INDIVIDUAL TREATMENT OF SUBSTANCE ABUSING OFFENDERS WITHIN THE COMMUNTLY

BY

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A Final Practicum Report
Submitted to the Faculty of Graduate studies
In Partial Fulfillment of the Requirements for the Degree of

MASTERS OF SOCIAL WORK

University of Manitoba
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THE UNIVERSITY OF MANITOBA

FACULTY OF GRADUATE STUDIES

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Abstract

The high rate of offenders with substance abuse related problems are well documented in the literature. Correctional Services of Canada (2000) reported that at least 70% of offenders had substance abuse problems that warranted treatment. In addition, over 50% reported substance use was associated with their criminal behavior. These findings suggest a relationship exists between substance abuse and criminal behavior. Therefore a practitioner working with offenders should have some understanding of this relationship and the ability to begin addressing these concerns.

For offenders mandated to attend substance abuse programming, motivational readiness has been a common problem. The literature for both Motivational Interviewing and the Transtheoretical Model [TTM] suggest these approaches are appropriate for use with this population. In fact, these two methods of intervention can be incorporated in a complementary manner.

The practicum setting was an addiction agency in the greater Toronto area. The student's role within this agency was to treat offenders individually upon referral from Probation and Parole Services. Fourteen out of the 24 clients referred during the course of this practicum completed the assessment and treatment plan process. The student observed that the Motivational Interviewing and TTM techniques were both compatible and beneficial to these processes. The results suggest this student experienced some success in terms of utilizing the appropriate method of treatment within the community to reduce the offenders' level of substance abuse.

Objectives

The aim of the student's intervention was to address issues related to the treatment of substance abusing offenders. Based on a review of available literature, treatment during this practicum focused on motivational interviewing while incorporating the transtheoretical model (TTM) of addiction. The specific learning objectives were;

1. To increase knowledge in the area of treatment of substance abusing offenders, using motivational interviewing techniques and the transtheoretical model of addiction.
2. To develop assessment and clinical skills in the area of offender substance abuse counseling.
3. To increase knowledge of community resources available within the greater Toronto area.

A literature review was completed by the writer prior to beginning the practicum. The material gathered indicated a large percentage of offenders have a history of substance abuse. Furthermore, an apparent positive correlation between substance abuse and criminal behavior suggests effective substance abuse programming is essential in the treatment of many offenders. For this report, the term "effective substance abuse programming" refers to a reduction in the offenders' level of drug and alcohol use.

In terms of methods of intervention, the literature further suggested that both motivational interviewing techniques and the transtheoretical model of addiction have demonstrated some success in the treatment of this population. Upon reviewing these

two approaches, the writer observed they appear to be complementary and could therefore be incorporated with one another in treatment.

Prior to beginning the practicum, the student had an interest in working with the offender population in general. Based on the literature results, it was decided that in order to effectively work with this group of people, a practitioner should have a good understanding of the relationship between offending behavior and substance abuse. In this instance, "effective work" with offenders refers to a reduction in recidivism rates.

An agency was selected that enabled the student to treat offenders with substance abuse concerns using the identified methods of intervention. As well, since this agency was located within the greater Toronto area, the student was exposed to various community resources. This was deemed an important objective since the student plans to practice within this geographical area.

Literature Review

Introduction:

The following is an exploration of some of the literature available pertaining to the treatment of substance abusing offenders within North America. Although this topic is researched in general, the writer is more specifically interested in the treatment of substance abusing offenders within a community setting. As well, whether the techniques of motivational interviewing and the transtheoretical model of addiction can appropriately be applied to this population.

Prevalence of Substance Abuse among Offenders:

Much of the current research indicates that the number of offenders with substance abuse related problems is overwhelming to the criminal justice system. Correctional Services of Canada [CSC] (2000) suggested that at least 70% of offenders have substance abuse problems that warrant treatment. More specifically, 30% have substance abuse problems that are low in severity and 30% have moderate problems. The remaining 10% are assessed as having serious substance abuse problems. In comparison, Lipton (1998) reports that 80% to 90% of U.S. offenders have serious alcohol or drug problems.

U.S. and Canadian studies indicated that over 50% of offenders reported substance use was associated with their criminal behavior (Weekes, 1997). For instance, the U.S. Department of Justice (1997) reported that 52.5% of state inmates were under the influence of either alcohol or drugs at the time of their offense.

It has been argued that the apparent extent of offenders with substance abuse problems, suggests a strong association exists between substance abuse and crime. There are varying views however on the nature of this association. For instance, some argue that substance abuse causes crime and others believe that drug and alcohol abuse is the result of a deviant criminal lifestyle (Boland, Henderson & Baker, 1998). In addition, CSC reported that the, "relationship between substance abuse, past criminal behavior and risk for future criminal behavior, increases dramatically with the severity of offenders' substance abuse problems." (CSC, 2000, p.1).

Taking all of these factors into consideration, it appears that substance abuse represents one of the most serious criminogenic factors in need of direct intervention.

Therefore, in order to reduce recidivism, effective treatment programs should be delivered to offenders in both a community and institutional setting. In their case needs review of the CSC, Boland, Henderson and Baker (1998) reported that the evidence is encouraging in terms of whether existing correctional substance abuse treatments have an effect on reducing crime. In addition, CSC (2000) themselves claimed that both their Offender Substance Abuse Pre-Release Program and their community based Choices program demonstrate significant reductions in readmission and recidivism rates.

Treatment in the Community:

Weekes (1997) reported that research increasingly demonstrates the superiority of correctional programs delivered in the community over institutional settings. Therefore, greater priority should be given to intervention programs developed for implementation in the community. Furthermore, Wagoner and Piazza (1993) suggested that treatment in the community is appropriate for non-violent drug and alcohol abusers and that prisons should be reserved for violent and dangerous offenders.

The principles of effective work with offenders were developed in response to research reported by Lipton, Martinson and Wilkes (1975). Their findings were interpreted as concluding that 'nothing works' in reducing recidivism. Vennard and Hedderman (1998) suggested that the 'what works' principles are being promoted by those in the justice system and are supported by research in North America. The "community base" principle claims that community-based treatment programs generally have demonstrated positive results, as opposed to treatment within a prison facility.

Challenges Faced by Practitioners:

In general, the challenge faced by practitioners who work with offenders is to promote positive change by modifying the client belief system from one that is anti-social to one that is more pro-social. Verdeyen (1999) explained that offenders maintain a belief system that supports their anti-social behaviors. Attempting to alter this belief system can be difficult as the offender may have been operating this way for some time and are therefore convinced these beliefs are correct.

More specifically, addressing the treatment needs of substance abusing offenders can be a challenge for practitioners. Over the years, a variety of approaches and modalities have been used to treat this population. Weekes (1997) explained that many U.S. jurisdictions have not kept pace with developments in the field of substance abuse treatment and research. As well, a lack of availability has kept many incarcerated offenders from receiving treatment.

One study completed on 128 alcoholic inmates from the Massachusetts state prison system intended to outline areas for intervention with alcoholic inmates. In their report, researchers suggested that treating this group posed a unique challenge to clinicians. Three main difficulties practitioners face are offenders' chronic instability in relationships and work, propensity for anti-social and violent behavior, along with high levels of alcohol dependency (Walsh, 1997).

Treating substance-abusing clients can be a challenge in itself. However, when the substance abusers are also offenders, the situation only gets more complicated. Not only do they have their own set of unique needs and concerns, they are quite frequently mandated or non-voluntary clients. Therefore, the practitioner must deal with

a client's motivation and sincerity regarding treatment. The offender may only report for treatment in order to satisfy a court order or may not be completely honest or cooperative with the practitioner. In any of these cases, the effectiveness of treatment could be reduced.

A final challenge might arise if treatment were to occur within a community agency. In some instances, community substance abuse treatment providers may be inexperienced in adapting treatment to situations where clients are offenders (Field, 1998). A lack of understanding of the additional problems faced by this population could weaken the treatment provided.

Substance Abuse Programming for Offenders in Canada:

Within recent years, CSC (1999a) has conducted a review of their substance abuse programs. 82% of the programs were institutionally based, with slightly over half of them being offered in medium or maximum prison facilities. As well, 52% of the programs had been operating for more than three years, while the remainder ran for less. Furthermore, 74% were offered to both alcohol and drug abusers. Of the remaining programs, 14% were exclusively for alcohol abusers and 12% for drugs.

The authors of this study recommended that many of the existing substance abuse programs make revisions in terms of their approach to assessment, their treatment modalities, as well as method of evaluation. This report stated that not enough of the programs were utilizing the potentially beneficial strategies identified by the literature. Controlled drinking strategies and social-cognitive skills training were among those identified. As well, most of the programs did not address responsivity in terms of

matching the client characteristics with the appropriate method of treatment. Furthermore, 61% did not vary the level of treatment to match the client's risk level. Finally, although in 49% of the cases clients evaluated the program after completion, only 35% of the programs provided some sort of follow-up.

Despite these findings, Long, Langevin and Weekes (1998) suggested that CSC does have an effective method for treating substance-abusing offenders. The authors indicated that the current national treatment model was based on research of effective models of treatment and on the recognition of the wide range of needs that substance-abusing offenders have.

Long, Langevin and Weekes (1998) claimed that CSC meets the diverse needs of this population in terms of program length, intensity and cost. There are basically six core programs within both institutional and community settings, however they were not specifically identified. Furthermore, these authors suggested an successful assessment process exists based on the premise that institutional programs are designed for intensive intervention and those provided in the community are for offenders who require less intensive treatment. Therefore, this assessment process meets the treatment needs of each group of offenders.

In terms of components of treatment, Long, Langevin and Weekes (1998) indicated that the primary target in the treatment of substance-abusing offenders is the substance abuse problem itself. Cognitive techniques are generally used to address this problem by attempting to teach offenders that the way they think and feel directly affects their behavior.

Secondary treatment targets have also been identified if long-term change is to be achieved. Those identified by CSC as having the greatest empirical support, and are used to address the secondary targets are; structured relapse prevention and management techniques, social skills training, assertion training, problem-solving, controlled drinking strategies, employment training and methadone maintenance treatment.

Long, Langevin and Weekes (1998) concluded that preliminary CSC research supports the effectiveness of cognitive-behaviorally based substance abuse programs. These authors contended that since these treatment strategies are empirically supported, they should remain a part of substance abuse programming for offenders.

Cognitive-Behavioral Treatment:

As outlined by Weekes (1997), cognitive-behavioral treatment techniques are increasingly being recognized as superior methods of intervention with substance-abusing offenders. This is attributed to the cognitive-behavioral approach being highly directive with the intent of promoting skill development. This approach makes use of such treatment techniques as modeling, role-playing and practice. One widely utilized cognitive-behavioral technique is relapse prevention, developed by Alan Marlatt at the University of Washington in the 1970s.

Marlatt attempted to understand the relapse process after observing that relapse was the most frequent outcome of any treatment for substance abuse (CSC, 1996). A key study during this time was reported by Hunt et al. (1971). This article summarized the treatment outcomes for alcohol, smoking and heroin addictions. All three treatments demonstrated similar results, which showed that a majority of abusers

relapsed by six months following treatment and more than 50% relapsed within three months.

Marlatt and his colleagues identified two major categories of events that influenced the relapse process (Peters & Schonfeld, 1993). The first was intrapersonal determinants, which occurred within the individual. Some examples of these determinants were negative emotional states, urges and temptations. The second category was interpersonal determinants, which involved others exerting influence over the abuser. Some of these events included social pressure and interpersonal conflict.

