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## President's Message

The time has finally arrived for me to write my last president's message. It is bitter-sweet, in that I have thoroughly enjoyed my time as president and will miss that role in my life. However, I am excited about the next adventures that will be coming my way. I am proud of ALMHCA and its board. It has truly been an honor to work with such gifted individuals.

I am also proud that the board is strong and I can step down with absolutely no worries. I know that ALMHCA is in great hands and will continue to move forward in helping mental health professionals stay connected and informed. The slate of officers the board has nominated is outstanding. I have had the honor of working with each one and have come to appreciate their strengths

and their dedication to the profession as well as ALMHCA. Please take the time to read the biographical information on each nominee and let us know what you think by voting.

I wanted to say a special thank you and “way to go” to Anita Paprota and her committee for putting together an outstanding Winter Workshop. The workshop was a success in that it was informative and enjoyable. Another special thanks goes to our own Jeannie Ingram for opening up her workplace, the YWCA of Birmingham, to host the event.

On a final note, it is an honor to pass the torch to Anita. She is an outstanding person, an outstanding professional and will make an outstanding president. She has a strong desire to help the members of ALMHCA stay informed and connected to

the profession, as well as see the membership grow. I look forward to serving as her past president. I would like to thank the board members for being encouraging, supportive, dedicated, hard working, and FUN to be around.

Adam Calvert, EdS, LPC

### Inside this issue:

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## Review of the 2002 Winter Workshop

*Winter Workshop* is back on the map!!! I'm certain that everyone who attended "Narrative Therapy" on Saturday 2/23/02 would agree that it was a great day!!!

Our speaker, Dr. Cathleen Barratt-Kruse (a counselor educator from Odessa, TX) did a wonderful job of presenting on one of her favorite topics. The program was quite informative with thorough handouts, the delivery process was very experiential, and everyone managed to learn something and have some FUN! Evaluations at the end of the day indicated that both new and seasoned therapists were impressed with this technique of "embracing the gift of the client's story". Our audience was diverse, including psychologists and social workers along with LPCs. It was my privilege after the close of the workshop to have dinner with Cathleen, who also felt that the workshop went very well, and who extends her thanks to ALMHCA for both inviting her and for welcoming her to "the magic city".

Putting any conference together really does "take a village", and I want to thank the following people for helping to make Winter Workshop 2002 a success:

- Judith Harrington, for developing the brochure, helping with CEUs, and serving as "Speaker Liaison"
- Gary Williams, for providing cost-effective printing and mailing to counselors, social workers and psychologists, for helping with CEUs, and for assisting with the participant packets
- Adam Calvert, for handling ALL of the food and beverages for the day including purchasing, transporting, setting up, serving, and cleaning up
- Chi Sigma Iota—ZETA Chapter volunteers Leneda Burton and Keith Dirl, for manning the registration table and being available throughout the day to take care of anything and everything that had to be done
- Jeannie Ingram and the YWCA for providing and setting up a beautiful space for the workshop
- Carey McRae, for efficiently and cheerfully handling all of the finances
- Conference Attendees, for supporting ALMHCA

A log of the activities associated with the conference planning process, along with ideas we generated along the way, has been prepared for the next President-Elect.

By Anita Paprota, LPC



## Reflections on a Job Well Done

I met Adam some years ago and learned of his professional work and his volunteer work. Without really knowing him, I asked him if he would consider attending an ALMHCA meeting...that we could really use some help. I thought perhaps his earlier degree in public relations and marketing would come in handy. That was association-speak for "would you become ALMHCA's Newsletter Editor?"

Adam came to a meeting at the old Fifth Quarter, when we were meeting regularly there. I remember on the way home, he said something like "Wow, I didn't realize it, but this association is for real!!!!" He was impressed with our healthy budget and all the initiatives that the organization was carrying.

Since that first sign of astonishment, I have been in awe of the many things that Adam has accomplished! He finished his Ed.S. degree, became licensed, changed jobs, had a baby, bought a fixer-upper, served as President of Chi Sigma Iota, and then ALMCHA, and then again as an encore!

