

An Integrative Approach to Addiction Counseling: Theories, Practices and Skills

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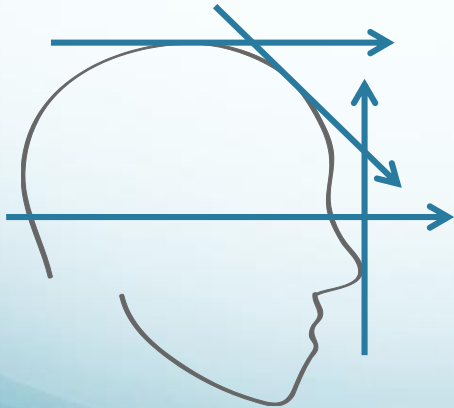
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Learning Objectives

- ❑ Review various theoretically-based approaches to addiction counseling
- ❑ Explore counseling practices, treatment modalities, and counseling skills pertinent to addiction counseling.
- ❑ Review considerations for special populations in addiction counseling.

Theoretically-Based Approaches to Addiction Counseling



Module 1

The Case of Maria



- 36 y.o. Hispanic female
- Entering residential treatment
- Alcohol dependent; drinking out of control
- Married with 2 children (6 and 10)
- No reported medical conditions
- College grad; successful executive
- Fired from job 18 months prior
- Alcohol in family (mother, now deceased)
- Held to high standards as a child; high achiever as an adult
- Feels depressed; worthless

Adlerian Psychology (Individual Psychology)

- Humanistic model
- Sees behavior as goal directed; purposeful
- Striving for superiority
- Feelings of inferiority serve as motivators
- Each person is individually unique in how they view the world



Adlerian Psychology (Individual Psychology)

- Fictional finalism = an imagined central guiding goal
- Lifestyle = a person's chosen method of moving through life
- Private logic = one's perceived reality
- Social interest = one's level of awareness as being part of the human community

Adlerian Psychology and Maria

- Maria's fictional finalism: to achieve at all costs in order to receive praise (especially from Mother)
- Drinking increased with Mother's passing
- Therapy: help her see the root of her purposeful behavior and to see that she has the power to control her own life
- Private logic: self worth only comes with high performance
- Success in recovery: help realign her fictional finalism and increase social interest for success in long term recovery

Behavior Therapy

- Behavior can be learned and unlearned; clients modify (or “unlearn”) negative behaviors
- Evolved from:
 - Pavlov’s classical conditioning (behavior as a response to a stimulus)
 - Skinner’s operant conditioning (behavior is reinforced by consequences)
 - Bandura’s social learning approach (behavior is learned by observing others and the consequences of their behavior)
- Action-oriented therapy to help change “doing and thinking” in order to increase comfort for the client
- Sees “triggers” (to using) as learned behaviors that can be unlearned
- Examples: contingency management, assertion training, cue exposure treatment and aversion therapy



Behavior Therapy and Maria

A behavior therapist would work with Maria to set goals that move her in a positive direction (such as finding a job and reducing alcohol intake) while working with her to unlearn behavior that is holding her back from being productive and self-satisfied with high performance. Supporting her recovery further (through operant conditioning) are the benefits she gains from improved relationships with her children and husband.

Cognitive-Behavior Therapy (CBT)

- Learning new behaviors while restructuring thoughts and emotions
- Recognition of self-defeating or irrational thoughts, emotions and behavior
- Gain insight to “schemas” or one’s “rules of life”
- Focus on symptoms as targets for change
- Therapist challenges and helps alter dysfunctional thoughts, attitudes and behaviors



CBT and Maria

- In her recovery Maria's concept of achievement is challenged
- Her therapist will help her understand how such thoughts are self-defeating
- She will begin to see that her irrational thinking has been destructive and will be a challenge in her recovery
- In therapy her thinking could become reconstructed in order to change how she views what it takes to acquire self-worth

Dialectical Behavior Therapy

“Dialectics” refers to how the human mind understands and perceives concepts and ideas

A modified form of cognitive behavior therapy that combines standard CBT techniques for emotion regulation and reality-testing with concepts of distress tolerance, acceptance, and mindful awareness largely derived from Buddhist meditative practice.

Dialectical Behavior Therapy

Main Principles:

1. Mindfulness
2. Interpersonal effectiveness
3. Distress tolerance
4. Emotional regulation



Dialectical Behavior Therapy and Maria

A DBT therapist would help Maria to enhance her intrinsic motivation and help Maria meet specific challenges in her recovery. The primary goals for Maria might be to learn how to emotionally accept occasional lack of perfection, fully experiencing her emotions, achieve behavioral control over her emotions, build her sense of self respect, and move toward spiritual fulfillment.

