



Inside this issue:

2022 INCASE Conference Save the Date	1
A&E's <i>Intervention</i> and Family Dynamics	2-4
Compassion and the Neurobiology of Addiction	4-7
Political Advocacy in the Classroom	7-8
Grading Challenges and the "Trophy Generation"	8-9

[Check Us Out!](#)

The Addiction Educator



A E-Magazine for Addiction Educators
Fall Newsletter 2021



Save the Date!



THE 2022 INCASE CONFERENCE

Teaching the Next Generation of Addiction Professionals

Come join higher education professors, teachers, and other professionals invested in teaching addiction studies! Enjoy panel discussions, workshops, presentations and more!

When: Friday, March 18th, Saturday, March 19th, and Sunday March 20th

Location: The Clarion Hotel at the Philadelphia International Airport (76 Industrial Hwy, Essington, PA 19029)

Current Rates:
Registration - \$185.00

Rooms:
Current rate: \$125.00 (plus tax)
Room rates available until February 18, 2022.
(For conference attendees)

More Information to come!

Register at: www.incase.org

Workshops focusing on teaching in addictions. Topics include developing courses, SBIRT training, textbook roundtable, licensure and accreditation, drug testing, advocacy, and more!

INCASE, founded in 1990, is a professional association of professors, teachers, professionals, and programs specializing in addiction studies, including the use and abuse of alcohol and other drugs, other addictions, counselor preparation, prevention and treatment, research, and public policy



The Use of A&E's *Intervention* Episodes to Illustrate Client and Family

Dynamics

Alan A. Cavaiola, PhD, LCADC

Monmouth University - Department of Professional Counseling



One of the dilemmas that addiction educators often face is how to best illustrate actual cases to students in a realistic manner. It's even better when the case illustration includes both client and family dynamics. While films such as *Requiem for a Dream*, *Flight*, and *Changing Lanes* do provide illustrations of individuals and families grappling with Substance Use Disorders (SUDs), these movies are dramatizations and therefore limited in providing much background information on the individuals portrayed in these films. With that said, for several semesters, I've been requiring students to select a case (or episode) from A&E's reality television series, *Intervention* and then have them write up case summaries similar to how they would write up admission summaries or biopsychosocial assessments. Students are provided with a format on areas to include in their written summaries (see below). Students are also required to present a brief overview of their case in class, followed by class discussion of the individual and family dynamics. The following is an example of the Written Case Summary outline for the written part of the assignment:

- | | | |
|--|---|---|
| <ul style="list-style-type: none"> ◆ Identifying Information: age, gender, educational level, occupation, marital status ◆ Mental Status: appearance, affect, cognitive abilities, behavior, judgment, insight etc. ◆ Presenting Complaint (what is | <ul style="list-style-type: none"> ◆ the main problem the client sought Tx for ◆ History & Development of the Complaint: Why did client seek Tx now? ◆ Family Background Information ◆ Etiology (what etiological model best explains your client's diagnoses?) ◆ History of Prior Treatment (if any) ◆ Previous emotional coping history ◆ Medical History/Medical Complaints/Medical Problems ◆ Complicating factors (e.g. history of trauma, loss, abandonment etc) ◆ Support Systems/Other resources (who is supportive of client's recovery who is not) How would you involve significant others in your client's treatment? Any family members you would chose not to involve or refer for their own individual treatment? ◆ Client's strengths and weaknesses ◆ Psychodynamics and core issues ◆ Diagnostic Impression: DSM-5 Include both Principal and Provisional Dx ◆ Treatment Plan: including Problems, Goals, Objectives, Methods. ◆ Also identify what level of care you'd recommend post- | <ul style="list-style-type: none"> ◆ residential ◆ What relapse prevention issues will you need to address with this client? ◆ Ethical Considerations (or potential ethical dilemmas) ◆ Transference and Countertransference issues (what would you anticipate if you were treating this client?) How would you feel about treating this client? Is this a client you feel you could work effectively with. Explain why or why not. ◆ Other Recommendations/ Referrals (are specialized services needed?) ◆ Attach two journal articles which pertain to your case and provide summaries of those two articles. Specify how the article relates to your case. |
|--|---|---|

(Continued on page 3).

