

# Mindful Continuing Education

## Managing Depressive Symptoms in Substance Abuse Clients-Part 2: Administrators Guide

### Chapter 1-Introduction: Figure 1.1

**1. The term “depressive symptoms” refers to symptoms experienced by people who, although failing to meet DSM-IV-TR diagnostic criteria for a mood disorder, experience sadness, depressed mood, “the blues,” or other related feelings and behaviors.**

- A. True
  - B. False
- 

### Consensus Panel Recommendations for Administrators

**2. In order to ensure that counselors are prepared to help clients manage their depressive symptoms, experts recommend that administrators:**

- A. Integrate screening and management of depressive symptoms into existing substance abuse treatment, develop the capacity to differentiate clients with depressive symptoms from those with depressive illness, and have resources in place to address the needs of both group
  - B. Develop a referral network that is capable of evaluating clients with depressive symptoms and receiving clients whose depressive symptoms cannot be managed in the substance abuse treatment setting
  - C. Create adequate policies and procedures to serve clients with suicidal thoughts or behaviors and emphasize improving counselors' ability to recognize and manage clients' depressive symptoms in clinical supervision
  - D. All of the above
- 

### The Benefits to Your Program of Addressing Depressive Symptoms

**3. The authors state that addressing depressive symptoms as part of an agency or program may lead to each of the following EXCEPT:**

- A. Increased clinical competence of staff and an increase in appropriate referrals for psychological and psychiatric evaluations for depression and depressive symptoms
- B. Access to new revenue streams
- C. Greater promotion of the mission, values, and goals of the organization

D. Increased staff retention, higher levels of staff satisfaction, reduced burnout, stress, and turnover, improved risk management, and reduced liability

---

## Thinking About Organizational Change

**4. The similarities between recovery in an individual and change in an organization are rather striking in that the organizational change process is highly analogous to the clinical processes of assessment, client-centered treatment planning, treatment delivery, and continuing care.**

- A. True
  - B. False
- 

## The Challenge of Implementing New Clinical Practices

**5. Implementing new clinical practices requires administrators to be prudent in making the new practice fit the context, and in creating an organizational climate that encourages and supports resolution.**

- A. True
  - B. False
- 

## The Role of the Administrator in Introducing and Supporting New Clinical Practices

**6. Successful implementation will ultimately depend on leadership that includes commitment, a vision for change, inspiration, and:**

- A. Accountability at all levels
  - B. An open and honest appraisal of change
  - C. Strong relationships within an organization
  - D. Decisiveness throughout the process
- 

## Chapter 2-How Do You Identify the Issue or Need

**7. Since untreated depressive symptoms result in poorer substance abuse treatment outcomes, agencies should determine whether an agency goal is improving retention rates of clients with depressive symptoms and more effectively reducing the number of depressive symptoms experienced by the clients.**

- A. True

B. False

---

## **How Do You Organize a Team To Address the Problem?**

**8. When organizing a team to address managing depressive symptoms among clients, a team of 2-3 people who are chosen by senior administrators should lead the effort.**

- A. True
  - B. False
- 

## **Addressing Policies and Procedures**

**9. Implementing organizational change requires an approach to establishing communication and commitment across departments and program areas that is:**

- A. Multilayered
  - B. All-inclusive
  - C. Systemic
  - D. Dynamic
- 

## **Program Description**

**10. Sample policies for incorporating depressive symptom management into substance abuse treatment may include statements such as, “All clinical staff will demonstrate basic competency in screening clients with substance use disorders for depressive symptoms,” and “All clients will be screened for depressive symptoms and referred as needed.”**

- A. True
  - B. False
- 

## **Addressing Staff Competence**

**11. Which of the following is NOT one of the recommendations for utilizing critical expertise within an agency?**

- A. Multidisciplinary teams can be formed to ensure that the expertise for providing treatment for co-occurring substance use and mental disorders is available within the agency
- B. Well-trained and experienced clinicians can be targeted for training and/or enlisted to help less skilled counselors through organizational change

- C. Clinical supervisors can be used to evaluate and support the work of line staff when applying new interventions
  - D. The agency should prioritize integrating research and practice in order to enhance expertise in all areas
- 

## **Staff Qualifications and Competencies-Checklist 1: Characteristics and Competencies of Administrative and Support Staff**

**12. Attitudes that are necessary and specific to competent administrative and support staff include the assumptions that clients have a central role in creating and shaping their treatment goals and that substance abuse and depressive symptoms can be both interrelated and independent.**

- A. True
  - B. False
- 

## **Addressing Gaps in Staff Capacity To Deliver Services**

**13. In order to reinforce agency change, strategies include openly discussing staff feelings related to the change, celebrating victories, promoting feedback about the change, being realistic about goals, using the change leaders in promoting change, and providing training related to the change.**

- A. True
  - B. False
- 

## **Approaches to Staff Training**

**14. Formal training of the clinical supervisors and counselors providing services for managing depressive symptoms is required, and it should ideally be completed by experts who are external to the operation.**

- A. True
  - B. False
- 

## **Addressing Community Relationships**

**15. Specific criteria for screening outside agencies before referring clients who have substance use and depressive symptoms may include ensuring that they have sensitivity to substance abuse treatment issues, a good professional reputation in the community, and:**

- A. No philosophical impediments to working collaboratively

- B. Sufficient expertise to address the needs of clients
  - C. Willingness to accept referral of clients at increased risk of suicide
  - D. A mindset for reciprocity
- 

## **Addressing Financial Considerations**

**16. Integration of services for depressive symptoms is intended to enhance substance abuse treatment outcomes, and because these services are delivered by substance abuse counselors, such services are likely to be reimbursable under the client's substance abuse diagnosis.**

- A. True
  - B. False
- 

**17. One strategy used by researchers and program implementers is to clearly describe the active elements of an intervention and define them in behavioral terms so that the degree of implementation can be assessed, by using a:**

- A. Dependability checklist
  - B. Fidelity checklist
  - C. Adherence checklist
  - D. Consistency checklist
- 

## **Appendix D-DSM-IV-TR Mood Disorders-Substance-Induced Mood Disorder**

**18. Substance-induced mood disorders tend to present during intoxication or withdrawal from the substance, and they generally have as lengthy a course as other depressive illnesses.**

- A. True
  - B. False
-