Building Clinical Skills: Bring Case Studies to Life

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Why Offer Addiction Science?

Benefits

1. Unlike mental health counseling, many states have BS counseling options
2. Addiction science helps to prepare students for work in psychological, health, behavioral health, human services, and other disciplines
3. Students learn general psychology and apply those principles directly
4. There are many more jobs available in the addictions field than in the past, with increasing requirements
Curriculum Models of UG Addiction Science

Science + Philosophy + Practical Skills

- University programs can emphasize science and models of addiction (etiology) w/o skill training.
- University programs can emphasize a balanced approach of each (might include mandatory internship).
- University programs can emphasize the building of clinical skills as primary goal.
- Many programs are restricted by time constraints of full college degree requirements and use the internship model for “skill training.”

Hmmm...

Should we prepare students for a clinical careers at the UG level without the same type of classes + practicums + internship as graduate programs have?
Case Study: Trinity College, Dublin

Victim of Its Own Success (Woods & Butler, 2011)

- identified a chasm between the “ivory tower” theories/concepts and utilized clinical skills (Ireland)
- built curriculum to attempt to help students transfer skills from academic to work settings
- emphasis of NOT replacing dogma (MI for confrontation of denial), but including new dogmas
- used Perry’s model of intellectual development (1970) that describe development in 4 stages
Pedagogical Model


- Dualism: students understand concepts through a “right/wrong” lens
- Multiplicity: students understand concepts such that conflicting views might be valid
- Relativism: students understand that knowledge should be applied in context and include all data
- Commitment to relativism: career situations include personal decision-making from knowledge/skill in context
Irish alcohol + drug policy dictated that treatment programs use abstinence as the primary goal - students learned that for the treatment of some drugs and for some clients, harm reduction is effective.

Irish alcohol + drug policy described the most effective treatment method as directive counseling (confrontation about alcohol and drug use) - students learned that there are other approaches, including motivational interviewing.

Rather than view SUD through the medical model, students were taught to consider addiction and treatment as a continuum of use with many other effective models.

Academia vs Public Policy vs Tx Providers – as tx providers implemented some of these changes, there was a challenge to public policy. Trinity had to fight for their continued funding for the program, which came from... the government!
Knowledge allows us to explore life phenomenon through different lenses. Student sample demonstrating a shift in thinking from dualism to ..... (Woods & Butler, 2011)

“...my focus on the disease concept and the 12-Step program. This was in relation to where I was coming from myself. The course forced me to broaden my focus...”

“...at the beginning of the year that we may finish the course confused. This was certainly true in my case. It drives to further reading to attempt the task of understanding the many complexities and implications substance abuse has on society...”

“...this has been positive as I realize there are always two sides to everything and there are often no ‘definites’. My thinking has changed—and I now challenge ‘definites’ myself.”
Challenge: Skill Building

*Create clear goals- most programs cannot provide students with a ‘toolkit’ for clinical practice CAN provide students with theories/concepts of addiction science to be applied.

*Develop a plan to meet those goals– most students will want to be able to work in the field upon graduation

*Assign Capstone-like project: Trinity “complete a written project “back-to-work” that reflected on all elements of study reflecting on how their thinking has changed (sic.. addiction) and how they can specifically use theories/concepts learned.

*Implement internship: formal/informal requirement

*Build active reflective and role play exercises into course study
3 Step Skill Model

1. Teach concept/theory/skill
2. Create active learning exercises to challenge students to apply concept/theory/skill
3. Evaluate ability to use concept/theory/skill

Narrative Activities: Bring Case Studies to Life

Case studies/scenarios/role play exercises help place students “inside of the client’s story.”

Challenges them to use academic knowledge + instinct + active skills

Allows for mistakes that do not cause harm to anyone and provide learning opportunities
Power of Narratives
Personal Narrative: Adolescence

Adolescent Development

- development of the “secret life” when teens engage in risk taking (any level)
- video games/reading/TV are now secondary to the development of the personal narrative
- gossips about others’ stories and co-creates stories with others (Habermas & Bluck, 2000).
- creates stories, art, drama, songs—formal process
- used in formal teaching: history, religion, literature...
College students have created/processed thousands of stories: primed for stories

Use of educative narration in college can teach attention to detail/problem-solving/teach fallibility of memory—how stories change

Can help focus student interest and attention thereby increasing their retention for details (Jonassen & Hernandez-Serrano, 2002).

Social sciences: use of “scenario or case study” based learning is standard, yet some students struggle with them.

Students who participate in narrative exercises in psychology classes show a significant increase in retention of theories compared to those who learned in a traditional lecture-based class (Maynes, Pierce, & Laslett, 2008).
Narrative Techniques: Character Based

Develop a character(s) that have a basic narrative or set relationships. Use the same character(s) in class changing the character’s circumstance to the lesson.

Bob- stickman whose appearance is easily changed/age, situation, used in Neuroscience, Psychopharmacology, Psych. of Addiction, Cognitive Psychology and Child/Adolescent Psych.

Bob-ra– altered “Bob” to be his sister or wife depending on situation

Bobby- Bob’s younger brother/son depending on situation

Bobbi- Bob’s younger sister/daughter depending on situation

Students form attachments easily to “story” characters that have an ongoing saga, though the fundamentals of the character does not change.
Character Based Exercise

OH Bob!
Bob: Cannabis Use Disorder, Severe

Bob is a 23 year old male who was court-ordered to treatment through Drug Court (he will avoid jail time by attending treatment). He comes to see you for his assessment. During the assessment, it is clear that he under-reported the problems that his Cannabis Use Disorder, severe has caused him. He reports that he is not working, has no real desire to work (does not want to join the traditional world), and is in danger of being kicked out of his friend’s house. He tried college and working, but found them to be “beneath me.”

