

Imagine & Believe – Creating a Smooth Path



THE EIGHT PRACTICE DIMENSIONS OF ADDICTION COUNSELING

- I. Clinical Evaluation
 - – Screening
 - – Assessment
- II. Treatment Planning
- III. Referral
- IV. Service Coordination
 - – Implementing the Treatment Plan
 - – Consulting
 - – Continuing Assessment and Treatment Planning
- V. Counseling
 - – Individual Counseling
 - – Group Counseling
 - – Counseling Families, Couples, and Significant Others
- VI. Client, Family, and Community Education
- VII. Documentation
- VIII. Professional and Ethical Responsibilities

SCREENING

- **DEFINITION:**

THE PROCESS BY WHICH A CLIENT IS DETERMINED APPROPRIATE AND ELIGIBLE FOR ADMISSION TO A PARTICULAR PROGRAM AND THE AGENCY IS DEEMED APPROPRIATE FOR THE CLIENT

CONFIDENTIALITY LAWS

SIGNED RELEASE - 9 components

WITHOUT RELEASE

- Threats of harm to self or others
 - suicide
 - homicide
 - child abuse
 - elder abuse
- Medical emergency
- Court Order
- Internal/Administrative/Clinical Communication

SCREENING GLOBAL CRITERIA

- Evaluate psychological, social and physiological signs/symptoms of alcohol and drug use/abuse
- Determine client's appropriateness for admission or referral
- Determine client's eligibility for admission or referral
- Identify co-existing conditions (medical, physical, psychiatric) that indicate the need for additional professional assessment
- Adhere to applicable laws, regulations, policies governing A & D services

- Establish rapport, including management of crisis situation and determination of need for additional professional assistance
- Gather data from client and others to include:
 - current drug use; brief historical view
 - current mental, medical status
 - brief treatment summary
 - current social
 - environmental
 - economic constraints

- Screen for psychoactive substance toxicity, intoxication, withdrawal symptoms, aggression/danger to self/others, co-existing mental health issues
- Assist the client in identifying the impact the substance use has had on current life problems and the effects of continued harmful use or abuse

- Review the treatment options that are appropriate for the client's needs, characteristics, goals and financial resources
- Apply accepted criteria for diagnosis of substance use disorders in making treatment recommendations
- Construct with the client and appropriate others, an initial action plan based on the client's needs, preferences, and available resources
- Based on the initial action plan, take specific steps to initiate an admission or referral and ensure follow-through

SCREENING SKILLS

- **ATTENDING** – eye contact,
posture
accurate verbal response
- **LISTENING** -- observing non-verbal behavior
reflective statements
- **EMPATHY** -- communicating our understanding of their
world
- **PROBING / PROMPTING** – verbal skills for helping person
talk about themselves and defining concerns

DIAGNOSTIC SKILLS ATTITUDES & BEHAVIORS

- Do not make assumptions about their A & D use
- Be non-judgmental
- Be tactfully persistent, probing, honestly pointing out inconsistencies
- Be aware that denial and minimization exists
- Avoid getting side tracked
- Make diagnosis a cooperative venture with the client
- When in doubt seek input from others
- Spend enough time to get the full picture
- Spend enough energy to get the picture
- Trust your intuitions / hunches

ASSESSMENT

DEFINITION:

A formal procedure by which a counselor identifies & evaluates an individual's strengths, weaknesses, problems, and needs for the development of the treatment plan.



GLOBAL CRITERIA

- Gather relevant history from the client using appropriate interview techniques
- Identify methods & procedures for obtaining corroborative information from significant secondary sources
- Select appropriate assessment tools
- Explain to the client the rationale for the use of assessment techniques
- Develop a diagnostic evaluation of the client's use and co-existing conditions

FAMILY OF ORIGIN

- If you needed help who would you go to, and why? Who would you never go to?
- 1) Tell me about your parents, grandparents & siblings . . .
Married/Divorced, Single-parent – (foster)
Birth order – grandparents' involvement
- What member of the family do they say you are most like?
- 2) Tell me about your childhood experiences, growing up . . .
Happy, sad. . . school, town, friends
How did your family discipline you?

- 3) How did your family celebrate, handle other situations
 - 4) Who else in your family drank/used? What? How much?
 - 5) Tell me about your relationship with your family now . . . supportive?
- 

ASSESSMENT INTERVIEW PARAMETERS

TRIAGE MODEL

GATHERING ESSENTIAL DATA
REGULAR UPDATING OF
INFORMATION FROM BASELINE

TREATMENT PLANNING

DEFINITION:

The process by which the counselor & the client identify and rank problems needing resolution; establish agreed upon immediate and long-term goals; and decide on the treatment methods and the resources to be used.



GLOBAL CRITERIA

- 1. Explain assessment results . . .
- 2. Identify & rank problems . . .
- 3. Formulate goals . . .
- 4. Identify methods & resources . . .

TREATMENT PLAN FRAMEWORK

- 1. Problem specification
- 2. Identifying the treatment objectives for eliminating the problem
- 3. Describe strategies for accomplishing objectives
- 4. Anticipating consequences of proposed intervention outcomes

PROBLEM STATEMENT

- 1. Describe Observable Behavior
- 2. Describe One Problem at a time
- 3. Individualize by being specific
- 4. Be prepared for many problems

TREATMENT GOALS

- 1. Specify general conditions of the patient that will result from treatment using an action verb to illustrate change.
- 2. Make the patient the subject of the goal statement.
- 3. Identify one (1) goal per problem.
- 4. Goal must not exceed one sentence.
- 5. Present the goal in positive terms.