Gestalt Therapy

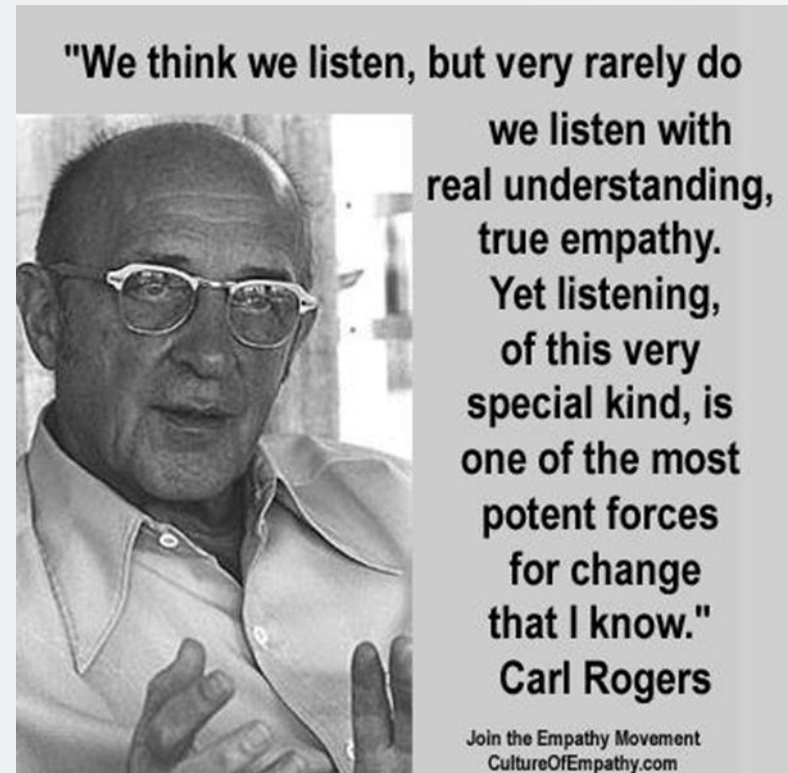
- A holistic approach with a primary goal of helping one gain awareness of his or her experience
- Encourages personal responsibility for what one is feeling, thinking and doing.
- Stresses “unfinished business” as possible feelings from one’s past that interfere with healthy functioning
- The present is of primary focus (such as how unfinished business impacts the here and now)
- Growth will only occur in a genuine and trusting therapeutic relationship
- Rather than using interpretation, the therapist will assist the client to truly see, hear, touch and experience his/her concerns (“contact”)
- “Top Dog” = that part that creates stress
- “Under Dog” = that part that encourages unhealthy ways to reduce stress (like using alcohol or drugs)

Gestalt Therapy and Maria

A goal will be to help Maria accept the control she has over her life and her behaviors. Maria can become aware of past drinking patterns and triggers as well as how her drinking has affected others. Maria will be encouraged to address unfinished business with her mother and become aware of how such feelings are affecting her present life

Person-Centered Therapy (Rogerian Therapy)

- A humanistic approach that emphasizes that the client is capable of initiating change
- Holds the belief that within each person is an innate nature to achieve potential
- A belief the people are basically good
- The client knows him/herself best and is capable of self-discovery and awareness.
- Rogers 3 conditions:
 - Congruence (or genuineness)
 - Unconditional positive regard
 - Empathic understanding



Partnership

A photograph of two young boys walking away from the camera on a gravel path that stretches into the distance. The boy on the left is wearing a light blue t-shirt and grey shorts, while the boy on the right is wearing a dark blue t-shirt and shorts. The boy on the right has his arm around the shoulder of the boy on the left. They are walking through a field of tall grass and wildflowers. In the background, there is a line of trees under a clear sky.

“You are the best judge of what is going to work for you.”

Person-Centered Therapy and Maria

Maria is shown (by her therapist) genuineness, empathic understanding and unconditional positive regard. She thus feels a positive connection with her therapist and thus feels free to discuss her thoughts, feelings, and behaviors, thus gaining new insight and intrinsic motivation. Her therapist also becomes a model of positive communication.

Acceptance



“I accept you for who you are and am here to help whatever you decide to do.”

Medication-Assisted Treatment (MAT)

Medication-assisted treatment for psychiatric and substance use disorders involves the use of prescribed medications as an additional measure of support during a client's ongoing counseling and recovery.

- Sensitizers
- Antagonists
- Overdose antidotes
- Withdrawal aids
- Maintenance therapy
- Psychotropics



Addiction professionals should always direct a client to his or her prescriber if any questions or concerns regarding prescribed medications arise.

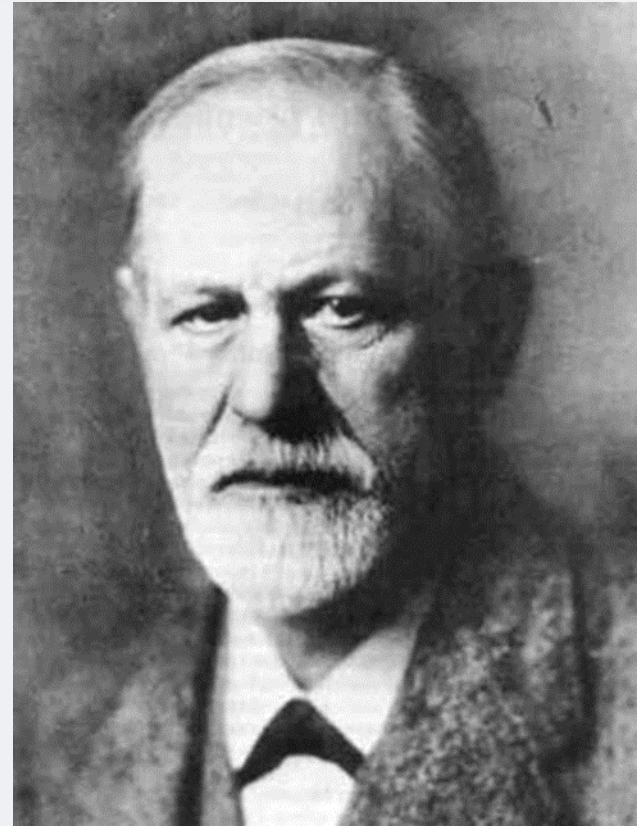
Medication-Assisted Treatment (MAT) and Maria

Maria would be assessed to determine if MAT is warranted and, if so, which medication might be most effective as an adjunct to her treatment.

Since she has no contraindicated medical conditions and is currently engaged in outpatient therapy, MAT might be recommended. One possibility would be extended release naltrexone (Vivitrol®) as it could be helpful to reduce Maria's desire to drink and thus can be a significant aid while she is in outpatient therapy

Psychoanalytic Therapy

- A deterministic approach
- Focus on the unconscious
- Analysis of resistance: repressed material surfacing from the unconscious
- 3 components of the mind: id, ego, superego
- Emphasis on defense mechanisms
- Insight-oriented; can be helpful to support recovery



Psychoanalytic Therapy and Maria

In therapy, Maria attempts to bring into her conscious mind and repressed memories from childhood, specifically those related to her mother into her conscious mind. This can be helpful in Maria's recovery once repressed memories are released from the unconscious, Maria, with the help of her therapist, can restructure her memories such that they are no longer dictating her behavior, thus providing further support for her recovery.

