

# BAPIC

(Bay Area Practicum Information Collaborative)

## Practicum Information Form: (rev 11.3.08)

Our agency will accept applicants from the following psychology doctoral graduate programs (mark with an X in box next to school name below):

## Marin Treatment Center

<b>X</b>	<b>Alliant International University</b> California School of Professional Psychology, S.F. One Beach St., San Francisco, CA.94133 (415) 955-2076 Director of Training: Randall Wyatt
<b>X</b>	<b>Argosy University</b> American School of Professional Psychology 1005 Atlantic Ave, Alameda CA. 94501 Director of Training: Jenifer Persing (510) 217-4753 Associate Director of Training: Zoe Collins (510) 217-4709
<b>X</b>	<b>California Institute of Integral Studies</b> 1453 Mission St. San Francisco, CA. 94103 (415) 575-6117 Director of Training: Mera Atlis
<b>X</b>	<b>Institute of Transpersonal Psychology</b> 1069 East Meadow Circle, Palo Alto, CA 94303 (650) 493-4430 X 254 Director of Training: Jan Fisher
<b>X</b>	<b>J.F.K. University</b> 100 Ellinwood Way, Pleasant Hill, CA. 94523 (925) 969-3485 Director of Training: Haydee Montenegro
<b>X</b>	<b>Pacific Graduate School of Psychology</b> 405 Broadway, Redwood City, CA. 94063 Office of Professional Development: Luli Emmons, Vice-President (650) 421-4845 Ph.D. Program: contact Nico Peruzzi, Practicum Coordinator (408) 202-1521
<b>X</b>	<b>Pacific Graduate School of Psychology</b> 405 Broadway, Redwood City, CA. 94063 Office of Professional Development: Luli Emmons, Vice-President (650) 421-4845 Psy.D. Program: contact Kristine Luce, Practicum Coordinator (650) 498-4315
<b>X</b>	<b>The Wright Institute</b> 2728 Durant Avenue, Berkeley, CA. 94704 (510) 841-9230 x 106 Director of Field Placement: Becky Pizer

<b>I. AGENCY INFORMATION</b>	<i>Date Completed:</i>	12/04/08
Agency Name:	<u>Marin Treatment Center</u>	
Address:	<u>1466 Lincoln Avenue</u>	
City, State, Zip:	<u>San Rafael, CA 94901</u>	
Phone:	<u>(415) 457-3755</u>	
Fax :	<u>(415) 457-0849</u>	
Agency Website address:	<u><a href="http://www.mtcinc.org">www.mtcinc.org</a></u> or <u><a href="http://www.marintreatmentcenter.org">www.marintreatmentcenter.org</a></u>	
List multiple agency programs/sites:		
Director of Training:	Edward McCrone, PhD	
Director Degree and CA License #:	PhD CA PSY 16593 2/2000 (Formerly MN LP 3220 12/1994)	
Director Phone:	<u>(415) 457-3755</u> <u>(415) 553-5465 voicemail</u>	
Director email:	<u><a href="mailto:ed@mtcinc.org">ed@mtcinc.org</a></u> ; alternate email: <u><a href="mailto:DrEd@McCrone.net">DrEd@McCrone.net</a></u>	
Other contact person information:	Laura Gaughan, MBA, Associate Director Brian Slattery, MA, Executive Director (415) 457-3755	

<b>II. PRACTICUM TRAINING PROGRAM BASICS</b>	
<b>A. <u>Openings</u></b>	<b>Estimated</b>
<b>-Total Practicum Openings</b>	<b>8</b>
<b>-Total Pre-Doc Internship Level Openings</b>	4-8
<b>B. <u>Students at Agency</u></b>	
Number of Practicum Applicants last year	40
Number of Current Doctoral Practicum Students	6
Number of All Current Students in Training	8
Number of Current Pre-Doc Interns	0
Master's Practicum Students	1
Post-doc Psychological Assistant	1
<b>C. <u>Practicum Dates and Times</u></b>	
Beginning Date	08/01/09-09/01/09
Ending Date	07/31/10-08/31/10
Number of weeks for practicum	52
Hours per week for practicum	15-20

<b>Required days and times</b> at agency	<u>Weds 10am -2pm</u>
<b>D. Stipend:</b> Is there Stipend? If yes, amount per year?	\$250/15hr; \$350/20hr

### III. A. AGENCY DESCRIPTION: Please describe below.

## Marin Treatment Center

Marin Treatment Center, Inc. (MTC) is a non-profit community based outpatient substance abuse treatment agency that has been successfully providing services in the community since 1976. MTC is licensed by the State of California to provide Substance Abuse services, CARF certified, and Medi-cal certified to provide Medi-cal services. Marin Treatment Center's treatment staff is professional and qualified to provide treatment and medical services.