Perhaps one of the most impressive things Adam has done is to do all of the above with gentle and facilitative leadership. To those who have had the privilege of working with him, your tastebuds never forget his wonderful lunches that he himself prepared for our board meetings--convenings that nourished our profession. You'll not forget his steady requests for help and his responsiveness to others' ideas--serving congruently with our profession's belief in help-seeking. You'll recall his patience with the sometimes impatient demands of organizational behavior. And you'll remember his advocacy with which he served ALMHCA, calling each member to find their voice.

Thanks so much Adam! I take pride in having been a part of recruiting you to ALMCHA, and even more satisfaction in enjoying the fruits of your labors, as a mental health counselor and member of your Division. You've done many great things for ALMHCA and for all who know you.

By Judith Harrington, Ph.D., LPC

## Treasurer's Report

For the past two years, I have had the pleasure of serving as Treasurer for ALMHCA. As one of my last tasks as Treasurer, the *Viewpoint* editor requested that I write a short note to the membership outlining the current state of the organization from a financial perspective.

At the time of this newsletter, we have a current balance of \$4,854.61. During any calendar year, ALMHCA's two largest financial commitments are the Winter Workshop (usually a one-day or two-day seminar presented sometime in February on a topic of general importance to the counseling community) and the *Viewpoint* newsletter published quarterly. The 2002 Winter Workshop, a day-long seminar on Narrative Therapy offered at the YWCA in Birmingham, was a tremendous success. Expenses for the Winter Workshop were slightly in excess of \$2,000 and total receipts were \$2,260.00. Through the hard work of Anita Paprota and the Winter Workshop committee that she established, we were able to offer an excellent counseling seminar with a renowned speaker without exhausting ALMHCA's existing resources.

The newsletter budget has shrunk dramatically over the past two years due to Gary Williams' suggestion to use the printing and mailing services of Workshops, Inc. The purpose of Workshops is to provide vocational training, sheltered employment, and other support services to people with disabilities. Workshops is able to print and mail our quarterly newsletter to all members at literally half the cost of our previous printer. A normal *Viewpoint* edition now costs approximately \$250 to print and \$100 to mail to our membership. This is a small cost, especially when one realizes that this is the newsletter that has won the ALCA publications award for the previous four years.

Through the hard work of the ALMHCA officers, I am happy to report that the financial status of this organization is very stable. We certainly have the resources to provide needed services to our membership.

By Carey McRae, LPC

## How To Conduct A Substance Screening and Assessment

In a preceding publication of *Viewpoint*, the importance of conducting accurate substance abuse assessments was presented. This article is a follow-up to that piece describes general methods for screening and assessing substance abuse behaviors. It is important to point out that becoming more familiar with the signs of substance abuse does not make one a professional substance abuse diagnostician or counselor for which several years of formal education and supervised experience are needed. Instead, the intent of this article is to help the reader better recognize potential substance abuse problems in their client populations.

### Know the Signs

After reading the previous article on need for substance abuse assessment skills, readers may find themselves saying, "Okay, I agree. It is important for all counselors to know how to assess their clients regarding substance abuse. But, how is this done? What sorts of things should be looked for? Are there behaviors or attitudes that might indicate that a person has a substance abuse problem?"

The following discussion will help answer these questions. That is to say, we will spend time in this section becoming familiar the symptoms or criteria that indicate substance abuse disorders may be present. This is akin to the process a doctor might go through if you arrived sick in his or her office. The doctor asks you to describe your symptoms. "I think I have a cold because I have a runny nose," you sniff.

"Ah," says the doctor. "A runny nose could mean that you have an allergy - or you may have just snorted a line of cocaine. Do you have other symptoms?"

"Well, yes. I have aching joints and a fever."

"Ah ha," says the doctor. "Runny nose, aching joints, and a fever! Your symptoms meet the criteria for an influenza diagnosis. Go home, drink lots of water, get lots of rest, and don't forget your co-pay."