Depending on whether you are teaching an undergraduate or graduate course, determines how much of the outline you might require students to cover in their written summary and class presentation. For example, having students include two journal article summaries that are relevant to that particular case is helpful in that it helps students to make connections between research and practice. However, this part of the assignment may be more appropriate for graduate level courses. If there are time constraints for class presentations, I usually ask that student provide an overview of the individual they are presenting on, including presenting complaint, background history, SUD progression information, family dynamics and what areas they, as counselors would need to address if they were developing a relapse prevention plan with this individual. *Intervention* episodes can be accessed through A&E's website and some episodes also are available on Netflix, Hulu and YouTube.

There are several other advantages and limitations to using this type of case assignment. For example, being able to write a professionally worded case summary is an essential skill for



Scene from Season 19 Episode 3 of
A&E's *Intervention*

addiction counselors. This assignment gives students practice in writing effective case summaries in which they will need to synthesize a great deal of information. Second, this assignment also allows students to develop critical thinking especially when considering the myriad of possible etiological (or causal) influences that might help to explain why this person began using substances and how and why he or she may have developed a substance use disorder. Third, it provides students with an opportunity to think about how they might develop a treatment plan for this particular client once he or she completes residential or inpatient treatment. For example, students would be asked to explore how they might help this client address relapse prevention strategies? Also, in instances where the client lacks family support, would he or she benefit from living in a halfway house or sober living facility? Students are also asked to consider what other referrals or recommendations would be helpful to this individual if he or she were their client. Many of the individuals included in the *A&E Intervention* series, often lack employable skills, therefore would he or she benefit from being referred to State employment or vocational rehabilitation services? Finally, another main advantage mentioned earlier, i.e. these are real individuals not actors portraying someone with a substance use disorder. Once your students begin their practicum and internships, they will be faced with clients who will present with problems and issues similar to the individuals in the series.

There are also disadvantages or limitations to this type of case assignment. First, it's important to provide trigger warnings to students prior to their watching these episodes. Some episodes contain explicit scenes of client's injecting or using substances. The issue of actual substance use in the episodes has been an ethical concern among many addiction counselors who voice apprehensions and uneasiness about possible overdose emergencies or deaths. Others voice concern about the possibility of modeling substance use for some viewers. Some episodes contain graphic descriptions of sexual assault and sexual abuse which may also be disturbing for some students. Therefore, it's also important to provide trigger warnings that "some descriptions may be disturbing for some viewers." This type of warning is also used at the beginning of each *Intervention* episode.

There are issues with how *Intervention* episodes are filmed. For example, most individuals are told they are participating in a "documentary about drug abuse" which in and of itself is deceptive. This is problematic because as addiction educators we usually go to great lengths to impress on our students the importance of voluntary informed consent that is free of any deceptions. Informed consent is essential to providing the "rules" of counseling and treatment in a fully transparent manner. This is also true when conducting research where informed consent is required.

(Continued on page 4).

Transparency is essential to forming a safe, therapeutic bond and the use of deception is unethical as well as immoral. The *Intervention* series also raises other important ethical issues that can result in very lively class discussion. For example, in one episode involving a woman living in Florida, the intervention counselor told the family that if their loved one refused to go to an inpatient program, that they could invoke the Marchman Act, which essentially pertains to civil commitment of individuals with SUDs who are unable to make rational, informed decisions on their own behalf (similar to mental health civil commitment laws for individuals who present as being a danger to self or others) (e.g. Cavaiola & Dolan, 2016).

Another criticism of *Intervention* is that some feel there is an overrepresentation of cases involving trauma, especially sexual abuse/assault trauma (see Kosovski & Smith, 2011). While there are several research studies that indicate high correlations between sexual abuse/assault and SUDs, this naturally doesn't occur with all clients. Also, there appears to be an over-representation of cases involving co-occurring disorders, although during active substance use it's difficult to accurately diagnose a co-occurring disorder.

Although there are other advantages and limitations to using this type of class assignment, I've tried to cover the basics of how you might utilize assignment along with the advantages and limitations. I encourage you to read the Kosovski and Smith article referenced below. It's up to your discretion as addiction educators as to whether this type of assignment is appropriate for your students.