### Treatment Services Include:

- Methadone Detox
- Maintenance: Methadone and **Suboxone/Buprenorphine** Drug Free Counseling

### Other services for substance abusers include:

- HIV/AIDS Case Management.
- Hepatitis C (HCV) testing and Case Management.
- Drug Diversion (PC 1000) Classes- Court ordered deferred entry of Judgment.
- Primary Medical Care - for clients enrolled in treatment programs.

### MTC's Core Values

Addictions, including chemical dependency and the abuse of substances, are diseases of the spirit, mind and body. As such they must be treated with the realities and needs of the whole person in mind. The paramount concern at MTC is to provide quality addiction treatment services at all levels, consistent with the best practices in the field, and to address holistically the full range of client issues and needs for recovery. The emphasis in this approach is on empowering people by assisting them to take control of their lives; enabling them to grow in the ability to care for their physical, emotional, mental, social and spiritual needs; and building self-respect and a sense of personal worth. To these ends, MTC believes in the following core values:

- Treating consumers of MTC services with the utmost level of respect, dignity, confidentiality, and to be provided with courteous and responsive service in a highly professional manner.
- Assuring that all persons served at MTC have access to services in a manner that allows them to achieve optimal outcomes in their physical, mental, emotional, social and spiritual capacities.
- Providing quality addiction treatment services that are holistic to the recovery of each individual; that are client-driven, culturally sensitive and based upon informed choice.
- Tailoring services in a manner that builds upon the strengths, needs, abilities and preferences of the clients and communities served.
- Building and strengthening family and community support structures that assist clients in making personal changes that allows them to re-integrate into the community in personally meaningful and satisfying ways.

**B. Staff Cultural & Language Diversity**

Staff are balance of male / female, GLBTQQ / straight, varying backgrounds of religious, cultural, ethnic diversity, and no discrimination of any kind is tolerated toward staff or clients. In addition to mental health counselors and interns, our staff includes substance abuse specialists, one MD, one Nurse Practitioner, multiple nurse dispensing personnel, and two licensed psychologists. Our staff and clients primarily speak English, although our.NP speaks fluent Spanish, and occasional clients's Spanish is stronger than English.

**C. Languages Desired: English and Spanish.**

**Will supervision be available in those languages? Only in English.**

**D. Specialty Areas:** Mark an X next to all specialties that apply at agency.

X	Behavioral Medicine		Hospital		Psychology of Women
X	Health Psychology	X	Community Mental Health Clinic	X	Disabilities
X	Psychopharmacology		Forensics	X	Gay/Lesbian
	Pediatrics		Management/Administration	X	Multicultural Therapy
	Infant/Parent	X	Substance Abuse Treatment	X	Spirituality/Psychology Integration
	Family		Vocational/Career Development	X	Death/Dying/Bereavement
X	Geropsychology		Psychological Assessment	X	Domestic Violence
	School Based		Neuropsychological Assessment	X	PTSD/Trauma
	College Based		Psychology of Men	X	Serious Mental Illness
	Bilingual in treatment	X	Others (Opioid Dependence and Narcotic Replacement Therapy):		

<b>E. Population:</b> Indicate <i>estimated</i> % of clients in each category.			
<b>%</b>	<b><u>Gender</u></b>	<b>%</b>	<b><u>Life Cycle</u></b>
59%	Male		Infants (0-4)
40%	Female		Children (ages 5-12)
1%	Transgender:		Adolescents (ages 13-17)
100%	<i>Total</i>	90%	Adults (18-64)
		10%	Seniors (ages 65+)
	<b><u>Ethnic/Cultural Identity</u></b>	100%	<i>Total</i>
10%	African American		
5%	Asian American		<b><u>Other Identified Groups</u></b>
65%	Euro-American	7%	Gay/Lesbian:
10%	Hispanic/Latin American	40%	Disabled Population:
4%	Native American	5%	International:
6%	<i>Other:</i>		Other:
100%	<i>Total</i>		(Note, above will not total 100%)
	<b><u>Populations Treated</u></b>		
100%	Individual		<b><u>Functioning Level of Clients</u></b>
	Couples	25%	Severe Dysfunction (i.e., psychotic, severe personality or substance abuse dx)
	Families	50%	Moderate Dysfunction (i.e., moderate personality dx, anxiety, depression)
	Groups	25%	Mild Dysfunction (i.e., adjustment dx, transitions, growth)
100%	<i>Total</i>	100%	<i>Total</i>
<b>► Others notes about populations:</b>			