Marlatt's original research formed the basis for the relapse prevention model (CSC, 1996). The key components of this model were that the abusers were taught to anticipate and identify high-risk situations; as well they were taught skills to deal with these situations so the resulting outcomes were positive.

Peters and Schonfeld (1993) concur that regardless of the type of addiction, relapse rates are consistently high and about two-thirds of relapses occur within 90 days of treatment completion. Furthermore, efforts were eventually focused on the development of relapse prevention programs for offenders since this population especially is at high risk for relapse. Offenders are identified as being at high risk for relapse due to their high rates of drug and alcohol use, their lack of motivation to enter treatment, along with their multi-problem lifestyles. Some examples of personal problems prevalent with this population are educational and vocational skills deficits, emotional and psychological problems, as well as difficulties in maintaining long-term relationships.

Although relapse is undesirable with any population, the consequences of relapse among offenders are significantly greater. Wexler, Lipton and Johnson (1988) reported that two-thirds of offenders with a drug addiction return to both drug use and crime within three months after release from a prison facility. Research during this period indicated that a return to drug use is likely to result in an increase in criminal activity (Anglin & Speckart, 1984). Therefore, relapse for this population means not only resumption in drug or alcohol use, but also a possible return to or an increase in criminal behavior.

Motivational Interviewing:

For offenders mandated to attend substance abuse programming, motivational readiness has been a common problem (Blankenship & Dansereau, 1999). Traditionally, substance abusers that did not acknowledge the existence of problems were considered to be in "denial" and therefore needed to be "confronted" (Weekes, 1997). It was thought that positive change could not occur unless the client admitted to their drug or alcohol problems and admitted they had a "disease" that was out of their control (Gerber & Basham, 1999). The theory behind this method was that offenders would be confronted with their substance abuse issues until a state of readiness was reached.

In contrast to traditional methods, William Miller at the University of New Mexico and others have made significant advances in the development of methods that help clients acknowledge problems and motivate them to address alcohol and drug abuse issues. Simultaneous to this process, a collaborative, non-threatening relationship is developed between the client and the practitioner. These motivational enhancement

techniques are referred to as "motivational interviewing" and, "hold considerable promise for use with offender clinical populations" (Weekes, 1997, p.13).

Engaging mandated criminal justice clients into treatment has been identified as a critical stage in the treatment process (Farabee, Simpson, Dansereau & Knight, 1995; Simpson, 1995). It has been reported that motivational interviewing is the most widely used method for the induction of clients into treatment and the evidence suggests it is effective in doing so. It appears that motivation is a key indicator of whether treatment will be successful and whether positive changes will be maintained (Blankenship & Dansereau, 1999).

In general, motivational interviewing is designed to help clients reach the decision to change. Millner and Rollnick (1991) have identified five general principles that can help practitioners assess and motivate substance-abusing clients. The first is that the counselor should express empathy through reflective listening without criticizing or judging. Secondly, the practitioner should create cognitive dissonance in terms of creating discrepancies between where the client is and where they would like to be. Thirdly, the counselor should avoid argumentation, for instance by confronting gently in a manner that focuses on behavior and not on the client's character. The fourth principle suggests practitioners should simply "roll" with resistance by expressing acceptance and understanding of the resistance, thereby helping the client to also understand it and then move forward. Finally, counselors should support self-efficacy by expressing confidence in the client's ability to change their substance-abusing behavior.

This modernized view acknowledges that factors both external and internal to a substance-abusing client can influence the change process. Understanding the three

identified categories of factors can help the practitioner and client bring about intentional change (Sodden & Murray, 1993)

The first identified factors influencing the change process are those that are environmental/situational. Three of these include the time it takes to receive assistance, geographical access to treatment services and the client's level of social support (Sodden & Murray, 1993).

The second set of factors that can influence change is client characteristics. This refers to the source of the client's distress and the level of its intensity, including the severity of the substance abuse problem and the extent of control one feels they have over their environment. A fourth characteristic is the client's conceptual level in terms of their emotional maturity and interpersonal development. A final characteristic of the client is their readiness to change (Sodden & Murray, 1993).

A third factor that can be influential over the process of change is the characteristics of the therapist. For instance, the personal needs of the therapist, along with their expectations and ability to empathize, can affect the "helping relationship" (Sodden & Murray, 1993).

The Transtheoretical Model Incorporated into Motivational Interviewing:

The client's readiness to change is considered to be one of the most important factors to consider as a motivational interviewer (Sodden & Murray, 1993). This factor is complex enough that it was developed into a theory in 1982 by Prochaska and DiClemente (CSC, 1999b). This model currently is popular with practitioners and

researchers and is known as either the transtheoretical model (TTM) or the stages of change model (Sutton, 2001).

The TTM generally states that in order to change a behavior, one must become aware of the need to change, take actions to make this change happen and then develop a method for maintaining this change. The stage of change model has contributed to the field of addictions in a couple of ways. For instance, when treating a client who has not yet acknowledged they need to end their substance abuse, the practitioner should focus only on encouraging that person to change instead of becoming confrontational and judgmental. As well, a counselor should only proceed with helping the client to enact change if they decide that is what they want to do (CSC, 1996).

Since its introduction, the TTM has been modified several times. The current version of the model most widely used is generally outlined as a "wheel" of change specifying five different stages. Unlike other addiction theories that view change as being linear, the TTM maintains that relapse is, "part and parcel of the cyclical nature of changing substance abuse behavior" (Sodden & Murray, 1993).

People start at the pre-contemplation stage and subsequently move through the other four in order. These stages are contemplation, preparation, action and maintenance. Individuals generally relapse back into earlier stages and then cycle through the stages again. This process is repeated several times before successful long-term behavior change is achieved (Sutton, 2001).

In the first pre-contemplation stage, clients are resistant to discussing their substance use and to acknowledge that they have a problem. Despite what is obvious to others, clients do not see the harm that substance abuse is doing. At this stage,

practitioners should work to uncover the reasons why the individual is in treatment, how they feel about being there, as well as opinions on their substance use (Sodden & Murray, 1993).

The second stage is the contemplation stage, at which time clients begin to recognize some of their problems with substance use, but are not committed to changing this level of use. Practitioners then attempt to create cognitive dissonance within their clients (Sodden & Murray, 1993).

During the preparation stage, clients are aware of the consequences of their drug or alcohol use and are beginning to take action to change this behavior. These changes however, are only small ones. Since they have not yet committed full action to change, practitioners help clients recognize the skills they possess and therefore realize that they are capable of changing their own substance-abusive behavior (Sodden & Murray, 1993).

The action stage is described as the shortest one since this is the point when clients are most enthusiastic and anxious to change. This level of energy however, can only be maintained for a short period of time. The practitioner's role in this stage is to provide verbal support regarding any client changes and express an understanding of the difficult process the client is going through (Sodden & Murray, 1993).

The final phase is the maintenance stage, during which time any changes experienced are continued. Efforts are made to internalize the skills developed during the action stage because clients now begin facing the realities of life without having the practice of coping with its challenges (Sodden & Murray, 1993).

Conclusion:

The high rate of offenders with substance abuse related problems is well documented in the literature. As well, a relationship appears to exist between substance abuse and criminal behavior, suggesting that both are positively correlated. In other words, as one variable increases, so does the other. Therefore, in order to reduce recidivism, effective substance abuse programming should be implemented in the treatment of offenders.

The literature also suggests that correctional policy has shifted from being concerned only with deterrence and punishment to more of a focus on the rehabilitation of offenders. There are however, many challenges for those practitioners assigned to treat this population. For example, offenders are generally entering substance abuse treatment as involuntary or mandated clients. This complicates the task of treatment. In addition, offenders have their own set of unique concerns and needs that clinicians must consider.

A majority of literature discovered for this review, regarding the treatment of substance-abusing offenders, was prison based. Some however, suggest that treatment within the community will demonstrate some success in the reduction of substance use. In fact, for some offenders, this may be the more appropriate setting.

Cognitive-behavioral techniques have been identified as superior methods of intervention with substance abusing offenders. Motivational interviewing, which is cognitively based, has been identified as promising for use with this population. Since motivation to engage in treatment is a major concern in the treatment of offenders, an

approach that is designed to help clients reach the decision to change, seems very appropriate.

The transtheoretical model can be incorporated in a complementary manner with motivational interviewing techniques used in the treatment of substance abusers. The TTM describes the process of change for those with addiction problems. At each phase, clients are at a different stage of readiness to change. In comparison, motivational interviewing techniques are designed to consider the client's state of readiness as one of the characteristics influencing overall motivation.

Both motivational interviewing and the TTM would be appropriate in the treatment of substance-abusing offenders since neither would immediately label an apprehensive offender as uncooperative or as being in a state of denial, which likely would only create added defensiveness or resistance. Practitioners would simply view these clients as being in an early stage of change and therefore would require some additional help to become aware of their substance abuse problems.

In addition, the TTM's view on relapse would also be of benefit in treating this population. A more traditional approach to treatment might reprimand or criticize an offender when a relapse occurs. This could negatively impact their recovery if treatment is discontinued or if their level of motivation is affected due to criticisms or additional criminal sanctions. However, this model views relapse as inevitable. An apprehensive offender, distrustful of practitioners and expecting to be punished, may become less guarded and resistant if they are encouraged to not give up and continue with treatment. This is turn could lead to an increase in motivation.

Although no specific information was discovered regarding the use of motivational interviewing and the stages of change model in a community setting with substance-abusing offenders, existing literature suggests it can be done. As previously mentioned, treatment in community settings appears to demonstrate some success in the reduction of drug and alcohol use. As well, the current popularity of motivational interviewing and TTM suggests some practitioners are experiencing success with these techniques. Furthermore, it is obvious by analyzing the considerations in each approach, that they are both designed for use in the community.

Intervention

Setting:

The setting of this practicum was within Addiction Services for York Region [ASYR], an agency in the greater Toronto area that treats many forms of addiction. The criteria for individuals accessing these services are that they must live or work in York Region and are 12 years of age or older. Services provided are free of charge, except for participants in the impaired driving program. The services provided by ASYR are;

(1) Assessment of substance abuse and problem gambling.

(2) Individual, family and group counseling.

(3) Referral to specialized treatment services.

(4) Consultation and outreach

(5) Education and training.

Clients:

Although ASYR provides services to a variety of populations, the writer focused on treating offenders who were referred to the agency through Ontario Probation and Parole. Over the course of the practicum, the student carried a total caseload of 18 Probation clients and 6 non-Probation clients. The clients were referred to ASYR for alcohol, cannabis, cocaine and other prescription and street drug related issues. The Probation clients had a variety of criminal convictions including theft, domestic violence, assault, possession, impaired driving, robbery, mischief, uttering threats and causing a disturbance. The majority of these convictions were domestic related assaults (8) and impaired driving (5). See graph A1 in appendix A. There were a total of 6 female clients and 18 male. See graph A2 in appendix A. More specifically in the offender population, 14 were male and 3 were female. Two of the offenders were youth; one was male and one female. All the non-Probation clients were adults; 3 were male and 3 female.

Although the student proposed to work specifically with the offender population, once the practicum began it was felt a small portion of non-Probation clients would be an added benefit to the learning experience. As a result, the writer was able to compare and contrast these populations gaining a better understanding of their differences and similarities. For instance, the student recognized that the non-offender population can also be considered non-voluntary at times. Many non-Probation clients feel pressured into treatment from various people and systems in their life.