ACTION STEPS

TREATMENT OBJECTIVES

- 1. Goal statement ending with, “as evidenced by. . .”
- 2. Link goals & objectives
- 3. Each goal has an objective / action step.
- 4. The subject of the objective is the patient.
- 5. Each objective has a target date.

OBJECTIVE WRITING GUIDELINES

- Is it clear?
- Is it relevant?
- Can the client accomplish it?
- Does it improve performance?
- Is it measurable?
- What information do you have that shows that the client needs to achieve this objective?
- Does it state the definitive behavior, criteria, and conditions?

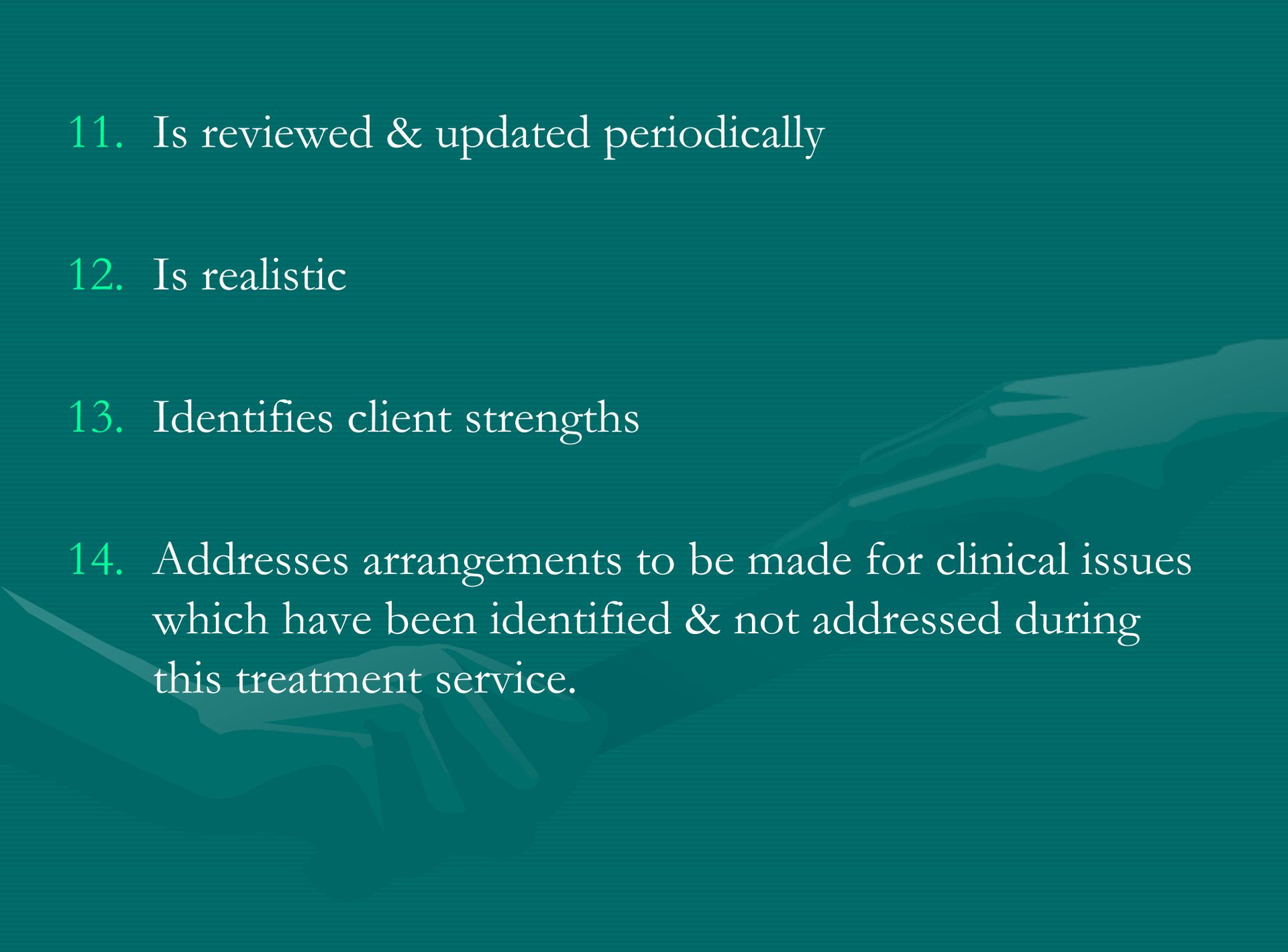
TREATMENT PLANNING REVIEW

- GOAL: Provide a prescriptive, specific course of treatment for the client
- PURPOSE: 1) Provide client, (family), team with specific clinical direction.
2) Provide framework for measuring success and progress.
3) Provide a process for sequencing and prioritizing clinical issues.

TREATMENT PLAN REQUIREMENTS

1. Individualized to client demographics, cognitive development / functioning & clinical issues..
2. Reflect the specific needs of the client – PRESENTING PROBLEM.
3. Specify services provided
4. Identify specific goals
5. Contains objectives/action steps that relate to the goals

6. Contains interventions for accomplishing the objectives
7. Identifies assigned staff
8. Identifies discharge criteria
9. Documents anticipated & actual completion dates
10. Involves client, and when appropriate, family

- 
11. Is reviewed & updated periodically
 12. Is realistic
 13. Identifies client strengths
 14. Addresses arrangements to be made for clinical issues which have been identified & not addressed during this treatment service.