Cavaiola, A. & Dolan, D. (2016). Considerations in civil commitment of individuals with substance use disorders. *Substance Abuse, 37(1)*, 181-187. <http://dx.doi.org/10.1080/08897077.2015.1029207>

Kosovski, J. R., & Smith, D. C. (2011). Everybody hurts: Addiction, drama and the family in the reality television show *Intervention*. *Substance Use & Misuse, 46*, 852-858. doi: 10.3109/10826084.2011.570610

How Compassion can Make Understanding the Neurobiology of Addiction

Easier for Students

*John Paulson ACSW, LCSW, MAC, LCAC, NCSE, CCS, HS-BCP
Assistant Professor, Social Work, University of Southern Indiana*

For many addiction studies students, topics like science, biology, and chemistry are their kryptonite. Learning about and discussing the neurobiology of addiction can seem daunting and inaccessible. Remembering the scientific, unfamiliar names of neurotransmitters, brain structures and regions, and understanding their functions seems about as likely to them as being able to leap tall buildings in a single bound. Regardless of this challenge,

understanding the neurobiology of addiction continues to be increasingly important to addiction professionals in training. Our expanding scientific knowledge base for the science of addiction continues to only enrich our understanding of addiction and recovery. It also enhances the ability of the profession and professionals to see how and why certain interventions work and to be able to explore and develop new interventions based on those understandings.

Putting Neurobiology in Context

I try to make learning about the neurobiology of addiction less intimidating by ensuring my students that I am not going to expect them to memorize the names of all the brain regions and neurotransmitters we discuss, because to be honest I often cannot remember them off the top of my head either.

(Continued on page 5)

I would do poorly on Neurobiology Jeopardy. Instead of rote memorization when introducing these concepts, I try to provide students with working models that provide a blueprint for their comprehension. That way even if they cannot remember certain terms, they can still remember functional principles. To explain these principles, I use lots of analogies. I have borrowed this knowledge from professors and presenters from whom I have had the honor of learning. I am confident that I use many of the same ones as everyone else: comparing regions of the brain and their localized functions to a factory with its different departments that must coordinate with each other to get the job done, or to an orchestra with its different sections that have to coordinate to create the symphony. Additionally, in discussing the regions of the brain, I talk about how --in order to coordinate and collaborate-- they must be able to communicate, and that this is the role of the chemical messengers that are neurotransmitters, that neurotransmitters have specialized receptor sites, similar to a lock and key that opens a door, and how some drugs are an exact key (agonist), how some do not quite fit exactly but do so well enough to still get the door open (partial agonist), and how some clog the lock and prevent the key from unlocking the door (antagonist).

Systems and Working Models as Maps

While each of these individual analogies are helpful, I have also increasingly found it beneficial to use broader systems to organize and illustrate related and connected operations. The systems then become general categories with which they

can associate the names of hormones, neurotransmitters, and brain regions, making them easier to recall and understand. If I talk about separate aspects of the sympathetic nervous system's emergency response system that is one thing, but when I place it in the broader understanding of connections between aspects of the system, its mechanism, and how it appears and effects behavior, I find that students connect to and understand the material better because they get a broader, general picture. An important aspect of this also includes helping students to better see and understand the function and purpose of these systems and how when these natural and necessary systems end up working in certain ways at certain times their intended function(s) unfortunately and unintentionally begin working against people. When I explain the systems involved in fear, panic, and anxiety and illustrate how these can begin to go sideways with anxiety disorders, students say that they have a clearer sense of what is going on with those symptoms and reactions.

When discussing the neurobiology of addiction, the most obvious and prominent system to discuss is the reward pathway, the primary (but not exclusive) biological location and mechanism of addiction in the brain. This area, located in the meso-limbic system and consisting of a connection between the ventral tegmental area, the nucleus accumbens, and the prefrontal cortex is commonly referred to as the pleasure or reward center of the brain. While not entirely inaccurate, I have now heard several researchers who have suggested that it is probably better understood as a wanting system, rather than a

pleasure system, that orients organisms towards priorities, motivates them to seek those out, and when they do reinforces those actions. This focus goes beyond a mere emphasis on pleasure and the removal or minimizing of discomfort (which certainly play a prominent role) and highlights the way this system is connected to an orientation towards priorities and seeking those out, even when doing so is no longer as enjoyable or as pleasurable as they once were and causes harmful consequences.