Another benefit of being exposed to both populations is that the student was able to clearly see some of the unique concerns and issues in working with offenders. For instance, the offender's involvement with the criminal justice system creates a

different dynamic in the therapeutic process. The client is very aware that the practitioner is expected to forward assessment results and recommendations to their Probation and Parole Officer.

Another example of the uniqueness in treating offenders demonstrated in this practicum was that their use occurred in conjunction with some form of criminal behaviour. Having completed a Bachelor's practicum within a Probation setting was beneficial regarding this client characteristic since the student had some previous understanding of criminal behaviour and such justice system terminology and processes as dispositions, convictions, criminogenic factors and the court system. In addition, the student's previous experience also prepared her for the many in this population that focus on the "unfairness" of the justice system in attempts to divert any responsibility away from themselves.

The Personnel:

A committee consisting of Pam Santon, Len Kaminski and Denis Bracken both supervised and guided the practicum. Dr. Denis Bracken (the faculty advisor) and Dr. Len Kaminski (the second internal member), were available to review the intervention and provide any necessary advice and consultation. Pam Santon (ASYR Clinical Director and external committee member) was also available on site for supervision and consultation.

Group Work Experience:

To add to the practicum experience, the student took part in one offender workshop as a participant/observer and two of the eight week treatment groups run by ASYR. The expectation behind the decision to participate was for the writer to enhance her understanding of the process ASYR clients undertake in order to more effectively refer to appropriate group programming.

The topics presented in the eight week treatment group were as follows:

(1) socialization

(2) effects of substance use on the body and nutrition

(3) assertiveness

(4) anger: styles and effective expressions

(5) leisure

(6) functional analysis

(7) relapse prevention

(8) stress management

The one day offender workshop was also psycho-educational in nature. All of the topics introduced in the eight week group were briefly addressed in the one day workshop.

Procedures:

Each referral began with an assessment interview. Client's were required to contact the ASYR intake department themselves to begin the process. The files were

then assigned to the student by Pam Santon. For consistency with the rest of the agency, the writer utilized the ASYR standard assessment form during the assessment process. See appendix B. The standard assessment form outlined the areas a practitioner should focus on when gathering information. This involved obtaining a detailed psycho-social history for each client, with an emphasis on discussing the relationship of substance use in each area. The sections of this report included;

(1) Client's view of the problem (stage of change).

(2) Precipitating event (reasons for client coming into the office).

(3) Historical and current drug/alcohol use.

(4) Associated mental health issues, trauma history, physical health history.

(5) Current support system, family of origin, accommodation, education and work history, financial, leisure activities, legal involvement.

(6) Dependency patterns, functions of use, previous treatment.

(7) Current and pending developmental issues, difficulties with life cycle transitions, strengths in client system.

(8) Cultural background, relevant gender and power issues.

(9) Formulation of hypothesis, individual goals, family goals, social system goals, proposed plan of action.

During the assessment interview, clients were also asked to complete a series of questionnaires. These were;

(1) Drug History Questionnaire

(2) Perceived Social Supports

(3) Health Screening Form

(4) Drug-Taking Confidence Questionnaire

(5) Personal Drinking Questionnaire

(6) Beck Depression Inventory

(7) Adverse Consequences of Substance Use

(8) Behavior and Symptom Identification Scale

(9) Treatment Entry Questionnaire

Based on client responses to the assessment form and questionnaires, the writer determined the clients' stage of readiness for change. The practitioner utilized motivational interviewing techniques to encourage client treatment readiness. Those whose attitudes continued to remain unmotivated, were viewed as having not yet moved past the "Pre-Contemplative" stage of change. At this point the writer did not personally provide any further services to these individuals. In an assessment report submitted to the appropriate probation or parole officer, the writer referred these clients to a one-day offender workshop run by the same agency. This workshop briefly addresses the topics that are introduced in the longer-term program mentioned above.

Offenders, who were assessed as being more stable and non-resistant to treatment, were viewed as more "Contemplative" and were provided with individual treatment sessions by the writer. Intervention included;

(1) having the client set personal goals,

(2) engaging in a functional analysis of the substance abuse problem,

(3) discussing relapse prevention,

(4) identifying high risk situations and developing a personal plan of action for avoiding such situations,

(5) utilizing the ABC model to assist in identifying triggers and consequences

The writer could have also referred clients to an eight-week treatment group either before, after or instead of individual treatment. This particular group was educationally based focusing on skill building and again was run by ASYR. In the final report to the probation or parole officer, the writer would have recommended clients to this program if there was an expressed desire to seek further assistance or if the writer felt it would have been of benefit.

All assessments, groups and individual treatment occurred within the agency setting. Although the student had considered completing some of the assessments and individual treatment within the community, it logistically proved to be difficult. There were discussions with Pam Santon about possibly meeting clients at one of the 3 Probation and Parole Offices within York Region in order to increase the rate of client attendance. However, due to lack of space, current office politics within Probation and Parole, and unforeseen complications, it was decided the location would be left as it was. For example, one complication was that attending a particular office would mean the Probation and Parole Officers would have to change how they refer clients to ASYR. Since the student's practicum only lasted from September 2002 to April 2003, the Probation staff would have had to alter this process once in September and then again in April.

Intervention Model:

Motivational interviewing techniques were used throughout intervention in conjunction with Prochaska and DiClemente's transtheoretical model of addiction, also known as the stages of change theory. Techniques that were utilized when intervening with these models were described within the respective theoretical sections in the preceding literature review.

Duration:

The duration of the practicum was from September 11, 2002 to March 27, 2003. At 22.5 hours per week, the total number of hours completed by the student was 517.5 hours. The writer originally set a schedule of Wednesday to Friday 9:00 am to 5:00 pm. Shortly into the practicum however, it became apparent this schedule would need to be a little more flexible. Many clients could only attend evening appointments due to their work schedules. In order to enhance client motivation, the student soon made Wednesday and Thursday evenings open for client sessions.

Recording:

(a) Implementation of procedures: With client written consent, the student videotaped one session per week. In addition, after every client session, appropriate case notes were recorded in the files and "process recordings" were developed. The outline of each process recording was developed from the University of Toronto's 2002-2003 Field Practicum Manual (2002b) and was as follows;

- Purpose of interview.

- Observations; the physical and emotional climate of the interview.
- Content; description of the interaction during the interview.
- Student's activity and use of skills and techniques.
- Plans for the next interview and long range goals.

(b) Progress of clients:

The student was able to complete the assessment and develop recommendations for 3 female and 9 male Probation clients. As well, assessments began but were not completed with 3 of the men. The final 3 Probation males did not show up for their initial appointments and therefore were not seen at all. For the student's non-Probation clients, the assessment was completed for 1 male, was not finished for 1 female and had not even begun for 2 males and 1 female. The final non-Probation female was transferred from a previous student and already had an assessment completed. However, she was only seen once and did not return. See chart 3 in the appendix A.

Fourteen out of the 24 clients had assessments completed. See chart 4 in the appendix A. Of these 14; 5 Probation males were referred to the offender workshop, 1 Probation male was referred to the men's treatment group, 3 Probation males began individual treatment, 3 Probation females began individual treatment and 1 non-Probation male and female client began individual treatment. The individual sessions were completed for 2 of the female Probation clients and 1 Probation male. For 5 of the clients, the practicum ended before the individual sessions could be completed; 3 males and 1 female were Probation and 1 female was non-Probation. These files, along with the files for those clients where assessments were not completed, were transferred to

other counselors in the agency. In addition, the student closed the 6 files belonging to the clients who were not seen at all.

Evaluation

Evaluation Procedures and Instruments:

The practicum intervention and overall practicum experience was evaluated through a combination of self-evaluation and feedback from Pam Santon along with other relevant staff. As previously mentioned the writer kept a journal of "process recordings", allowing for a personal reflection of each session. This process allowed the student to document the practicum experience and observe whether progress was being made toward achievement of the learning objectives or whether there were areas that needed improvement. In addition, videotapes were made of one client session per week and were made available for review by both the student and agency. Sessions were only recorded if provided with written consent by the client.

In addition, the agency itself completed a documented mid-term review of the student's progress in December 2002 and a final evaluation in March 2003. See copies of the evaluations in Appendix C and D. The mid-term evaluation was beneficial for both the student and advisor in terms of whether progress was being made and what areas needed further development. The final evaluation provided an indication of whether the agency and student felt the practicum interventions were completed satisfactorily and whether learning objectives were met. The process recordings and videotaped sessions were available for review during each evaluation to assist in this process. Copies of the

mid-term and final evaluations were provided to Denis Bracken for review and feedback to the student.

The mid-term and final evaluations consisted of nine sections. Each section contained several points of assessment. These points were addressed by the agency advisor and rated with a score of one to five. The six levels of ratings were developed from the University of Toronto's 2002-2003 Faculty of Social Work's Field Practicum Evaluation Report and were outlined as;

(1) Unacceptable: The student can demonstrate little understanding of what the skill means or of its purposes.

(2) The student understands the skill, but there is limited evidence of the skill in practice.

(3) The student understands the skill and offers evidence of tentative appropriate attempts to put it into practice. More practice is needed.

(4) The student had demonstrated effective use of the skill.

(5) The student uses this skill regularly and appropriately, as part of his/her interpersonal style.

N Not addressed.

The evaluation report section headings were as follows;

(1) The student's ability to function within a professional context,

(2) Within an organizational context,

(3) Within a community context,

(4) The student's ability to identify and assess problems

(5) How the student plans,

(6) Intervention/implementation skills,

(7) The student's ability to evaluate their intervention and utilize feedback,

(8) How effective their communication skills are; including written skills, presentation skills and verbal skills,

(9) In conclusion, a summary statement will be written by the agency supervisor describing the student's performance in terms of accomplishments and areas for further focus.

Although the evaluation results were used by ASYR to track progress within the agency, the student additionally used them as a measure for whether progress was being made toward accomplishment of learning objectives. Any section assigned a rating of three or lower on the mid-term was considered by the student to be an area requiring further skill development. Therefore, efforts were made to improve these areas until the skills reached a more satisfactory level.

To further assist the in the achievement of learning objectives, biweekly meetings were scheduled with Pam Santon to discuss accomplishments and work completed to date. Additional feedback was provided from Denis Bracken at the University of Manitoba through monthly telephone contact and updates.

Results of Evaluation:

(a) Formal evaluation:

In the final practicum evaluation form completed by the writer and Pam Santon in April 2003, most of the student's ratings were scored as 5, meaning the skill was used regularly and appropriately as part of her interpersonal style. A few of the skills that were not practiced as much were rated as 4, meaning the student had demonstrated effective use of the skill. For example, one skill where a 4 was received was in planning, "modifications or changes in models, as needed, to incorporate an anti-discriminatory or ethno-specific perspective." (U of T, 2002, p.6) With a total caseload of 24, the student did not have a great deal of diversity in terms of a variety of client cultural backgrounds.

(b) Progress toward learning objectives:

Upon reviewing the learning objectives, the student considers objective number 1 and 2 as having been met with success. These objectives outlined the development of assessment and clinical skills in the area of offender substance abuse counseling and increased knowledge of motivational interviewing and TTM techniques. In the second half of the practicum, the student found herself completing the assessment process with greater ease without having to refer to notes, manuals and articles quite so much. In addition, comfort and confidence levels increased regarding interview skills. The skills began to come a little more intuitively, especially in regards to the Motivational Interviewing and Stages of Change techniques. The writer also began developing treatment plans more independently in the second half and more quickly was

able to identify the salient issues in each client's life and help with planning to address them.