REVIEW

- **PROBLEM STATEMENT:** Identifies clinical issue
Provides example of problem
Direct from Clinical summary
- **GOAL:** expected result
encompassed in a broad statement
achievable time frames
guideline for treatment direction
stated in a way the client can understand
addresses the issue identified in the clinical summary
- **OBJECTIVES:** expected result / condition
relates to assisting client in accomplishing a goal
- **INTERVENTION:** Task assignments & treatment modalities used to assist the client in accomplishing objectives

REFERRAL

Making the Most Of Our Resources



Definition:

Identifying the needs of the client that cannot be met by the counselor or the agency & assisting the client to utilize the support systems and available community resources.

GLOBAL CRITERIA

1. Identifying the need/problem that the agency/counselor cannot meet.
2. Match client need to the appropriate resource.
3. Explain rationale for referral to the client.
4. Adhere to applicable laws to protect client confidentiality.
5. Assist the client in utilizing/accessing the community resources.

Assessing Client's Resources

Motivation

Economic

Social Support Systems

Relationship with Community Agencies

Open Ended Questions

Multi-System Teams

1. Understand other disciplines' needs and mandates.
2. Ability to give up control.
3. Ability to trust others' capabilities.
4. Willingness to share oneself.
5. Willingness to participate in cross-training.
6. Willingness to share and to receive.
7. Willingness to ask difficult questions.

8. Ability to approach with an open mind.
9. Commitment to regular attendance/participation.
10. Share facilitation process.
11. Commitment to regularly scheduled meetings.
12. Organized agendas before meeting.
13. Willingness to do what it takes to provide services.
14. Commitment to take good care of ourselves and have fun in the process

Service Coordination

DEFINITION:

The activities which bring services, agencies, resources, or people together within a planned framework of action toward the achievement of established goals. It may involve liaison activities & collateral contacts.



GLOBAL CRITERIA

- Coordinate services for client care
- Explain the rationale of case management activities to the client

CLINICAL COMPETENCIES

1. Understand the established diagnostic criteria for substance use disorders & describe treatment modalities and placement criteria within the continuum of care.
2. Describe a variety of helping strategies for reducing the negative effects of A & D use.
3. Tailor helping strategies / treatment modalities to the s\client's stage of dependence, change or recovery.
4. Provide treatment services appropriate to the personal / cultural identity & language of the client.
5. Adapt practice to the range of treatment settings and modalities.

6. Be familiar with medical & pharmacological resources in the treatment of substance use disorders.
7. Understand the variety of insurance options available & importance of helping client access these benefits.
8. Recognize that crisis may indicate an underlying substance use disorder & may be a window of opportunity for change.
9. Understand the need for & the use of methods for measuring treatment outcome.

TIME MANAGEMENT RULES

- #1) You control your life by controlling your time.
- #2) Your governing values are the foundation of personal success / fulfillment.
- #3) when your daily activities reflect your governing values you have peace.
- #4) To reach a goal you must leave your comfort zone.
- #5) Consistent planning maximizes time & increases focus.

TIME ROBBERS

- Imposed on us:
 - interruptions
 - waiting for answers
 - unclear job definition
 - unnecessary meetings
 - too much work
 - poor communication
 - shifting priorities
 - equipment failure
 - disorganized boss
 - red tape
 - conflicting priorities
 - poor planning

- Self-inflicted
poor planning
failure to delegate
poor attitude
personal disorganization
absentmindedness
failure to listen / ask questions
indecision – failure to say, “No”
socializing – people pleasing
fatigue – FEAR
lack of self-discipline
leaving tasks unfinished
paper shuffling
PROCRASTINATION

PROCRASTINATION

- Conscious - Awake & knows what we're doing
- Unconscious - Totally unaware of our actions

