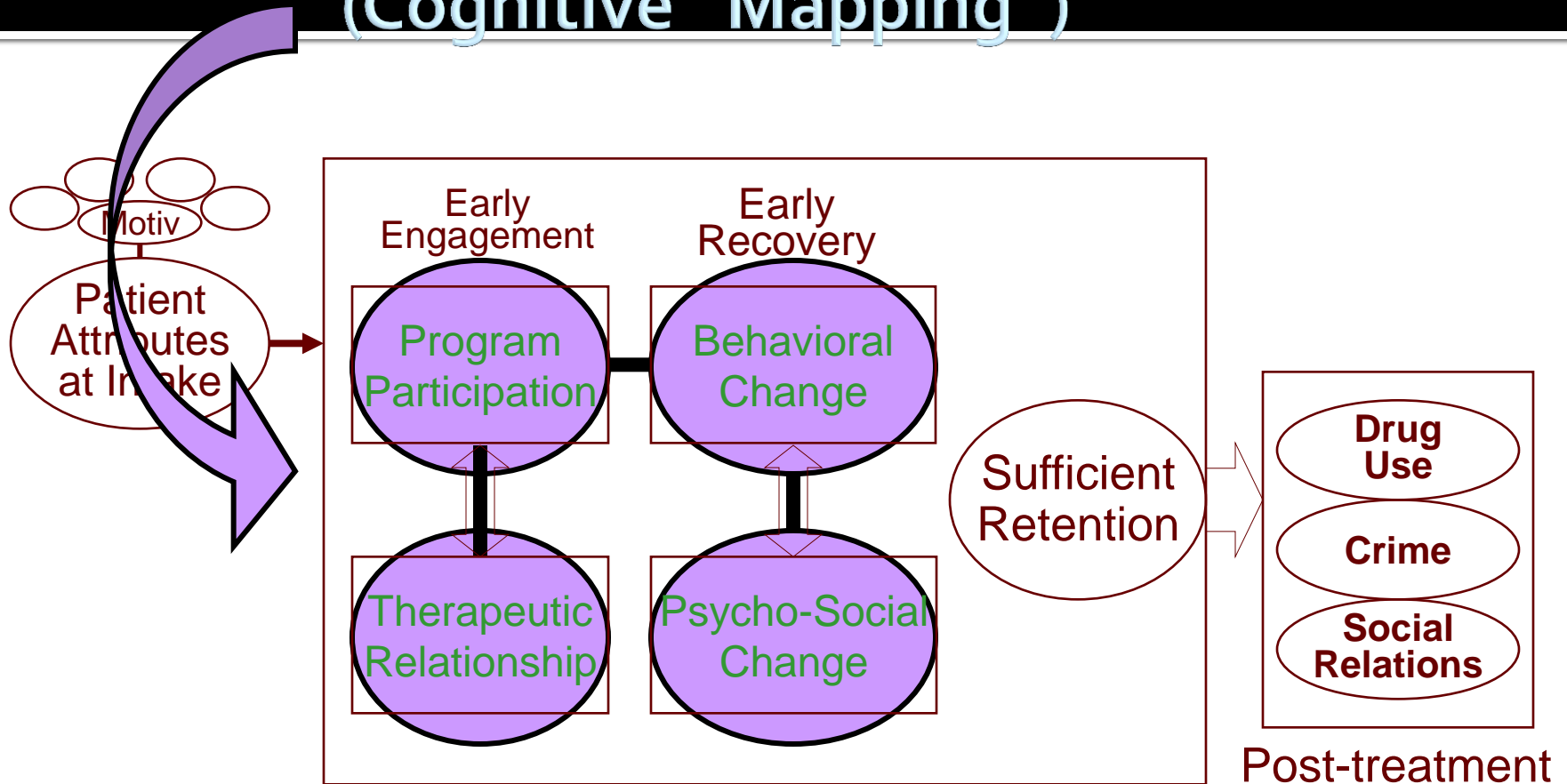
Induction to Treatment



Simpson & Joe, 1993 (Pt); Blankenship et al., 1999 (PJ); Sia, Dansereau, & Czuchry, 2000 (JSAT)

