

Leader's Guide

Drug Addiction and Basic Counselling Skills



Volume B: Elements of Psychosocial Treatment

Module 1:
Drug Addiction and Basic
Counselling Skills

Workshop 1

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Workshop 4

Module 2:
Motivating Clients for Treatment and
Addressing Resistance

Workshop 1

Workshop 2

Workshop 3

Module 3:
Cognitive Behavioural and
Relapse Prevention
Strategies

Workshop 1

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Module 1: Training goals

- 1. Increase knowledge of the biology of drug addiction, principles of treatment, and basic counselling strategies**
- 2. Increase skills in basic counselling strategies for drug addiction treatment**
- 3. Increase application of basic counselling skills for drug addiction treatment activities**

Module 1: Workshops

Workshop 1: Biology of Drug Addiction

Workshop 2: Principles of Drug Addiction Treatment

Workshop 3: Basic Counselling Skills for Drug Addiction Treatment

Workshop 4: Special Considerations when Involving Families in Drug Addiction Treatment

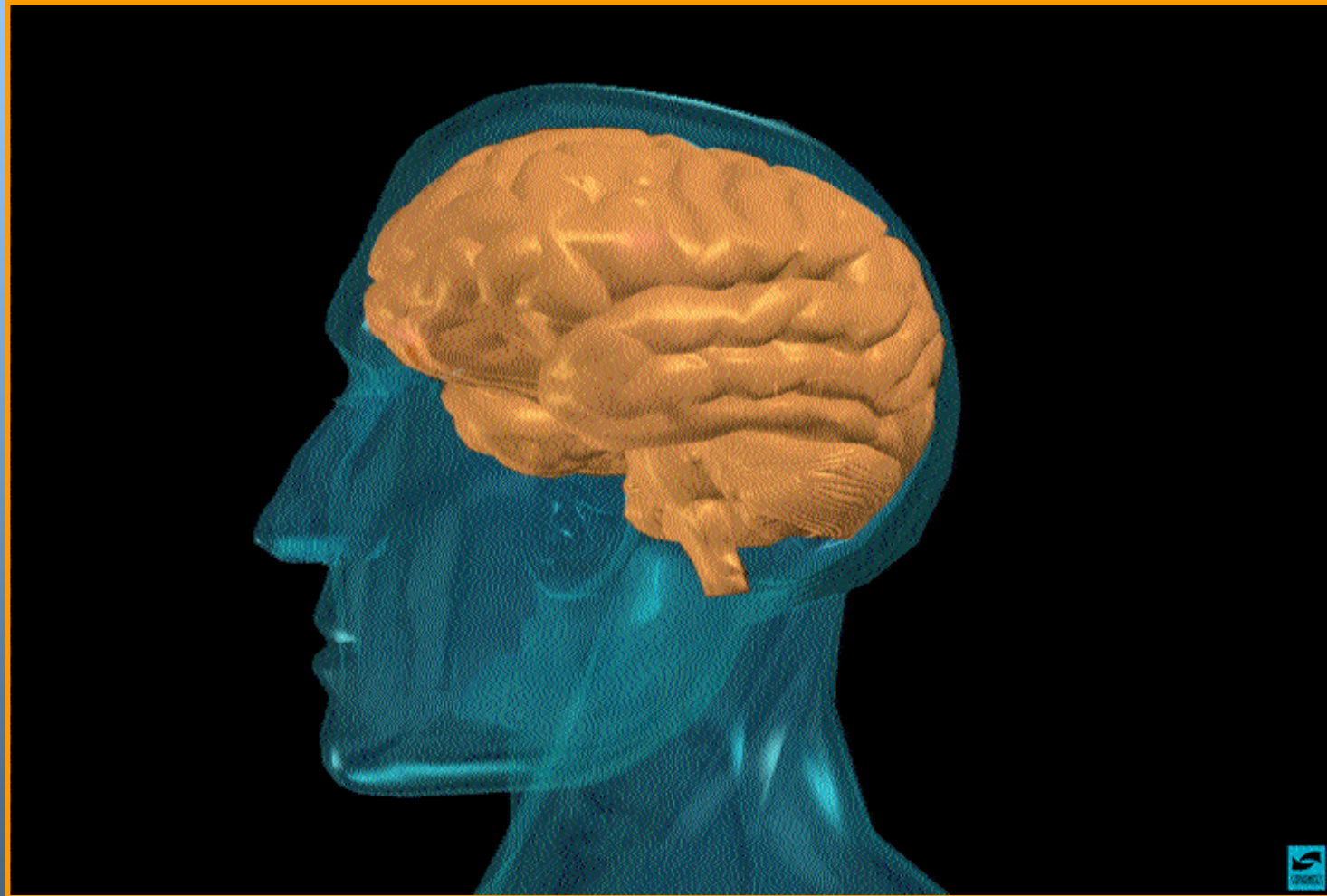
Icebreaker: If I were the President



If you were the President (King, Prime Minister, etc.) of your country, what 3 things would you change related to drug policies, treatment, and / or prevention?



Workshop 1: Biology of Drug Addiction



Pre-assessment



Please respond to the pre-assessment questions in your workbook.

(Your responses are strictly confidential.)

Training objectives



At the end of this workshop you will be able to:

- | Understand the reasons people start drug use
- | Identify 3 main defining properties of drug addiction
- | Identify 3 important concepts in drug addiction
- | Understand characteristics and effects of major classes of psychoactive substances
- | Understand why many people dependent on drugs frequently require treatment

Introduction to Psychoactive Drugs

What are psychoactive drugs? (1)

“...Any chemical substance which, when taken into the body, alters its function physically and/or psychologically....”

(World Health Organization, 1989)

“...any substance people consider to be a drug, with the understanding that this will change from culture to culture and from time to time.”

(Krivanek, 1982)

What are psychoactive drugs? (2)

- Psychoactive drugs interact with the central nervous system (CNS) affecting:
- mental processes and behaviour
- perceptions of reality
- level of alertness, response time, and perception of the world

Why do people initiate drug use? (1)

Much, if not most, drug use is motivated (at least initially) by the pursuit of pleasure.



Why do people initiate drug use? (2)

Key Motivators & Conditioning Factors

- Forget (stress / pain amelioration)
- Functional (purposeful)
- Fun (pleasure)
- Psychiatric disorders
- Social / educational disadvantages

Also, initiation starts through:

- Experimental use
- Peer pressure



Why do people initiate drug use? (3)

After repeated drug use, “deciding” to use drugs is no longer voluntary because

DRUGS CHANGE THE BRAIN!

What is Drug Addiction?

What is drug addiction?

Drug addiction is a complex illness characterised by compulsive, and at times, uncontrollable drug craving, seeking, and use that persist even in the face of extremely negative consequences.

Characteristics of drug addiction

- Compulsive behaviour
- Behaviour is reinforcing (rewarding or pleasurable)
- Loss of control in limiting intake



Important terminology

1. Psychological craving
2. Tolerance
3. Withdrawal symptoms

Psychological craving

Psychological craving is a strong desire or urge to use drugs. Cravings are most apparent during drug withdrawal.



Tolerance

Tolerance is a state in which a person no longer responds to a drug as they did before, and a higher dose is required to achieve the same effect.



Withdrawal

- The following symptoms may occur when drug use is reduced or discontinued:
- Tremors, chills
- Cramps
- Emotional problems
- Cognitive and attention deficits
- Hallucinations
- Convulsions
- Death



Drug Categories

Classifying psychoactive drugs

Depressants	Stimulants	Hallucinogens
Alcohol	Amphetamines	LSD, DMT
Benzodiazepines	Methamphetamine	Mescaline
Opioids	Cocaine	PCP
Solvents	Nicotine	Ketamine
Barbiturates	Khat	Cannabis (high doses)
Cannabis (low doses)	Caffeine	Magic mushrooms
	MDMA	MDMA

Alcohol



Alcohol: Basic facts (1)

Description: Alcohol or ethylalcohol (ethanol) is present in varying amounts in beer, wine, and liquors

Route of administration: Oral

Acute Effects: Sedation, euphoria, lower heart rate and respiration, slowed reaction time, impaired coordination, coma, death

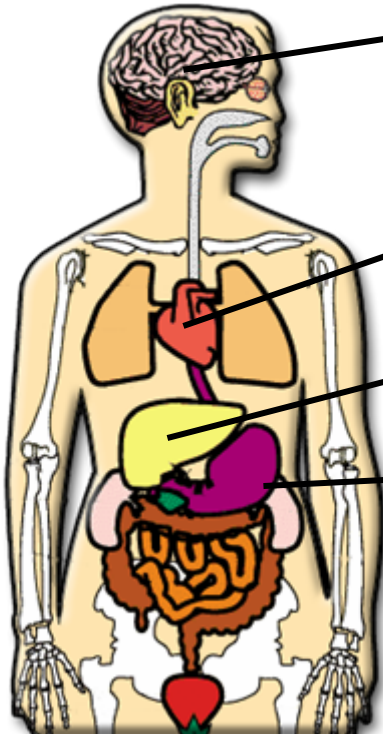
Alcohol: Basic facts (2)

Withdrawal Symptoms:

- Tremors, chills
- Cramps
- Hallucinations
- Convulsions
- Delirium tremens
- Death



Long-term effects of alcohol use



- Decrease in blood cells leading to anemia, slow-healing wounds and other diseases
- Brain damage, loss of memory, blackouts, poor vision, slurred speech, and decreased motor control
- Increased risk of high blood pressure, hardening of arteries, and heart disease
- Liver cirrhosis, jaundice, and diabetes
- Immune system dysfunction
- Stomach ulcers, hemorrhaging, and gastritis
- Thiamine (and other) deficiencies
- Testicular and ovarian atrophy
- Harm to a fetus during pregnancy

Tobacco



Tobacco: Basic facts (1)

Description: Tobacco products contain nicotine plus more than 4,000 chemicals and a dozen gases (mainly carbon monoxide)

Route of administration:

Smoking, chewing

Acute Effects: Pleasure; relaxation; increased concentration; release of glucose; increased blood pressure, respiration, and heart rate

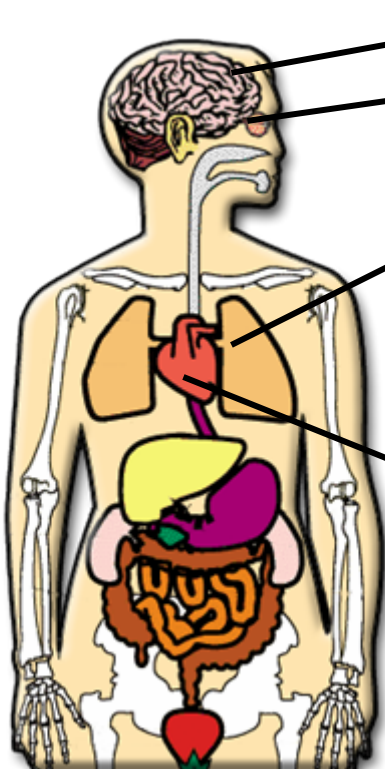
Tobacco: Basic facts (2)

Withdrawal Symptoms:

- Cognitive / attention deficits
- Sleep disturbance
- Increased appetite
- Hostility
- Irritability
- Low energy
- Headaches

