**HUSR 437 Co-Occurring Disorders: Narratives for CSHSE Reaccreditation**

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| **Standard** | **How course meets standards** |
| CSHSE Standard 11.1.a, The historical roots of human services.  CSHSE Standard 11.1.b. The creation of the human services profession.  CSHSE Standard 11.1.c. Historical and current legislation affecting service delivery. | In this course students examine the human services field as it relates to the assessment, diagnosis, and treatment of individuals coping with co-occurring disorders. Students learn of the changes to the DSM-V and how this impacts resources and influences public perceptions associated with different diagnoses. Students consider the historical context, time period, and geographic location of clients as they work to conceptualize presenting concerns. |
| CSHSE Standard 12.a. Theories of human development.  CSHSE Standard 12.e. An understanding of the capacities, limitations, and resiliency of human systems.  CSHSE Standard 12.f. Emphasis on context and the role of diversity.  CSHSE Standard 12.h. Processes to analyze, interpret, and effect policies. | A 4-dimensional model (bio, psych, social, psychosocial) is utilized to teach students how to conceptualize co-occurring disorders from a multicultural perspective. A theoretical orientation in strengths-based counseling and positive psychology prepares students to consider how client strengths’ can be utilized to address and improve presenting concerns. A social justice approach to examining current treatment programs and interventions allows students to critically assess the effectiveness of such efforts for diverse caseloads. |
| CSHSE Standard 13.a. The range and characteristics of human services delivery systems and organizations.  CSHSE Standard 13.c. The major models used to conceptualize and integrate prevention, maintenance, intervention, rehabilitation, and healthy functioning.  CSHSE Standard 13.g. Skills to effect and influence social policy. | A survey of the various professions providing service to clients with co-occurring disorders is covered. The 4-dimensional model, as well as psychoanalytic, cognitive, behavioral, humanistic, and existential theories are utilized to understand the etiology of disorders and to develop specific interventions that pull from the above areas into an integrated treatment model. Class discussions on ethical considerations prepare students to critically analyze the impact of current policies on service access and availability across different communities. |
| CSHSE Standard 14. a. Obtaining information through interviewing, active listening, consultation with others, library or other research, and the observation of clients and systems.  CSHSE Standard 14.b. Recording, organizing, and assessing the relevance, adequacy, accuracy, and validity of information provided by others.  CSHSE Standard 14.Compiling, synthesizing, and categorizing information.  CSHSE Standard 14.d. Disseminating routine and critical information to clients, colleagues, and other members (1) Provided in written or oral form, (2) Provided in a timely manner.  CSHSE Standard 14. e. Applying maintenance of client confidentiality and appropriately using client data.  CSHSE Standard 14.f. Using technology for word processing, sending email, and locating and evaluating information.  CSHSE Standard 14.h. Conducting a basic evaluation.  CSHSE Standard 14.i. Utilizing research and other information for community education and public relations. | Students utilize the DSM-V, motivational interviewing, differential diagnosis, and consultation in groups with peers to conceptualize the etiology, presenting concerns, and appropriate resources for clients using the integrated treatment approach. Using WHODAS 2.0 and other measures students learn how to synthesize quantitative data with qualitative interviews in order to complete conceptualization and initial diagnosis. Through individual and group work, students conduct several assessments on fictitious clients and engage in discussion on identification of presenting concerns and order in which symptoms should be addressed. Current literature is used to supplement the course text and DSM-V to provide students with updated information in the field of co-occurring disorders. |
| CSHSE Standard 15.a. Analysis and assessment of the needs of clients or client groups.  CSHSE Standard 15.b. Development of goals, design, and implementation of a plan of action.  CSHSE Standard 15.c. Evaluation of the outcomes of the plan and the impact on the client or client group.  CSHSE Standard 15.d. Program design.  CSHSE Standard 15.e. Program implementation. | Through use of the 4-dimensional model, students engage in culturally competent assessment of a client when conducting an initial assessment. Through use of the course text, students learn to place the client at the center of the therapy process, and gain experience collaborating with mock clients to develop therapy goals that are centered on the clients’ own needs and readiness. Through review of various assessment measures and empirical studies on successful interventions, students identify various approaches to determine the growth process for clients through continued therapy. |
| CSHSE Standard 16.b.Skills to facilitate appropriate direct services and interventions related to specific client or client group goals.  CSHSE Standard 16.c.(6) Use of consultation.  CSHSE Standard 16.i, (2), Intake Interview.  CSHSE Standard 16.i. (5), Location and use of appropriate resources and referrals. | Students gain firsthand experience using a variety of triage forms and intake session forms to conduct initial assessment and diagnosis of clients. Students learn about the distinctions between substance use treatment centers and mental health services, including differences, overlap, and the importance of addressing both co-occurring disorders in effective treatment. Students research and attend a DRA and/or NAMI meeting, identifying important aspects of services and reflecting on the experience amongst clients currently utilizing such services. Students also research and report on local Co-Occurring Disorders (COD) Treatment centers, including how and when to refer clients to such services. |
| CSHSE Standard 17.a.Clarifying expectations.  CSHSE Standard 17.b.Dealing effectively with conflict.  CSHSE Standard 17.c.Establishing rapport with clients.  CSHSE Standard 17.d.Maintaining behaviors that are or are not congruent with the ethics of the profession. | Through lecture on course texts and group processing of work with fictitious clients, students identify and address ways to work with resistant clients. They also explore cognitive, emotional, and behavioral triggers that may make it difficult to work with specific clients and/or specific presenting concerns. Through class discussion and individual reflection activities, students identify ways they can begin navigating such issues. |
| CSHSE Standard 18.f.Legal and regulatory issues and risk management. | Through review of the DSM-V and the course text, students learn of scope of practice, how to make appropriate treatment and referral, and how to avoid and safeguard themselves and clients from ethical, physical, and emotional issues that may arise in session or communities. |
| CSHSE Standard 19.a.The least intrusive intervention in the least restrictive environment.  CSHSE Standard 19.b.Client self-determination.  CSHSE Standard 19. c. Confidentiality of information.  CSHSE Standard 19.d. The worth and uniqueness of individuals including culture, ethnicity, race, class, gender, religion, ability, sexual orientation, and other expressions of diversity.  CSHSE Standard 19.e.Belief that individuals, service systems, and society can change.  CSHSE Standard 19.f.Interdisciplinary team approaches to problem solving .  CSHSE Standard 19.g. Appropriate professional boundaries. | Through the aforementioned approaches to practicing multicultural competence in assessment, conceptualization, diagnosis, and treatment of clients, students develop competency in provided integrated treatment that is respectful to and centered on clients. Through research on various substance abuse treatment programs and in-class discussions with peers, students are able to identify scope of practice, navigate ethical concerns, and determine when and how to make appropriate referrals. Students understand that they are supporting the person, not the diagnosis. |
| CSHSE Standard 20.b.Clarification of personal and professional values. | Various reflective exercises throughout the course require students to continuously hone their personal and professional values surrounding work with clients who are dealing with co-occurring disorders. |