Counseling Enhancements

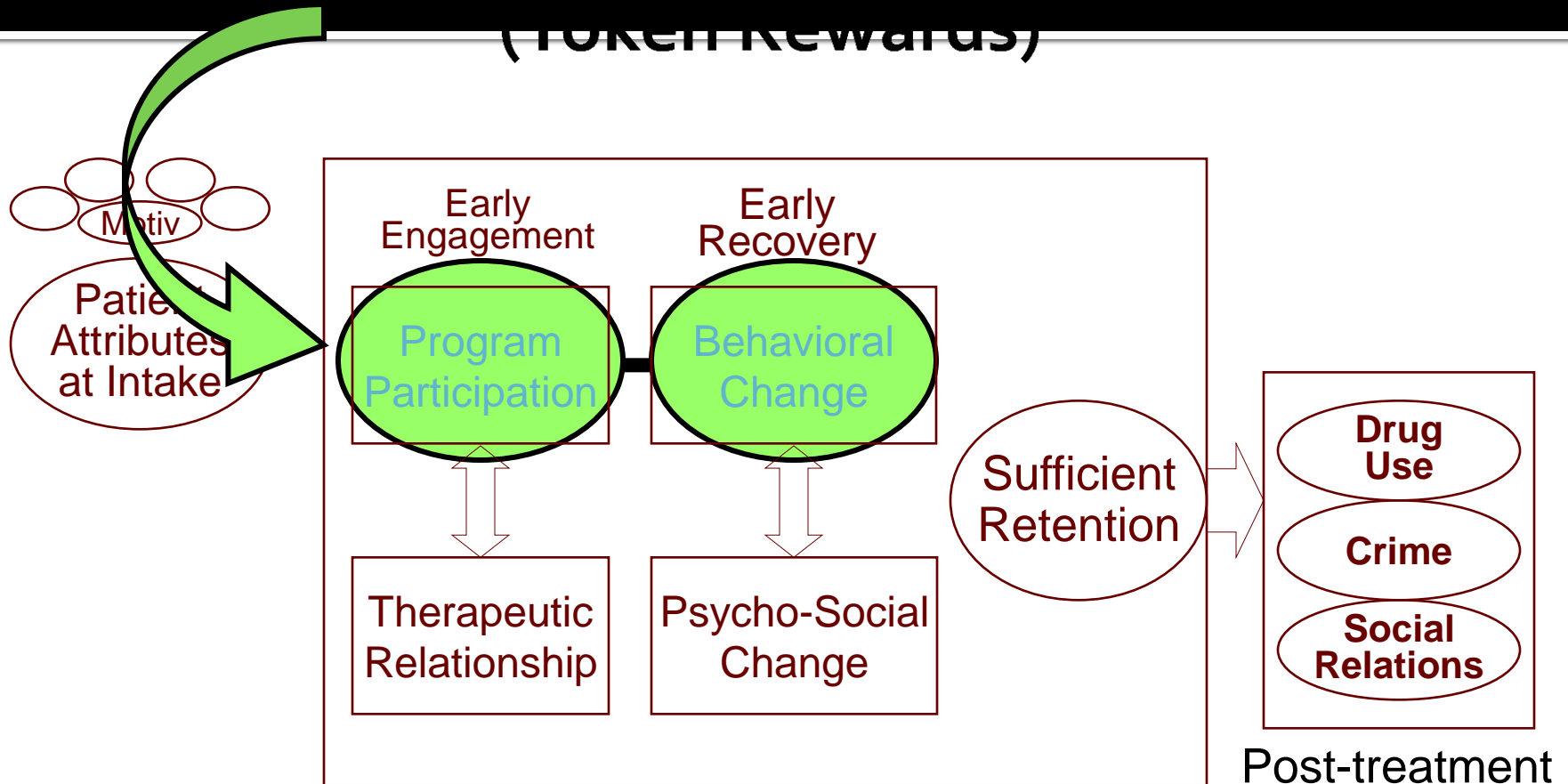
(Cognitive “Mapping”)



Dansereau et al., 1993 (JCP), 1995 (PAB); Joe et al., 1997 (JNMD); Pitre et al., 1998 (JSAT)