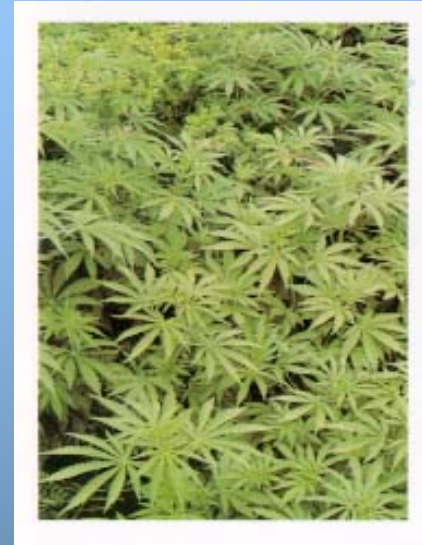
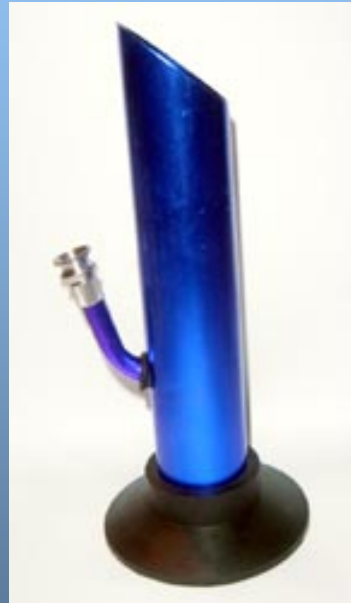


Long-term effects of tobacco use



- Aneurysm
- Cataracts
- Cancer (lung and other types)
- Chronic bronchitis
- Emphysema
- Asthma symptoms
- Obstructive pulmonary diseases
- Heart disease (stroke, heart attack)
- Vascular disease
- Harm to a fetus during pregnancy, low weight at birth
- Death

Cannabinoids



Marijuana

Hashish

Cannabis: Basic facts (1)

Description: The active ingredient in cannabis is delta-9-tetrahydrocannabinol (THC)

- **Marijuana:** tops and leaves of the plant

Cannabis sativa

- **Hashish:** more concentrated resinous form of the plant

Route of administration:

- Smoked as a cigarette or in a pipe
- Oral, brewed as a tea or mixed with food

Activity 1

Think of all the names for marijuana in your community and how this drug is consumed.



Share your thoughts with the rest of the group.

Cannabis: Basic facts (2)

Acute Effects:

- Relaxation
- Increased appetite
- Dry mouth
- Altered time sense
- Mood changes
- Bloodshot eyes
- Impaired memory
- Reduced nausea
- Increased blood pressure
- Reduced cognitive capacity
- Paranoid ideation

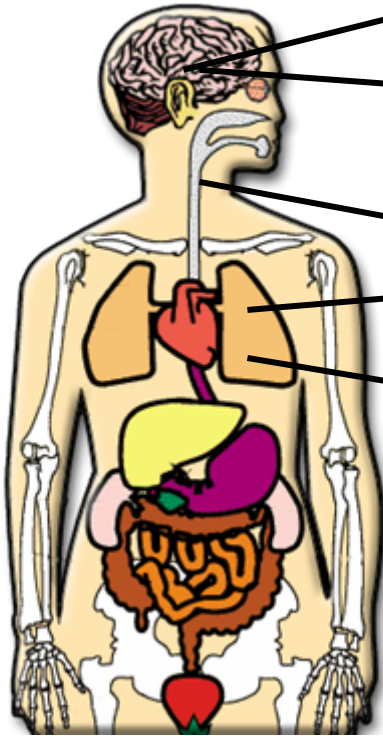
Cannabis: Basic facts (3)

Withdrawal Symptoms:

- Insomnia
- Restlessness
- Loss of appetite
- Irritability
- Sweating
- Tremors
- Nausea
- Diarrhea

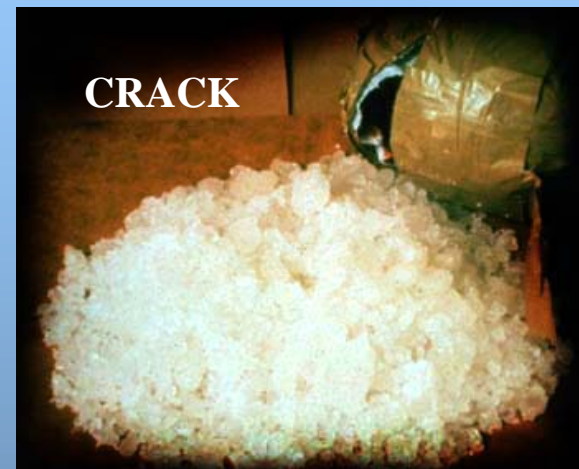
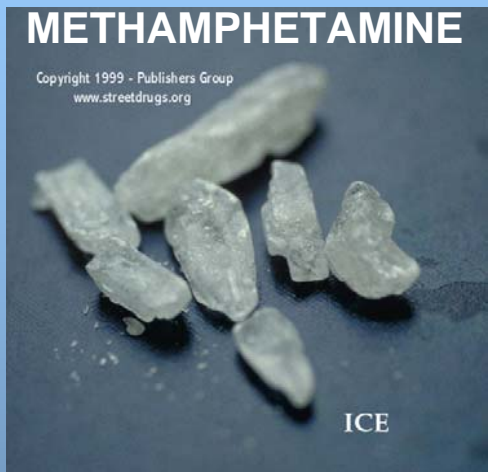


Long-term effects of cannabis use



- Increase in activation of stress-response system
- Amotivational syndrome
- Changes in neurotransmitter levels
- Psychosis in vulnerable individuals
- Increased risk for cancer, especially lung, head, and neck
- Respiratory illnesses (cough, phlegm) and lung infections
- Immune system dysfunction
- Harm to a fetus during pregnancy

Stimulants

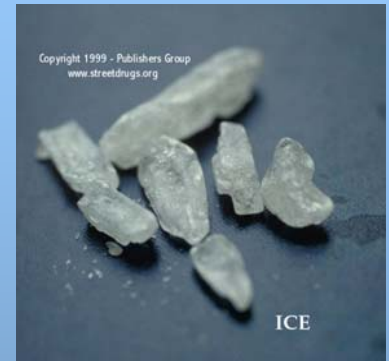


Types of stimulants (1)

Amphetamine Type Stimulants (ATS)

- Methamphetamine
 - Speed, crystal, ice, yaba, shabu
- Amphetamine
- Pharmaceutical products used for ADD and ADHD

Methamphetamine half-life: 8-10 hours



Types of stimulants (2)

Cocaine

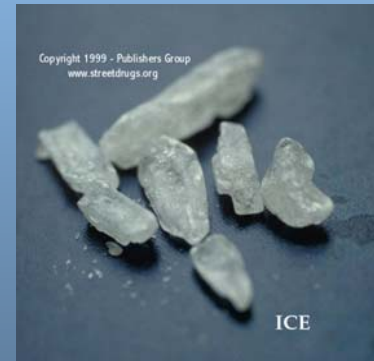
- Powder cocaine
(Hydrochloride salt)
- Smokeable cocaine
(crack, rock, freebase)

Cocaine half-life: 1-2 hours



Activity 2

What stimulants are used in your community and how are they consumed?



Share your thoughts with the rest of the group.

Stimulants: Basic facts (1)

Description:

Stimulants include: (1) a group of synthetic drugs (ATS) and (2) plant-derived compounds (cocaine) that increase alertness and arousal by stimulating the central nervous system

Route of administration:

Smoked, injected, snorted, or administered by mouth or rectum

Stimulants: Basic facts (2)

Acute effects:

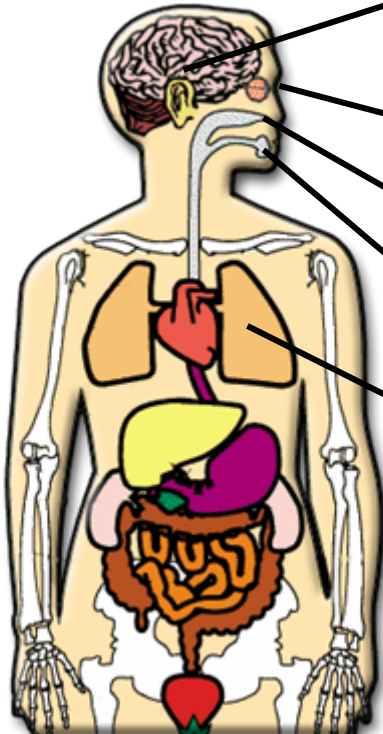
- Euphoria, rush, or flash
- Wakefulness, insomnia
- Increased physical activity
- Decreased appetite
- Increased respiration
- Hyperthermia
- Irritability
- Tremors, convulsions
- Anxiety
- Paranoia
- Aggressiveness

Stimulants: Basic facts (3)

Withdrawal symptoms:

- **Dysphoric mood (sadness, anhedonia)**
- **Fatigue**
- **Insomnia or hypersomnia**
- **Psychomotor agitation or retardation**
- **Craving**
- **Increased appetite**
- **Vivid, unpleasant dreams**

Long-term effects of stimulants



- Strokes, seizures, headaches
- Depression, anxiety, irritability, anger
- Memory loss, confusion, attention problems
- Insomnia, hypersomnia, fatigue
- Paranoia, hallucinations, panic reactions
- Suicidal ideation
- Nosebleeds, chronic runny nose, hoarseness, sinus infection
- Dry mouth, burned lips, worn teeth
- Chest pain, cough, respiratory failure
- Disturbances in heart rhythm and heart attack
- Loss of libido
- Weight loss, anorexia, malnourishment,
- Skin problems



3 years, 5 months later





Methamphetamine use leads to severe tooth decay



“Meth Mouth”

Opioids



Opioids

- **Opium**
- **Heroin**
- **Morphine**
- **Codeine**
- **Hydrocodone**
- **Oxycodone**
- **Methadone**
- **Buprenorphine**
- **Thebaine**

Opioids: Basic facts (1)

Description:

Opium-derived or synthetic compounds that relieve pain, produce morphine-like addiction, or relieve symptoms during withdrawal from morphine addiction.