Rational-Emotive-Behavior Therapy

- Developed by Albert Ellis
- Primary principle: Events do not disturb people; it's one's **view** of the events that leads to dysfunction
- REBT focuses on current attitudes, beliefs, and self-statements
- Correction of irrational thoughts leads to productive lives
- Beliefs that lead to problematic behavior are addressed in therapy (not consequences of such beliefs)
- Clients are encouraged to strive toward self-determination in support of recovery

ABC Model of REBT

A= **A**ctivating beliefs

B= **B**eliefs

C= Emotional and behavioral **C**onsequences

D=**D**isputing irrational beliefs

E= **E**ffective new thinking

Rational-Emotive-Behavior Therapy and Maria

Maria is obsessed with the (erroneous) belief that she is worthless if she does not perform at a high level. Thus she is set up to fail. Her activating event was losing her job and her belief is that she is worthless. Her emotional and behavioral consequences involve feeling worthless (because she is not productive) and she drinks heavily (as a form of self-medication) to deal with her lack of productivity. In therapy, she begins to recognize other avenues besides her career that can be reasons for self-worth (Disputing beliefs), thus further supporting her recovery and avoiding relapse (Effective thinking).

Reality Therapy

(Control Theory)

- Developed by William Glasser
- One's behavior is seen as an attempt to control his/her perception of the external world
- Similar to Adlerian therapy: how a person perceives the world is a motivating factor for behavior
- Assumption that all people desire freedom and autonomy of their own lives
- Goal of therapy: help the client evaluate his/her behavior to assess whether it meets one's internal needs and striving for behavior that is more responsible
- Four important components:
 - Doing
 - Thinking
 - Feeling
 - Physiology

Total behavior (one's best attempt to satisfy needs)

Success Identity = when one feels he/she has self-worth, is powerful and is able to love and be loved

Reality Therapy

(Control Theory)

Maria views the world as a highly demanding and painful place that is only meant for those who can succeed and perform at a top level. Since she is not performing at this level, she has decided to withdraw and not participate. Maria has operated from the reality of being unhappy and has met her needs by self-medicating via drinking. A reality therapist can help Maria redefine her view of the world to a more positive perspective and help her make purposeful steps to satisfy her needs in a more productive way. Further, the addiction professional can help Maria develop a success identity by pulling from her personal strengths not associated with her performance level, thus helping support her recovery as she moves into a more productive way of living.

Solution-Focused Therapy

- Developed by Steve de Shazer and Insoo Kim Berg
- Theory: Social reality can be changed through language
- **Utilization** of solutions and previous successes (not deficits that led to the problem)
- A positive and self-affirming approach to recovery



Creating a vision for where one wants to be

Solution-Focused Therapy



- ❑ Creating narratives
- ❑ Constructing solutions
- ❑ Emphasizing success
- ❑ Identifying exceptions
- ❑ Future orientation
- ❑ Goal setting
- ❑ Boundary profiling

Solution-Focused Therapy and Maria

A solution-focused therapist will ask Maria to envision life as she would like it to be. The “miracle question” might be asked to help her create a narrative (or vision) in order to develop goals to strive for. In discussing objectives to reach goals, the therapist would draw from her previous successes or accomplishments in order to increase empowerment and intrinsic motivation.

Models of Clinical Supervision

Family Therapy Model

- ❑ The family is seen as a complex system
 - ✓ Hierarchical
 - ✓ Rules and roles
- ❑ Families become organized around the substance use disorder
- ❑ Understanding can be gained within the context of familial relationships
- ❑ Process of family systems therapy:
 - ✓ Active, directive, collaborative
 - ✓ Examination of intergenerational dynamics
- ❑ Genograms, family history, and family sculpting



Family Systems Counseling

Models Include:

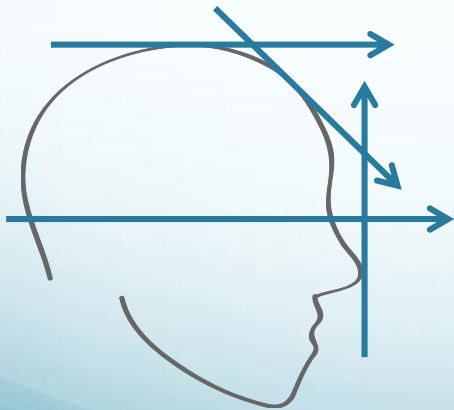
- Bowenian family therapy
- Experiential/Humanistic
- Family disease model
- Structural family therapy
- Strategic family therapy



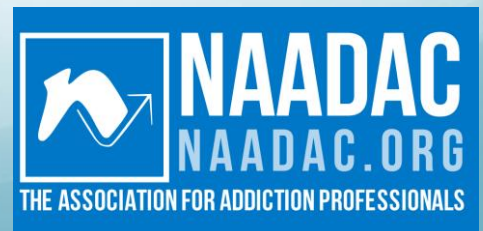
Family Therapy and Maria

Maria's family includes her husband, two children and her father. Though her mother is deceased, she still plays a significant role in Maria's addiction and recovery, thus having father present may be helpful as she may benefit from a collective discussion of her childhood and its correlations with her present situation. Family members will also begin to understand their roles in Maria's addiction and how they are effected by it. Finally, clear and healthy ways of working together as a family may be learned which, in turn, will add support for Maria's recovery.