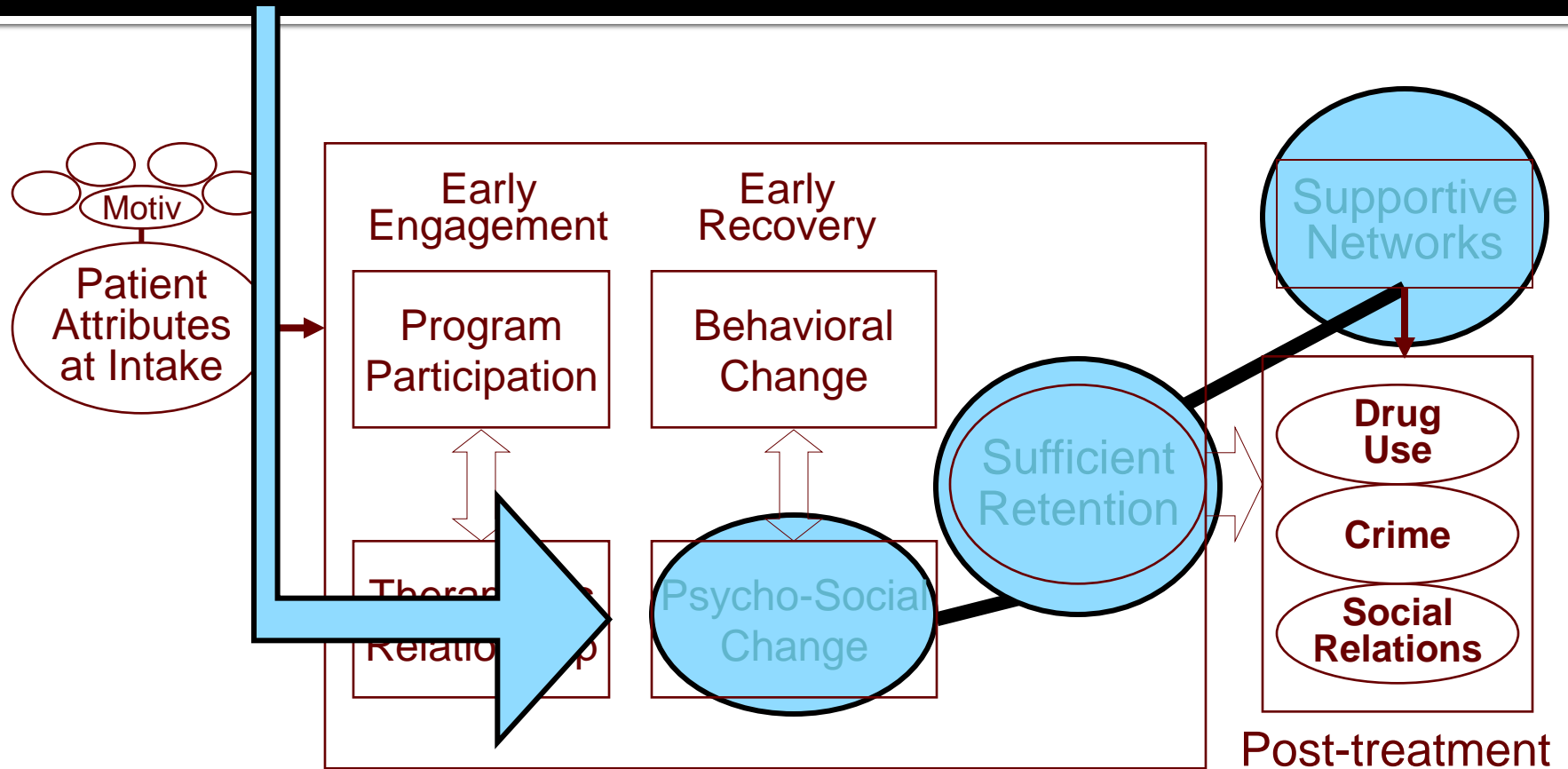
Contingency Management

(TOKEN REWARDS)