Route of administration:

Intravenous, smoked, intranasal, oral, and intrarectal

Opioids: Basic facts (2)

Acute effects:

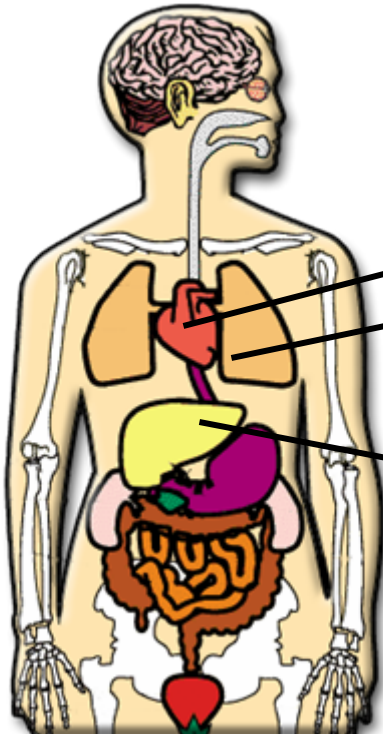
- Euphoria
- Pain relief
- Suppresses cough reflex
- Histamine release
- Warm flushing of the skin
- Dry mouth
- Drowsiness and lethargy
- Sense of well-being
- Depression of the central nervous system (mental functioning clouded)

Opioids: Basic facts (3)

Withdrawal symptoms:

- Intensity of withdrawal varies with level and chronicity of use
- Cessation of opioids causes a rebound in functions depressed by chronic use
- First signs occur shortly before next scheduled dose
- For short-acting opioids (e.g., heroin), peak of withdrawal occurs 36 to 72 hours after last dose
- Acute symptoms subside over 3 to 7 days
- Ongoing symptoms may linger for weeks or months

Long-term effects of opioids



- Fatal overdose
- Collapsed veins
- Infectious diseases
- Higher risk of HIV/AIDS and hepatitis
- Infection of the heart lining and valves
- Pulmonary complications & pneumonia
- Respiratory problems
- Abscesses
- Liver disease
- Low birth weight and developmental delay
- Spontaneous abortion
- Cellulitis

Other drugs

- Inhalants
 - Petroleum products, glue, paint, paint removers
 - Aerosols, sprays, gases, amyl nitrite
- Club drugs (MDMA-ecstasy, GHB)
- Hallucinogens (LSD, mushrooms, PCP, ketamine)
- Hypnotics (quaaludes, mandrax)
- Benzodiazepines (diazepam / valium)
- Barbiturates
- Steroids
- Khat (*Catha edulis*)

Activity 3

Working individually or in small groups, think of the drugs that are consumed in your area and the way they are consumed both by youth and adults:

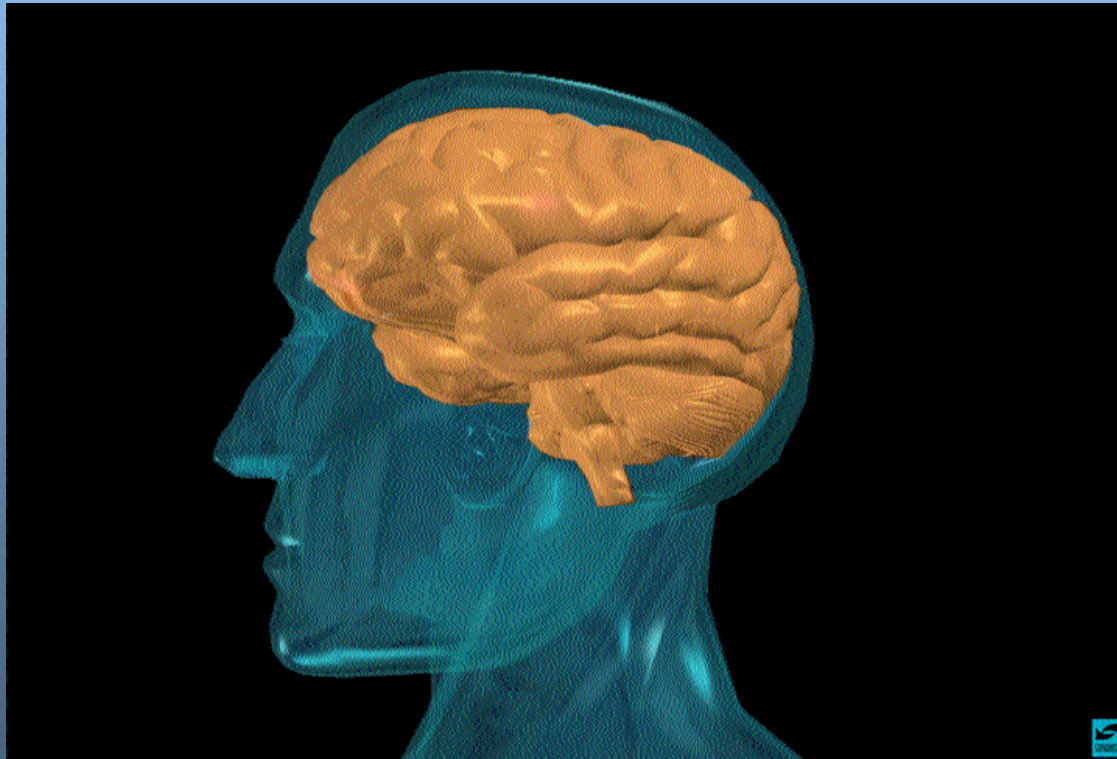


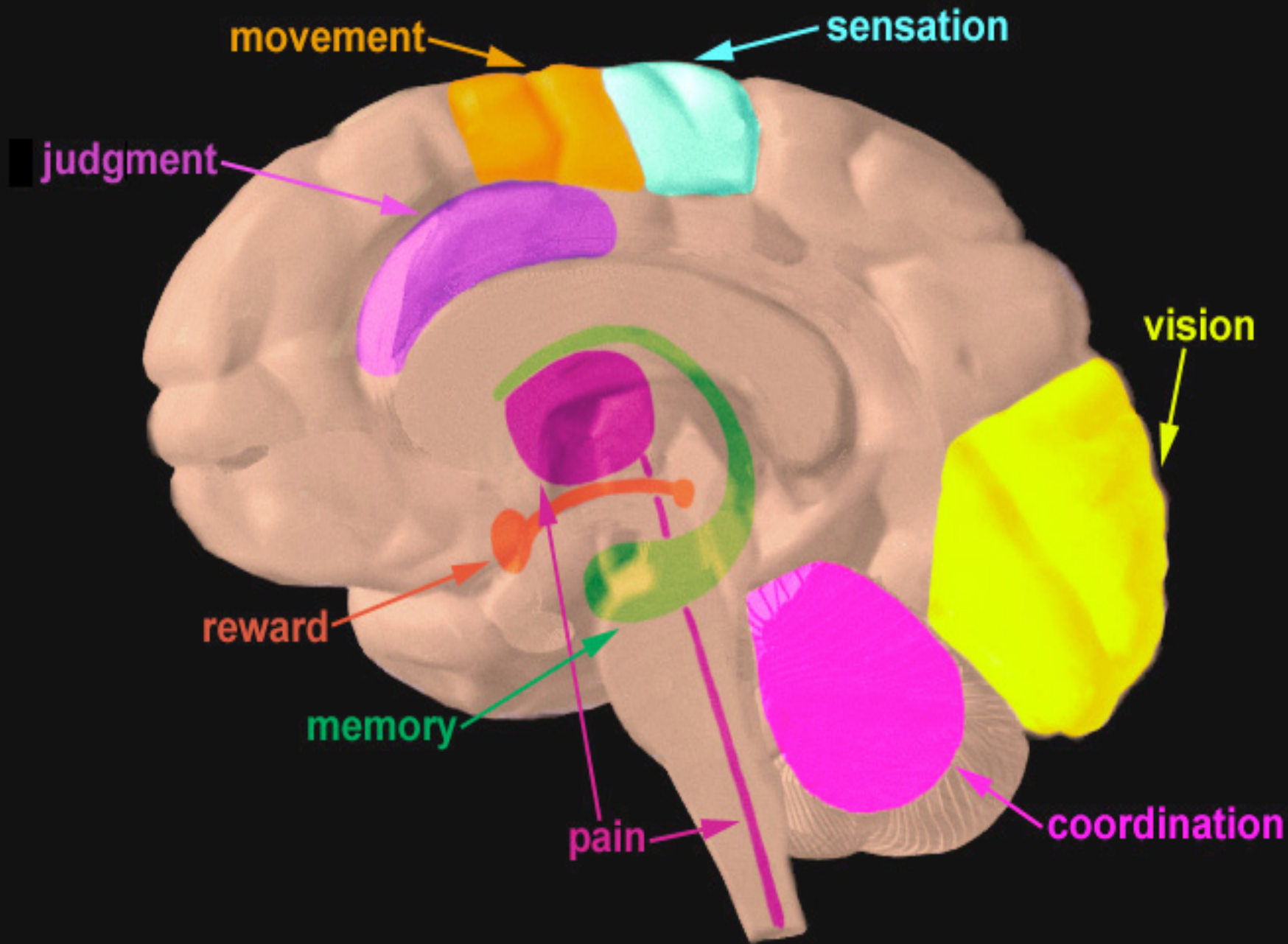
Share your thoughts with the rest of the group.