Similar to the doctor, counselors consider a list of symptoms when assessing whether or not an individual might have a substance abuse disorder. But what are the criteria for substance disorders and where can you find a copy of the list?

### DSM IV-TR

Criteria for all psychological disorders are found in the Diagnostic and Statistical Manual of Mental Disorders IV-TR, including substance abuse and substance dependence. As state previously, becoming familiar with these criteria does not mean that the counselor has become a diagnostician. Training counseling professionals to be diagnostic experts requires hundreds of hours of study as well as supervised experience.

However, if counselors are to conduct accurate assessments of substance abuse disorders, if they are to recognize that a client's maladaptive behaviors are due to substance abuse, they need to be familiar with the documented symptoms. For example, repeated substance abuse that results in a failure to fulfill work or school obligations is a clear sign that a client's substance use has become problematic. For instance, a client tells the counselor that he "partied so hard" last week he missed a major exam at school, or another client reports she's on probation for tardiness at work – she just "can't get out of bed after when spending weekends with her drinking buddies." Another sign is a client's use of psychoactive drugs in situations which are physically hazardous, e.g., driving while intoxicated, or smoking pot just prior to snowboarding down a steep slope.

### Collecting the Information

After reviewing the DSM IV-TR criteria a few times, counselors usually find they are reasonably familiar with the signs of substance abuse and substance dependence to recognize them in counseling situations. As they become better acquainted with the signs of substance abuse, counselors move to the next stage of an assessment – information gathering. For example, counselors in this stage usually ask, "What do I say to get this information? What questions do I ask to determine if my client's behaviors fit any of these symptoms/criteria?" The three most common methods for guiding counselor questions related to substance abuse are screening, use of objective assessment instruments and clinical interviews

### Screening for Substance Abuse

Considering the prevalence of substance abuse disorders among those that present for counseling, it is fitting that all counselors screen their clients for problems related to substance abuse. However, there are situations when screenings for substance abuse are a necessity rather than an elective.

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For example, many times client presenting problems appear to be directly related to psychoactive drug misuse; thus, the counselor is obliged to *rule out* whether substance abuse is actually attributing to the problem disorder. For example, a client presents with symptoms of depression, including lethargy, hopelessness, and excessive grief. Although a non-recreational drug using client may exhibit these symptoms, substance abusers who have lost a job, a marriage, or spent their life savings on cocaine would exhibit the same or very similar symptoms. Counselors familiar with these situations know screenings are the preferred method for making determination about possible drug misuse in the shortest amount of time.

There are several brief screening instruments and procedures available to contemporary counselors, but by far the most widely used is the *CAGE*. The *CAGE* is short and simple to administer. It is a mnemonic in which the letters of the acronym *CAGE* help to prompt helping professionals when questioning individuals about alcohol or drug use. For example, “C” reminds counselors to ask clients if they have tried but been unable to “cut down” on their drug use. The letter “A” prompts the counselor to ask questions to determine if the client becomes *angry* when others question his/her drug use. The character “G” reminds counselors to ask whether the client has experienced feelings of guilt as a result of saying or doing things they did not intend to when under the influence. Finally, “E” signifies *eye-opener* and counselors ask if the client has ever used drugs to recover from hangovers or withdrawal symptoms (e.g., drank a Bloody Mary [tomato juice and vodka] for breakfast following a night of heavy drinking). According to experts, clients who reply, “yes” to two or more questions probably have a substance abuse disorder.

### Objective Assessments

In addition to brief instruments like the *CAGE*, a number of pencil and paper measurements have been created to assess the presence and the severity of substance abuse disorders. Some focus primarily on single drugs like alcohol or cocaine while others assess behaviors associated with multiple drugs. Examples of commonly used instruments include the *Michigan Alcohol Screening Test* (MAST), the *Drug Abuse Screening Test* (DAST), and the *Alcohol Use Inventory* (AUI). When reviewing potential substance abuse assessments, counselors often become confused about which assessment instrument to use. Others have found the following guidelines helpful when selecting a suitable substance abuse assessment instrument.