#### IV. PRACTICUM TRAINEE RESPONSIBILITIES AND FUNCTIONS

##### A. Treatment Modalities performed by student: (Mark X in all that apply.)

X	Individual Therapy	X	Crisis Intervention
	Couples Therapy	X	Brief Therapy
	Family Therapy	X	Long Term Therapy
	Group Therapy		Psychological Assessment
X	Community Intervention		Neuropsychological Assessment
	Consultation/Liaison	X	Advocacy/Case Management
	Others (specify):		

##### ► Describe practicum trainee duties and responsibilities:

Marin Treatment Center (MTC) provides outpatient methadone maintenance to persons with opiate dependency histories. Interns carry major responsibility for their clients and engage a steep learning curve to master both the clinical and the documentation aspects of this work. In one of their roles, interns manage client check-in at the dosing desk, which also involves processing and sometimes monitoring a client's leaving specimen for urinalysis and generally maintaining order in the milieu. In terms of caseload, each intern averages ten (10) clients, monitoring progress on multiple continua, maintaining complex files, organizing case conferences, and keeping other clinic personnel apprised of client circumstances. Most prominently, interns also provide weekly counseling to address clients' mental, physical, occupational, and relational challenges so as to build clients' repertoires for dealing with distress and to diminish their vulnerabilities toward seeking illicit substances to escape problems. In addition to substance abuse histories, clients here can present with other serious problems, often including legal issues, homelessness, unemployment, disability, trauma, psychoses, mood disorders, loneliness and troubled relationships, and adjunct physical problems of hepatitis C, HIV, and chronic pain.

#### V. ASSESSMENT and PSYCHOLOGICAL TESTING

##### A. Assessment Overview

Will trainee have opportunity for assessment/testing experiences?	No
Is there additional supervision/training for assessment/testing?	No
Percentage of practicum time allotted for providing assessment services:	None
Estimate of average # of Test Batteries completed per year:	None

##### B. Assessment Modalities performed by student: (Mark X next to all that apply.)

	Projective		Intelligence
	Personality		Neuropsychological
	Academic		Vocational
	Other:		

► **Describe the Assessment Program:** We have an Intake Coordinator who does all of our intakes. All of our clients meet criteria for Opioid Dependence and are thus diagnosed. Clients often have other substance abuse and mental health challenges, but these are not usually formally diagnosed by us, although we work with clients to make peace with all of their challenges and to develop more functional lives free of illicit drugs. With their mental health supervisors, Interns often discuss mental health issues, but they are not responsible for accurately diagnosing clients in this way. Interns rarely do formal assessments here, although some have made arrangements to do so with supervision specific to their assessments coming from their academic programs. Interns often must develop formal case presentations for their programs based on one or two clients, including audiotaping; Interns often do this here and present first in group supervision before doing so in their programs.

## VI. TRAINING/SUPERVISION PHILOSOPHY and OBJECTIVES

**A. Please Describe and/or Outline Below:** Because our supervisors, counselors, and interns come from quite varied backgrounds, I often summarize our theoretical orientation as “Do something that works.” By this I mean, from some form of hypothesis-testing framework, develop a hypothesis about what is not working for a client and introduce some form of remedy; pay attention to what happens; discuss with client; discuss in supervision; change strategies as appropriate; whenever possible, say yes; and be as kind as possible when asserting limits.

**B. Supervisor Licenses:** Please note the number of supervisors with the following licenses.

2	*Licensed Psychologists (PsyD/PhD/EdD)	0	MFT
0	*Psychiatrists	0	LCSW
1/1	MD/NP		
* <i>Note:</i> Primary Supervisor must be a licensed provider at the doctoral level of training. Primary Supervisor may be individual or group supervisor & must sign or co-sign evaluation forms for students.			

C. Supervision and Training	Hours per week
Individual Supervision	1
Group Supervision	2
Didactic Training	1
Other: Clinical Meeting (review of all critical clt issues with all clinical staff)	1
<b>Total hours Training/Supervision</b>	<b>5</b>

**D. Methods of Supervision:** (Mark X next to all that apply.)

X	Live Observation in the milieu and at Clinical Meetings with Intern, Client,	X	Process Notes
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	Clinical Director, and Medical Director		
	One Way Mirror	X	Case Reviews and Discussion
	Videotapes Review	X	Audiotape Review
	Other: Chart Audits, weekly with Individual Supervisor, Quarterly with peers, yearly with MediCal clients; 3 outside audits during the year		

**E. Theoretical Orientations of the Supervising Staff** (check all that apply)

X	Biopsychosocial		Jungian
X	Cognitive Behavioral		Narrative
X	Family Systems	X	Psychosocial Rehabilitation
	Feminist	X	Psychodynamic/analytic
X	Humanistic/Existential	X	Transpersonal
X	Integrative	X	Recovery Based Model
	Social Justice		
X	Others(specify): Developmental and Attachment Theory		
► <b>Comments on theoretical orientation:</b>			

**F. Training Emphasis Areas:** Please fill out the following classifications below to assist us in differentiating practicum placements. Indicate with “X” areas where *substantial* training program and experience exists such that it would qualify for graduate program practicum in these training emphasis areas.