Introduction to Addiction and the Brain

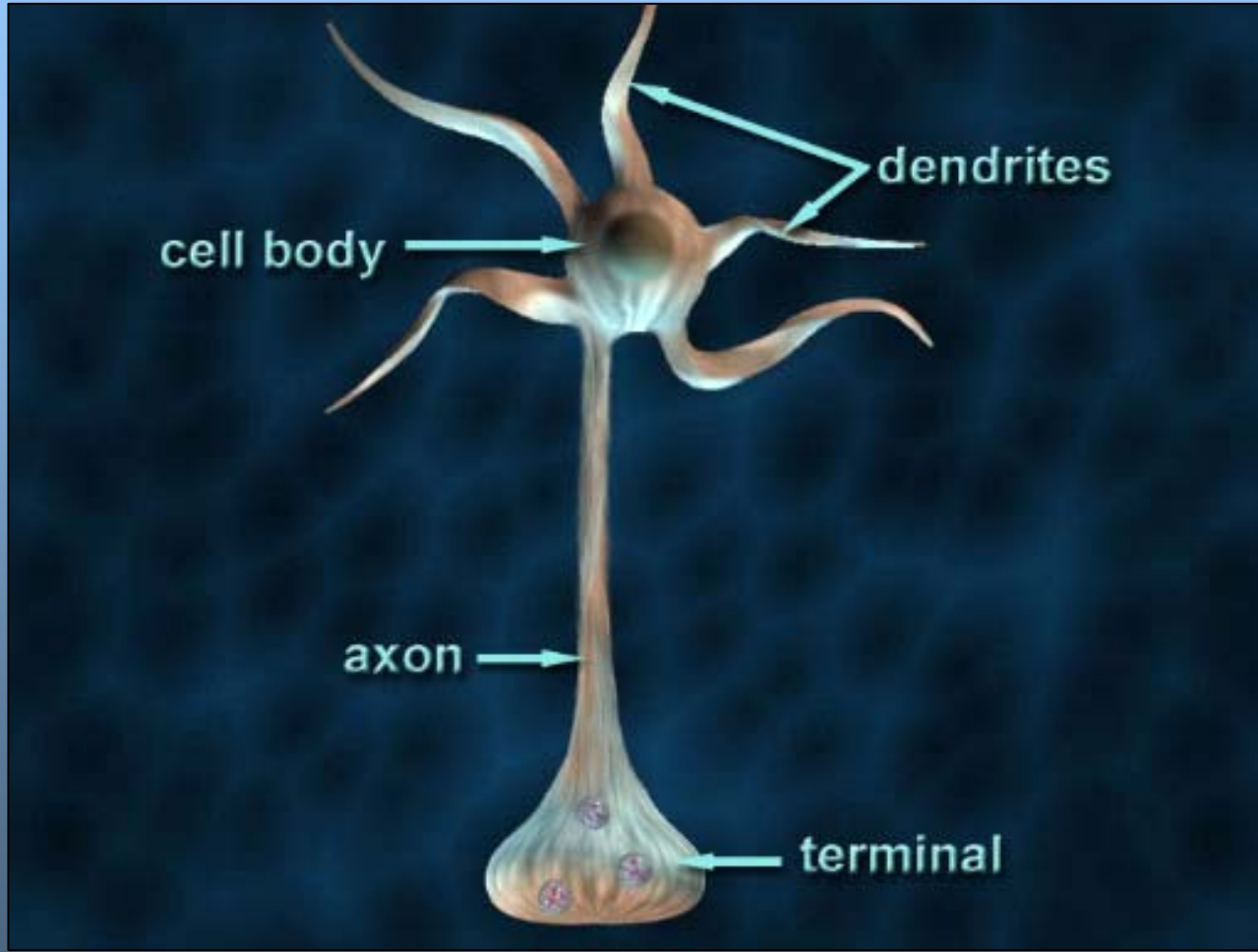
Addiction = Brain Disease

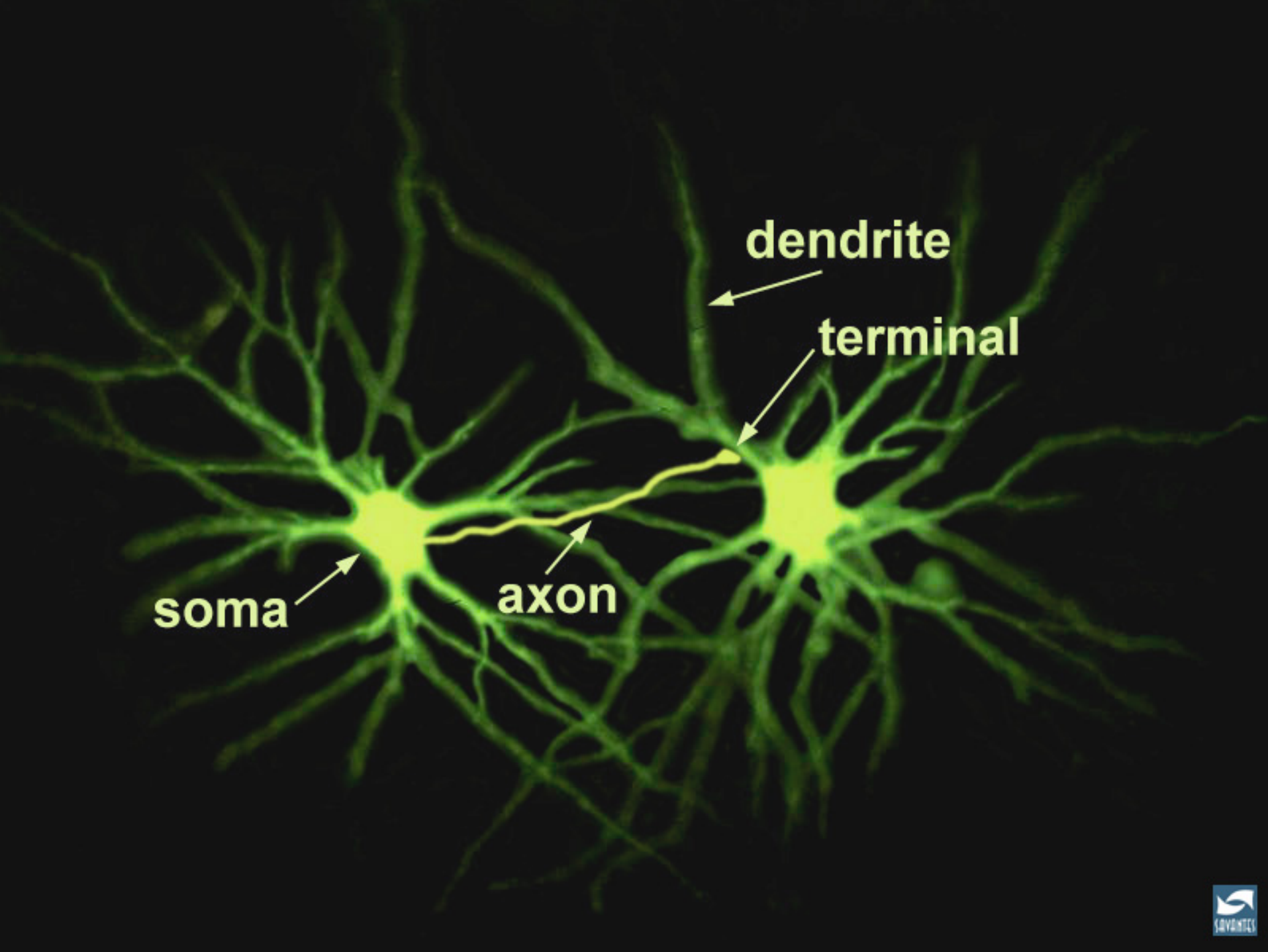
Addiction is a brain disease that is chronic and relapsing in nature.