- **Choose a measure that is valid and reliable.**
- **Choose a measure that aligns with the client’s drug of choice.**  
For example, assessment questions related to alcohol use are often ineffective when determining cocaine use (e.g., do you ever experience blackouts?).
- **Choose a measure that is short, simple, and easy to interpret.**  
Many substance abusing and dependent individuals have impaired brain functioning and are often unable to maintain focus for long periods of time. Lengthy and complex assessments increase assessment error due to frustrated clients randomly bubbling in responses without reading or understanding the questions.

**...substance abuse problems are pervasive and co-exist amid an array of psychological and psychosocial problems.**

### The Clinical Interview

The clinical or diagnostic interview is the most frequently used and the most comprehensive method for gathering pertinent client data because it overcomes the problems associated with objective measures. For example, during a face-to-face interview counselors can observe and interpret non-verbal information that would not be accessible by a pencil and paper device (e.g., stimulus to questions including shifting nervously, eye contact is diverted, crying). Second, the interview allows counselors to ask more probative follow-up questions rather than relying solely on closed ended questions that are typically found on objective tests.

But what’s the best way to conduct an interview? Should the interview be structured or non-structured? What questions should counselors ask? What are the most salient areas to cover?

### The Importance of Structure

It is important to use a structured format for gathering data. Alcoholics and addicts often shift attention away from themselves and their drug use by engaging in meandering discussions. Counselors who do not structure the interview process often find themselves talking for hours about topics that are not germane to the client’s substance abusing behaviors. For example, counselors using an unstructured approach may spend unwanted time listening to a client describe how she or he was treated unfairly by an employer or perhaps a detailed account of the personality characteristics and family background of the policeman that arrested the client rather than talking about important topics like how many times has the client been arrested for a DUI or how many times has he or she overdosed on a drug.

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# CALENDAR OF CONTINUING EDUCATION EVENTS

*ALMHCA does not necessarily endorse or guarantee the quality of the following CEU opportunities.*

- 4/11/2002 Tuscaloosa, AL Gender Issues in Response to Loss 205-348-3000  
and Disenfranchised Grief <http://bama.ua.edu/~pmdp.html>
- 4/12/2002 Birmingham, AL Monica McGoldrick : "Families in 205-939-6123  
Context: Working with Children [aliciawilbanks@childrensharbor.com](mailto:aliciawilbanks@childrensharbor.com) and Families"
- 4/12/2002 Tuscaloosa, AL Childhood Response to Loss 205-348-3000  
<http://bama.ua.edu/~pmdp.html>
- 4/19-20/2002 Orlando, FL Marital Therapy: Research Based Approach <http://www.gottman.com>
- 4/29-30/2002 Tuscaloosa, AL Interventions for Acute Trauma 205-348-3000  
<http://bama.ua.edu/~pmdp.html>
- 5/2002 Several locations in Miss The Immune System 888-267-8398 [www.cortext.com](http://www.cortext.com)
- 5/3/2002 Birmingham, AL It's All About Belonging: Group Play/  
Activity Therapy with children and Pre-Adolescents." <http://www.geocities.com>
- 5/9-10/2002 Charleston, SC Human Moments in Clinical Practice, 800-441-5569 [www.usjt.com](http://www.usjt.com)  
Teaching & Life
- 6/9-14/2002 Athens, OH Sexual Offender Treatment [greenfes@ohiou.edu](mailto:greenfes@ohiou.edu)  
Specialist Certification Program 740-593-4769
- 6/19-20/2002 Atlanta, GA Internat'l Narrative Therapy [www.dulwichcentre.com.au](http://www.dulwichcentre.com.au) [dulwich@senet.com.au](mailto:dulwich@senet.com.au)
- 6/23-28/2002 Athens, OH Sexual Offender Treatment [greenfes@ohiou.edu](mailto:greenfes@ohiou.edu)  
Specialist Certification Program 740-593-4769
- 7/9-12/2002 Jacksonville, AL Appalachian School of Alcohol & 800-634-7199 [conted@jsucc.jsu.edu](mailto:conted@jsucc.jsu.edu)  
Drug Studies
- 9/10/2002 Tuscaloosa, AL Sudden, Unexpected Loss 205-348-3000  
<http://bama.ua.edu/~pmdp.html>
- 9/11/2002 Tuscaloosa, AL Anticipatory Grief & Complicated 205-348-3000  
Mourning <http://bama.ua.edu/~pmdp.html>
- 9/24-28/2002 San Diego, CA Internat'l Conference on Family Violence 858-623-2777 [www.fvsai.org](http://www.fvsai.org)  
[fvconf@alliant.edu](mailto:fvconf@alliant.edu)
- 10/10-11/2002 Tuscaloosa, AL Assessing & Treating Traumatized Children 205-348-3000  
<http://bama.ua.edu/~pmdp.html>
- 11/14/2002 Tuscaloosa, AL 19<sup>th</sup> Annual Grief & Bereavement Sem 205-348-3000