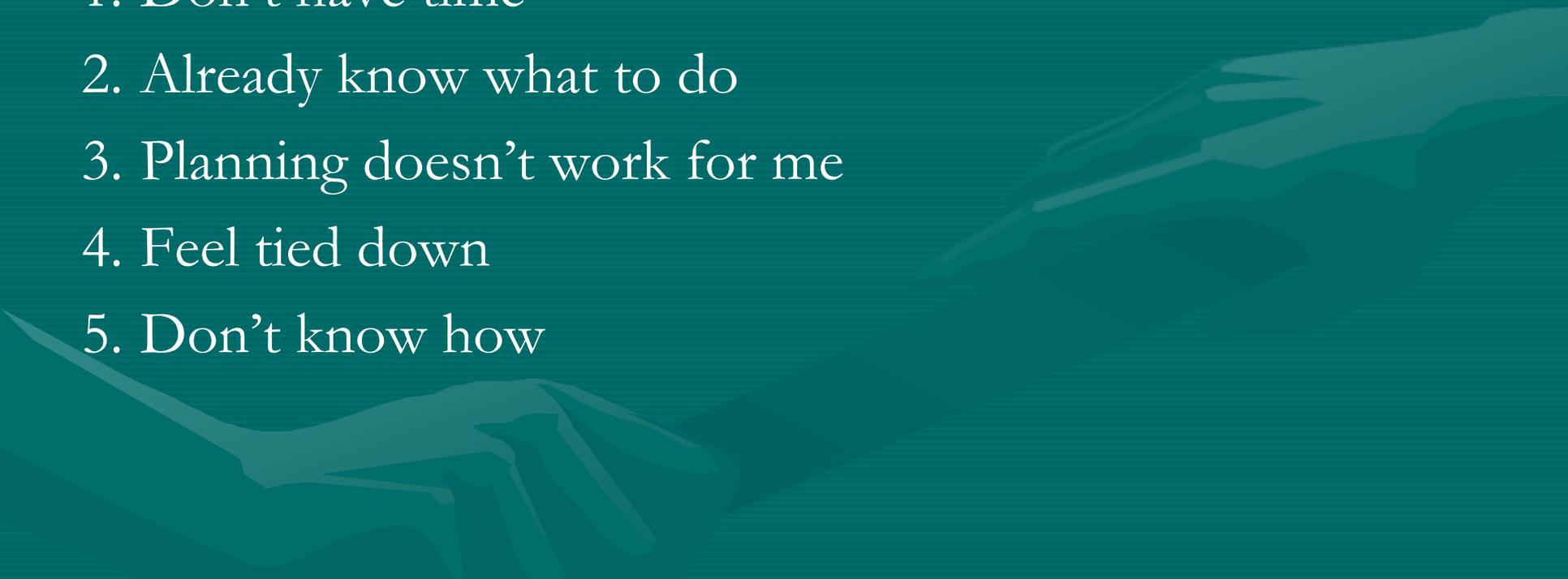
WAYS TO PREVENT PROCRASTINATION

- Record needed action
- Set a deadline
- Develop Steps
- Do the most unpleasant task first
- Make a game of it
- Build in a reward
- Divide an overwhelming task into smaller jobs

SHIFTING PRIORITIES

- Do what you're responsible for
- If unsure what you're responsible for, ask your "boss" to help you understand.
- It's easier to handle / answer dumb questions than to correct dumb mistakes.
- Fear of Being Successful
- **POOR PLANNING**
- Over committing
- Lack of information
- Unclear goals
- Fear of failure F.E.A.R.
- Priority and general disorganization

5 COMMON EXCUSES FOR NOT PLANNING

1. Don't have time
 2. Already know what to do
 3. Planning doesn't work for me
 4. Feel tied down
 5. Don't know how
- 

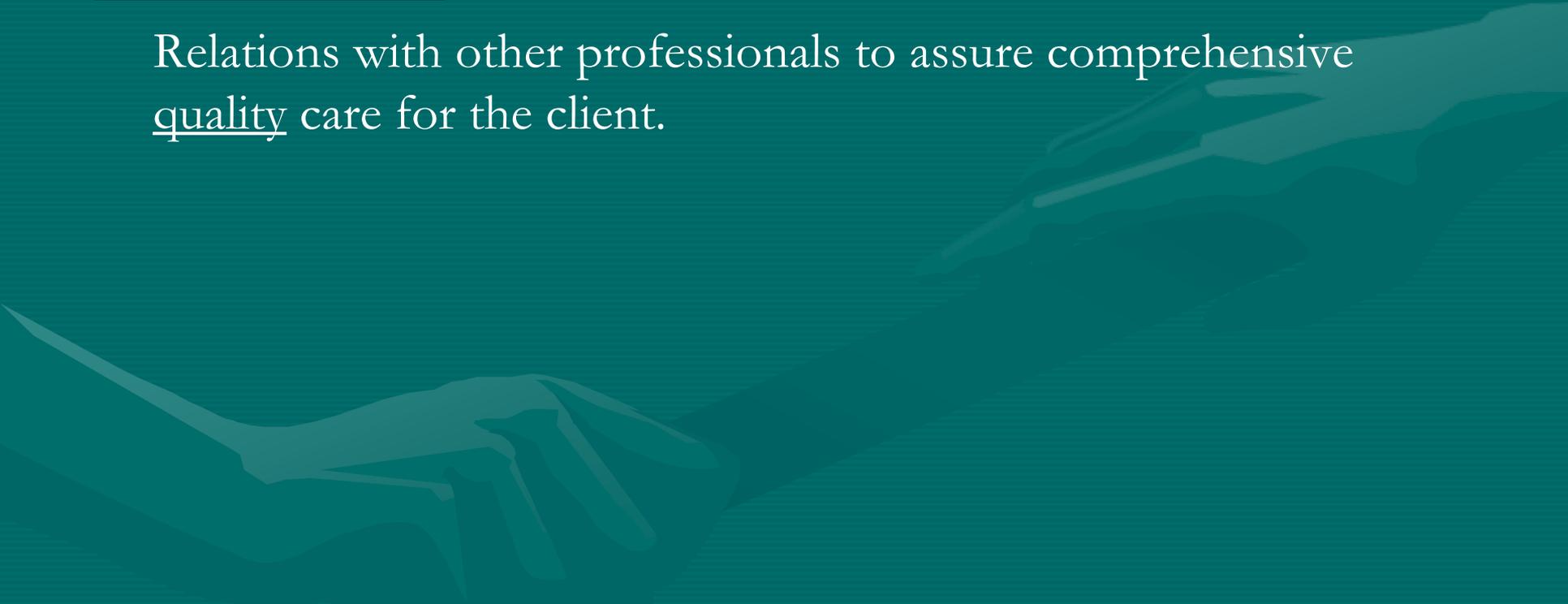
PROCESS OF PLANNING

- Find a place free from distractions
- Review long-range goals
- Make sure the number of tasks and the needed time are available in your day
- Set specific goals for each task
- Anticipate obstacles
- Prioritize your task
- **PRIORITIZED DAILY TASK LIST**
 - Make a list of all things to be accomplished today.
 - Give a value to each lone.
 - Prioritize according to value

CONSULTATION

DEFINITION:

Relations with other professionals to assure comprehensive quality care for the client.