	Community/Multicultural		Cognitive Behavioral
X	Health Psychology		Assessment
	Forensic Psychology		Geriatric
	Family/Child		Gender
	Psychodynamic		Not Applicable
X	Others (specify): Substance Abuse Treatment; Trauma Recovery (both supervisors EMDR trained)		
► Please add specific information regarding all Emphasis Area(s) you checked:			

**G. Evidenced Based Treatment**

Yes

No

Are evidence- based treatments utilized?		
Please provide a brief description: I am unsure how formally this is assessed. All clients have quarterly treatment plans that are evaluated as to their successes in substance use, health, psychosocial, educational, employment, housing and legal areas. Treatment plans also systematically assess client SNAP (Strengths, Needs, Abilities, and Preferences) emphases.		

## VII. PRACTICUM APPLICATION PROCESS FOR STUDENTS

Application Deadline:	February 28, 2009 (note, because we also accept applicants from Master's Programs, we accept applications until we have a good balance of Interns; this sometimes includes accepting a limited group in the Spring and interviewing in the Summer if we need to to get the right balance of interns).
Selection Date Estimate:	April 14, 2009
Standard required materials	<b>Vita, Letter of Intent, 3 Letters of Recommendation</b>
Agency specific materials:	
Preferred Experience:	At least one year of graduate school.
Preferred Coursework:	Anything in substance abuse areas, as well as trauma/grief work or orientation.
Interview Process: (keep those that apply, erase rest)	One Initial Individual Interview with Clinical Director and observation in the milieu. Second Interview with Executive/Associate Director, meeting current Interns.
Other application/interview information:	We do not require students to be familiar with methadone or narcotic replacement therapies, as most of us from mental health backgrounds were ignorant before we got here. It is helpful for students to review the couple pages from an HBO Special, Treating Opiate Addiction with Replacement Therapy, also copied below: <a href="http://www.hbo.com/addiction/print/343_treating_opiate_addiction.html">http://www.hbo.com/addiction/print/343_treating_opiate_addiction.html</a>

## VIII. Verifying Information: I verify that the above information is current and accurate.

Date:	12/04/08
Directors Name:	Eward McCrone, PhD



# Treating Opiate Addiction With Replacement Therapy

by Scott Farnum, M.S., M.P.A., L.A.D.C., L.C.P.C., N.C.C.

## Summary

- Medications currently available to treat addiction to heroin, OxyContin and other prescription opiates are called replacement therapies. This treatment can improve the health of addicted people and reduce the harmful impact of taking illicit drugs.
- Methadone is a long-established replacement therapy.
- A relatively new medication, buprenorphine, has been shown to be effective in helping opiate-addicted people.

New scientific understandings of brain chemistry are paving the way for significantly improved treatments for people who are addicted to heroin, opium, legally manufactured pain relievers such as morphine, OxyContin, Vicodin and Dilaudid and other opiate drugs.

Such improvements can't come a minute too soon. Twelve- to 17-year-olds are the fastest growing group of people in the United States experimenting with such drugs. And opiates are highly addictive - one half of all people who use them recreationally will need formal substance abuse treatment related to this experimentation.

Opiate abuse can bring about significant and long-lasting chemical changes in the brain. These changes cause a person to experience intense cravings and negative emotions when they try to stop. Because of this altered chemical state of the brain, the majority of opiate-addicted people who recover require medication in order to correct these changes, much as a diabetic requires insulin to maintain a more normal blood sugar level. The most commonly used medications for opiate addiction in the United States are methadone and buprenorphine. Health professionals call treatment with such medications replacement therapy.

A common misconception about replacement therapy is that this treatment is really just substituting one drug of abuse for another and that people who utilize medications in treatment of opiate abuse are not really in recovery. This idea fails to recognize that recovering from opiate abuse is not a matter of will power or moral re-examination. It is a physical illness most effectively treated by using medications such as methadone and buprenorphine to assist the person in regaining physical stability and then helping the person address other psychological and spiritual needs.