How a neuron works





soma

axon

dendrite

terminal

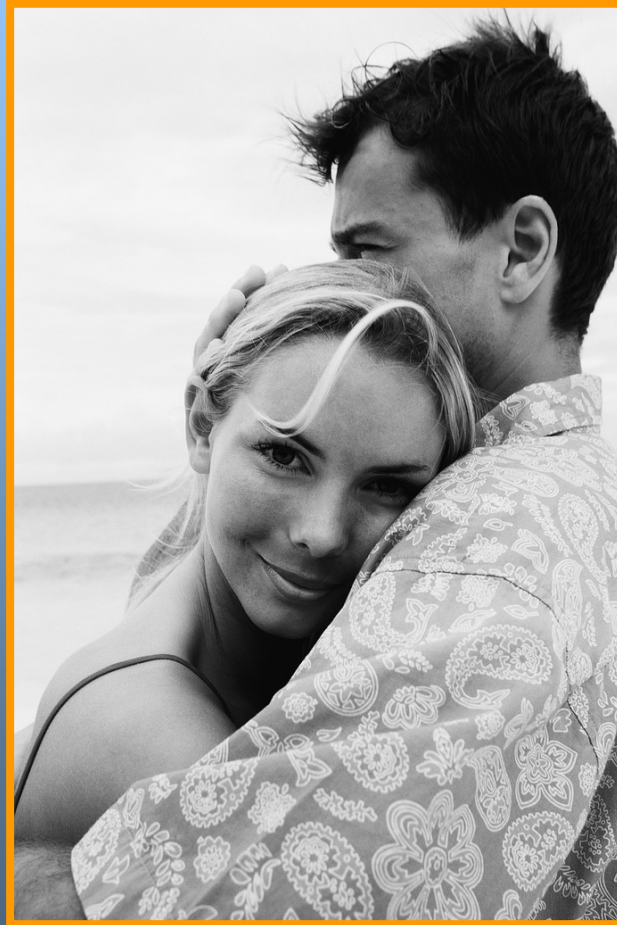
The reward system

Natural rewards

- Food
- Water
- Sex
- Nurturing



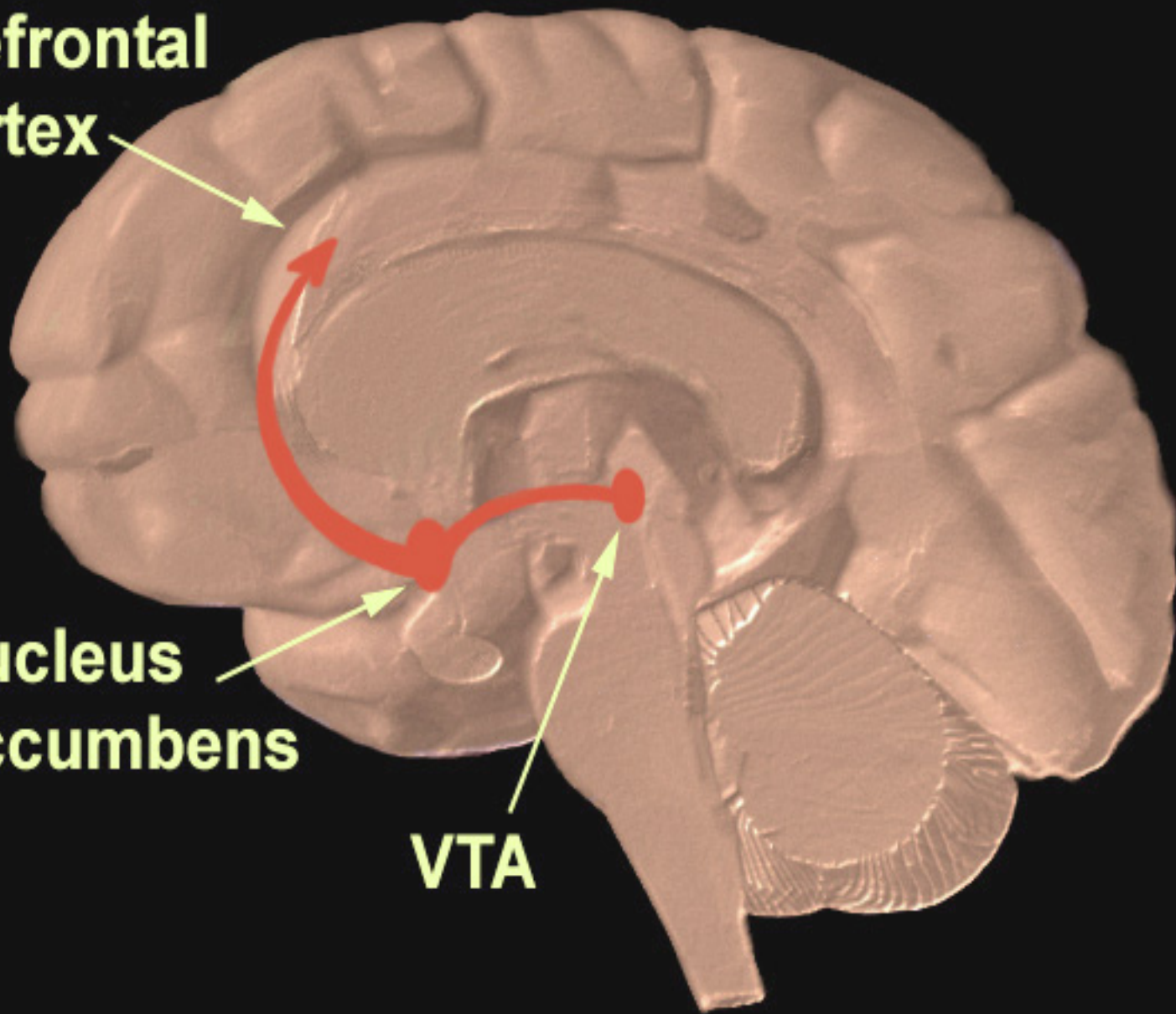
How the reward system works



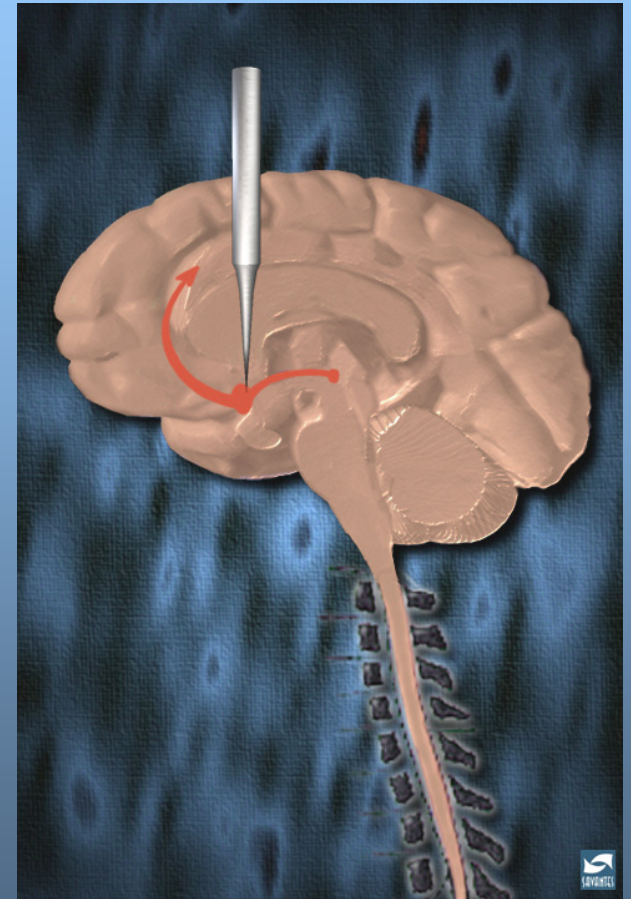
**prefrontal
cortex**

**nucleus
accumbens**

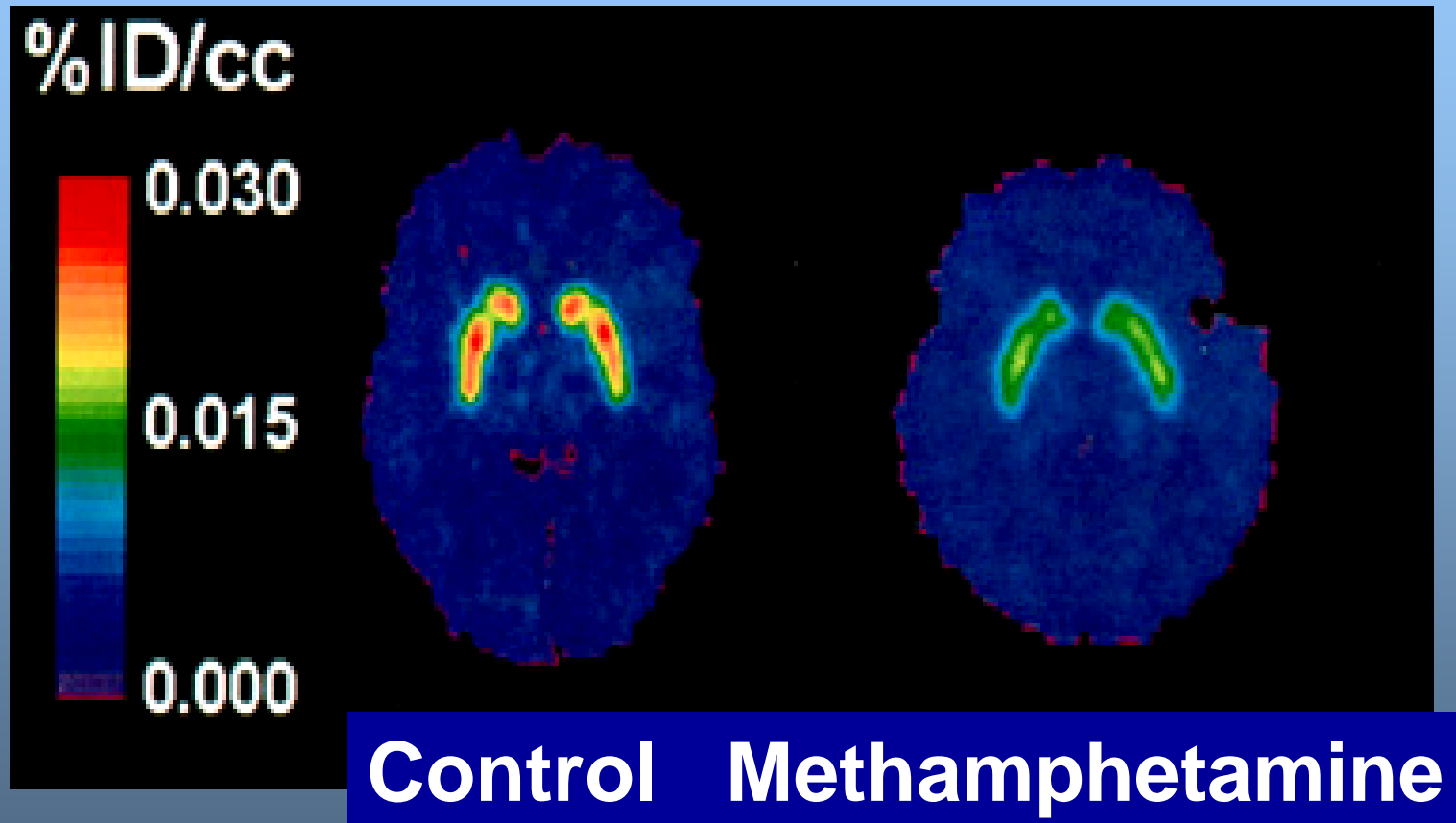
VTA



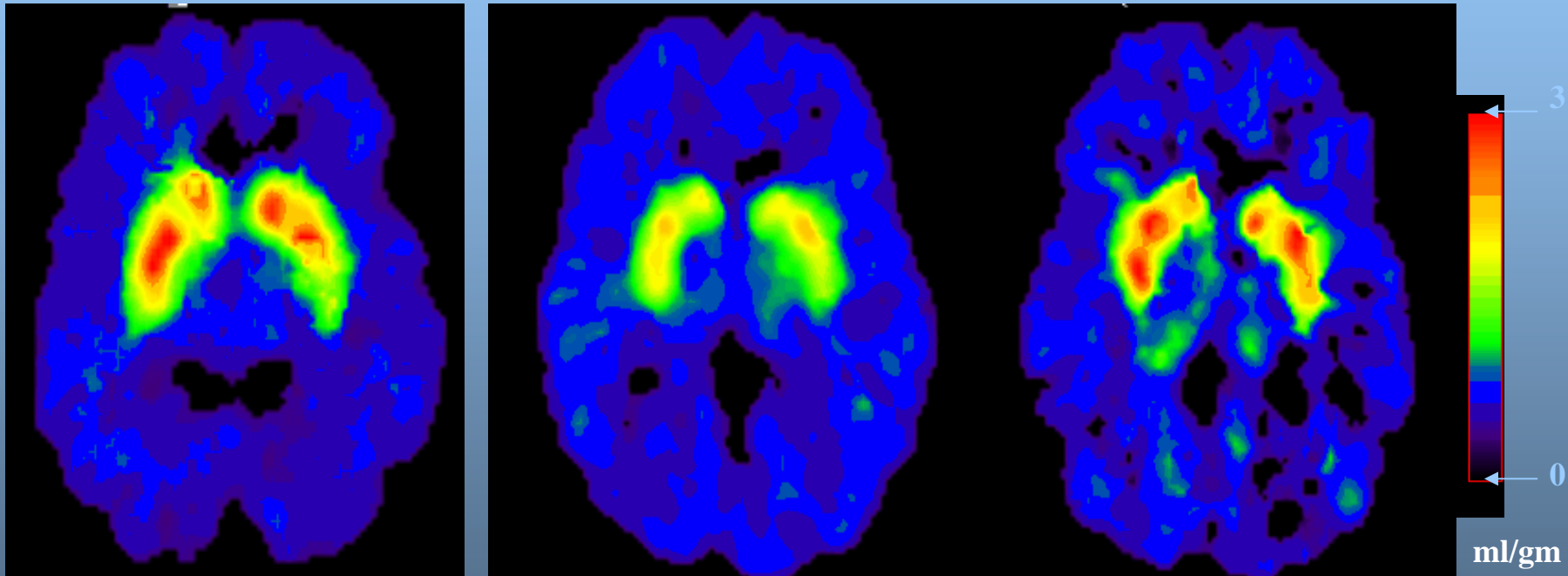
Activating the system with drugs



The brain after drug use (1)



Partial Recovery of Brain Dopamine Transporters in Methamphetamine (METH) Abuser After Protracted Abstinence

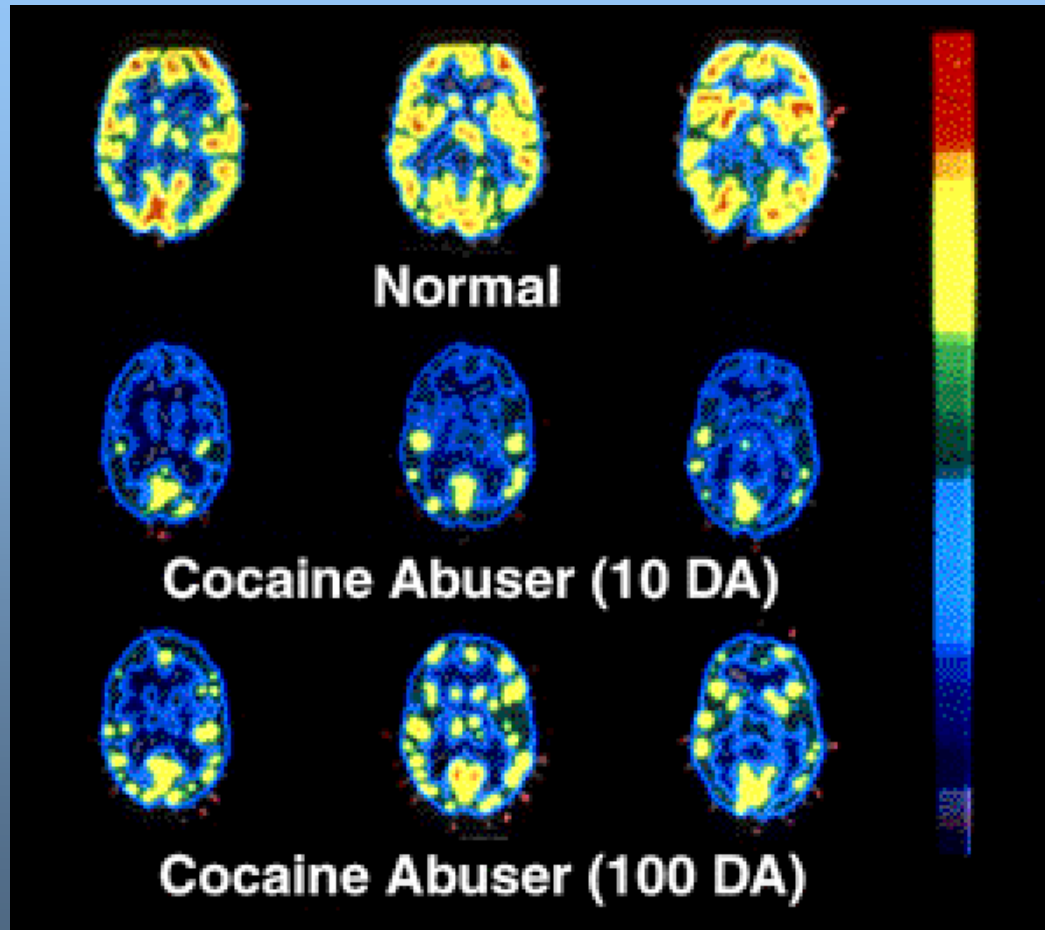


Normal Control

METH Abuser
(1 month detox)

METH Abuser
(24 months detox)

The brain after drug use (2)



DA = Days Abstinent

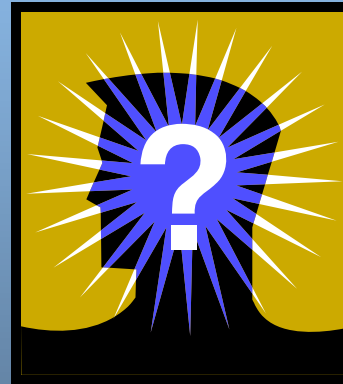
Drugs change the brain

After repeated drug use, “deciding” to use drugs is no longer voluntary because

DRUGS CHANGE THE BRAIN!