GLOBAL CRITERIA

- Recognize issues beyond counselor's knowledge / skill / standard operating procedure
- Consult with appropriate resources to ensure effective service
- Adhere to regulations governing disclosure
- Explain consultation process and rationale to the client

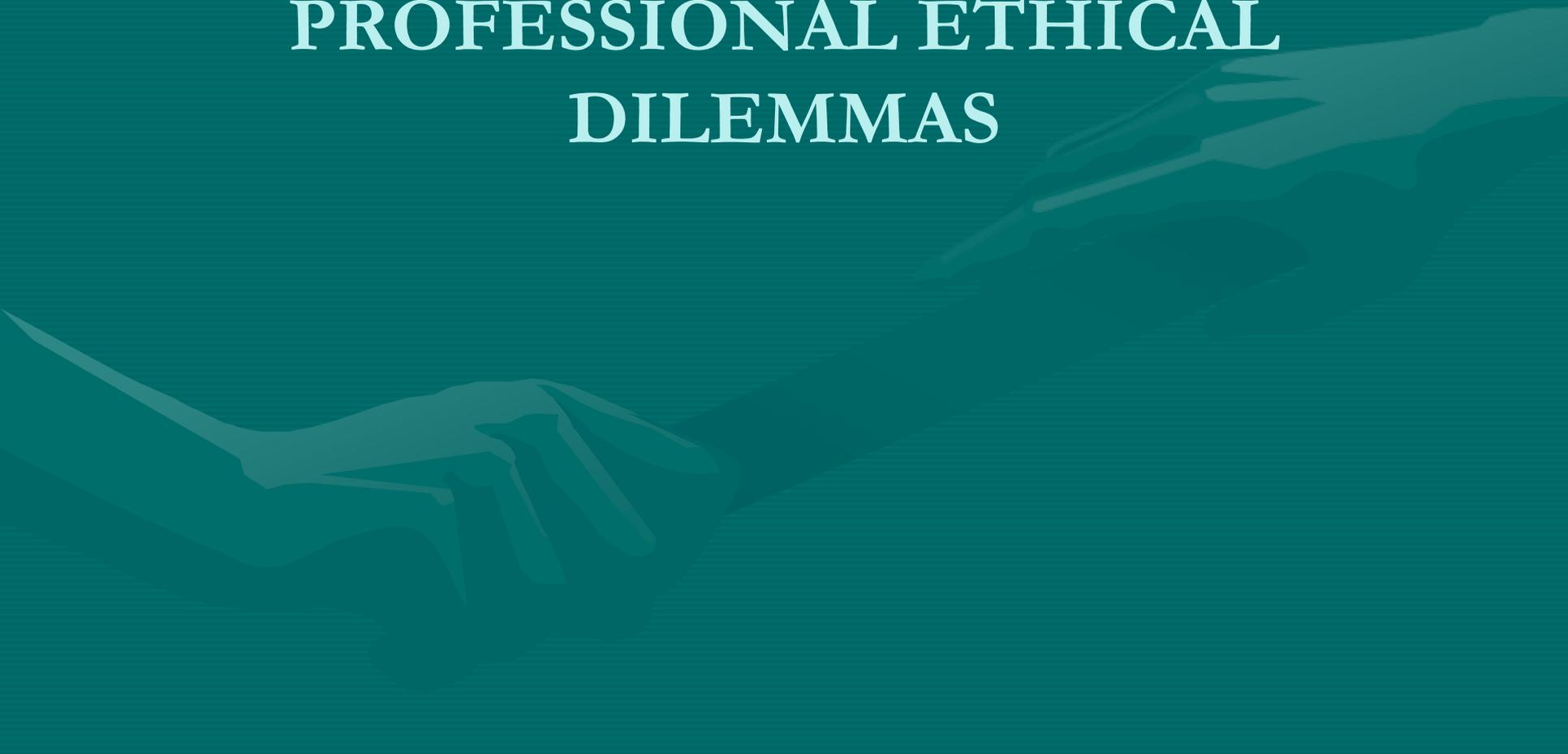
BENEFITS OF CONSULTATION

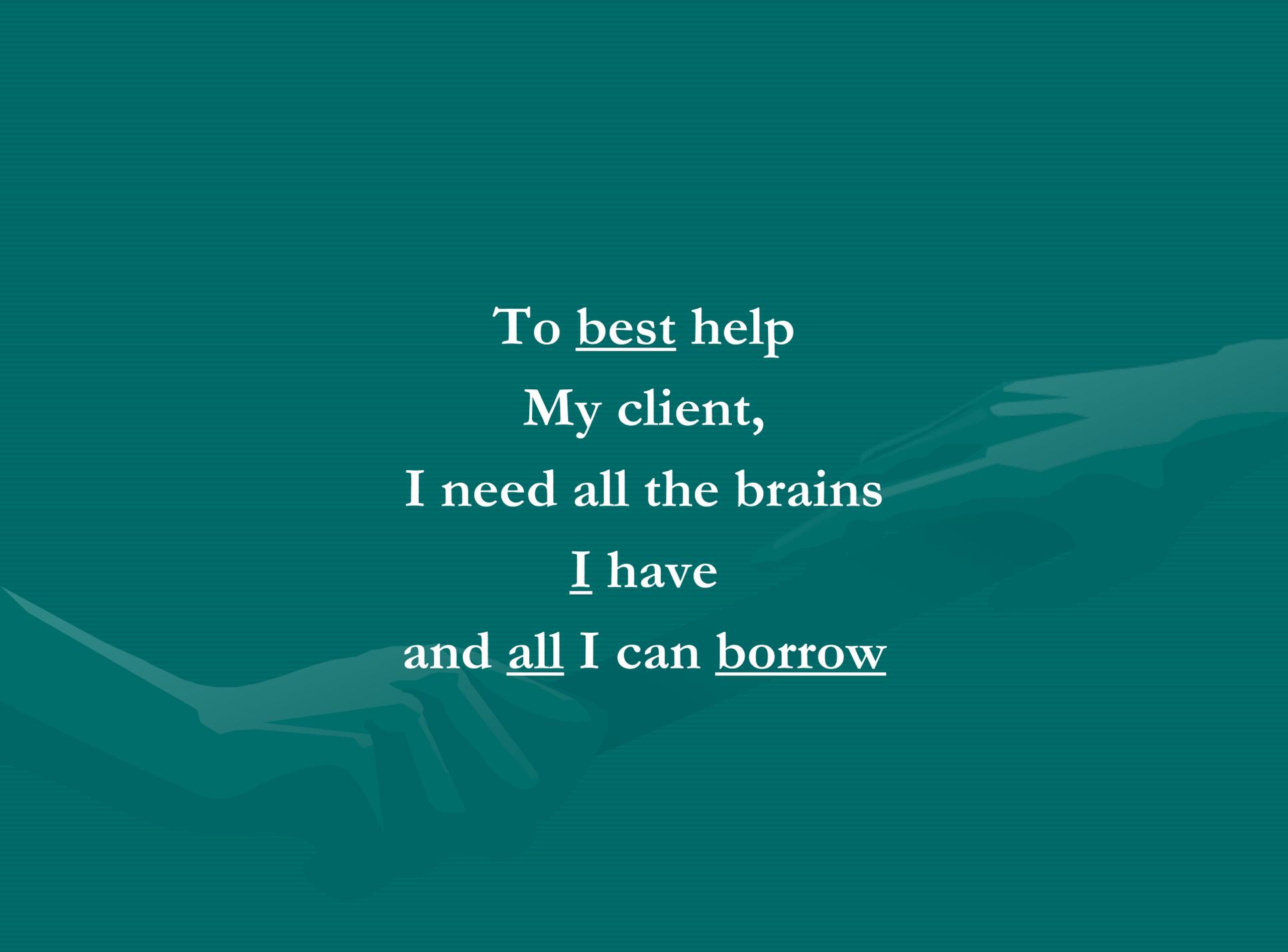
- STRONGER FOUNDATION
 - MAXIMUM TREATMENT POTENTIAL
 - CLEARER CLINICAL PERSPECTIVE
 - INCREASED KNOWLEDGE
 - GREATEST CLINICAL BENEFIT
- 

SEEKING CONSULTATION

- WHY?
- WHO?
- EXPLAIN
- PERMISSION
- RESULTS
- UTILIZATION
- DOCUMENT

PROFESSIONAL ETHICAL DILEMMAS





To best help
My client,
I need all the brains
I have
and all I can borrow

COUNSELING

DEFINITION:

- Individual
- Group
- Significant others

The utilization of special skills to assist individuals in achieving objectives through exploration of a problem and its ramifications; examination of attitudes feelings, alternative solutions and decision making.

EFFECTIVE LISTENING SKILLS

- The effective listener **facilitates** the speaker by:
 - reflecting* the stated feelings of the speaker, using the same or similar words;
 - maintaining nonverbal behavior that is *attentive* to the speaker;
 - accepting* the speaker's feelings by being nonjudgmental
- The advanced effective listener facilitates the speaker by:
 - responding to stated feelings and to *undercurrent* feelings that the speaker has implied but has not clearly stated;
 - acknowledging the *intensity* of the speaker's feelings with appropriate nonverbal behavior;