# CALENDAR OF CONTINUING EDUCATION EVENTS

11/20-22/2002 Tuscaloosa, AL Therapeutic Approchs to Tx'ing Trauma 205-348-3000  
<http://bama.ua.edu/~pmdp.html>

4/22/2003 Tuscaloosa, AL Legal/Ethical Issues Related to Death 205-348-3000  
 and Dying <http://bama.ua.edu/~pmdp.html>

4/23/2003 Tuscaloosa, AL Death Notification/Organ Donation/and 205-348-3000  
 Care for the Caregiver <http://bama.ua.edu/~pmdp.html>

4/22/2003 Tuscaloosa, AL Legal/Ethical Issues –Death & Dying 205-348-3000  
<http://bama.ua.edu/~pmdp.html>

9/11/2003 Tuscaloosa, AL Overview of Death, Dying & Bereavement 205-348-3000  
 Cultural Differences in Grief Responses <http://bama.ua.edu/~pmdp.html>

11/13/2003 Tuscaloosa, AL 20<sup>th</sup> Annual Grief & Bereavement Sem 205-348-3000  
<http://bama.ua.edu/~pmdp.html>

## **Also of interest. . . Home study options for ceu credit, Websites and OnLine Education**

Alabama Alcohol & Drug Abuse Association [aadaa.com](http://aadaa.com)

American Counseling Association OnLine courses 800-347-6647 [www.counseling.org](http://www.counseling.org)

American Hypnosis Training Academy 800-343-9915

American Mental Health Counselors Association 800-326-2642 [www.amhca.org](http://www.amhca.org)

American Schools Association NBCC credit 800-230-2263 [www.asaceu@hotmail.com](http://www.asaceu@hotmail.com)

Appalachian School for Alcohol & Other Drug Studies 800-634-7199 [www.apsads.org](http://www.apsads.org)

CE Calendar - National/International [athealth.com](http://athealth.com)

Mental Health Continuing Education <http://www.athealth.com>

Clinical Skills Update/ NBCC credit 1-800-979-9899 [www.pdresources.org](http://www.pdresources.org)

CCE National Counselor Exam for Licensure 1-877-PREP-4 NCE

CMR Home Study NBCC credit 1-818-706-1671 [cmrhomestudy@cmrhomestudy.com](mailto:cmrhomestudy@cmrhomestudy.com)

Continuing Education Calendar online at [fpn@athealth.com](mailto:fpn@athealth.com)

Directions in Mental Health Counseling NBCC credit 1-800-367-2550 [www.hatherleigh.com](http://www.hatherleigh.com)

The Fielding Institute [www.fielding.edu/ce/online](http://www.fielding.edu/ce/online)

