White Board Notes – UMB Licensure Prep Class

Marsha Linehan – DBT – Borderline PD

EMDR – Used to treat trauma (PTSD or Acute Stress DO). Theorist is Evelyn Shapiro.

Regarding questions that focus on counseling theories, you will need to:

1. Identify techniques or information related to the approach and ask you to identify the approach
2. Identify techniques or information related to the approach and ask you to identify the theorist.
3. Identify techniques or information related to the approach and ask you what the approach is used to treat

Structural Family Therapy = Family Preservation

Salvador Mnuchin – Temple University

Multiple levels of dysfunction. The therapist “joins” the family and explores the multiple levels of dysfunction and how those dysfunctional dynamics have evolved over time.

Marital Therapy – Avoid sidebar relationships and conflicts of interest. It is imperative that you develop a relationship and trust with both parties in the marriage.

Secondary gain – examples include pleading innocent by reason of insanity, gaining access to a program of public benefit, relief of duties at home or work, drug-seeking behavior EXTERNAL BENEFITS

Primary gain – internal or emotional benefits (loneliness, attention, depression, love)

Crisis Intervention scenarios include:

1. Rape / Sexual Assault – medical attention. Statutes of limitations do not apply to this exam.
2. SI / HI or attempts – duty to warn and a duty to protect. **HI – IF – IF notifying the intended victim first vs notifying the authorities first – assume that you have the intended victim’s contact info and notify that person first**
3. Natural Disasters – address immediate needs – food, clothing, and shelter
4. Child Abuse / Elder Abuse and Neglect – mandatory reporters in cases of REAL or SUSPECTED abuse and neglect

**Critical Incident Stress Debriefing**

1. Provide a therapeutic forum where people can ventilate their feelings and grievances.
2. Share accurate information about the event, to the greatest extent of possible
3. Share information about emergency resources, including therapeutic resources.
4. Discuss safety procedures
5. Provide follow-up information

Adoptions of an Indian Reservation?

These adoptions are governed by Indian Health Services in accordance with the Indian Child Welfare Act, which is governed by the Bureau of Indian Affairs

Q: Which assessment tool is used to measure the level of depression with elderly clients?

A: Geriatric Depression Inventory or Geriatric Depression Scale

Components of a Mental Status Exam

1. Mood
2. Affect
3. Appearance
4. Thought Process
5. Cognition
6. Speech

Oriented to time, place, person, and situation Oriented X4

Q: Which of the following is NOT a component of the mental status exam?

A: Ego Strengths

Global Assessment Functioning Scale (GAF Scale) – allowed clinicians to subjectively rate the acuity of a client’s symptoms (100 – 1)

Q: Which scale replaced the GAF Scale?

A: World Health Organization Scale (WHO)

* Paradoxical Intent – therapeutically calling a client’s bluff
* Universalization - normalizing
* Role Playing – rehearse difficult encounters – empty chair or directly

Modeling – model adaptive social behavior for client

Delirium – Can be defined as the DTs – acute alcohol withdrawal, or

Injury or medically induced disorientation or brief psychosis – eaten or slept for days at a time, side effects of meds, medically sedated, shock, blood loss.

Intellectual Disability (ID) – Mental Retardation is actually an illegal term. Levels include:

Mild, Moderate, Severe, Profound - Functioning at each stage –

Tests that are used to dx with ID –

Adults – Weschler’s Adult Intelligence Scale (WAIS)

Children – Weschler’s Intelligence Scale for Children (WISC)

ADHD

Impulsive, problems with activities that require sustained mental energy, easily distracted

\*\*Symptoms must observable in two of more settings to meet the diagnostic criteria. School and home, home and work, work and church, etc.

Organic – Life Challenges do not cause the symptoms of ADHD. Life challenges can exacerbate the symptoms

Hallucinations – auditory, visual, olfactory (smell), tactile (touch), and gustatory (taste)

Schizoaffective Disorder – usually a mood component in addition to the psychosis (depression or mania)

Key factors to consider with questions that focus on disorders…pay attention to the age, duration of the symptoms, and the point at which the symptoms manifested

Selective Mutism – look up the diagnostic criteria on your own.

Hoarding – dx criteria, irrational beliefs around the value or necessity of an object

Associated with the tendency to acquire those objects or items in mass quantities

This results in clutter. The individual experiences great difficulty with purging those items. The clutter expands.

Randy Frost and Gail Steketee are leading theorists for Hoarding Disorder

PTSD and Acute Stress Disorder

1. Flashbacks, which can be triggered by sights, smells, sounds
2. Angry outbursts
3. Insomnia
4. Hypervigilance – connected to avoiding situations reminiscent of the trauma

Trauma is relative to the individual – Common traumatic events include incarceration, rape / sexual / violent assaults, torture, natural disasters and acts of terrorism, combat, living in a dangerous environment, intimate partner violence

Timeframes – at least one month removed from the traumatic event. Once the symptoms manifest, they must be present for an additional month to meet dx criteria for PTSD (shortcut – 2 months removed)

Within a 30 days window of the traumatic event: acute stress disorder.