 - responding to *nonverbal* cues from the speaker

EFFECTIVE LABELING OF FEELINGS AND SOURCE SKILLS

- The effective listener **facilitates** the speaker by:
responding to the speaker's stated feelings but matching it to an incorrect or *inappropriate source*;
reflecting the stated feelings and sources of the speaker using the same or similar words;
centering on the speaker's immediate concern
- The advanced effective listener facilitates the speaker by:
responding to the speaker's feelings and sources in language that is *more specific* than the language that the speaker used;
focusing on those feelings and sources that are most important to the speaker's immediate concerns;
responding to *stated* feelings, to *undercurrent* feelings, and to the sources or those feelings

EFFECTIVE RESPONDING TO FEELINGS IN CONFLICT SKILLS

- The effective listener **facilitates** the speaker by:
 - responding to the speaker's *feelings* in conflict but not to the source(s) of those feelings;
 - reflecting* the speaker's feelings and source(s) in conflict, using the same or similar words;
 - responding* to the speaker's feelings in conflict and their source(s) by using examples the speaker has described
- The advanced effective listener facilitates the speaker by:
 - responding to the speaker's stated feelings in conflict and to the source(s) of those feelings using language that is *more specific* than the language used by the speaker;
 - responding to the *impact* of the speaker's conflict;
 - responding to *undercurrent feelings* and *source(s)* that the speaker implies but does not clearly state