Addiction Counseling Practices, Modalities, Skills



Module 2



Counseling Practices: Evaluation



Evaluation Process:

- Screening
 - ✓ DAST, AUDIT, CAGE, ASAM
- Assessment
 - ✓ ASI, biopsychosocial interview
 - ✓ Ongoing process

Counseling Practices: Evaluation



Moving toward alignment:

Counselors form a system of assessment that allows for ongoing:

- ✓ Feeding back
- ✓ Feeding forward
- ✓ Feeding up.

Counseling Practices: Individualized Treatment Plan

- ❑ Client developed/client owned
- ❑ Need statement
- ❑ Goal statement
- ❑ Measureable objectives
- ❑ Strategies and interventions
- ❑ SMART objectives
- ❑ A “living document”
 - ✓ Updated as needed
 - ✓ New goals added
 - ✓ Modified to fit progress



Counseling Practices: Individualized Treatment Plan



- ✓ Developed (and owned) by the client
- ✓ Suggest goals to focus on in the future
- ✓ Offer specific strategies
- ✓ Provides a path for growth and change

Counseling Practices: Documentation

Progress Notes:



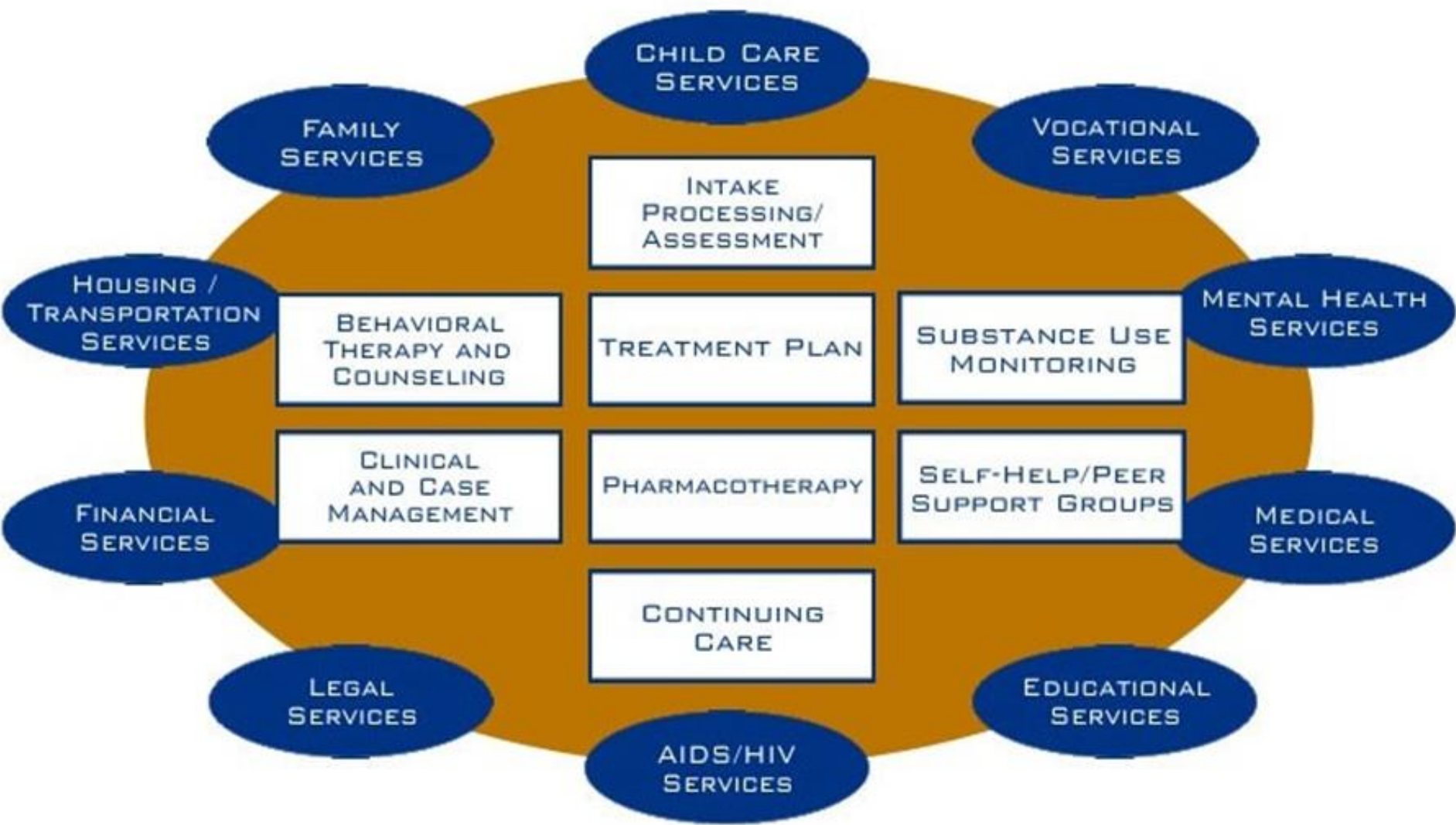
- Historical account of client's care
- Information to treatment team members
- Clinical record for third party payment
- Tracks significant aspects of care
- Legal issues: protects against malpractice
- Tracks progress of treatment plan
- Documents strategies and interventions

Counseling Practices: Referral

Seeking assistance for client that is beyond the scope of the primary treatment facility

- Establish relationships with resources
- Continually assess resources
- Determine when referral is warranted
- Arrange referrals to meet the client needs
- Explain to the client the necessity and process
- Exchange relevant information
- Evaluate the outcome of the referral
- Get releases signed to ensure client confidentiality





Counseling Practices: Coordination of Care



The complexities of treatment require a ***multidisciplinary addiction treatment team***

- Collaboration
- Communication
- Teamwork

Treatment Modalities: Brief Therapy

An approach to therapy that includes a shorter time period and fewer sessions than “traditional” therapy

- Induction Phase
- Alliance (pretreatment)
- Refocus/Change
- Termination/Homework
- Continuation/Follow-up



Treatment Modalities: Addressing Relapse

Relapse: When a client returns to psychoactive substance use after a period of sobriety