Questions?



Comments?

Thank you for your time!

End of Workshop 1

Workshop 2: Principles of Drug Addiction Treatment



Training objectives



At the end of this workshop you will be able to:

- 1. Identify 3 basic components of comprehensive treatment for substance abuse**
- 2. Identify 2 individual factors that help people stay in treatment**
- 3. Identify 3 factors within a programme that help people stay in treatment**
- 4. Understand and identify 5 basic principles of effective treatment**

Comprehensive Treatment

Addiction treatment goals

The goals of addiction treatment are to help the individual:

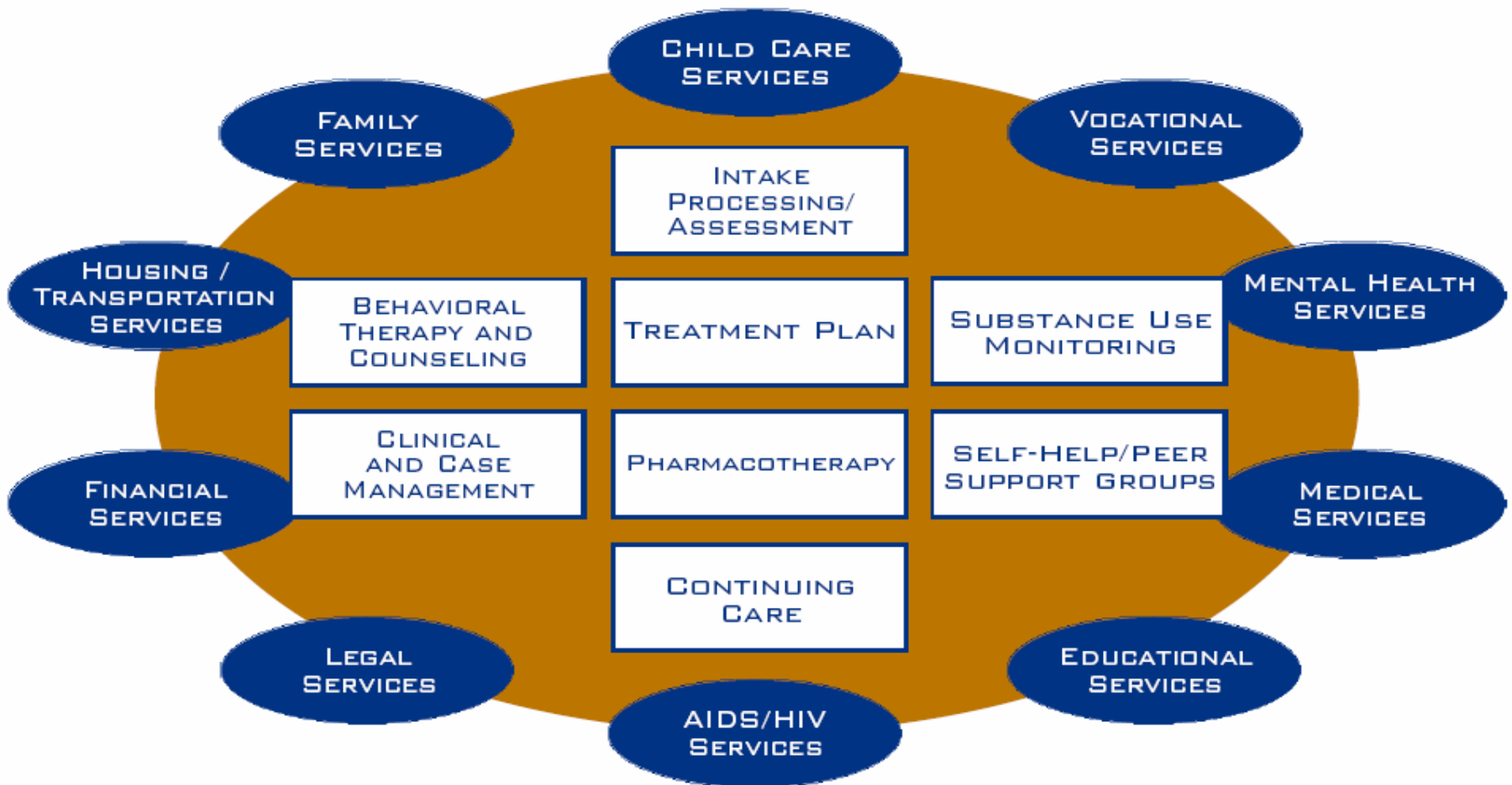
- Stop or reduce the use of drugs
- Reduce the harm related to drug use
- Achieve productive functioning in their **family**, at **work**, and in **society**

Why is comprehensive addiction treatment needed?

- Addicted individuals usually suffer from mental health, occupational, health, or social problems that make their addictive disorder difficult to treat
- For most people, treatment is a long-term process that involves multiple interventions and attempts at abstinence

Components of comprehensive drug abuse treatment

Components of Comprehensive Drug Abuse Treatment



Activity 1: Your organisation



Using the previous graphic, think about all the services that your organisation provides.

- **What services do your clients most often need?**
- **What services could your organization add to meet your clients' needs?**



Treatment duration

Individuals progress through drug addiction treatment at various speeds, so there is no predetermined length of treatment.

In general, longer treatment duration results in better outcomes.

Treatment compliance (1)

Client factors that affect treatment compliance are

- Readiness to change drug-using behaviour
- Degree of support from family and friends
- Pressure to stay in treatment from the criminal justice system, child protection services, an employer, or family members

Treatment compliance (2)

Factors within the program that affect treatment compliance are

- A positive therapeutic relationship between the counsellor and client
- A clear treatment plan, which allows the client to know what to expect during treatment
- Medical, psychiatric, and social services
- Medication available when appropriate
- Transition to continuing care or “aftercare”

Drug addiction treatment

Drug addiction treatment is offered in specialized facilities and mental health clinics by a variety of professionals such as:

- Medical doctors
- Psychiatrists
- Psychologists
- Social workers
- Nurses
- Case managers
- Certified drug abuse counsellors
- Other substance abuse professionals

Activity 2: Group activity

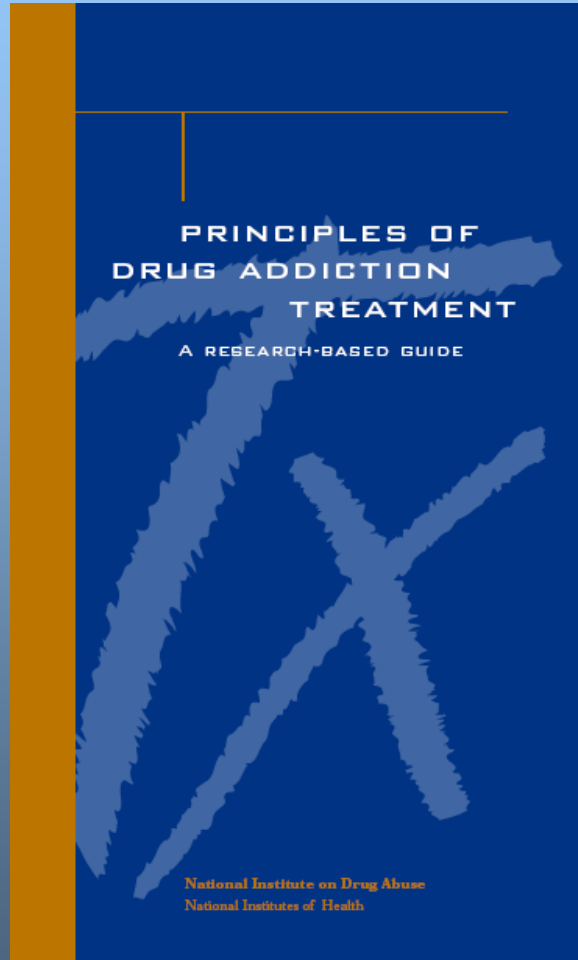


Identify factors within your program (or others' programs) that may do the following:

1. Help clients to comply with their treatment plan
2. Interfere with clients' compliance with their treatment plan



Principles of Addiction Treatment



Principles of effective treatment (1)

1. **NO** single treatment is **APPROPRIATE FOR ALL**
2. Treatment needs to be **READILY AVAILABLE**
3. Effective treatment attends to **MULTIPLE NEEDS**, not just to drug use problems
4. The treatment plan must be **ASSESSED CONTINUALLY** and **MODIFIED AS NECESSARY** to insure that it meets the client's changing needs
5. Remaining in treatment for an **ADEQUATE PERIOD OF TIME** is critical for treatment effectiveness.

Continued

Principles of effective treatment (2)

6. **Counselling** (individual and/or group) and other behavioural therapies are **CRITICAL**
7. **Medications** are **IMPORTANT** elements of treatment for many clients, especially when combined with behavioural therapy
8. People with coexisting mental disorders should be treated in **AN INTEGRATED** way
9. **Detoxification** is only the **FIRST STAGE** of addiction treatment and by itself does little to change long-term drug use.

Continued

Principles of effective treatment (3)

10. Treatment does **NOT need to be voluntary** to be **effective**
11. Possible drug use during treatment must be **MONITORED** continuously
12. Treatment programs should provide assessment for **HIV/AIDS** and other infectious diseases as well as counselling to help clients change behaviours that place themselves or others at risk of infection
13. Recovering from drug addiction can be a **LONG-TERM PROCESS** and frequently requires multiple episodes of treatment

Categories of Treatment

Categories of treatment

Research treatment components include:

- Detoxification
- Pharmacological treatment
- Residential treatment
- Outpatient Treatment

Medical detoxification

- **Detoxification is a process where individuals are treated for withdrawal symptoms upon discontinuation of addictive drugs**
- **Detoxification treatment is conducted under the care of a physician in an inpatient or outpatient setting**

Pharmacological treatment

- Medications to reduce the severity and risk of withdrawal symptoms
- Medication to reduce relapse to illicit drug use
- Agonist maintenance treatment for opiates (methadone, buprenorphine)
- Antagonist treatment for opiates (naloxone, naltrexone)

Residential treatment

Residential treatment programs provide care 24 hours / day in non-hospital settings.