In terms of objective number 3, which related to increasing knowledge of community resources available in the greater Toronto area, the student felt acceptable progress was made. The writer took 2 trips to local substance treatment centers, inquired directly with several other treatment facilities over the phone, made 2 client referrals for residential treatment and learned how to use the Drug and Alcohol Registry for Treatment. This toll free service provides information about drug and alcohol treatment services available in Ontario. In addition, the student became familiar with other important agencies and resources in the area, such as shelters, food banks, employment agencies, the Children's Aid Society, Probation and Parole, psychotherapy and a few of the local schools.

(c) Student reflection:

As was outlined in the preceding literature review, the student observed the majority of her caseload struggling with motivational readiness. Even for those clients willing to acknowledge any alcohol abuse, there were tendencies to minimize its impact and shift blame elsewhere. Therefore, motivational interviewing techniques were very suitable in working with this population. The student found that overall the clients responded well to this approach. Even for several of those clients who had not entered into individual treatment, it was apparent there was a shift in attitude from being somewhat hostile at the onset of assessment to being more relaxed and open. In fact, the student feels it would be interesting to follow up with those who had completed the

Offender Workshop to build on the client/practitioner relationship and engage in more motivational work.

During this practicum experience, the student witnessed some of the factors outlined in the literature review that were identified as influencing the change process. For instance, in terms of environmental/situational factors, geographical access to treatment was a common concern raised by clients. Since York Region is a large area, many of the client's did not live in the same town as the agency was located. As well, many did not have vehicles, had no jobs or money to take the transit system, or had lost their driver's license.

A second factor observed of major significance was client characteristics. This refers to the source of the client's distress and the level of its intensity. For those still using regularly, motivational work became more of a challenge. Some approached assessment very defensive about their use, some had a spouse who was also using or their own use was helping them cope with distressing personal issues.

In terms of the TTM, the student found its outlined stages of change to be helpful in both the assessment and treatment process. This was especially true in the beginning of the practicum when the student was referring to the literature more frequently for direction. This method of intervention is very clear about what occurs at each stage and what should happen next. Being able to identify where the client was in this process, helped the writer to understand what was taking place for them and how to assist in moving toward the next stage. In addition, there were opportunities to witness clients in each of the stages, giving the student exposure to the entire process.

In conclusion, the writer feels the practicum was an overall success. She is left feeling content with her practicum accomplishments. All learning objectives were met at acceptable levels. As well, the methods of intervention utilized in this practicum were chosen suitably for this population. However, the student acknowledges that it took at least half of her time at ASYR to become comfortable with the skills and feels most of her client successes were in the final few months. A longer practicum experience would have been even more of a benefit. The student leaves the practicum with valuable clinical experience feeling more prepared to begin her career.

Fetal Alcohol Syndrome/Fetal Alcohol Effects

Fetal Alcohol Syndrome [FAS] is a combination of physical malformations and disabilities resulting from a woman drinking heavily during pregnancy. The resulting characteristics observed in a child diagnosed with FAS are (Creative Consultants, 1996);

(1) Prenatal and Postnatal Growth Retardation

(2) Characteristic Facial Patterns

(3) Central Nervous System Involvement

Fetal Alcohol Effects [FAE] refers to a child who is born with many of the same behavioral and psychosocial characteristics as FAS, but the physical defects are less severe (Creative Consultants, 1996). Therefore, although they may look quite "normal",

those diagnosed with FAE will also have significant deficits in their intellectual, behavioral and social abilities.

Although facial characteristics of FAS are more subtle and difficult to detect in adults, cognitive and behavioral deficits generally persist with age. In fact, it has been reported that behavioral, emotional and social problems can become even more pronounced as those diagnosed with FAS enter adulthood (Health Canada, 2001). In a presentation by Mary Berube and Donna DeBolt in September 2002 to the ASYR staff, it was suggested that these cognitive-behavioral deficits manifest themselves in a number of ways. They can result in learning problems, attention deficits, impaired judgment, impulsivity, sleeping/eating problems, communication problems, inability to think abstractly and math, time and memory problems.

In addition, Berube and DeBolt developed the acronym CHAOS to refer to secondary issues related to Fetal Alcohol Spectrum Disorder [FASD]. FASD relates to the spectrum of effects related to prenatal alcohol exposure, which includes FAS and FAE. These secondary issues were presented as;

C - Conduct disorder (pervasive developmental disability)

H - Homelessness

A - Addictions (30% have an addiction problem)

O - Offender (legal problems)

S - Sexual disinhibition

Substance abuse has been identified as one of the major secondary disabilities associated with having FASD. Someone with such a disability is more debilitated by substance use than others and may as a consequence exhibit violent, unpredictable or unexplainable behaviors, along with higher frequency of conduct disorders (Berube & DeBolt, 2002). In addition, the behavior patterns observed in this population place them at higher risk of engaging in criminal behavior (Health Canada, 2001). As a result of these findings, the student felt it would be of benefit to gain some insight into substance abuse treatment for this population.

This process for the student involved a brief literature review, along with some discussions with Donna Debolt, who was involved in the presentation to the ASYR staff in September 2002. In general, it was discovered that FASD individuals have little to benefit from the traditional intervention strategies used in treatment. Anything that puts the individual responsible for his/her own recovery is often destined to fail. They require more support throughout the entire process, more individualized contact with counselors, more practical relapse prevention advice and active assistance with such matters as housing, job training, social skills training and anger management (Health Canada, 2001). Berube & DeBolt (2002) suggested that addressing practical needs and the commonly seen problems with living is far more beneficial than insight work for these clients.

In addition, the literature suggested that inconsistent attendance can be a problem for these individuals. As well, worthlessness, depression, suicidal thoughts and panic are typical for someone with FASD. This of course is exacerbated by substance use and abuse. Finally, the student recognizes that relapse prevention should focus on

increased supervision and community supports rather than increased client self-monitoring.

Although none of the clients in this practicum were identified as having FAS/FAE, the information obtained by the student in relation to this topic, will only add to her professional development.

Case Reviews

The following section will outline the work done with 4 clients during this practicum. An emphasis will be placed on both offence and gender with respect to the roles these two issues played in each situation.

Client Number One:

Jordan was a 20 year old man on Probation, convicted of possession of marijuana. Although this was not his first involvement with the legal system, it was his first adult criminal conviction. Jordan indicated he had been using a variety of drugs since the age of 15. Although during the assessment he had listed several types of drugs, he was regularly using ecstasy and marijuana. The student determined that at first contact Jordan was in the Contemplative Stage of Change. He presented as genuinely concerned with his substance use and expressed an interest in obtaining treatment. As a result, we verbally contracted for 4 treatment sessions, leaving the option open for more if he desired.

Jordan engaged in a total of five treatment sessions with the student. The final two included his pregnant girlfriend. Treatment concluded because the two moved out of York Region. Jordan invited his girlfriend into the sessions since they were planning to move in together and it was agreed she should be involved in his treatment plan. It was thought they could work together to maintain his drug use changes.

Jordan expressed a desire to change his current drug use with the hopes of stabilizing his life. His parents divorced just prior to the time he first began using drugs, he was estranged from his father and had been asked by his mother to leave her residence several months earlier. At the time of his conviction, Jordan had lost his job, had increased his drug use, lost his apartment and was "homeless". Although he had since moved into a youth shelter, he was still using drugs regularly. He wanted some help reducing his marijuana use and abstaining from all other "street drugs" so he could focus better, get a job and an apartment. He hoped that he and his pregnant girlfriend could move in together and begin raising their child.

Although his mother had asked him to move out, she provided support to Jordan in other ways. She left work early and drove him to each ASYR session. As well, she would buy him food, personal supplies, etc. Their relationship however, was very tense. Jordan spoke in a hostile manner both to her and about her.

During the individual sessions, Jordan and the student engaged in a functional analysis of his drug use, utilized the ABC exercise to identify alternative behaviors, discussed harm reduction in terms of his marijuana use and developed a plan for maintaining changes. During this involvement, he was successful in reducing his marijuana use and abstaining from all other "street drugs".

It was discovered that Jordan would use drugs to cope with feelings of anger and depression. When he sobered up, these feeling often remained, resulting in more drug use. As his use increased, Jordan began spending more money and working less, until he lost both his job and his apartment. As a result, Jordan began selling drugs to be in the position to buy even more drugs. Through our discussions, he recognized that the people he was hanging out and the places he was going were negatively impacting his life in terms of his drug use. Therefore, part of Jordan's "planning" involved reducing the temptation by removing himself from those environments.

On final contact, the student felt Jordan was in the Action Stage of Change. He had successfully altered some of his drug use behavior for several months. However, it was thought he was still at risk for "relapsing". Although he had successfully abstained from both marijuana and the "street drugs" he deemed as more problematic, he was unsure if he would return to occasionally using marijuana once his girlfriend gave birth.

One of the sections addressed in the assessment process is "gender and power issues". This relates to identifying oppression in the client's life, including gender, ethnicity, sexual orientation, race, religion, etc. In regards to Jordan's situation, gender and power related issues were not identified as impacting his life or more specifically, his drug use.

Client Number Two:

Greg was a 38 year old man convicted of a domestic related assault. Since this had not been his first domestic conviction, he had first spent a month in jail before being released and placed on probation. The current conviction was related to his

common-law wife Lynn, 12 years his senior. Greg indicated the two regularly drank alcohol together and he was a frequent marijuana user. He presented in the Contemplative Stage of Change.

During the night of his arrest, he and his girlfriend were "drinking" with some friends when they got into an argument. Although she called the police claiming he pushed her around and hit her, Greg indicated this was not true. He did however, admit to regularly abusing both alcohol and marijuana and acknowledged it created a lot of problems for him and Lynn. For instance, they argued when under the influence, he had difficulty keeping a job and it created financial problems for them. Greg added that he hoped to marry her and wanted help in abstaining from all substances in order to improve their situation.

Greg admitted to constantly struggling with temptations and urges to use. He indicated that his friends used regularly and were not supportive of him abstaining. As well, he often felt "depressed" about his situation, making abstaining even more difficult. Although Lynn agreed to stop using with him, Greg felt he could use more support in his life. The student assisted him in entering a detox centre and then a short term treatment facility. After completing this treatment, we reconnected and continued to review the coping skills and techniques he developed in the facility.

Gender and power was definitely an issue related to his substance use and difficulties in his relationship with Lynn. Through discussions with the student, Greg eventually acknowledged that he engaged in behaviors when under the influence that left Lynn feeling uncomfortable and sometimes fearful. He displayed some understanding

that control and abuse was more than just physical. As well, this work involved discussions that connected his offending behavior with his drug and alcohol use.

Although in our first few months of contact, Greg had one major "relapse", he returned to continue treatment with the student. In the final few months of the practicum, he was successful in abstaining from all substances. Contact ended with Greg being in the Action Stage of Change and was transferred to another ASYR counselor to continue treatment.

Client Number Three:

Kim was a 27year old woman on Probation for assault and driving under the influence. She and her husband Rick had recently separated because he was having an affair with her best friend Susan. Rick had moved in with Susan while their 3 children remained with Kim. As her marriage began to deteriorate, Kim began increasing her level of alcohol consumption. After Rick moved in with Susan, Kim went over to their residence twice under the influence to confront them. In each instance a physical altercation occurred, resulting in assault charges against Kim. During the second incident, Kim was pulling out of their driveway when she was arrested. The impaired conviction resulted from this.