Mountain View Hospital CEU Schedule 800-245-3645 [www.mtnviewhospital.com](http://www.mtnviewhospital.com) or  
[mtnview@internetpro.net](mailto:mtnview@internetpro.net)

Laban's Training Approved Home Study NBCC credit 1-800-795-5278 [www.last-homestudy.com](http://www.last-homestudy.com)

Submitted by Judith Harrington, Ph.D., LPC

## ALMHCA BOARD NOMINEES

(Please refer to the election ballot found on the last page of *Viewpoint*)

### PRESIDENT-ELECT NOMINEE

**Gary Williams** is a Licensed Professional Counselor, Certified Rehabilitation Counselor, and National Certified Counselor operating a private practice on Birmingham's Southside. He is also employed at Workshops, Inc. where he provides counseling for adults with disabilities and evaluation services for the Alabama Department of Rehabilitation Services. Gary also provides Adlerian based family counseling for families and adolescents referred by the Jefferson County Family Courts. He completed his MA in Rehabilitation Counseling and then his Ed.S. in Agency Counseling, both at the University of Alabama-Birmingham in 2001. While earning his Ed.S. degree, he received the Outstanding Student in the Counseling Program award. He is now completing his term of President of the Zeta Chapter of Chi Sigma Iota and was presented the "2001 Outstanding Practitioner" award from CSI International at the American Counseling Association Annual Conference in New Orleans. He has served ALMHCA for the past 2 years as Editor for "Viewpoint" which received the Outstanding Publication award from the ALCA last year.

### SECRETARY NOMINEE

**Patty Simpkins** has been a Licensed Professional Counselor since 1997. She is currently working as the Director of Counseling & Wellness at Huntingdon College in Montgomery, Alabama. She received her Bachelor of Arts in General Studies from the University of Texas at Dallas and her Master of Science in Counseling & Human Development from Troy State University-Montgomery. She is a native of Montgomery. She has served in the past as president of the ALCDA and is an active member of the American Counseling Association, ALCA and the Mental Health Association of Montgomery. She received the American College Counseling Award for Meritorious Service in 1999-2000.

## Counselor Training for the Counsel in Training

The *Viewpoint* editor asked that I write a short article about a class that I teach at the University of Alabama School of Law. Since January 2000, I have served on the law school's adjunct faculty teaching "Legal Interviewing, Counseling, and Negotiation." The course is an elective for second and third year students, and class membership is limited to 20 students. (I actually requested the limitation in order to promote greater class participation and interaction.) Basically, I teach future lawyers how to improve their communication skills with clients, witnesses, and other attorneys. The class is not a substitute for trial advocacy. Instead, focus is on the early, pre-trial sessions with clients, when the lawyer is trying to establish rapport, set boundaries, and elicit information from clients and witnesses.

The overall objectives of the course are to: (1) introduce students to current psychological theories concerning interpersonal communication; (2) help the student to begin to develop his/her own style of communication with clients, witnesses, and attorneys, and to learn the most basic elements of effective communication; (3) help the student develop the ability to be both a participant and an observer in an interpersonal situation; (4) expose students to various perspectives on the value and type of interpersonal communication skills currently used by attorneys in the state; and (5) help students prepare for personality conflicts and ethical and moral dilemmas that may face them in the practice of law by helping them to clarify their own values and goals in interpersonal communications.

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## Counselor Training for the Counsel in Training

In addition to classroom lecture, reading assignments, and assigned papers, throughout the course of the semester, I arrange for lawyers who specialize in domestic relations, civil law (plaintiff and defendant), criminal law (defendant and prosecution) to speak to the class and provide their thoughts on the interpersonal communication issues they most often confront in their particular practices. I also try to ensure that at least one female attorney and one attorney representing a minority to speak to particular interpersonal communication issues they have faced with clients, witnesses, and/or other lawyers.