Analogies to Explain the Addiction System

In mapping this addiction system and explaining its functional context, I start by emphasizing its location. The term meso denotes middle, meaning that it is situated in the middle of the limbic system. While I'm sure my overly reductionist explanation would likely cause any reputable neuroscientists to become nauseous and develop a nervous twitch on the left side of their face, I stipulate that the general function of the limbic system is the regulation of emotions and drives. A simplistic way of describing drives would be priorities towards which organisms are generally oriented because they support the survival and success of the specific organism and the species generally. While the relative weight of these drives might not be identical for all individuals, meaning that they are experienced on a continuum and therefore each might be stronger for some than others, they are still commonly shared due to the role they play in promoting survival and success.

(Continued on page 6).

While not an exhaustive list, I identify several prominent drives that support individual and group survival and success, including thirst, hunger, reproduction, seeking shelter, hygiene/grooming, parenting, and social affiliation. The location of the meso-limbic system and its role in encouraging behavior via the anti-hero that is the neurotransmitter dopamine orient the organism towards those drives, motivate it to act on those, and reinforces it for doing so. When we seek out and engage in these priorities the meso-limbic system is set up to applaud and praise that action, as if to say, “hey, go towards that,” and when we do it gives us a chemical message saying, “Good job, by doing that you kept us alive and promoted our success. Do that again in the future.”

Unfortunately, this is where a natural, necessary, and beneficial process get hijacked. While eating the food to stay alive or caring for a toddler provide a “golf clap” of reinforcement, the drugs and processes of addiction, due to the way they effect dopamine and the meso-limbic system, end up being much louder than a golf clap, more like the clapping, cheering, and yelling at a loud rock concert. I tell them, “think KISS in full makeup, reunion tour.” Then when there is a room full of blank stares with only one student wearing a retro rock t-shirt going “yes!” I invite them to substitute their favorite live performer. And who doesn’t want to go back a thrilling concert like that and follow the band on tour?

A scientific description of addiction I have heard that I find useful is that addictions become pseudo-drives, pseudo being the scientific term for false. So, one way of understanding

addiction is as a false drive. Addiction has hijacked the wanting, seeking center and reoriented its priorities, placing maintaining the addiction at the top of the list over those other commitments necessary for survival and success.

Compassionately Applying Principles to Practice

After then making these points, I then emphasize how these principles help us as addiction practitioners to understand the confusing, unreasonable, and hurtful choices and behaviors of individuals struggling with active use. “Why are they not taking care of themselves? They’re not keeping themselves clean or eating right, if at all. They don’t seem to be concerned about their health or safety. They seem not to care if they have a safe place to stay, and they keep putting themselves in dangerous situations. They are isolating more and don’t seem to care as much about to relationships with friends or family. How can someone leave their small children home alone in dangerous, filthy conditions for days to go and get high?” Individuals engaged in active use neglect these commitments because maintaining the addiction has been moved to the top of the priority list for the wanting system. When we understand the mechanism and functioning of the system, these behaviors are more understandable. I emphasize that this increased understandability is not in any way condoning or excusing these choices and behaviors but is a way of making clearer sense of dynamics that are very confusing. When I present this working model to students, in addition to having a better understanding the underlying processes, they frequently say that it also helps them to be less judgmental

and more patient and compassionate. Operating from a space of decreased judgment and increased patience, perspective and compassion supports establishing stronger and more productive working alliances in therapy. Having this broader perspective also helps them to engage individuals and relate and respond to them more effectively. I’ve been encouraged by and appreciative of how students say this helps them to not only better relate to and understand the material, but also when providing addiction services to individuals to remember and reconnect with the dignity and humanity of the issues and the people experiencing them.

This does not surprise me because it is the same response that I get from clients in treatment. As part of providing psychoeducation on their condition when I discuss simplified explanations of systems, whether that is the anxiety/panic system or the way that addiction hijacks the reward pathway and why, they respond to it in a meaningful way. It’s not that that the explanations make their experience “more real”, but they say that it helps them to have a clearer understanding of what is happening. It changes the way they relate to their experiences. While still seeing their current reactions as not necessarily helpful, healthy, or productive, they can see the “understandability” of them. This helps them to be more patient and compassionate with themselves and their experiences and provides a context for developing new skills and strategies.

(Continued on page 7).