After the convictions, the Children's Aid removed Kim's children and placed them in the care of their father. Since he was now living with Susan, this was an additional source of anxiety for Kim. In order to have her children returned Kim was instructed to attend addiction's counseling.

Kim presented at her first session with the student as being very motivated, having independently reduced her level of alcohol use. Since she was in the action stage when treatment began, our work centered on maintaining these changes. Although she had some insight into the function her alcohol abuse served, we discussed this topic a little further. This helped Kim to better understand and recognize triggers, which led us to begin identifying alternative behaviors.

Kim's alcohol abuse was directly connected to her offending behavior. When she felt hurt and angry, she would become intoxicated and exercise poor judgement by deciding to confront Rick and Susan. Abstaining from alcohol permitted Kim to think more rationally and begin dealing with her emotions in other ways.

Of particular importance with this client was addressing her gender and oppression related issues. Through treatment, Kim was able to recognize that her husband had been psychologically abusive towards her. This behavior continued after the separation through visitation with the children. In addition, she felt a sense of powerlessness regarding the loss of her children and the subsequent Children's Aid investigation. This combination of factors impacted on Kim's mental health and her resulting alcohol use.

The student ended up having a total of 9 sessions with Kim. Treatment concluded for her having successfully entered the maintenance stage. She planned to continue her insight work through an outpatient therapist at the local hospital. Although Kim's children had not been returned, regular visitation had been established, leaving her feeling more optimistic.

Client Number Four:

Vicky was a 45 year old woman convicted with a domestic related assault and disturbing the peace. She had a similar prior conviction, as well as an impaired driving conviction. She had been married to Scott for the last 10 years and the two had a long history of physical confrontations. In addition, they both had a 20 year history of drug and alcohol abuse. Although Vicky claimed neither was using drugs anymore, she indicated they were still using alcohol regularly.

Vicky presented in the Contemplative Stage of Change. She indicated wanting some help in planning to reduce her level of alcohol use. Scott however, had no plans to do the same. Neither was working and both were on anti-depressants. Vicky hoped that reducing her use would help stabilize her life, improve their relationship and her chances of finding employment, and positively influence Scott to make similar changes.

The work began with a functional analysis of her use. Much of Vicky's use was related to her feelings of depression. Vicky and the student utilized the ABC tool to identify some alternatives behaviors to consuming alcohol when she was feeling down. Of course, since Scott was still using alcohol, this task was much more difficult. Vicky and the student engaged in 6 treatment sessions. Although the student suspected Vicky was not completely honest with her level of alcohol use, an eventual improvement in her situation became apparent. As the sessions progressed, she appeared less agitated and even found employment at a local restaurant by the fourth meeting. In addition, she began feeling more optimistic about Scott's situation. He found employment as well and therefore was not drinking as much.

At final contact, Vicky was feeling more confident about herself despite having reported a few "slips" regarding her alcohol use. She enjoyed her new job explaining it gave her a sense of pride. Although Scott was still working, Vicky indicated that he was still struggling with feelings of depression and was worried he would not continue to work. Vicky ended contact with the student in the Action Stage of Change and was transferred to another ASYR counselor to continue individual treatment.

Vicky's substance use was definitely connected to her criminal offenses. This was a topic she and the student had addressed during treatment. When Vicky and Scott began consuming alcohol together, they would often begin arguing, which generally led to a physical altercation. In terms of gender and oppression, the marriage appeared to be mutually abusive. In relation to oppression however, Vicky described her feelings of frustration over being a female without a high school education and having difficulty finding employment that paid well enough. In addition, Vicky considered herself a professional waitress and thought she was having difficulty finding employment, despite her numerous years of experience, because she was over the age of 40. Vicky did not specifically describe her substance use as being related to gender or oppression related issues, but more to working for years in a "bar scene" and struggling with anxiety and depression.

Substance Abuse and Criminal Behavior:

In each of the cases reviewed above, the clients' substance abuse appeared to be directly related to their criminal conviction. For these folks, crimes were either committed because they were under the influence, or they committed an offense to

support their addiction. Upon reviewing the remainder of the clients the student had contact with; it became apparent this pattern was observed with them as well.

The student expected the correlation between substance abuse and criminal behavior to be high before the practicum even began for two reasons. Firstly, these clients were being referred to ASYR because their conviction was substance use related. Generally for these types of convictions, addiction assessment and treatment becomes a condition of probation or parole. Secondly, as was outlined in the literature review, Correctional Services of Canada (2000) indicated that at least 70% of offenders have substance abuse problems that warrant treatment.

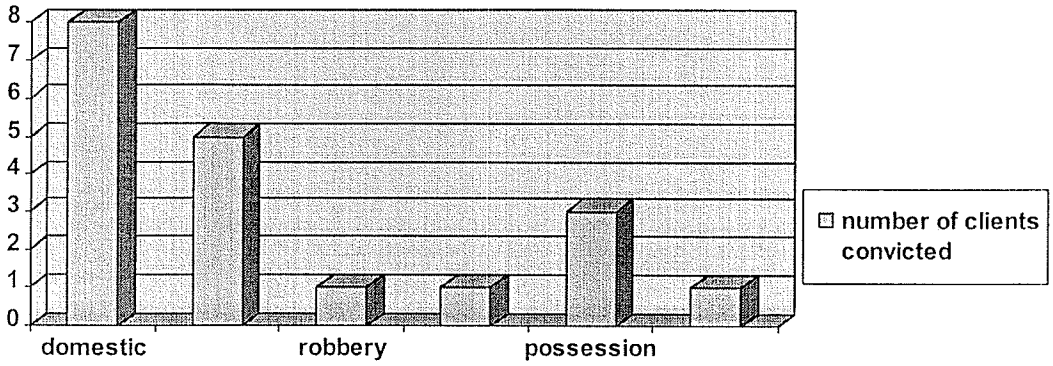
Based on the apparent correlation observed in the student's population regarding substance abuse and criminal behavior, a practitioner in such a position should make a conscious effort to address this issue with the offender. Through some motivational work, open ended questioning and probing, the counselor could help the client to become more cognizant of this connection. The intention behind this methodology would be to reduce the chances of recidivism by addressing their substance abuse. The student noted that not all of the clients had an understanding of the relationship between their legal problems and their substance use.

The student found some modest success in helping the client move through the cycle of change when helping each to gain insight into this relationship. In general, the student utilized techniques briefly mentioned in the above paragraph. Although some were more reluctant to acknowledge this connection, others came to a point where they both recognized and verbalized it.

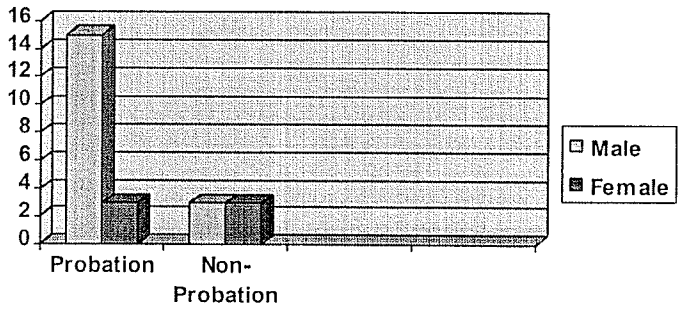
In addition, since the ASYR one day workshop was developed to work with the offender population specifically, incorporating this issue into the material should be considered. Possibly beginning with a presentation of Canadian statistics regarding the relationship between substance abuse and criminal convictions could be a good introduction. Then following this up with an exercise to personalize the material might be of further benefit.

Appendix A:

GRAPH A1 – NUMBER OF CLIENTS BY OFFENSE TYPE

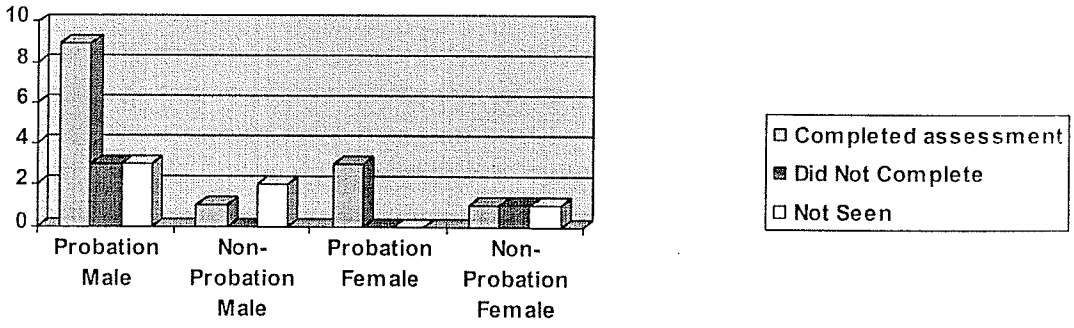


GRAPH A2 – PROBATION AND NON-PROBATION CLIENTS BY GENDER

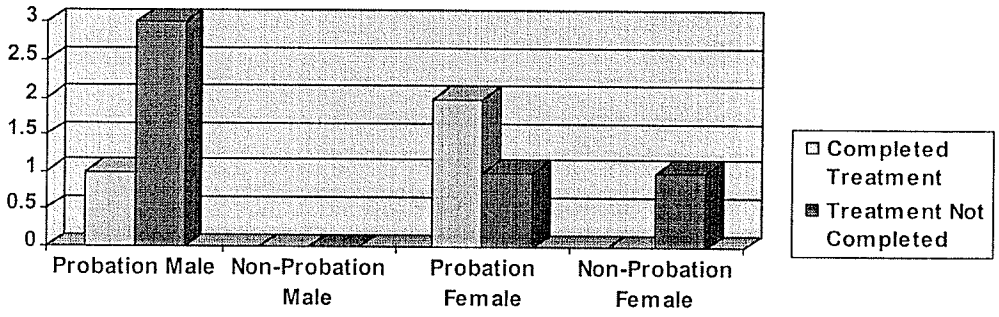


(Note: one female and one male probation client were youth.)