Substance Abuse Levels of Care

1. Detox – medical monitoring for acute withdrawal symptoms
2. Inpatient – extensive SA HX + untreated, **acute** MI
3. Residential – extensive SA HX – no presence of **acute** mental symptoms
4. Outpatient – least restrictive. Escalating concerns about drug use. The client has a support network and is more functional

\*\*12 Step Groups (NA, AA, CA) are support groups, not treatment groups

Common Release Triggers

1. Stress
2. Starting a new relationship in early recovery
3. Environmental and emotional triggers (grief, trauma, anger management, stress, guilt / shame)
4. Money
5. Physical Pain

**Models of Addiction**

Moral Model – The addict has character flaws. Addiction is the result of a moral failing on the part of the individual. The addict is simply making poor choices. Recommended course of treatment: spiritual interventions or the criminal justice system.

Disease / Medical Model – rooted in NA / AA. Suggests that addiction is a disease that cannot be cured, but only arrested through ongoing treatment and support. Recommended course of treatment: psychotropic meds, group and individual therapy, ongoing support.

Stages of Change Theorists – Proschaska and DiClemente. This theory is sometimes referred to as the *Transtheoretical Model*

Vivitrol vs Naltrexone

Vivitrol is a once a month injectable rx used to address opioid addiction. Naltrexone can be used to curb alcohol cravings

**On your own – Fetal Alcohol Syndrome, Developmental Milestones for Children, and the definition for the term, “Failure to Thrive.”**

Neurocognitive Disorders (Mild and Major). This is the new term for “dementia.”

Q: How do mild and major neurocognitive disorders align with Alz Disease?

A: Mild – Early and Middle Stage Alz, Major – Late Stage Alz

OCD and OCPD (observe rigid structure, can be overbearing with their beliefs, obsessed with rules, orderliness, and control. Micromanager

OCD – Obsessive thoughts lead to compulsive repetitive behavior – excessive hand washing, fear of contamination or dirt, tendency to yell out profanity, tendency to pull their hair or pick skin (excoriation)

Schizotypal Personality Disorder – odd beliefs and behaviors, magical thinking, a belief in telepathy, perceptual alterations, including phantom pains or distortions on the sense of touch – odd, eccentric behavior impacts their ability to form and maintain healthy social and intimate relationships**. There’s a *desire* to engage in social relationships, though.**

Schizoid Personality Disorder – hermit-like in nature. Loners, to the point that they avoid social interaction, even when it’s necessary. Reclusive.

**No desire whatsoever to engage in social intimate relationship. Humanoid - devoid of the need for social interaction.**

**Look up DX criteria for Bereavement Disorder**

Q: Which medication offsets the side effects of Haldol?

A: Cogentin

Central Nervous System Depressants -Alcohol

Stimulants - Cocaine

Opioids – Heroin and opiate-based meds

Cannabinols - marijuana

Hallucinogens – PCP, LSD

Object Permanence – know the definition

**Psycho-Sexual Development - Freud**

Oral Stage (Birth to 18 months) – sucking, teething, feeding, liquid to solid foods

Anal Stage (18 months to three years) – potty training

Phallic Stage (ages three to five) – gender identity – oedipus and electra complexes

Latency Stage (age six to twelve) – dormant, latent beneath the surface – no main dev task

Genital Stage (twelve – on) - puberty

Parenting Styles – Diana Baumrind

Cultural Question = Choose the cultural answer

\*\*Safety and the law trump or supersede your cultural beliefs

Ethnocentrism – the belief in the inherent superiority of your group, race, culture, religion, nationality, etc (prejudice)

Cultural Pluralism – You’re able to maintain a sense of your cultural identity while functioning in the dominant society – you respect the views and mores of other cultures (tolerant). **Do not confuse cultural pluralism with assimilation. When I assimilate, I abandon my native cultural practices or heritage and assume the views and beliefs of the dominant society.**

Institutional Racism – structural, systemic. State sanctioned

Transference – the **client’s** biases, prejudices, preconceived notions

Countertransference – the **clinician’s** biases, prejudices, etc

Employee Assistance Programs – offer case management, financial assistance resources, short-term therapy, supportive counseling, referrals to community agencies

At the clinical level, there’s a question in the pool that asks whether your supervisor, who referred to the EAP, is privy to what’s discussed with your EAP Therapist...NO!!! That relationship is covered by confidentiality regs

Section 1.07 (j) Privileged Communication – attorney / client privilege, disclosures in confession (Catholicism) or to a priest, spouses

1. **You are a social worker who works in a jurisdiction that affords you privileged communication status. What does that mean?** If you’re ordered to appear to in court, then you can elect to not testify or divulge info about your client *if you believe that your testimony is NOT in the client’s best interests.*
2. **What are the limits to privileged communication?** Rape / Sexual Assault, terroristic threats, homicide or HI (homicidal ideations), child abuse and neglect, elder abuse and neglect – mandatory that you divulge information.