Models of care include:

- Therapeutic community (TC)
- Residential, or “rehab,” program

Residential treatment models

- **Therapeutic community (TC):**
 - Highly structured treatment (6-12 months)
 - Focus on re-socialization
 - Developing personal accountability
- **Residential (“rehab”) program**
 - Typically 30 days long
 - Aftercare includes counselling and / or peer support

Outpatient treatment

Recommended elements of outpatient treatment include the following:

- Weekly sessions for around 90-120 days
- Family involvement
- Positive reinforcement approaches
- Cognitive-behavioural materials
- 12-step meetings or support group participation
- Urinalysis and breath alcohol testing
- Medication as appropriate

Ethical and Legal Issues

Ethical guidelines

Ethical Values:

Be good!

Do good!

And above all: Do no harm!

Ethical and legal issues

Ethical guidelines are

- A set of professional standards
- A set of principles to guide professional behaviour
- Often a matter of opinion and cultural context
- Not always a legal concern

Legal guidelines are

- Determined by laws
- Implemented if ethics are consistently violated
- Often enforced by civil or criminal penalties

Professional and ethical issues

Treatment professionals should have a copy of the following:

- Relevant ethical guidelines or code of conduct for your region
- Laws or regulations affecting their clinical professions

Professional boundaries

Maintain a professional relationship with a client at all times

- **Avoid dual relationships with clients**
- **Avoid sexual relationships with clients**
- **Avoid personal relationships with clients**

Confidentiality (1)

- The client's rights and the limits of confidentiality should be explained at the beginning of treatment
- The relationship with any client should be private and confidential
- Client information should not be communicated outside of the treatment team
- Information should only be released with the client's or guardian's permission

Confidentiality (2)

Confidentiality must be maintained at all times, except when to do so could result in harm to the client or others.

Activity 3: Case study



Discuss in small groups the following cases:

- A)** A young man tells his clinician that he intends to kill his former girlfriend just as soon as she returns from an out-of-town trip.
- B)** A client's employer comes to you asking for information on your client's test results.

How should the clinician act in cases A and B?



Additional principles of counselling

- **An addiction treatment professional should**
 - **Respect the client**
 - **Be a role model**
 - **Control the therapeutic relationship**
 - **Emphasise the client's personal responsibility for recovery**
 - **Provide direction and encourage self-direction**
 - **Be conscious of his or her own issues**



Questions?



Comments?

Thank you for your time!

End of Workshop 2

Workshop 3:

Basic Counselling Skills for Drug Addiction Treatment



Training objectives (1)



At the end of this workshop you will be able to:

- | Identify a minimum of 4 counselling strategies useful in drug abuse treatment**
- | Conduct a minimum of 3 counselling strategies**
- | Structure a regular counselling session**
- | Understand the importance of clinical supervision**
- | Conduct a minimum of 3 listening strategies and 3 responding and teaching strategies to be used in counselling for drug abuse treatment**

Introduction to Counselling

What is counselling? (1)

- **Counselling involves the following:**
- **Interactive relationship**
- **Collaboration**
- **Set of clinical skills & teaching techniques**
- **Positive reinforcement**
- **Emotional support**
- **Formal record**

What is counselling? (2)

The purpose of counselling is to establish:

- **Goals of treatment**
- **Treatment modality**
- **Treatment plan**
- **Scheduling of sessions**
- **Frequency and length of treatment**
- **Potential involvement of others**
- **Termination of treatment**

Basic Counselling Skills

BASIC COUNSELLING SKILLS



Active Listening

Active listening

Active listening by the clinician encourages the client to share information by providing verbal and nonverbal expressions of interest.

Active listening skills

Active listening includes the following skills:

- Attending
- Paraphrasing
- Reflection of feelings
- Summarising

Attending (1)

Attending is expressing awareness and interest in what the client is communicating both verbally and nonverbally.

Attending (2)

Attending helps the **clinician**

- Better understand the client through careful observation

Attending helps the **client**

- Relax and feel comfortable
- Express their ideas and feelings freely in their own way
- Trust the counsellor
- Take a more active role in their own sessions

Attending (3)

Proper attending involves the following:

- **Appropriate eye contact, facial expressions**
- **Maintaining a relaxed posture and leaning forward occasionally, using natural hand and arm movements**
- **Verbally “following” the client, using a variety of brief encouragements such as “Um-hm” or “Yes,” or by repeating key words**
- **Observing the client’s body language**

Example of attending

Um-hm.

*Please
continue...*

I see.

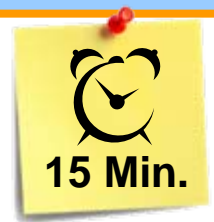


I am so tired, but
I cannot
sleep...so I drink
some wine.

...When I wake
up...it is too late
already...

Too late for
work...my
boss fired me.

Activity 1: Case study



“The client asked the clinician about the availability of medical help to deal with his withdrawal symptoms. The clinician noticed that the client is wringing his hands and looking very anxious.”

Discuss how the clinician should respond.

Paraphrasing (1)

Paraphrasing is when the clinician restates the content of the client's previous statement.

- **Paraphrasing uses words that are similar to the client's, but fewer.**
- **The purpose of paraphrasing is to communicate to the client that you understand what he or she is saying.**

Paraphrasing (2)

Paraphrasing helps the **clinician**

- verify their perceptions of the client's statements
- spotlight an issue

Paraphrasing helps the **client**

- realise that the counsellor understands what they are saying
- clarify their remarks
- focus on what is important and relevant

Example of paraphrasing

My mom irritates me. She picks on me for no reason at all. We do not like each other.

So...you are having problems getting along with your mother. You are concerned about your relationship with her.



Yes!

Reflection of feelings (1)

Reflection of feelings is when the clinician expresses the client's feelings, either stated or implied. The counsellor tries to perceive the emotional state of the client and respond in a way that demonstrates an understanding of the client's emotional state.

Reflection of feelings (2)

Reflection of feelings helps the **clinician**

- Check whether or not they accurately understand what the client is feeling
- Bring out problem areas without the client being pushed or forced

Reflection of feelings helps the **client**

- Realise that the counsellor understands what they feel
- Increase awareness of their feelings
- Learn that feelings and behaviour are connected

Example of reflection of feelings

When I get home in the evening, my house is a mess. The kids are dirty... My husband does not care about dinner...I do not feel like going home at all.

You are not satisfied with the way the house chores are organized. That irritates you.



Yes!

Summarising (1)

Summarising is an important way for the clinician to gather together what has already been said, make sure that the client has been understood correctly, and prepare the client to move on. Summarising is putting together a group of reflections.

Summarising (2)

Summarising helps the **clinician**

- Provide focus for the session
- Confirm the client's perceptions
- Focus on one issue while acknowledging the existence of others
- Terminate a session in a logical way

Summarising helps the **client**

- Clarify what they mean
- Realise that the counsellor understands
- Have a sense of movement and progress

Example of summarising

We discussed your relationship with your husband. You said there were conflicts right from the start related to the way money was handled, and that he often felt you gave more importance to your friends. Yet on the whole, things went well and you were quite happy until 3 years ago. Then the conflicts became more frequent and more intense, so much so that he left you twice and talked of divorce, too. This was also the time when your drinking was at its peak. Have I understood the situation properly?



Yes, that is it!



Processing

Processing (1)

Processing is the act of the clinician thinking about his or her observations about the client and what the client has communicated.

Processing (2)

Processing allows the counsellor to mentally catalogue the following data:

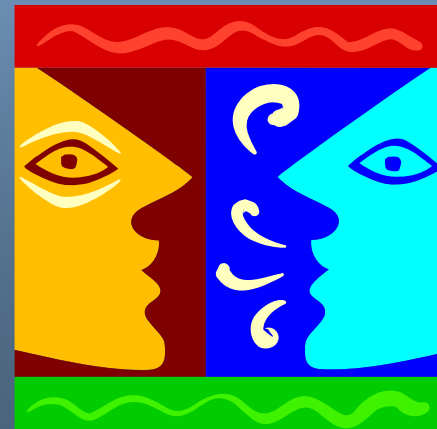
- Client's beliefs, knowledge, attitudes, and expectations
- Information given by his or her family
- Counsellor's observations



Responding

Responding

Responding is the act of communicating information to the client that includes providing feedback and emotional support, addressing issues of concern, and teaching skills.



Expressing empathy

Empathy is the action of understanding, being aware of, being sensitive to, and vicariously experiencing the feelings, thoughts, and experiences of another.



Example of expressing empathy

I see.

*I understand.
I am sorry
about your job.*



I am so tired,
but I cannot
sleep... So I
drink some
wine.

When I wake
up...I am
already too late
for work.
Yesterday my
boss fired me...

...but I do not
have a
drinking
problem!

Probing (1)

Probing is the counsellor's use of a question to direct the client's attention to explore his or her situation in greater depth.

Probing (2)

- A probing question should be open-ended
- Probing helps to focus the client's attention on a feeling, situation, or behaviour
- Probing may encourage the client to elaborate, clarify, or illustrate what he or she has been saying
- Probing may enhance the client's awareness and understanding of his or her situation and feelings
- Probing directs the client to areas that need attention

Example of probing

Work problems related to drug use?

I was always known to be a good worker. I even received an award. Lately I had some issues...my husband is just not helping...that is why I am always late.

Tell me about the problems you have been having at the work place?



Actually I have had lots of problems, not only being late.

Interpreting (1)

Interpreting is the clinician's explanation of the client's issues after observing the client's behaviour, listening to the client, and considering other sources of information.

Interpreting (2)

Effective interpreting has three components:

- 1. Determining and restating basic messages**
- 2. Adding ideas for a new frame of reference**
- 3. Validating these ideas with the client**

Example of interpreting

*You say you had difficulty in getting along with your boss. Once you mentioned that sometimes you simply broke the rules for the sake of breaking them. You also said that you are always late, even when your husband had everything ready for the children. In the past, you said it was because of the negative behaviour of your boss. This time you blamed your husband. **Is it possible that your problems at work, like being late, are related to your alcohol use?***

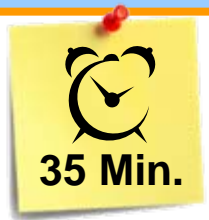


I always thought I could control it.

Silence

Silence can encourage the client to reflect and continue sharing. It also can allow the client to experience the power of his or her own words.

Activity 2: Now it's your turn!



Rotating Roles

This role-play gives you and your colleagues an opportunity to practise as clinicians and clients.

- Role-play with one of your partners the new counselling skills you have learned. A third partner will be an observer. After 10 minutes switch roles (30 minutes total).
- Each observer will provide feedback at the end of each role-play (5 minutes).