GRAPH A3 - INTERVENTION PROGRESS BY CLIENT TYPE AND GENDER



GRAPH A4 – INDIVIDUAL TREATMENT PROGRESS BY CLIENT TYPE AND GENDER



Appendix B:

ASYR ASSESSMENT FORM

ADDICTION SERVICES FOR YORK REGION

INITIAL THERAPEUTIC CONVERSATIONS REPORT
(Observations and Reflections of Client System by Clinical System, including Reflecting Team)

DATE OF REPORT: _____

CLIENT'S NAME: _____

FILE NO: _____ AGE: _____ SEX: _____

FAMILY SYSTEM INVOLVEMENT: _____

_____

REFERRAL SOURCE: _____ PHONE NO: _____

HELPING SYSTEM: _____ PHONE NO: _____

SUPPORTING DOCUMENTATION NEEDED: _____

_____

_____

CLIENT'S VIEW OF THE PROBLEM (STAGES OF CHANGE):
Specify client's statement of presenting problem; Identify client's Stage of Change

ADVERSE CONSEQUENCES SCORE: _____

SOCRATES SCORE(S): _____

PRECIPITATING EVENT:

Specify client's reason for coming at this time: Indicate antecedents, events, pressures on the client, influences that support attendance as well as attitude towards being here

1) FRAMEWORK Number One - INTERNAL PROCESS (INDIVIDUAL, Family, and Social)):

Primary Dependent Behaviours:

a) Description of Substance Use History (Refer to Psychoactive Drug History Questionnaire or Problem /Gambling Tool (attached)

b) Current Alcohol/Drug Use:- Include past success stories that open space for change (i.e. Periods of abstinence's, improvement)

DEPENDENCIES

SUBSTANCE/ GAMBLING	AGE OF FIRST USE/TIME	PERIOD OF HEAVIEST USE/ GAMBLING	FREQUENCY & AVERAGE DOSE DURING PERIOD OF HEAVIEST USE/TIME	FREQUENCY & AVERAGE DOSE/ TIME OVER PAST 3 MONTHS	USUAL TYPE OF USE/ GAME	LAST USE/ TIME

PSYCHOACTIVE DRUG HISTORY QUESTIONNAIRE

Program #_____ Client Name:_____ Counsellor:_____ Date:_____

DRUG TYPE (1) NONE ☐	Used in Past 12 Months? Yes 1	No 2	Refused 8	Missing 9	# of days used in past 90 days	How Long Since Last Drug Use? (see codes below)	Typical Amount on Each Day of Use in Last 90 Days*	Clinical comments (e.g. drug name, dosage, patterns, periods of abstinence, used only as prescribed, length of use, age of first use, etc.)
(2) ALCOHOL: beer/liquor/wine	☐	☐	☐	☐				
(3) COCAINE/CRACK: Coke	☐	☐	☐	☐				
(4) AMPHETAMINES/ OTHER STIMULANTS	☐	☐	☐	☐				
(5) CANNABIS: hash, weed, grass, pot, marijuana	☐	☐	☐	☐				
(6) BENZODIAZEPINES	☐	☐	☐	☐				
(7) BARBITURATES	☐	☐	☐	☐				
(8) HEROIN/OPIUM	☐	☐	☐	☐				
(9) PRESCRIPTION OPIOIDS	☐	☐	☐	☐				

How Long Since Last Used: 1=<24 hour 2=1-3 days 3=within last week 4=within last month 5=more than a month ago

DRUG TYPE (1) NONE ☐	Used in Past 12 Months? Yes 1	No 2	Refused 8	Missing 9	# of days used in past 90 days	How Long Since Last Drug Use? (see codes below)	Typical Amount on Each Day of Use in Last 90 Days*	Clinical comments (e.g. drug name, dosage, patterns, periods of abstinence, used only as prescribed, length of use, age of first use, etc.)
(10) OVER-THE-COUNTER CODEINE PREPARATIONS	☐	☐	☐	☐				
(11) HALLUCINOGENS	☐	☐	☐	☐				
(12) GLUE/OTHER INHALANTS	☐	☐	☐	☐				
(13) TOBACCO	☐	☐	☐	☐				
(14) OTHER PSYCHOACTIVE DRUGS	☐	☐	☐	☐				

How Long Since Last Used: 1=<24 hour 2=1-3 days 3=within last week 4=within last month 5=more than a month ago

** See Guidelines for Describing "Amount" of Each Drug Use*

90 DAY WINDOW: START DATE (dd/mm/yyyy) _____ END DATE (Yesterday) (dd/mm/yyyy) _____

i) FRAMEWORK Number One - INTERNAL PROCESS: (cont.)

Goal: IDENTIFICATION OF INDIVIDUAL CONSTRAINTS WHICH COULD IMPINGE ON CHANGE PROCESS

Associated Mental Health Issues (including learning disabilities, psychiatric diagnosis and history of suicidal behaviours):

BASIS 32 SCORE: _____

Emotional Health - explore client's view of current health status, listing areas of concern

a) **Tension/anxiety**

Relationship of substance use to stress/ Life pressures

_____

_____

_____

_____

_____

b) **Depression**

BECK SCORE_____- Identify problem areas from Beck

_____

_____

_____

_____

_____

c) **Suicidal Ideation (See Agency protocol)**

Have you ever attempted to harm yourself. If so, how? - Are you currently having any thoughts of Harming yourself, if so how? - Do you have any plans around harming yourself? If so, How?

_____

_____

_____

_____

_____

Trauma History (including domestic violence and sexual assault):

a) Inquire if client has any history of inflicting or being the recipient of violent or assaultive Behaviour_____

_____

_____

b) Inquire if client has a history of sexual assault or been the recipient of unwanted touching or Sexual behaviour _____

_____

_____

1) FRAMEWORK Number One - INTERNAL PROCESS: (cont.)

Physical Health History - explore client's view of current health status, listing areas of concern to the client: see Appendix 'Health Screening'

_____
_____
_____
_____
_____

2) FRAMEWORK Number TWO– ORGANIZATION **(Individual, FAMILY, Social):**
Goal: to identify those structures in client system that support or constrain the change process.

PERCEIVED SOCIAL SUPPORT SCORE: _____

A) CURRENT SUPPORT SYSTEM: -describe primary relationship, length and status of relationship, any children in client system, role of problem behaviour in relationship, meaning of problem behaviour to family system:

_____
_____
_____

FAMILY OF ORIGIN

- identify family members across three generations, list names, gender, ages, occupations
- quality of relationships (close, distant, conflictual etc.),physical, emotional and mental health status
- losses, family strengths, descriptive language used to describe family system

GENOGRAM (Three generations)/ ECOMAP (Those Social Systems that interact with the Client System)

FRAMEWORK Number Two (Cont.)

A) ACCOMMODATION: describe current living arrangement including membership, describe client's satisfaction with accommodation/living arrangement, any connection to problem behaviour, state traumatic changes in living arrangement in past, state client's perception of stability of living arrangement

B) EDUCATION AND WORK HISTORY: describe educational and vocational background, current occupation, status, strengths and concerns, role of problem behaviour in relation to: Absenteeism, Work/ School schedule/Performance, Degree of satisfaction and purposefulness of work/school experience

C) FINANCIAL: Describe means of support of Client System. Any related concerns to financial situation of client system i.e. harassment. Impact of problem behaviour on finances.

D) LEISURE ACTIVITIES: current use of leisure time by client/family system, role problem behaviour plays in relation to leisure, division of leisure time amongst sub-systems.

F) LEGAL INVOLVEMENT: explore current legal status, pending charges, convictions, probation
- is legal involvement and problem behaviour related, identify past legal issues and resolution outcome
- identify history of 'acting-out' behaviours; identify the role ANGER has played in the client system

3) FRAMEWORK Number Three– SEQUENCES (INDIVIDUAL, FAMILY, Social):
Goal: Identifying, interrupting and changing the reinforcing sequencing of behaviours

Identify the primary patterns of use for the dependencies cited previously:
- include frequency, intensity, duration and context of use
S1-in session patterns: S2-weekly: S3- ebb and flow, seasonal: S4- generational patterns

What are the identified functions of client's dependencies? What are the payoffs? How is the client different when using? How do others change around him/her? What other changes are noteworthy?

Identify alternative attempted solutions including previous treatment:
a) Indicate if the client has received or is involved with any other form of counselling/treatment including individual, couple, family or group.. Who/When/Where?

b) List what was helpful and not helpful in previous counselling experiences.

4) FRAMEWORK Number Four- Developmental/ Life cycle (INDIVIDUAL, FAMILY, SOCIAL):
Goal: to map the client system's negotiation of life cycle transitions, individual, couple and family. .

a) What are the client and his/her system's current developmental issues (significant birthdays, life events)?

FRAMEWORK Number Four (cont.)

b) Are there **pending developmental issues facing the client system** i.e. significant birthday, life events etc.?

c) **Identify difficulties in negotiating life cycle transitions in the past.**

d) **Identify strengths in client system which will promote change** i.e. nurturance, communication abilities, Problem solving capacity and mutuality (renegotiations of relationships).

5) **FRAMEWORK Number Five - CULTURAL CONTEXT (Individual, Family, SOCIAL SYSTEM)**

Goal- to further identify the client's context and understanding of reality in comparison To the dominant culture and the proposed intervention plan of action

Describe the client's cultural background including issues regarding their contextual markers (I.e. age, occupation, religion, gender, sexual orientation, education, class, race, ethnicity, Immigration status, political viewpoint, residence/geographical origins, family status, ability).

Identify those markers that the client system's experiences as supportive and/or problematic?

6) FRAMEWORK Number Six - GENDER AND POWER ISSUES (INDIVIDUAL, FAMILY, SOCIAL)
Goal: To identify oppression across the levels of the client system including gender, S.E.S., ethnicity, sexual orientation, race, religion, gender etc.
: To ensure client system is invited to participate in development of therapeutic process.

Describe issues of power, oppression and imbalance in the client system, which may constrain the client's attempts at change (couple, family or social system including work/school etc).
Does the client identify the problem behaviour as a function of any power imbalance?
Is any function of the problem behaviour related to power or power imbalance?

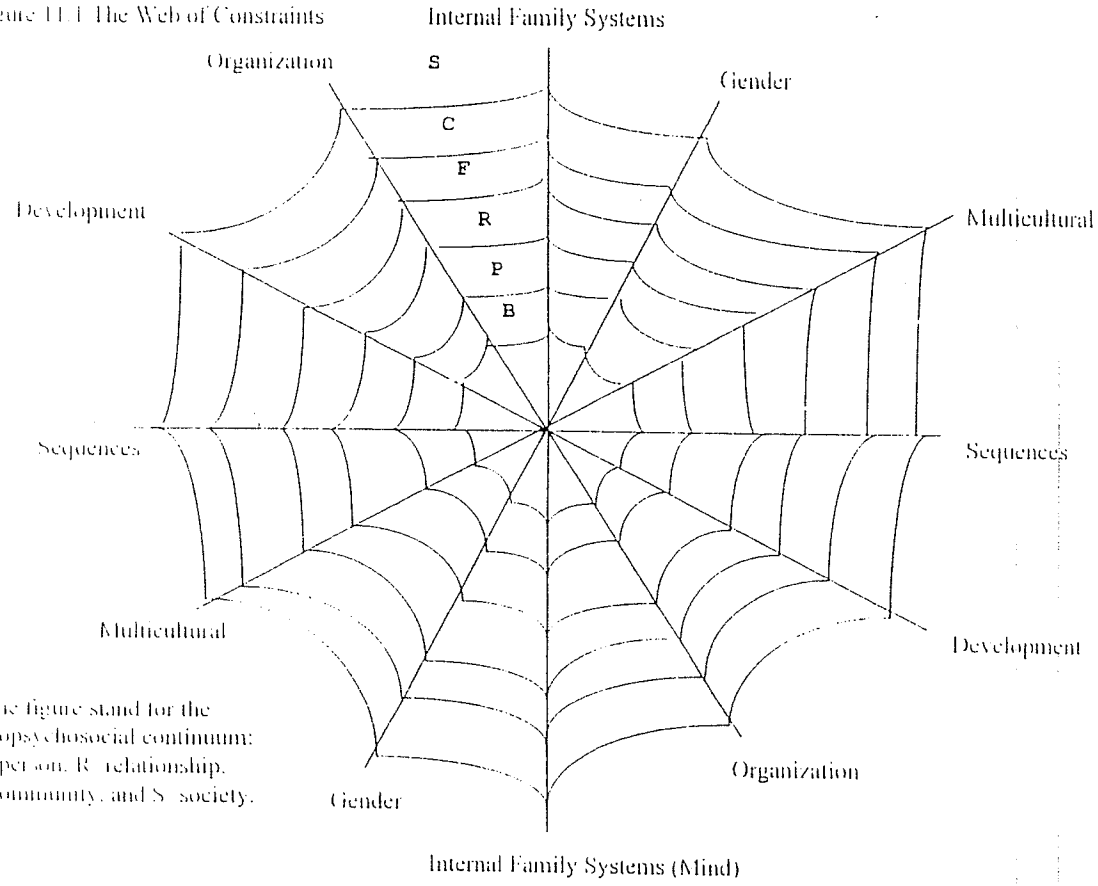
Describe Client's stated comfort level with issues around gender and/or power i.e. hopefulness around change-potential, satisfaction with status quo etc., Describe client and client system's awareness with power differentials within and without the system ?