People with significant opiate addiction are unlikely to recover without some form of replacement therapy as part of their treatment. On the other hand, replacement therapy alone is not nearly as effective as combining it with other treatments such as counseling and self-help groups.

Addiction is a chronic illness like heart disease, high cholesterol or high blood pressure. Persons with these chronic diseases are prone to relapse. The affected person deals with the symptoms associated with their condition throughout the lifespan. Even in the best of circumstances the symptoms of a chronic disorder may reappear periodically. This is particularly true during periods of stress or when a person doesn't closely follow medical recommendations.

Unfortunately the failure to think of addiction in these terms has negatively affected the health of many opiate-addicted people. This type of thinking often leads patients to be discharged from treatment if they relapse. But the approach in the treatment of other chronic medical disorders, such as diabetes or heart disease, is to continue to work with patients even when they do not do well in order to improve long-term treatment outcomes.

As we continue to learn that addiction is similar to other chronic illnesses, treatment programs are beginning to adopt new ways of working with patients, sometimes called the harm reduction approach. Harm reduction approaches emphasize the need to shape treatment toward the individual needs of the patient as opposed to forcing the patient to adapt to the demands of the treatment program's definitions of recovery. Harm reduction is nothing more than:

- using practical treatment approaches to reduce the negative consequences of drug use,
- encouraging retention in treatment and
- improving the long-term health and general recovery of each addicted person as well as promoting public health goals.

### Important Facts About Replacement Therapy:

- Replacement therapy is not short-term; your friend or family member will need to remain on the medication for years in order for it to be effective.
- Patients receiving methadone will initially need to be present at the program on a daily basis, although as they become more stable the daily visits may take only a few minutes.
- Methadone patients can earn the ability to take home some dose of medication over time if they stop the use of drugs and do well in treatment.
- Patients on replacement therapy, particularly methadone, may encounter travel restrictions, making it difficult to visit family or take vacations.
- Methadone and buprenorphine are treatments for opiate addiction and will typically not stop the abuse of other drugs.
- Replacement therapy is not a "magic bullet" and patients usually have to engage in counseling, mutual help groups, or other forms of treatment to fully recover.
- Methadone side effects such as sedation, sweating, constipation and weight gain usually go away after a person has been on the medication for a short time.
- In clinical practice it has been observed that buprenorphine produces few side effects, with headache being the most common. Unfortunately this side effect does not usually fade with time.
- Clinical experience indicates that Buprenorphine can make some psychiatric symptoms worse and methadone may be a better choice in that situation.

#### **FIVE THINGS TO KNOW ABOUT METHADONE**

- 1. **Methadone allows people to function normally by stopping withdrawal symptoms, eliminating craving for opiates, blocking opiate induced euphoria, and correcting the neurochemical abnormalities in the brain caused by opiate addiction.**
- 2. **Methadone maintenance is the most effective treatment we have for opiate addiction.**
- 3. **Methadone is the most cost-effective treatment for opiate addiction.**
- 4. **Participation in a methadone treatment program significantly reduces a person's risk of HIV and Hepatitis C infection.**
- 5. **Methadone is the most widely used treatment for opiate addiction in the United States.**

#### **FIVE THINGS TO KNOW ABOUT BUPRENORPHINE**

- 1. **The use of buprenorphine allows people to function normally by stopping withdrawal symptoms, eliminating craving for opiates, blocking opiate induced euphoria, and correcting the neurochemical abnormalities in the brain caused by opiate addiction.**
- 2. **Buprenorphine is a safe medication with a low risk of overdose and very few side effects.**
- 3. **Buprenorphine can be prescribed by a personal physician in their office and allows patients to receive up to 30 days of medication at a time once they are stable.**
- 4. **Buprenorphine can be prescribed for young people with shorter histories of opiate addiction allowing intervention early in the addictive cycle.**
- 5. **Buprenorphine is regulated differently from methadone, making it more like other prescription drugs. This allows the person to more easily adapt the medication into his or her lifestyle and reduces the negative attitudes often associated with methadone**

#### **FIVE IMPORTANT QUESTIONS TO ASK YOUR REPLACEMENT THERAPY DOCTOR**

- 1. **What are the risk and benefits to me of methadone and buprenorphine and how will you know if one of these medications is the best one for me?**
- 2. **What are your program rules for continuation in treatment if I should relapse or be unable to stop my drug use?**
- 3. **Will I have input into my treatment plan that addresses my needs as an individual?**
- 4. **What happens if I become unable to pay for treatment?**
- 5. **Do you have referral relationships with specialty care providers if I need treatment for HIV, Hepatitis C or become pregnant?**

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