EFFECTIVE RESPONSE TO VALUES SKILLS

- The effective listener **facilitates** the speaker by:
 - reflecting the ***stated*** values of the speaker by using the same or similar words;
 - responding to the speaker's values but not to the ***feelings*** associated with them;
 - using examples that are ***meaningful*** to the speaker
- The advanced effective listener facilitates the speaker by:
 - responding more ***specifically*** to the speaker's values;
 - responding to the speaker's stated values and checking out other ***undercurrent*** values that may be present but not clearly stated;
 - responding to the ***feelings associated*** with the speaker's values

Cognitive Perspective

Situation - The Individual

Thinks

Feels

Behaves

Consequence



HOW DO PEOPLE CHANGE?

People change voluntarily only when...

- ...they become interested in or concerned about the need for change
- ...they become convinced that the change is in their best interests or will benefit them more than cost them
- ...they organize a plan of action that they are committed to implementing
- ...they take the actions that are necessary to make the change and sustain the change

Stages of Change Represent Steps in the Journey to Addiction and Recovery

- Precontemplation – not ready to change
- Contemplation – thinking about change
- Preparation – getting ready to make change
- Action – making the change
- Maintenance – sustaining behavior change until integrated into lifestyle
- Relapse and Recycling – slipping back to previous behavior and re-entering the cycle of change
- Termination – leaving the cycle of change

5 TRANSITIONAL STAGES

- Stage 1 -- Relationship Building
- Stage 2 -- Exploration & Understanding
- Stage 3 -- Decision Making
- Stage 4 -- Working
- Stage 5 -- Termination & Follow-up

- 
1. Developing Foundation
 2. Client Frame of Reference
 3. Formatting Goals
 4. Solving Problems
 5. Concluding Counseling Process

6 BASIC COUNSELOR CHARACTERISTICS

- 1) The belief that clients are unique individuals of significant value
- 2) The belief that clients are capable of change
- 3) Knowledge of how individuals function, know people developmentally
- 4) Knowledge of how to assist individuals
- 5) Willingness to become involved
- 6) Knowledge of oneself

COMMON PITFALLS

1. Performance anxiety
2. Accomplish too much in one session
2. Failure to press for another appointment
3. 4. Viewing counseling as work / effort
5. Holding on to conscious concept of role
6. Failure to set perimeters for counseling
7. Entering therapy with extreme & inappropriate attitude
8. Fear of silence

Self-Evaluation

1. What primary theory / counseling style do you use?
2. How do you see your clients?
3. What is your role in the client / therapist relationship?
4. How do you set your environment to support your philosophy?
5. How can you improve?

CLIENT EDUCATION

DEFINITION:

- Provision of information to individuals / groups, concerning alcohol and other drug abuse and the available services and resources

GLOBAL CRITERIA

- Present relevant alcohol and other drug use/abuse information to the client through formal and/or informal processes.
 - Utilizing a number of relevant methods as part of a treatment plan to educate the client including formal methods such as films, lectures or informal methods such as individual and/or group discussions, bibliotherapy.
- Present information about available alcohol and other drug services and resources.
 - Utilizing a number of relevant methods to educate the client about available alcohol and drug services and resources. A counselor needs to provide both services and rationale for the use of a specific resource as it relates to client's presenting problem.

COMPETENCIES

1. Provide culturally relevant formal and informal education programs that raise awareness and support substance abuse prevention and/or the recovery process.
2. Describe factors that increase the likelihood for an individual, community, or group to be at-risk, or resilient to, psychoactive substance use disorders.
3. Sensitize others to issues of cultural identity, ethnic background, age and gender in prevention, treatment, and recovery.

4. Describe warning signs, symptoms, and the course of substance use disorders.
5. Describe how substance use disorders affect families and concerned others.
6. Describe the continuum of care and resources available to family and concerned others.

7. Describe principles and philosophy of prevention, treatment, and recovery.
8. Understand and describe the health and behavior problems related to substance use, including transmission and prevention of HIV/AIDS, TB, STDs and other infectious diseases.
9. Teach life skills, including but not limited to: stress management, relaxation, communication, assertiveness, and refusal skills.

TYPES OF LEARNING

I. COGNITIVE (THINKING)

Recalling & Using Information Appropriately

II. AFFECTIVE (ATTITUDES / VALUES)

Showing a preference for selected concepts; exhibiting feelings

III. BEHAVIORAL (PSYCHOMOTOR)

Performing an act or series of actions

TRAINING DESIGN

- BEHAVIORAL OBJECTIVES
- WHAT THE STUDENT WILL LEARN
- HOW THE STUDENT WILL LEARN
- TIME FOR EACH ACTIVITY
- MATERIALS / EQUIPMENT NEEDED
- EVALUATE LEARNING

E. I. A. G.

EXPERIENCE

IDENTIFY

ANALYZE

GENERALIZE



FEEDBACK

- The object of feedback is the transmission of reliable information so that the person receiving it has sufficient information to change his behavior, if he/she elects to do so.