Mark with an 'x', where the client system is on the continuum of gender balance:

Traditional	Gender-aware	Polarised	In Transition	Balanced

PERSONALIZING THE METAFRAMEWORKS PERSPECTIVE

Figure III.1 The Web of Constraints



The letters in the figure stand for the levels of the biopsychosocial continuum: B biology, P person, R relationship, F family, C community, and S society.

12

FORMULATION OF HYPOTHESES (Therapeutic Reflections on the dominant story lines, reflections on Opening Space for development of new story lines.):
TREATMENT ENTRY QUESTIONNAIRE SCORE: _____

Identify the major internal and external constraints across the different levels of the client system. Identify the dominant story that constrains the change process.

_____
_____
_____
_____
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_____
_____
_____

IDENTIFIED GOALS AT TIME OF ASSESSMENT (attach Tracking Summary and all questionnaires):
DRUG -TAKING CONFIDENCE SCORE(S)_____

Individual Goals

_____
_____
_____

Family Goals

_____
_____
_____

Social System Goals (including helping system)

_____
_____
_____

PROPOSED PLAN OF ACTION-

_____
_____
_____
_____

_____

CLINICIAN'S SIGNATURE

Appendix C:

STUDENT MID-TERM EVALUATION

Social Work Practice Competency Elements – IFG Micro

			E1*	E2*
A.	**FUNCTION WITHIN THE PROFESSIONAL CONTEXT**			
1.	Understand and implement the agency's social work roles.	1 2 3 (4) 5 6 N	3	4
2.	Be accountable to the client system, the agency, and the profession.	1 2 3 4 (5) 6 N	4	5
3.	Demonstrate respectful interpersonal communications with others, taking into account all aspects of diversity.	1 2 3 4 (5) 6 N	4	5
4.	Work productively with colleagues and others.	1 2 3 4 (5) 6 N	4	5
5.	Responsibly uses the organizations policies and procedures	1 2 3 4 (5) 6 N	4	5
B.	**FUNCTION WITHIN AN ORGANIZATIONAL CONTEXT**			
1.	Explain the purpose, policies and function of the organisation.	1 2 3 (4) 5 6 N	3	4
2.	Demonstrate an understanding of the organisational structure and its impact on service delivery	1 2 3 (4) 5 6 N	3	4
3.	Identify and use appropriate communication networks within the organisation.	1 2 3 (4) 5 6 N	3	4
4.	Identify external policies and programs that impact on the agency's service delivery.	1 2 (3) 4 5 6 N	2	4
C.	**ANALYZE A COMMUNITY CONTEXT**			
1.	Demonstrate an understanding of the major characteristics of the client community	1 2 3 (4) 5 6 N	4	5
2.	Use appropriate approaches to identify and discuss needs in the community/client group.	1 2 3 4 (5) 6 N	3	4
3.	Use formal and informal community resources in service delivery when appropriate.	1 2 (3) 4 5 6 N	3	4
4.	Identify structures and processes to advocate for change	1 2 (3) 4 5 6 N	2	4

will check out Methadone Prog (Oak Ridge) Cocaine Prog (CAMH) Jody Hamilton (CAMH)

E1 – expectation at end of MSW Year 1 Practicum.
E2 – expectation at end of MSW Year 2 Practicum.

			E1*	E2*
D.	**IDENTIFY AND ASSESS PROBLEMS**			
1.	Engage or collaborate with all the relevant individuals and groups who are involved in the formulation of the problem.	1 2 3 (4) 5 6 N	4	5
2.	Collect relevant data from primary and/or secondary sources.	1 2 3 (4) 5 6 N	4	5
3.	Define the problem from the perspective of all involved.	1 2 3 (4) 5 6 N	4	5
4.	Understand how issues of oppression or diversity may impact on problem.	1 2 (3) 4 5 6 N	3	5
5.	Interpret observations, based on the data collected, according to some explicit knowledge base.	1 2 3 4 (5) 6 N	3	5
6.	Reformulate the problem as new or revised data are obtained.	1 2 3 (4) 5 6 N	3	5
7.	Organise and present data in a comprehensive and well-written assessment.	1 2 3 4 (5) 6 N	4	5
E.	**PLAN**			
1.	Develop an appropriate intervention plan based on practice model(s).	1 2 3 (4) 5 6 N	3	5
2.	Articulate the desired goals and particular outcomes to be achieved.	1 2 3 (4) 5 6 N	4	5
3.	Identify potential intrapersonal, interpersonal, and structural/institutional barriers to change.	1 2 3 (4) 5 6 N	3	4
4.	Specify the target(s) of change, including persons and/or environmental conditions.	1 2 3 (4) 5 6 N	4	5
5.	Prioritise helpful activities according to importance and feasibility.	1 2 (3) 4 5 6 N	3	4
6.	Identify instrumental resources necessary to solve the problem.	1 2 3 (4) 5 6 N	4	5
7.	Consult with appropriate informal and formal resources.	1 2 3 (4) 5 6 N	4	5
F.	**INTERVENTION/IMPLEMENTATION**			
1.	Carry out intervention(s) based on a body of professional social work knowledge.	1 2 3 (4) 5 6 N	3	5
2.	Able to change or modify practice, as needed, to reflect understanding of diversity and oppression.	1 2 3 (4) 5 6 N	3	4

			E1*	E2*	
3.	Develop a mutual agreement (contract).	1 2 (3) 4 5 6 N	3	5	
4.	Link client, organisation, or community to resources	1 2 3 4 (5) 6 N	4	5	
5.	Advocate, where appropriate, on behalf of the client/organisation to facilitate service delivery.	1 2 3 (4) 5 6 N	3	4	
6.	Use a range of techniques and roles to achieve planned outcomes.	1 2 3 (4) 5 6 N	3	4	
7.	Develop and follow an appropriate timeframe in the implementation process.	1 2 3 (4) 5 N	3	4	
8.	Maintain focus and purpose in the implementation of the plan.	1 2 3 (4) 5 6 N	3	5	
9.	Address intrapersonal, interpersonal, and structural/institutional barriers to change.	(1) (2) 3 4 5 6 N	2	4	More discussion in 2nd term
10.	Elicit feedback from the client system or participants about progress and goal attainment.	1 2 3 (4) 5 6 N	3	5	
11.	Use feedback to renegotiate the contract and/or alter intervention strategies.	1 2 3 (4) 5 6 N	4	5	
12.	Transfer, refer, or terminate when appropriate.	1 2 3 (4) 5 6 N			
G.	USE OF FEEDBACK AND SELF (Review the section on giving and receiving feedback, pgs. 90-92)				
1.	Seek feedback from field educator and colleagues regarding aspects of one's professional practice.	1 2 3 (4) 5 6 N	4	5	
2.	Use feedback from field educators and colleagues in a constructive manner.	1 2 3 (4) 5 6 N	4	5	
3.	Respond appropriately when conflicting information or viewpoints are given.	1 2 3 (4) 5 6 N	4	5	
4.	Respond to field educator request for feedback about his/her instructional style/method so that optimal learning can take place.	1 2 3 4 5 6 (N)	3	4	
5.	Accurately assess one's own level of competence and effectiveness in practice, identifying strengths and learning needs.	1 2 3 (4) 5 6 N	4	5	
6.	Take initiative toward increasing one's level of knowledge, skill, and professional behavior.	1 2 3 (4) 5 6 N	4	5	
7.	Recognize how one's personal values may impact practice in social work practice.	1 2 3 (4) 5 N	3	5	

			E1	E2
8.	Effectively use oneself differentially with clients and colleagues.	1 2 (3) 4 5 6 N	3	4

H. EMPLOY EFFECTIVE COMMUNICATION SKILLS

1.	**WRITTEN SKILLS**			
	1) Writing reflects knowledge of agency purpose	1 2 3 (4) 5 6 N	3	5
	2) Write clear, organised, and succinct reports/ assessments etc.	1 2 3 4 (5) 6 N	3	5
	3) Submit reports/assessments etc. on time.	1 2 3 4 (5) 6 N	5	5
2.	**PRESENTATION SKILLS** (for meetings, case rounds and conferences, supervision with field educator, staff development, community forums, etc.)			
	1) Select the most effective and appropriate method to communicate information while taking into account who is the audience and how the information will be used.	1 2 3 (4) 5 6 N	4	5
	2) Define the purpose of the presentation and the outcome to be achieved.	1 2 3 (4) 5 6 N	4	5
	3) Prioritise information to be delivered.	1 2 3 (4) 5 6 N	4	5
	4) Focus on relevant information.	1 2 3 (4) 5 6 N	3	5
	5) Appropriately pace the presentation.	1 2 3 (4) 5 6 N	3	4
	6) Effectively use non-verbal communication.	1 2 3 (4) 5 6 N	4	5
	7) Effectively use the skill of persuasion.	1 2 (3) 4 5 6 N	3	4
	8) Effectively respond to questions.	1 2 (3) 4 5 6 N	3	4
3.	**VERBAL SKILLS**			
	A. **Clarification/Collaboration**			
	1) Acknowledge and clarify verbal messages accurately.	1 2 3 (4) 5 6 N	4	5
	2) Express self clearly.	1 2 3 (4) 5 6 N	4	5
	3) Describe behaviour in non-judgmental terms.	1 2 3 (4) 5 6 N	4	5
	4) Express warmth non-verbally.	1 2 3 (4) 5 6 N	4	5
	5) Express warmth verbally.	1 2 3 (4) 5 6 N	4	5
	6) Express acceptance verbally.	1 2 3 (4) 5 6 N	4	5
	7) Reflect affective information skilfully.	1 2 3 (4) 5 6N	4	5
	8) Reflect behavioural information skilfully.	1 2 3 (4) 5 6N	4	5
	9) Reflect cognitive information skilfully.	1 2 3 (4) 5 6 N	4	5
	10) Provide support through use of realistic reassurance.	1 2 3 (4) 5 6 N	4	5
	11) Reflect information about positives of the client situation.	1 2 3 (4) 5 6 N	4	5
	12) Take sufficient time; pace the interview appropriately.	1 2 3 (4) 5 6 N	3	5
	13) Clarify initial information about the client's concerns and problems.	1 2 3 (4) 5 6 N	4	5

			E1	E2
14)	Use language appropriate to the clients' level of understanding.	1 2 3 (4) 5 6 N	4	5
15)	Distinguish when to listen and when to talk.	1 2 3 (4) 5 6 N	3	5
B.	**Concreteness**			
1)	Specify important information when it is expressed in vague or general terms.	1 2 3 (4) 5 6 N	4	5
2)	Break complex or overwhelming problems down into manageable parts.	1 (2) 3 4 5 6 N	3	4
C.	**Exploration/Direction**			
1)	Probe for significant information, reactions, sensitivities, and feelings relevant to the situation but not verbalised by the client.	1 2 3 (4) 5 6 N	3	4
2)	Clarify implied or underlying subjective meanings of content communicated.	1 2 3 (4) 5 6 N	3	5
3)	Infer important conflicts or ambivalence from data presented and clarify these.	1 2 3 (4) 5 6 N	3	5
4)	Perceive cues that an area under discussion is threatening or of a sensitive nature.	1 2 3 (4) 5 6 N	4	5
5)	Pace exploration according to the client's readiness and/or the urgency of the situation.	1 2 3 (4) 5 6 N	3	4
D.	**Develop New Perspectives**			
1)	Identify ways in which intrapersonal, interpersonal, or structural processes interfere with client's progress.	1 2 3 (4) 5 6 N	3	5
2)	Draw connections between different aspects of problems (cognitive, behavioural, affective) and how they relate to each other.	1 2 3 (4) 5 6 N	3	5
3)	Offer new ways of understanding the problem.	1 (2) 3 4 5 6 N	3	5
E.	**Deal with Obstacles to Change**			
1)	Give information, or correct misinformation, to help clients/systems develop new perspectives on their problems.	1 2 3 (4) 5 6 N	3	5
2)	Respond effectively to inappropriate client interview behaviour but recognise and respect a diverse range of interview behaviours.	1 2 3 (4) 5 6 N	3	5
3)	Skilfully challenge client intrapersonal, interpersonal, structural barriers behaviour	1 (2) 3 4 5 6 N	3	4

SUMMARY STATEMENT (The field educator statement should include 1) the unique professional and learning characteristics of the student, 2) a description of the student's performance highlighting specific gains and 3) areas for further learning, including plans for how this will achieved. Please add a separate page.)