A note of special thanks should go to the Dean of the University of Alabama School of Law, Kenneth Randall, and Assistant Dean Jenelle Marsh for recognizing that Alabama's attorneys-in-training need to learn more than cold, sterile law in order to be effective advocates for their clients. If you have any thoughts about the class or any questions, please feel free to contact Carey McRae at: [cmcrae@langesimpson.com](mailto:cmcrae@langesimpson.com).

By Carey McRae, LPC

## How To Conduct A Substance Screening and Assessment

In general, the following topics are recommended for guiding counselor questions during the structured interview.

- **Circumstances of Referral** – What brought the client to your office?
  - **Alcohol and Drug history** – At what age did drug use begin and the quantity and frequency since first use.
  - **Legal History** - Including the obvious such as DUIs, but also inquire about crimes like theft to support the abuse of drugs like cocaine, etc.
  - **Education and Vocational History** – Including quitting school, job loss, or probations; and less obvious possible connections to substance abuse like tardiness, or “personality conflicts,” and the like.
  - **Family History** - Including medical history, substance abuse history, legal history, psychiatric history of family members
  - **Psychiatric History** – The client's past diagnoses and treatments.
  - **Medical history** – Including general medical history but also include questioning related to medical problems and substance abuse. Has a physician asked them to cut down or quit using alcohol or drugs? Has the client ever overdosed? Has the client been to the emergency room for injuries sustained while under the influence?
  - **Previous Treatment History**- Has the client received prior treatment for substance abuse? If so, what type, did they participate in inpatient, outpatient, methadone maintenance, or self-help groups like A.A.? Was the client able to cut down or quit after treatment? How long did the client stay clean?
  - **Motivation for Change** - Does the client perceive that his or her use of psychoactive substances needs to be changed? Did he or she self-refer for counseling or did someone else “make” the client come? How willing is the client to take steps to change? Has the client tried to alter the problem in the past?

Counselors are cautioned to carefully consider client level of defensiveness or denial prior to selection of the topic areas (e.g., alcohol and drug history, previous treatment history, medical history) when questioning the client. That is to say, counselors might not want to lead off with questions about drug history with clients who are overly suspicious and angry, and instead talk about health problems. Generally, clients with substance abuse problems are much more willing to discuss medical maladies than drug use. Furthermore, counselors can use information about health problems to segue into questions about drug use. For example, the counselor might make a transition statement like, “Gee, that must have be hard for you to have liver troubles. I am wondering if you ever drank alcohol and if you did, do you think the drinking played a role in the development of the illness?”

In sum, substance abuse problems are pervasive and co-exist amid an array of psychological and psychosocial problems. If not recognized, substance abuse problems worsen and become more entrenched, thereby increasing the energy and time need to arrest them. It is crucial, therefore, for mental health counselors to learn how to recognize the signs of substance abuse and dependence. Yet, recognition is not easy. Signs of substance abuse are often masked by other mental health problems and are usually difficult to discern. Therefore, what is most important is that the counselor become familiar and proficient with methods for sifting through client information to isolate problems related to excessive drug use. Knowing how to ask the right questions at the right time is essential for determining the existence of substance abuse.

By David Whittinghill, PhD LMHC, and Laura R. Whittinghill EdS, LPC

## Blurbs from the Board

- Elections to be completed by end of April
- By-Laws to be reviewed and discussed at next Board meeting
- Plans for Fall Conference in Mobile to be initiated by next Board meeting
- All ALMHCA members are encouraged to submit content proposals for the Fall Conference

## Member Spotlights

**Cheryl Bray** is a LPC in Fairhope who returned to the Mobile after living several years in Mississippi. While in Mississippi, Cheryl was employed as a counselor at the MS State Hospital in Whitfield. Sometime later, she set up the EAP program at the hospital, writing contracts with outside providers, and providing counseling services for the 2200 hospital employees. Since returning to Alabama, Cheryl has worked to get connected with her professional peers and to gain recognition with the insurance companies and other health care panels. She is concerned about how active we are as a profession and how active we need to be to make mental health services for clients a priority in Alabama. Cheryl is building a private practice in Fairhope and presently is working through a local company on a DHR contract providing counseling to children in foster care. She is an energetic and enthusiastic counselor who is hoping ALMHCA will provide professional connection, continuing education, and an opportunity to pull together as a professional body to educate the public, state government, and others about who mental health counselors are and what we do.