- Assessment of client's history, including prior treatment successes
- Identify risks including triggers and vulnerabilities
- Help client see relapse as a learning experience and not as a failure
- Help the client constructively reenter treatment
- Help the client focus on his or her abilities and successes
- Assess the client's stage of change and show empathic understanding



THIS WAY

Develop mutually agreed-upon treatment goals

Treatment Modalities: Motivational Interviewing

- ❑ The client has the responsibility and capability of change
- ❑ The client's own internal motivation is the driving force
- ❑ A method of mobilizing the client's resources to facilitate change on his or her own
- ❑ Behavior change is motivated by the client's state of readiness or eagerness to change



OARS: Micro Skills for Enhancing Motivation

- Ask **O**pen-Ended Questions
- A**ffirm the Client
- Listen **R**eflectively
- Provide **S**ummaries



The MI Spirit



- Partnership
- Acceptance
 - Absolute Worth
 - Accurate Empathy
 - Autonomy
 - Affirmation
- Compassion
- Evocation

Critical Conditions for Change

- ❑ Relationship and Rogers ' three crucial conditions
- ❑ Self-motivation emerges with a strong alliance
- ❑ Self-identification of internal resources for change
- ❑ Self-enacted change

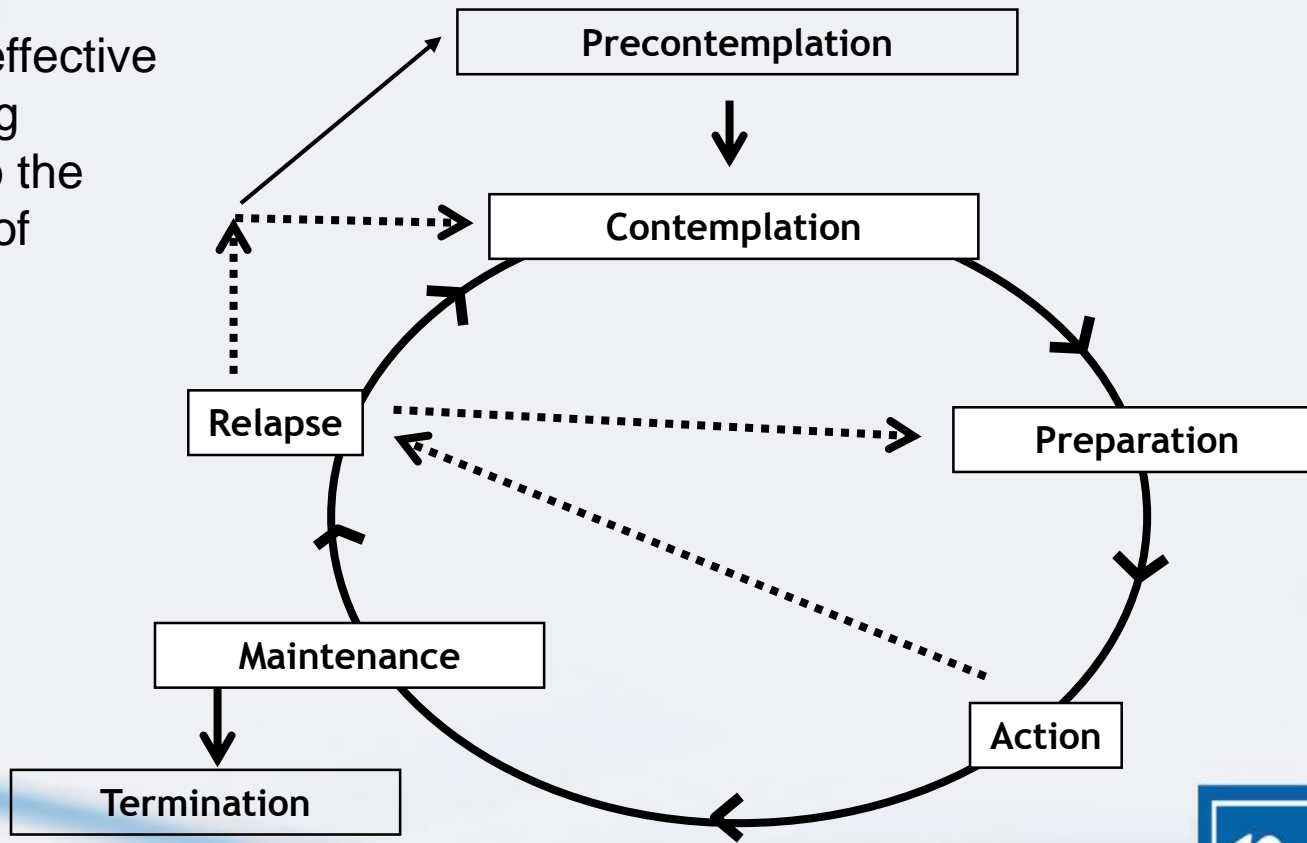


Treatment Modalities: Transtheoretical Theory of Change

- Pre-contemplation – no consideration for change
- Contemplation – initial consideration for change
- Preparation – change is imminent and the process begins
- Action – change is initiated
- Maintenance – continued commitment to sustain change

Treatment Modalities: The Transtheoretical Model of Change (Stages of Change)

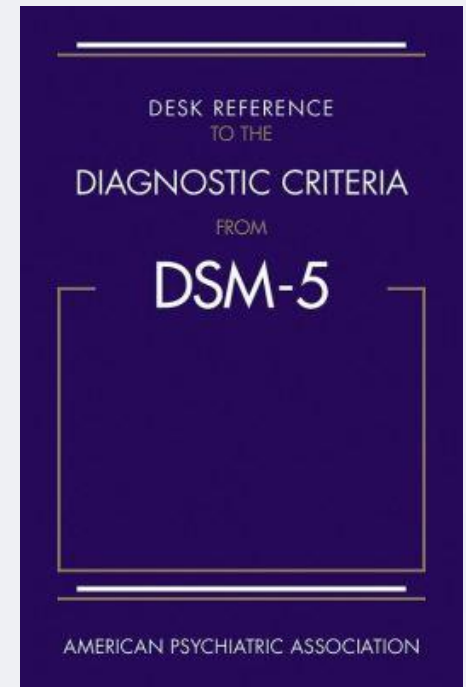
MI can be effective in promoting transition to the next stage of change:



Treatment Modalities: Counseling Clients with Co-Occurring Disorders

*The simultaneous presence of two independent
but interactive medical disorders*

- Depressive Disorders
- Bipolar and Related Disorder
- Anxiety Disorders
- Obsessive-Compulsive and Related Disorders
- Trauma- and Stressor-Related Disorders
- Substance Related and Addictive Disorder
- Schizophrenia Spectrum and Other Psychotic Disorders
- Personality Disorders



Treatment Modalities: Intervention



A systematic process to encourage an individual with a psychoactive substance use disorder to seek treatment

3 Examples:

- The Johnson Model**
- Systemic Family Intervention**
- ARISE Intervention**

Treatment Modalities: Crises Counseling

A crisis is a situation or period during which a client feels extremely uncertain, frustrated or scared

- A temporary situation
- Fear, shock and distress
- A level of emotional intensity
- Coping resources fail
- Extreme disequilibrium and dysfunction



Treatment Modalities: Crises Counseling

Guidelines for Managing a Crises

- Always remain calm, collected and in charge
- Encourage the client to breathe slowly and deeply to avoid hyperventilation.
- Assess the client's access to help from family or friends.
- Assess if others are at risk.
- Arrange face-to-face interview at a safe space.
- Help make a clear plan for getting through the crisis.
- Help set short-term goals that are clear and achievable.
- Help the client identify past coping strategies
- Focus only on the present
- Do not handle a crisis alone
- Let others take the lead if the counselor feels uncomfortable handling a crisis

If a phone call: Obtain the client's and caller's names and contact number

Treatment Modalities: Suicide Intervention and Prevention

- Always take a suicide threat seriously and remain calm
- Allow client to speak fully
- Do not interrupt or try to cheer up or downplay the emotions
- Address only the immediate situation
- Have local resources available if needed
- Maintain close communication supervisor
- Referred immediately to an appropriate mental health professional if beyond scope of training and expertise

Treatment Modalities:

Group Counseling

A method of counseling where therapy draws from the similar situations and experiences of the group members

Therapeutic factors of group:

- Instills hope
- Teaches universality
- Provides mutual didactic instruction and modeling
- Promotes altruism
- Gives members an opportunity to be part of a “family”
- Helps members develop new socialization skills.



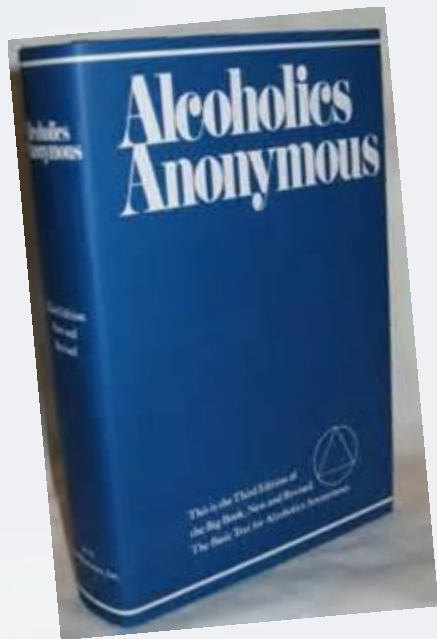
Treatment Modalities: Group Counseling

Stages of Group Development

- 1. Forming:** The group comes together and gets to initially know one other and form as a group.
- 2. Storming:** A chaotic vying for leadership and experiencing group processes through “trial and error”
- 3. Norming:** The group agrees on norms with regards to how the group operates
- 4. Performing:** The group practices its craft and becomes effective in meeting its objectives.
- 5. Adjourning:** The process of "unforming" the group, that is, letting go of the group structure and moving on.

Treatment Modalities: Mutual Support

Mutual Support Groups are alternatives to professional counseling where ordinary citizens meet to discuss similar struggles



- Sharing common conditions, experiences and feelings
- Identifying with the emotions of the other members
- Commonality motivates change
- Other 12 step recovery groups modeled on AA
- Alternatives to AA

Open to anyone who has a genuine desire change their problematic behavior

Treatment Modalities: Termination and Continuing Care

Continuing Care: a written, individualized outline of how the client will continue to receive the support and services necessary to maintain recovery

- A clear system of constant support
- Successes of treatment at termination
- Clear recovery treatment plan and goals
- Plan for ongoing care



Treatment Modalities: Client, Family and Community Education

Raise awareness of:

- Warning signs and symptoms
- Effects of SUDs on others
- Community resources
- Principles of prevention and treatment
- Health risks: STDs/infectious disease
- Recovery skills



Cultural sensitivity: Know your audience

Counseling Skills: Listening and Attending Responses

- Clarification
- Paraphrasing
- Reflection
- Summarization



Counseling Skills: Action Responses

- ❑ Probing or questioning: ***A type of action response where the counselor asks the client a question to help further explore his or her emotions and experiences***
- ❑ Interpretations: ***a type of action response where the counselor provides a client with another explanation for his or her thoughts, attitudes and/or behaviors***

Counseling Skills: Nonverbal Responses

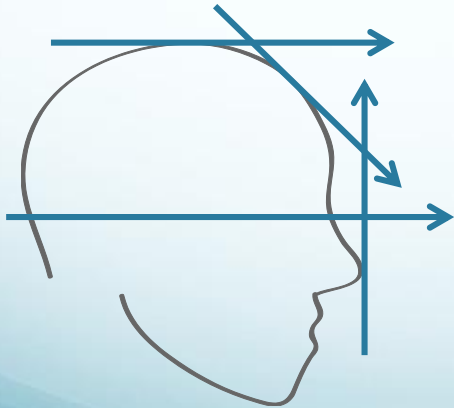


- Sent via body language and facial expressions
- Mostly sent unintentionally
- Can yield a more complete picture of the client