ASSIGNMENTS (Students write a brief description of assignments, cases, projects or tasks. Confidentiality of clients or client group must be maintained.)

Signature: _____ Date: 08 Jan/03
(Student)

Signature: _____ Date: Dec 20/02
(Field Educator)

Signature: Same Date:
(Educational Co-ordinator)

Signature: _____ Date:
(Faculty/Field Liaison)

Appendix D:

STUDENT FINAL EVALUATION

Social Work Practice Competency Elements – IFG Micro

A. FUNCTION WITHIN THE PROFESSIONAL CONTEXT

1.	Understand and implement the agency's social work roles.	1 2 3 4 (5) N
2.	Take into account all value systems, including one's own, that impinge on the practice situation.	1 2 3 4 (5) N
3.	Demonstrate respectful behaviour for various cultural norms, value systems, ethics and moral beliefs in interaction with colleagues and client groups	1 2 3 4 (5) N
4.	Demonstrate congruence between one's activities and professional values and ethics.	1 2 3 4 (5) N
5.	Work productively with colleagues and other helpers.	1 2 3 4 (5) N
6.	Establish purposeful, culturally competent interpersonal relationships with clients and other professionals.	1 2 3 4 (5) N
7.	Use an awareness of other cultures to accurately assess the verbal and non-verbal interaction between self and others.	1 2 3 (4) 5 N Portugal
8.	Be accountable to the client system, the agency, and the profession.	1 2 3 4 (5) N
9.	Take initiative and responsibility for all aspects of one's professional role, taking into account agency structure and expectations.	1 2 3 4 (5) N
10.	Reacts appropriately when conflicting information or viewpoints are presented.	1 2 3 4 (5) N

B. FUNCTION WITHIN AN ORGANIZATIONAL CONTEXT

1.	Explain the purpose, policy and function of the organisation.	1 2 3 4 (5) N
2.	Articulate and analyse the conditions of eligibility for services in this organisation.	1 2 3 4 (5) N
3.	Demonstrate an understanding of the organizational structure and its impact on service delivery	1 2 3 4 (5) N
4.	Identify and use appropriate communication networks within the organisation.	1 2 3 4 (5) N

5.	Identify external policies and programs that impact on the agency's service delivery.	1 2 3 (4) 5 N

C. FUNCTION WITHIN A COMMUNITY CONTEXT

1.	Demonstrate an understanding of the major characteristics of the client community	1 2 3 4 (5) N
2.	Articulate how identified community characteristics are taken into account in one's own practice.	1 2 3 4 (5) N
3.	Use formal and informal community resources in service delivery when appropriate.	1 2 3 (4) 5 N
4.	Use a culturally appropriate approach to identify and analyse needs in the community/client group.	1 2 3 4 (5) N
5.	Where feasible suggest new resources to meet the client group/community needs.	2 3 4 (5) N
6.	Identify structures and processes for advocating change to meet community/client group needs.	1 2 3 4 (5) N
7.	Where feasible advocate for policy and program change at organisational, community, or government level.	1 2 3 (4) 5 N
8.	Where feasible develop new resources to meet community needs.	1 2 3 (4.5) N

D. IDENTIFY AND ASSESS PROBLEMS

1.	Engage or collaborate with all the relevant individuals and groups who are involved in the formulation of the problem.	1 2 3 4 (5) N
2.	Collect relevant data from primary and/or secondary sources.	1 2 3 4 (5) N
3.	Define the problem from the perspective of all involved.	1 2 3 4 (5) N
4.	Observe the behaviour of others in relation to the context in which it occurs.	1 2 3 4 (5) N
5.	Identify the social, institutional, cultural and ethno-specific contexts within which the problem is presented and how these impact on the problem.	1 2 3 (4) 5 N

5

6. Interpret observations, based on the data collected, according to some explicit knowledge base. 1 2 3 4 5 N

7. Reformulate the problem as new or revised data are obtained. 1 2 3 4 5 N

8. Organise and present data in a comprehensive and well-written assessment. 1 2 3 4 5 N

E. PLAN

1. Analyse the relevance of various practice approaches which may be applicable to the identified practice situation. 1 2 3 4 5 N

2. Develop an appropriate plan for intervention based on practice models. 1 2 3 4 5 N

3. Plan modifications or changes in models, as needed, to incorporate an anti-discriminatory or ethno-specific perspective. 1 2 3 4 5 N

4. Articulate the desired goals and particular outcomes to be achieved. 1 2 3 4 5 N

5. Specify the target(s) of change, including persons and/or environmental conditions. 1 2 3 4 5 N

6. Prioritise the activities of the helping strategy according to importance and feasibility. 1 2 3 4 5 N

7. Identify the resources necessary to solve the problem. 1 2 3 4 5 N

8. Consult with appropriate informal and formal resources. 1 2 3 4 5 N

9. Describe the activities/strategies to be used in practice and articulate a rationale for the strategies selected. 1 2 3 4 5 N

F. INTERVENTION/IMPLEMENTATION

1. Carry out interventions based on a body of professional social work knowledge. 1 2 3 4 5 N

2. Able to change or modify practice, as needed, to incorporate ethno-specific and/or anti-discriminatory perspectives. 1 2 3 4 5 N

3. Develop a mutual agreement (contract) between those involved in the problem definition and resolution.	1 2 3 4 (5) N
4. Locate and co-ordinate formal and informal resources necessary to solve the problem.	1 2 3 4 (5) N
5. Link client, organisation, or community to resources where appropriate.	1 2 3 4 (5) N
6. Advocate on behalf of the client/organisation/ community to facilitate service delivery.	1 2 3 4 (5) N
7. Maintain purposeful interpersonal working relationships which respect diversity (culture, beliefs, sexual orientation, ability, age, gender etc.)	1 2 3 4 (5) N
8. Use oneself differentially with client or colleagues as required.	1 2 3 4 (5) N
9. Responsibly use the organization's policies and procedures.	1 2 3 4 (5) N
10. Use a range of techniques and roles to achieve planned outcomes.	1 2 3 4 (5) N
11. Develop and use an appropriate timeframe in the implementation process.	1 2 3 4 (5) N
12. Encourage independence of participants in decision-making and goal achievement, taking into account individual differences and preferences.	1 2 3 4 (5) N
13. Maintain focus and purpose in the implementation of the plan.	1 2 3 4 (5) N
14. Identify and deal with personal, interpersonal, and structural/institutional barriers to change.	1 2 3 4 (5) N
15. Elicit feedback from the client system or participants about progress and goal attainment.	1 2 3 4 (5) N
16. Use feedback to renegotiate the contract and/or alter intervention strategies.	1 2 3 4 (5) N
17. Transfer, refer, or terminate when appropriate.	1 2 3 4 (5) N
G. EVALUATE INTERVENTION AND UTILIZE FEEDBACK	
1. Seek feedback from field instructor and colleagues regarding aspects of one's professional practice.	1 2 3 (4) (5) N

2. Use feedback from field instructors and colleagues in a constructive manner. 1 2 3 4 (5) N

3. Respond to field instructor request for feedback about his/her instructional style/method so that optimal learning can take place. 1 2 3 4 5 (N)

4. Accurately assess one's own level of competence and effectiveness in practice, identifying strengths and learning needs. 1 2 3 4 (5) N

5. Take initiative toward increasing one's level of knowledge and skill. 1 2 3 4 (5) N

6. Engage in discussion of issues related to diversity in social work practice. 1 2 3 4 (5) N

H. EMPLOY EFFECTIVE COMMUNICATION SKILLS

1. WRITTEN SKILLS
   1) Write clear, organised, and succinct reports/ assessments etc. 1 2 3 4 (5) N
   2) Submit reports/assessments etc. on time. 1 2 3 4 (5) N
   3) Use agency guidelines accurately to write reports/assessments etc. 1 2 3 4 (5) N

2. PRESENTATION SKILLS (for meetings, case rounds and conferences, case review with field instructor, staff development, community forums, etc.)

   1) Select the most effective and appropriate method to communicate information while taking into account who the audience is and how the information will be used. 1 2 3 4 (5) N
   2) Define the purpose of the presentation and the outcome to be achieved. 1 2 3 4 (5) N
   3) Prioritise information to be delivered. 1 2 3 4 (5) N
   4) Focus on relevant information. 1 2 3 4 (5) N
   5) Pace the presentation appropriately. 1 2 3 4 (5) N
   6) Make use of appropriate non-verbal communication. 1 2 3 4 (5) N
   7) Use the skill of persuasion skilfully. 1 2 3 (4) 5 N
   8) Respond to questions effectively (by accurate listening, responding with confidence, clarity, acknowledging validity of questions). 1 2 3 4 (5) N

2)	Draw connections between different aspects of problems (cognitive, behavioural, affective) and how they relate to each other.	1 2 3 4 (5) N
3)	Offer new ways of understanding the problem.	1 2 3 (4) 5 N
E.	**Deal with Obstacles to Change/Challenge**	
1)	Identify ways in which the behaviour of the client or the client system is influencing the problem taking into consideration specific ethno-racial variables.	1 2 3 4 (5) N
2)	Give feedback on above in a manner which conveys respect and understanding.	1 2 3 (4) 5 N
3)	Give information, or correct misinformation, to help clients/systems develop new perspectives on their problems.	1 2 3 (4) 5 N
4)	Respond effectively to inappropriate client behaviour in the interview but recognise and accept a diverse range of interview behaviours.	1 2 3 4 (5) N
5)	Identify and confront a reluctance to recognise viable options.	1 2 3 4 (5) N
6)	Appropriately challenge the client system when required	1 2 3 (4) 5 N
7)	Anticipate external resistance to client system change.	1 2 3 4 (5) N

SUMMARY STATEMENT (The statement should include the unique personal, professional, and learning characteristics of the student, and a description of the student's performance highlighting specific gains and areas for further focus in the next practicum or in professional employment. Please add a separate page.)

ASSIGNMENTS (Include a brief description of assignments, cases, projects or tasks. Students usually complete this section. Confidentiality of clients or client group must be maintained: Do not include names or identifying information.)

Signature: Amber Graham (Student) Date: April 14/03

Signature: [signature] (Field Instructor) Date: April 14/03

Signature: _____ (Educational Co-Ordinator) Date: _____

Signature: _____ (Faculty/Field Liaison) Date: _____

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