I emphasize this point to students as well, that the working models we develop to explain and simplify complex dynamics are important for two reasons. First, they allow us as practitioners to see and understand phenomena in a way that hopefully helps us to address them more skillfully. Second, it provides us with a means for informing and empowering the individuals that we have the honor of serving, helping them to see their difficulties and themselves with more clarity and grace. and how that creates a better space for new possibilities and opportunities. I emphasize to students the

importance of connecting their education to practice, that our knowledge should be functional, and that it is important for us to find ways to translate that in a meaningful way that allows us to better serve and educate our clients and helps them to recover.

Bio

John Paulson is an assistant professor of social work at the University of Indiana in Evansville Indiana where he teaches in both the undergraduate and graduate social work programs, including teaching and developing addiction-specific courses to expand

the program's offerings. His practice background is as a clinical social worker and clinical addiction counselor providing treatment services to individuals with various psychiatric and substance use disorders. He can be contacted at ajpaulson@usi.edu

Political Advocacy in the Classroom

Edward Reading, PhD, LCADC

Matt Talbot Institute, Ocean County College, Toms River, New Jersey

Dr. Ed Reading teaches in the addiction studies program at Ocean County College (NJ). He initiated the following classroom activity during the COVID "on-line teaching period" in one of his addiction courses. It could be used as part of a course in any of the following topical areas.

The Process:

Public officials have a strong desire to communicate with people who they represent. They also want to be able to explain to constituents, their policy positions and the bills that they sponsor. In this case, our US Representative (Andrew Kim), agreed to meet with the class, via Zoom for an hour to discuss issues related to addictions. The Zoom meeting was arranged by the congressman's office staff. One only has to make the request through the staff in the local congressional office. The most

difficult part was finding a time that the congressman was available when the class would be in session.

Once the date is established, there is a need to provide students with some of the current public policy issues and, most importantly, the congressman's position and activities on these policies. The week before the zoom session, the instructor leads a thorough discussion with the class to help students prepare their questions and comments to the congressman. It is most important to keep the tone "non-confrontative" and educational, using current science about addiction topics. Any challenge to the congressman's position needs to be based in educational information. Good class preparation is essential to the success of the experience.

After the session is complete, and the

congressman departs, a debriefing discussion can take place. I like the idea of doing this while the "staffer" is still present. He/she will hear a first hand critique of the session, letting the congressman know how they came off to the class, and how the class' input might be brought into future policy development. My post assessment is that students confronted some of the congressman's positions in a way that made him "really think" about the issue being addressed.

(Continued on page 8).

Students seemed surprised that they could speak directly to a politician and be heard—having input into the political process of policy making. In the follow-up session, students can be given email addresses to the congressional, senatorial offices, as well as state assembly members and senators. Follow-up courses can include the possibility of “extra credit” for doing advocacy.

Students are told that they need to make at least one interaction during the session, as part of their grade. I considered this session as something similar to a quiz for the course. Failure to be an active participant would mean a lower grade.

Possible Classroom Goals:

- ◆ To educate students about the concept of advocacy with elected civil servants.
- ◆ To educate (not lobby) elected officials about issues related to substance abuse and addictions.
- ◆ To connect your college to elected officials creating a networking opportunity between the college and

potential governmental funding sources

- ◆ To create an alliance where critical thinking is an integral part of challenging public policy makers, and challenging false narratives relating to prevention, treatment and research about addictions.

Benefits to Students and Elected Officials

1. Community Education: (of elected officials) regarding the need for substance use disorder prevention and treatment
2. Public Policy: (students became aware of how public policy is influenced by congressional leaders and the importance of these leaders having input from their constituents)
3. Ethics: (concept of the counselors’ ethical responsibility to effect change in public policy, and the development of the professional responsibility to do advocacy for patients and the profession.

A Final Reminder:

Students need to be made aware that advocacy is not a guarantee of successful intervention. Political figures are not simply influenced by constituent opinions. One of the ways I did this was by showing the class where to find where the political leaders get their financial support (e.g. lobby groups) and how much they get. When I did this, it was shortly before NJ would be voting on legalized recreational marijuana use. I showed them how much our US and State politicians accepted from the “Big Pot Industry”.