Counseling Skills: Counselor/Client Relationship

- Self disclosure: ***When an addiction counselor or other helping professional reveals personal information about his or her own life.***
- Transference: ***When a client projects onto the counselor his or her own feelings that may be rooted in attitudes toward significant others in his or her life.***
- Counter-transference: ***When a counselor projects onto the client his or her own feelings toward the client that may include attitudes toward significant others in his or her life.***

Special Population Considerations of Addiction Counseling



Module 3

Special Population Considerations: Counseling Diverse Populations

No counselor can become completely aware of all aspects of who a client is

- Be open to differences
- Accept your own biases
- Gain a degree of awareness of individual needs of each client
- Help solidify a therapeutic relationship through:
 - Acceptance
 - Empathic understanding
 - Genuine interest in the client

This will open the way to increased awareness of the uniqueness of each client.

Special Population Considerations: Counseling Minorities

Culturally competent counselors understand how their own cultural foundation impacts their own views of the world as well as the cultural conditioning of their clients

Three areas that comprise a conceptual framework for developing competencies in multicultural counseling:

1. Beliefs and attitudes of culturally skilled counselors
2. Knowledge of culturally skilled counselors
3. Skills and intervention strategies of culturally skilled counselors

Counselors must become aware of cultural values, biases, and attitudes that may interfere with their development as a culturally competent counselor

Special Population Considerations: Counseling Adolescents

Adolescence is a time of change, adjustment and an increase in risk-taking behavior

Developmental effects:

- ✓ Separation/Individuation
- ✓ Psychosexual development
- ✓ Sense of meaning and purpose
- ✓ Social competencies
- ✓ Cognitive development
- ✓ Emotional development

Risk factors:

- ✓ Low self-efficacy
- ✓ Low self-confidence
- ✓ Increased anxiety
- ✓ Rebelliousness
- ✓ Alienation from social values

Special Population Considerations: Counseling Adolescents

Treatment Considerations

- Highly structured, yet equally supportive
- Equipped to address antisocial behaviors
- General knowledge of human development
- Distinguish between developmentally appropriate and maladaptive behavior
- Be aware of fears and feelings of inadequacy



Adolescent-specific self-help groups should also be encouraged to help alleviate the client's feelings of isolation and loneliness

Special Population Considerations: Counseling Older Adults

Aging makes the human body more vulnerable to the effects of psychoactive substances.

☐ Risks for older adults:

- ✓ SUDs go undetected
- ✓ Access to prescription medication
- ✓ Health problems are exacerbated
- ✓ Rapid progression/dependence

☐ Aging causes:

- ✓ Decrease in brain cells
- ✓ Increase in total body fat
- ✓ Increase in tolerance levels
- ✓ Slowing of drug metabolism
- ✓ Decrease in cellular fluid

Special Population Considerations: Counseling Women

When compared to men, women tend to more commonly have:

- Higher sensitivity to alcohol
- Varied peak blood alcohol levels from day to day
- Depressed sexual response with alcohol
- Rapid onset of alcohol dependence and progression
- Rapid late stage complications
- Depression associate with an SUD.
- Combinations of alcohol and prescription meds
- Risk of birth defects in the children if using during pregnancy
- Higher mortality rate with an SUD (four times greater)



Special Population Considerations: Counseling Women

Women are more apprehensive to seek addiction treatment due to:

- Overwhelming fear
- Inadequate childcare while in treatment
- Stigma
- Fear of reaction from loved ones
- Lack of support from significant other (who may also have an SUD)

Can you think of any others?

Counselors must be sensitive to these fears and effectively accommodate the client

Special Population Considerations: Counseling Women

Gender responsive treatment principles:

- Promote cultural competence specific to women
- Recognize the role and significance of relationships
- Understand unique health concerns
- Endorse a developmental perspective
- Attend to the relevance and influence of caregiver roles
- Acknowledge gender expectations across cultures
- Adopt a trauma-informed perspective
- Utilize a strengths-based model
- Incorporate an integrated and multidisciplinary approach



Support the development of gender-competency specific to women's issues

Special Population Considerations: Counseling LGBT Clients

- ❑ Maintain an awareness of unique individuality of each and every client
- ❑ Develop a trusting relationship
- ❑ Explore each client's individual situation and experiences
- ❑ Be aware that multiple factors contribute to the role of substance use
- ❑ Understand the role discrimination plays in limiting social outlets
- ❑ Understand that clients may be victims of antigay violence and hate crimes
- ❑ Receive ongoing training about interpersonal violence and other threats to stigmatized client populations

Special Population Considerations: Counseling LGBT Clients

SEXUAL IDENTITY ACCEPTANCE LEVEL

A guide for assessment in determining

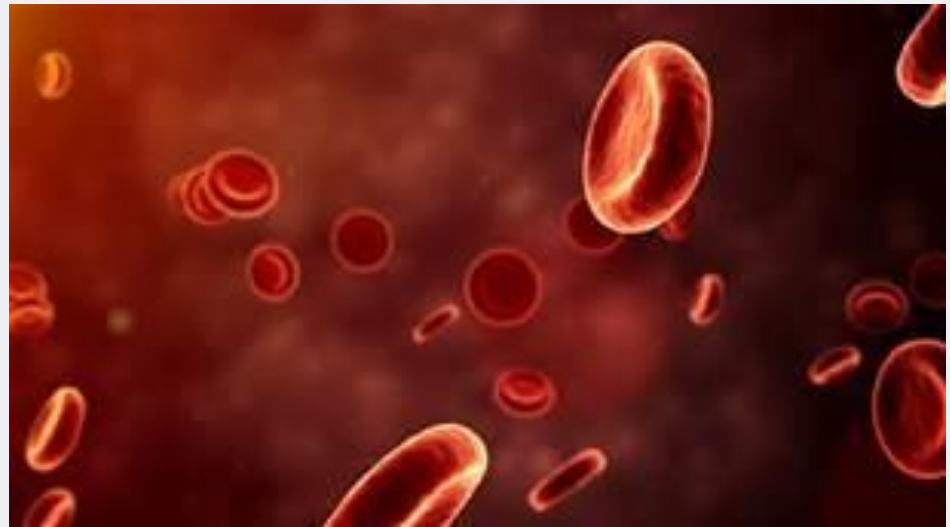
how comfortable one is with his or her sexual identity.