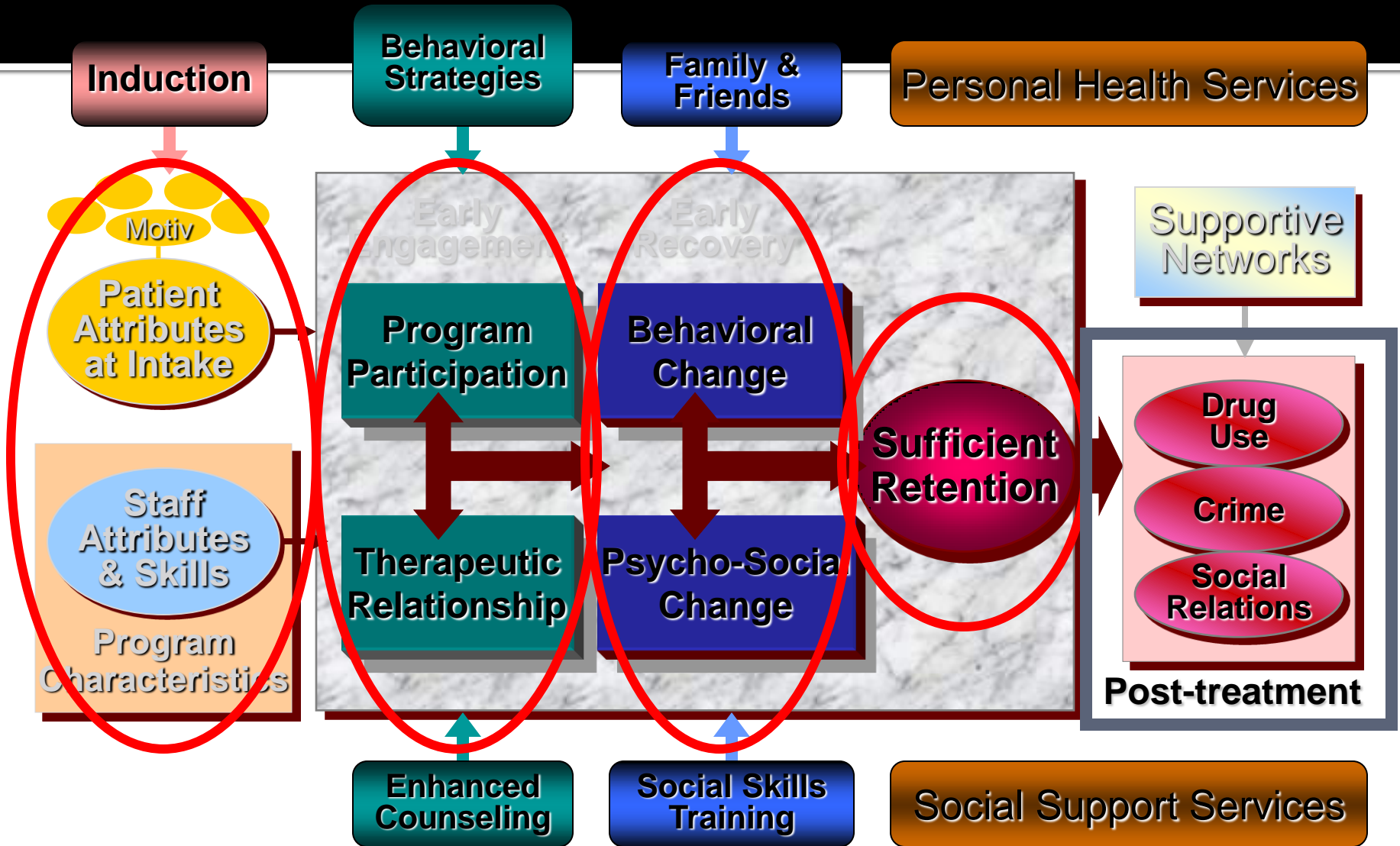
Rowan-Szal et al., 1994 (JSAT); 1997 (JMA); Griffith, Rowan-Szal et al., 2000 (DAD)

Specialized Interventions

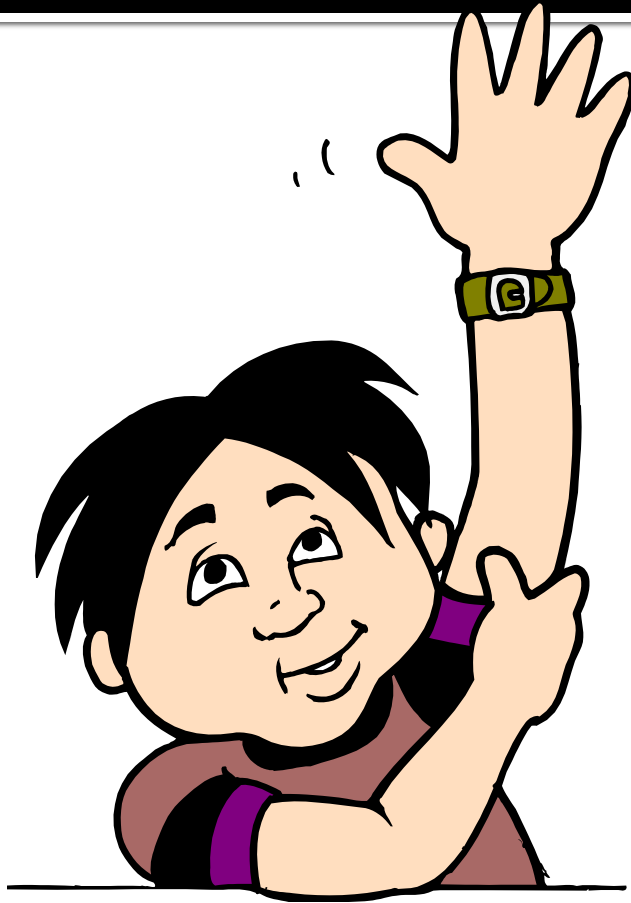


Bartholomew et al., 1994 (JPD); 2000 (JSAT); Hiller et al., 1996 (SUM)

Evidence-Based Treatment Model



Questions?



The End.

*Thank
you!*