However, he also mentioned that he wanted to do something to help others. He thinks that he could be a good counselor if he could just get through this particular “road bump,” he could “do some good.”
Application Exercise: Bob’s BLT Sandwich

One afternoon, Bob awoke from his nap. He realized that he was hungry and needed to eat right away. Before he left the hammock in his backyard (lucky Bob), he thought about the food that he had in his kitchen. He compared that list to what he wanted to eat now. Finally deciding on a BLT sandwich, Bob swings his feet over the side of the hammock, unfortunately, getting stuck in the netting and falling out (ouch, poor Bob).

Once in the kitchen, Bob pulls out all of the food that he will need to make his sandwich. He also gets out the equipment that he will need. Within a few minutes, his sandwich is ready and he decides to eat it outside on the picnic table in his backyard (lucky Bob). He sits down and begins to eat only to be stung by a bee (ouch, poor Bob). He grabs his sandwich and returns to his kitchen where he finishes it.
One Last...

“Hey, do you want to hang out—maybe get some coffee?”

Bob told me that he has been writing notes to one of the clients in your program. He really wants to date the client. The client is not interested and asked me to talk to him for her. I don’t know what to do. He is a supervisor. I know, not in MY PROGRAM, but still.
Personal Narrative
Narrative Techniques: Personal

Set boundaries for assignments/class exercises: good for class activities/not for formal writing

Narration is not just the telling of stories/drama from past, but of experiences in the moment

Example #1: Donut Shop Exercise
*I tell a Bob... (demonstrated) and students break into groups to discuss ethical considerations and their own feelings from the narrative. The processing of the story in the moment helps place students into situations that “feel like” a client experience. Students evaluate ethics as it pertains to the client experience.

Example #2: Top-Down and Bottom-Up Processing
*Students rub palms together until they tingle. Separate hands, note that sensation continues. They “tell” their palms to stop and sensation dissipates. They “tell” the sensation to come back and it does. We discuss personal experience afterwards and connect it to the messaging system–CNS & PNS messaging.
Client Story is a Narrative: Assessment

Make connections between stories and life: clinical questioning includes collecting data that shows a client’s “beginning, middle, and end” to this chapter.

Example: Client is being assessed for potential SUD, data collected includes...

- **Beginning**
  - Demographic info
  - Work history
  - Family history
  - Drug Use history
  - Legal history

- **Middle**
  - Current MH status
  - Current drug use
  - Address
  - Relationship

- **Future**
  - Goals
  - Needs
Framing: Students can learn to listen to how they (and others) frame their telling of their stories. Factual? Emotional? Skill drill: practice changing perspective.

Level of Detail: Students can learn to prioritize detail (important or not?) as listening/reading exercises. As students listen to the telling of an event from a classmate, they can focus on the details to remember later. Build a client narrative from listening.

Narrator characteristics: Students can learn to note and evaluate characteristics of the narrator’s tone, body position (tension vs no tension), movements, and more during the narration. Learning to use all information from a narrator’s story can help students build clinical skills without working with a client.
Crowd Sourced Narrative
Narrative Techniques: Crowd Sourced

Crowd-Sourced Narration: provide a condition and circumstances to students and have them work together to create a narrative.

Example #1: Case Management: Client Needs Assessment
Create a short beginning explaining the presenting problem for a client in case management. Provide a partially filled out assessment form. Have groups of students work together to create “the rest of the story” for the client given the information provided. They should complete the assessment form with the details of their client.

Example #2: Abnormal Psychology– DSM-5 and Disorders
Assign a class or specific disorder to a group of students/class. Have them research the symptoms and then co-create how those symptoms might have progressed (e.g. binge-drinking moving to AUD, mild then moderate). Students learn how symptoms develop and how these affect the lives of people diagnosed with them. This allows for correction in understanding.
Group Problem-Solving

#1: Begin a narrative with students, stop and ask questions before going too far. Have students predict how the client might act or what the counselor might do. Ask them to extend the story given what they know. Purposely add details that are not cogent to the scenario so that students can practice attending to the presenting problem.

#2: Use current news stories that relate to addiction (or those in treatment) and have students create a tx plan as a group. Have them make DSM-5 diagnosis and support those dx with details from the reported story or from those that they create.

#3: Hand out scripts and have students get into groups. Have them read those scripts and discuss how they felt while reading or listening. On the scripts, add some “private” information about the client’s history that affects current read.

EXAMPLE: (as a client, you are trying to hide the true level of your addiction and use to avoid I/OP enrollment)
**Take Away**

**Content to Narrative Ratio:** Control the activity by asking about which/how concepts are demonstrated in narrative. Suggest changes in narrative “what if this happens” and ask students to change perspective.

**Narrative Techniques:** personal narrative (of current experience), character-based narrative, and crowd-sourced narrative (class or group of students).

**Narratives:** develop early in life and drive our actions—students are primed to recall information from stories and will retain information from story-based learning activities better (Cozolino & Sprokay, 2006).

**Not recommended:** formal essays, APA type assignments, or when the theories/concepts “get lost” in the story.
References


Thank You!

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