**John Carlson** is a graduate student in the counseling program at Troy State University. He is a retired Police Officer originally from Connecticut who has worked the past seven years with CITY – Community Intensive Treatment for Youth. John plans to pursue licensure after graduation and hopes to work with Hospice or a Homeless Shelter in the future. He stated that ethics and client focus are two important issues for our profession. He looks forward to networking with other professionals and other community agencies through his membership in ALMHCA.

**Tamika Gregory** graduated from Troy State University last May and is the Social Services Director at Crown Health Care of Greenville, AL. Tamika stated providing care to the elderly requires learning something new almost daily - new medications, changes in recommend dosages, new information about dementia, medical illnesses and treatment recommendations. She said her work is both challenging and rewarding. Tamika joined ALMHCA to learn about resources in Alabama, to get new ideas, and to participate in seminars and workshops that will help her continue to grow as a professional.

Submitted by Glenda Isenhour, Ph.D., LPC

# It's Transition Time!!!

## **The Proposed 2002-2003 Executive Council**

\*\*\*\**Don't forget to vote!!!!*

President Anita Paprota  
 Past-President Adam Calvert  
 President-Elect Gary Williams  
 Secretary Jeannie Ingram  
 Treasurer Patty Simpkins  
 Membership Glenda Isenhour  
 Newsletter Editor Sandee Loew  
 Government Relations David Whittinghill  
 Website Brian Rodgers  
 Graduate Student Rep Shannon Weston  
 Southern Region Rep Carol Dean  
 Historian Tammi Dahle

### ***Some Important Notes of Thanks.....***

THANK YOU, Adam Calvert, for your fabulous leadership and constancy of support for ALMHCA!!!

THANK YOU, Carey McRae, Judith Harrington, and Quinn Pearson, for serving the ALMHCA board for as long and as selflessly as you did. We will miss you on the Board, and we are proud to now call you friends as well as colleagues!!!

THANK YOU, Patty Simpkins for accepting the Treasurer nomination, Gary Williams for accepting the President-Elect nomination for serving so efficiently as our Newsletter Editor, Sandee Loew for agreeing to take over as Newsletter Editor, and David Whittinghill for being willing to lead our government relations committee!!!

#### **EDITOR'S NOTE....**

*I have very much enjoyed serving you as the editor of Viewpoint for the past 2 years. The job has afforded me the opportunity to work with a wonderful bunch of people. I have learned much about the job of an editor. I've learned that nothing much happens until others submit material to edit! Much thanks to those who took the time to write such wonderful articles. Please support Sandee and give her plenty to do!*



# Viewpoint

## SPRING 2002 EDITION

### ALMHCA ELECTION BALLOT

Please vote on the nominee recommended by the Board or write in a candidate for either office. Indicate with an "X" in the appropriate box and fax by 4/30/02.

#### PRESIDENT-ELECT

**Gary Williams**

or write in \_\_\_\_\_

#### TREASURER

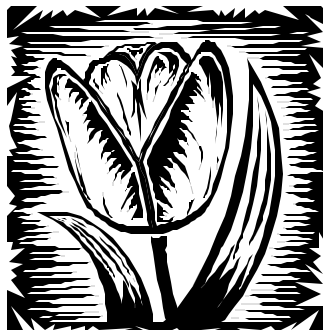
**Patty Simpkins**

or write in \_\_\_\_\_

Complete and fax to:  
**Adam Calvert,**  
**President**  
**205-945-0031**  
**BY 4/30/02**

**Alabama Mental Health  
Counselors Association  
(ALMHCA)**

1034 23rd Street South  
Suite 102  
Birmingham, AL 35205



**Mental Health: Keep It In Mind!**