If any faculty want to discuss this with me, for additional ideas, please contact me at my email address PapaDocNJ@aol.com
Edward Reading, Ph.D., LCADC
Ocean County College, Toms River,
New Jersey

Grading Challenges in the Age of the “Trophy Generation”

Alan A. Cavaola, PhD, LCADC

Monmouth University - Department of Professional Counseling

A friend of mine had recently retired as a biology professor from a state university after 30 years of teaching undergraduate and graduate classes. I happened to ask him if there was anything he missed about teaching and was taken aback when he emphatically replied, “I’ll tell you one thing I DON’T miss...annoying students.” He went on to explain

how, in recent years grading had gone from being a feedback opportunity to a near-litigious debating competition, whereby, he found himself needing to justify grades to incredulous students, who were in total disbelief that they had not done as well as they expected. I shared that over my 25 years of teaching, I too had run into instances where students expressed

disappointment over grades they received that often resulted in time-consuming meetings to provide detailed feedback.

(Continued on page 9).

Often these meetings would end in students begging for opportunities to do extra credit in order to boost their grade. For years, I've had to include statements in my syllabi that if extra credit is offered, it's offered to ALL students in the class, not to a select few. And that under no circumstances is extra credit offered once final grades are posted.

I think one of the reasons why this type of grade-badgering is so prevalent is that our current batch of students come from what some describe as the "trophy generation." The trophy generation refers to anyone born after 1981 whereby every child on sports teams would receive a trophy. If you showed up, you received a trophy. The elementary school equivalent was that if you put your name on a test or quiz, you'd still get a gold star. In a 2017 blog, the author makes the point that receiving a trophy for participation doesn't make one unfit for work or for an undergrad or graduate education (Millennials: The trophy generation, 2017). That's true, however, the trophy-for-all approach may have resulted in a student's being unable to honestly self-evaluate their academic performance. Here's a case in point. Since COVID, my university switched to online synchronous course offerings and online, open-book exams. My addiction counseling exams usually consist of case examples in which students are expected to provide a diagnosis and/or treatment plan. On one exam, students were given a case and were asked to come up with a diagnosis and treatment plan. One particular student had totally missed the Alcohol Use Disorder diagnosis, while nearly all the other students in the class had come up with the correct diagnosis. Yet, this student felt she

should have been given full credit for her answer because she responded to other parts of the question correctly. I tried pointing out to her that in a clinical setting, misdiagnosis could be grounds for a malpractice suit. She was not convinced and felt that I was unfair in taking points off for her incomplete answer. I offered her the option of appealing her case to our Department Chair and then to the Dean. She decided not to pursue these options, in spite of my reassuring her that her appealing her grade would not have negative repercussions for her.

The aforementioned blog, (Millennials: the trophy generation, 2017) mentions that instead of being based in a sense of entitlement, millennials are looking for "honest, direct and concrete" feedback. I wish that were true. You may have had meetings with students that go something like this... the student requests to go over his or her grade so that they can better prepare for future exams and in order to gain a better understanding of the material. In this instance, the student is genuinely looking for "honest, direct and concrete feedback" which I'm all-too-willing and available to provide. However, these meetings sometime devolve into a grade badgering, or a "please can't you give me extra credit?" type of meeting.

There are some approaches that I've found helpful to avoid students becoming disheartened or demoralized by a not-so-stellar grade, after all, our goal is not to demoralize students, however, as addiction educators, we do have a responsibility to provide honest, direct and concrete feedback, right?

1) Provide students with a scoring rubric for any written or classroom projects and when possible provide a break down of how points are assigned. For example, if a project requires both a written submission and a class presentation and/or role play, make certain you describe how you assign point totals for each aspect of the project and what you're looking for.

2) When possible, make certain your grading is objective not subjective. For example, if you're asking students to provide their opinions regarding something like drug legalization, your grading would have to be based on how he or she justifies that opinion. So, while the opinion is subjective, the justification of the opinion is more objective.

3) When providing feedback, we want the feedback to be constructive therefore, I usually begin by providing positive feedback on items that reflect an understanding of the material before providing feedback on items that had fallen short.

4) Better yet, save yourself the aggravation and give your entire class an A (i.e., everyone gets a trophy!) However, at some point, students will be taking licensing exams and are we really doing them an injustice (and their future clients) by not requiring that they actually learn the material? A faculty colleague used to include this statement in all of his course syllabi: Remember: you might not get the grade you want, but you will get the grade you deserve!

<https://learninginbloom.com/millennials-trophy-generation/>