BEFORE GIVING FEEDBACK

- Can the receiver's behavior be changed?
- Are my observations accurate and objective?
- Can I clearly and accurately describe my observations?
- How can I check with the receiver to insure clear communication?

BECOMING A MORE EFFECTIVE TEACHER

- **PREPARE THE GROUP / INDIVIDUAL TO LEARN**
- **USE BASIC PRINCIPLES OF ADULT EDUCATION**
- **REMEMBER LEARNING STAGES**
- **NLP (Neurolinguistic Programming)**
- **PREFERRED LEARNING STRATEGIES**
- **MEANS OF PERCEIVING INFORMATION**

- What: REPORT & RECORD KEEPING
- Who: STUDENTS
- Where: LICENSURE PREPARATION CLASS
- When: SCHEDULED CLASS DATE & TIME
- How: FACILITATIVE EXPERIENTIAL LEARNING
- Why: TO APPLY FOR LICENSURE

- ---
- FACILITATOR DATE

Documentation

- **DEFINITION:**

Charting the results of the assessment & treatment plan; writing reports, progress notes, discharge summaries and other client related data.

GLOBAL CRITERIA

- 1) Prepare reports & relevant records integrating available information to facilitate the continuum of care.
- 2) Chart pertinent ongoing information pertaining to the client.
- 3) Utilize relevant information from written documents for client care.

COMPETENCIES

1. Demonstrate knowledge of accepted principles of client record management.
2. Protect client's rights of privacy, especially in regard to third parties.
3. Prepare accurate & concise records.
4. Record treatment/continuing care plans that are consistent with agency/administrative rules.
5. Record progress in relation to goals/objectives.
6. Prepare accurate/concise discharge summaries.
7. Document treatment outcome using acceptable methods/instruments.

LEGAL DOCUMENTATION

- 1) MUST BE LEGIBLE & IN INK.
- 2) MUST INCLUDE DATE OF SERVICE/DATE DOCUMENTATION COMPLETED.
- 3) MUST BE SIGNED BY THE AUTHOR.
- 4) MUST BE COMPLETED WITHIN AN ESTABLISHED TIME FRAME.

- 5) PRIMARY MECHANISM FOR TEAM MEMBERS TO COMMUNICATE ABOUT CLIENT CARE.
- 6) PROVIDE ACCOUNTABILITY FOR COUNSELORS REGARDING ACTIONS/INTERVENTIONS.
- 7) ESSENTIAL FOR PROTECTION FROM MALPRACTICE & INDICTMENTS FOR NEGLIGENCE.
- 8) MAINTAINING CFR,42 REGULATIONS.

PROGRESS NOTES

- CLEAR & CONCISE
- PRECISE LANGUAGE
- VERBS DESCRIBE BEHAVIOR
- NOTE CLIENT REACTIONS
- MENTION PROGRESS (OR LACK OF)
- USE POSITIVE LANGUAGE!
- AVOID CLICHES!
- DIRECT “QUOTATIONS”
- RELATE TO GOALS, OBJECTIVE, PROGRESS
- CONFIRM INTERACTION BETWEEN THERAPIST AND CLIENT
- ELIMINATE UNNECESSARY WORDS

CLINICAL NOTES

- 1) CONFIRMS A SPECIFIC SERVICE
- 2) CONNECTS SERVICE TO KEY ISSUE
- 3) CONFIRMS CLIENT RESONSE
- 4) DESCRIBES CLIENT'S STATUS
- 5) PROVIDES DIRECTION FOR TREATMENT

ERRORS IN TREATMENT NOTES

- **ERRORS OF OMISSION**
 - No date (m/d/y)
 - No stated objectives for session
 - No signature of therapist
 - No starting/ending time

- **ERRORS OF COMISSION**
 - No/insufficient documentation for the effectiveness of activities
 - No specific interpretation of test results
 - No/insufficient documentation of how treatment plan is being addressed
 - Open spaces/lines left on form

DOCUMENTING TERMINATION

- Note the factual basis for termination
- Make reference to previous discussion about closure
- Document efforts to contact client after missed appointments
- Provide client with a plan of action
- If unable to discuss closure with client, write letter, avoid discussion about feelings/threat of action over unpaid bills

Owning Our Motivations



ETHICAL STANDARDS OF ADDICTION PROFESSIONALS

- Principle 1: Non-Discrimination
- Principle 2: Responsibility
- Principle 2: Responsibility
- Principle 4: Legal and Moral Standards
- Principle 5: Public Statements
- Principle 6: Publication Credit

- **Principle 7: Client Welfare**
- **Principle 8: Confidentiality**
- **Principle 9: Client Relationships**
- **Principle 10: Interprofessional Relationships**
- **Principle 11: Remuneration**
- **Principle 12: Societal Obligations**

BIBLIOGRAPHY

The following books are **recommended** readings

- **Chemical Dependency Counseling**, Perkinson, Robert R., Sage Publications, 2002
- **NAADAC Home Study Guide on Addiction Counseling**, Assorted Authors, NAADAC, 2009
- **The Twelve CORE FUNCTIONS of the Substance Abuse Counselor**, Herdman, John W., Ph.D., CADAC Learning Publications, Holmes Florida, 1994
- **Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice**, Center for Substance Abuse Treatment, 1998
- **Becoming a Professional Counselor**, Wallace, Sheri A., and Lewis, Michael D., Sage Publications, 1990

MY WISH FOR YOU

That happiness will wrap
her arms around you,
and wisdom
make your soul
serene.