- Identity Confusion** – guilt, shame, embarrassment and denial
- Identity Comparison** – initial acceptance of sexual identity
- Identity Tolerance** – coming out
- Identity Acceptance** – becomes part of LGBT culture
- Identity Pride** – pride of one's identity
- Identity Synthesis** – de-emphasizes importance of sexual orientation

Special Population Considerations: Counseling Clients with Infectious Diseases

Blood Borne Pathogens

- HIV/AIDS
- Hepatitis B
- Hepatitis C



***Counselors must be aware of the personal struggles clients may have
Self exploration: What personal biases may get in the way?***

Special Population Considerations: Counseling Clients with Infectious Diseases

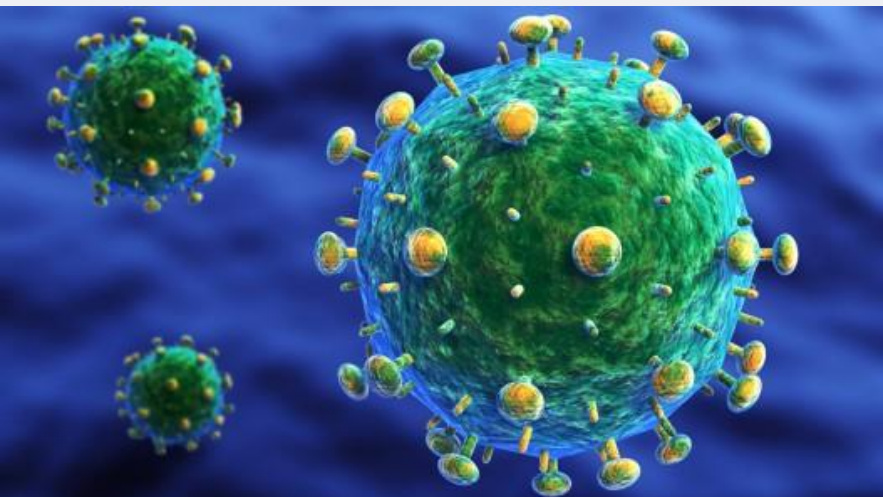
HIV/AIDS

Human immunodeficiency virus (HIV)

- ❑ The precursor for acquired immunodeficiency syndrome that attacks an individual's immune system

Acquired immunodeficiency syndrome (AIDS)

- ❑ An incurable illness where an individual's immune system is no longer able to fight infection or disease



Special Population Considerations: Counseling Clients with Infectious Diseases

***Lack of awareness of how one contracts it
fuels the fears and biases many have of HIV/AIDS.***

Research has pinpointed the four most common ways in which a person can be infected with HIV:

- Intravenous drug use* – sharing an HIV-infected needle to inject psychoactive substances
- Sexual intercourse* – having unprotected sex, sex with multiple partners or sex with a prostitute
- From mother to child* – transmission of the disease, either while in the womb or through her breast milk
- Blood transfusion* – extremely rare but possible

Special Population Considerations: Counseling Clients with Infectious Diseases

Hepatitis B

An infectious disease caused by the hepatitis B virus (HBV): enters the body via body fluids from sexual contact, sharing needles, or from mother to baby

Acute:

- ✓ fever, vomiting, jaundice, lethargy, or dark urine)
- ✓ These symptoms often last a few weeks
- ✓ rarely does infection lead to death
- ✓ Immunity from future infection with recovery

Chronic:

- ✓ May show no symptoms
- ✓ Cirrhosis and liver cancer may eventually develop
- ✓ It has been estimated that complications of cirrhosis and liver cancer will result in the death of 15 to 25% of those with chronic hepatitis B.

Special Population Considerations: Counseling Clients with Infectious Diseases

Hepatitis C

An infectious disease caused by the hepatitis C virus (HCV): Enters the body through blood from an infected person, typically via sharing of needles

- Acute: For 15% to 25%, it is an acute illness with full recovery
- Chronic: For 75% to 85% of those infected with the hep C virus, it becomes a chronic, long-term infection.
 - ✓ Virus progresses slowly and may not be noticed for 20-30 years
 - ✓ Much more serious than Hepatitis B
 - ✓ Those who recover do not develop immunity
 - ✓ Can result in long-term health problems
 - ✓ Can lead to death – 12,000 annually from hep C liver disease
- Infected persons might not be aware of their infection because they are not clinically ill.
- There is no vaccine for hepatitis C

Special Population Considerations: Counseling Clients with Infectious Diseases

Important to recognize and understand the range of emotions exhibited by a client, especially one who has contracted HIV or Hepatitis C

- Shock and denial
- Extreme confusion
- Fear of dying
- Anger
- Guilt
- Mourning the loss of sexual freedom
- Fear of abandonment from loved ones
- Internalized disgust resulting from the stigma
- Extreme depression
- Suicide ideation

“

*Live as if you were
to die tomorrow.
Learn as if you
were to live forever*

”

Gandhi

Daily Wrap Up

ANY
QUESTIONS
?

**THANK
YOU**

THANK
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