Teaching Clients New Skills

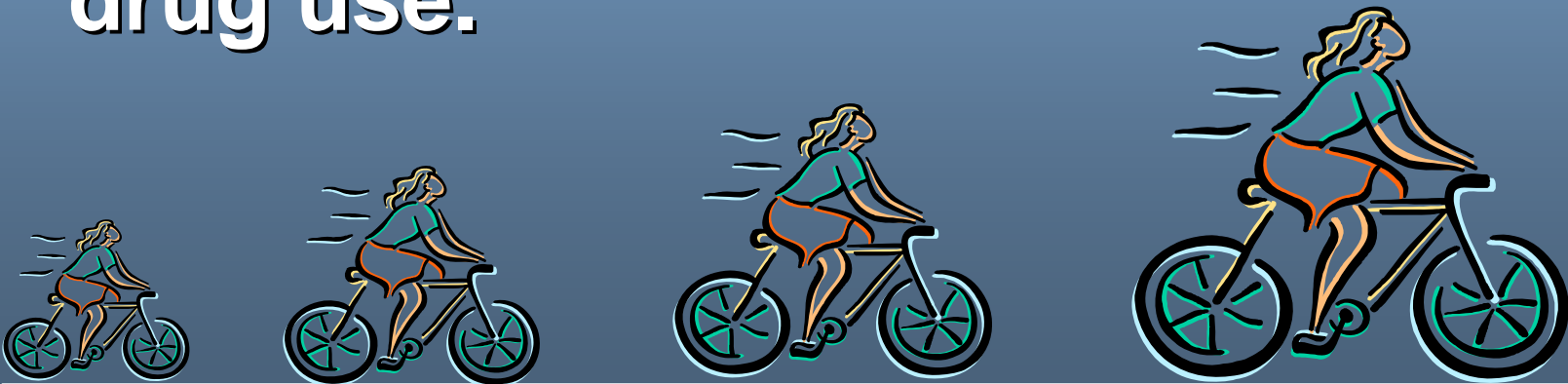
Teaching clients new skills

Teaching is the clinician's transfer of skills to the client through a series of techniques and counselling strategies.



Use repetition

Repetition entails counsellors restating information and clients practising skills as needed for clients to master the necessary knowledge and skills to control their drug use.



Encourage practise

Mastering a new skill requires time and practise. The learning process often requires making mistakes and being able to learn from them. It is critical that clients have the opportunity to try new approaches.



Give a clear rationale

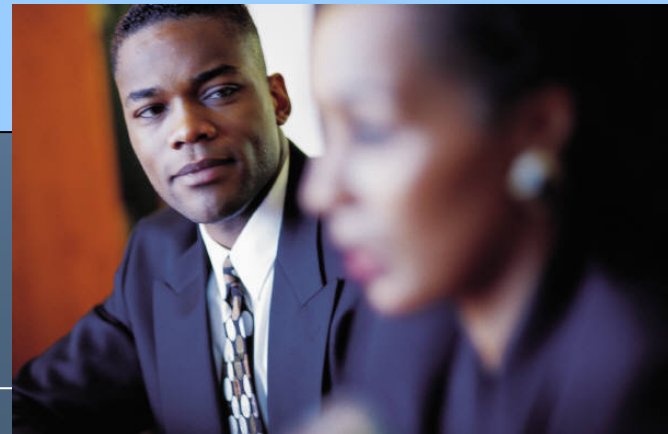
Clinicians should not expect a client to practise a skill or do a homework assignment without understanding **why** it might be helpful.

Clinicians should constantly stress how important it is for clients to practise new skills outside of the counselling session and explain the reasons for it.



Activity 3: Script 1

“It will be important for us to talk about and work on new coping skills in our sessions, but it is even more important to put these skills into use in your daily life. It is very important that you give yourself a chance to **try new skills** outside our sessions so we can identify and discuss any problems you might have putting them into **practise**. We’ve found, too, that people who try to practise these skills tend to do **better in treatment**. The practise exercises I’ll be giving you at the end of each session will help you try out these skills.”



Activity 3: Case study



Script 1

Discuss in groups the teaching strategies employed by the clinician.



Monitoring and encouraging

Monitoring: to follow-up by obtaining information on the client's attempts to practise the assignments and checking on task completion. It also entails discussing the clients' experience with the tasks so that problems can be addressed in session.

Encouraging: to reinforce further progress by providing constructive feedback that motivates the client to continue practising new skills outside of sessions.

Use the assignments

Use the information provided by the clients in their assignments to provide constructive feedback and motivation.

Focus on the client's:

- Coping style
- Resources
- Strengths and weaknesses

Explore resistance

Failure to implement skills outside of sessions may be the result of a variety of factors (e.g., feeling hopeless). By exploring the specific nature of a client's difficulty, clinicians can help them work through it.

Praise approximations

Counsellors should try to shape the patients' behaviour by praising even small attempts at working on assignments, highlighting anything they reveal as helpful or interesting.

Activity 4: Case study



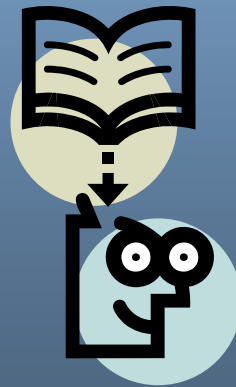
Script 2

Discuss the teaching strategies employed by the counsellor in the following example:

“I noticed that you did not fully complete your homework, but I am really impressed with the section that you have completed. This is great...in this section you wrote that on Monday morning you had cravings but you did not use. That is terrific! Tell me a little more about how you coped with this situation. In this other section, you wrote that you used alcohol. Tell me more about it...let’s analyse together the risk factors involved in this situation.”

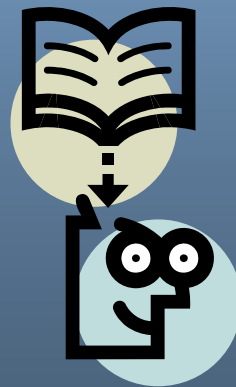
Develop a plan (1)

A **plan for change** enhances your client's self-efficacy and provides an opportunity for them to consider potential obstacles and the likely outcomes of each change strategy.



Develop a plan (2)

- Offer a menu of change options
- Develop a behaviour contract or a Change Plan Worksheet
- Reduce or eliminate barriers to action



Activity 5: Role-playing



This role-play gives you and your colleague another opportunity to practise as counsellors and clients.

- Observe the role-playing
- Complete the Change Plan Worksheet form and ask each other the following questions:
 - “When do you think is a good time to start this plan for change?”
 - “Who can help you to take action on this plan?”





Questions?



Comments?

Thank you for your time!

End of Workshop 3

Workshop 4: Special Considerations when Involving Families in Drug Abuse Treatment



Training objectives



At the end of this workshop you will be able to:

- 1.** Understand the importance of involving a client's family in the treatment process
- 2.** Identify a minimum of 4 family feelings and reactions to their relative's drug dependence
- 3.** Identify strategies to insure that the client's confidentiality is maintained when you are working with relatives
- 4.** Understand the basics of child protection
- 5.** Identify a minimum of 3 strategies for engaging families in treatment
- 6.** Conduct a minimum of 2 strategies for engaging families in treatment.

Introduction to Family Support



Family support

The family is a powerful source of assistance and support.

Families and significant others can effectively participate in the treatment process if the client consents.



The goals of involving the family

Involving the family

- Helps family members understand and cope with the client's addiction
- Helps achieve the recovery goals of the drug-dependent person



Working with Families

First contact with your client

At the point of first contact with a client, counsellors should ask questions such as:

- Who is important in your life at this moment?
- How do they support you?
- Do they know that you are getting treatment?
- Would they support you in getting treatment?
- Would you like them to be involved in treatment and, if so, in what way?

Family reactions (1)

Family members usually experience the following feelings and reactions in response to their relative's drug problems:

- Denial
- Shame
- Self-blame
- Anger
- Confusion

Continued

Family reactions (2)

- Preoccupation
- Making changes in themselves
- Bargaining
- Controlling
- Disorganisation

Activity 1: **Identify maladaptive reactions**



Discuss the maladaptive reactions of Anna's husband in the following scenario:

Anna has been in treatment for alcoholism for 3 months. Anna's husband is suspicious about her behaviour and is tracking all her movements through the day. His compulsive preoccupation drives him to waste his energy in unproductive ways, and as a result, he fails to do his own work. He tries to hide Anna's problem from everybody and denies that there is a problem. It is too shameful for him, Anna, and the rest of the family. He justifies her alcohol abuse in public by saying that she is under a lot of pressure from her work. He denies that she drinks at home. He takes responsibility for Anna. For example, he calls her office every day to make sure she is at work and if she is not, he makes excuses for her absence."

How to engage the family (1)

To effectively engage family members:

- Recognize their perceptions of the situation
- Provide a range of service options for families to choose from
- Actively engage family members (follow-up with phone calls and letters)
- Don't give up easily
- Deliver flexible services

Continued

How to engage the family (2)

To effectively engage family members:

- Make sure that the family's greatest need is the one addressed first
- Be responsive to a crisis
- Insure that the service offered is what the family wants
- Present clear information
- Insure that promises and commitments are met
- Promote strengths-oriented conversations

**Building Positive
Communication
Between the Client
and the Family**

Communication problems

Frequently, a client's addiction can create many problems within a family.

- **Family members often feel guilty, angry, hurt, and defensive**
- **These feelings can negatively affect the way they communicate with one another**
- **Negative patterns of interacting often become automatic**

Positive communication skills

Positive communication skills include the following:

- Avoid assuming what the other is thinking
- Communicate directly instead of hinting
- Avoid double messages
- Admit mistakes
- Use “I” statements

Avoid assuming what the other is thinking

Nancy asked her husband Pete, “Will you be coming home right after work?” Pete exploded, “You don’t have to check up on me every 5 minutes! Do you want a urine sample, too?” Nancy responded angrily, “Well, you’ve sure given me enough reasons to check up on you.”

Communicate directly instead of hinting

Ricardo, a 17-year-old in recovery, was playing a video game when his mother, Rosa, walked by and said, “Ricardo, the kitchen trash can is getting full.” Ricardo responded, “Uh huh,” and continued playing his game. Half an hour later, Rosa noticed that Ricardo hadn’t emptied the trash. She angrily confronted Ricardo for not taking the trash out right away. Ricardo responded to her anger by loudly saying, “Hey, I’ll do it when I’m ready to do it!”

Avoid double messages

Tanya asked her husband, Andre, “Do you mind if I go fishing with Sharonne Saturday?” Andre had been planning to spend time with Tanya on the weekend and didn’t want her to go with Sharonne. However, he replied, “Sure, go ahead.” As he said this, his arms were stiffly crossed across his chest and he didn’t look directly at Tanya. Tanya felt uneasy and said, “You’re really OK with it?” Andre responded angrily, “I said I was, didn’t I? The discussion escalated into an argument.

Admit mistakes

Bob forgot that it was his and Catherine's 5th wedding anniversary. A coworker invited him to bowl a few frames after work, and he accepted. When he arrived home, he discovered the table set for two and Catherine in tears. When she confronted Bob about being so late, he responded defensively. "You know I have trouble remembering these things. You should have reminded me! How am I supposed to know you were planning a special dinner?" Catherine responded, "How could you forget our anniversary?" Bob was feeling guilty at this point, but not wanting to admit he was wrong, defensively replied, "Listen, Catherine, we've been married for 5 years now. What's the big deal?" Catherine locked herself in the bedroom.

Use “I” statements

Pam, a senior in high school, was out on a date. Her curfew was midnight, and she was already late. When Pam arrived home at 1 a.m., her mother, Emily, was extremely worried. Emily greeted Pam at the door saying, “You’re late! You could have picked up a phone and called. You’re always so inconsiderate!” Pam responded angrily, “I am not always inconsiderate!” A fight ensued.

▪

Activity 2: How to engage the family



Take time to think about strategies to involve the family and how you would implement them in your organisation. Share your ideas with the rest of the group.



Confidentiality

Confidentiality

It is the right of the client to determine to whom they or others disclose details of their treatment.

No information regarding a person's treatment should be disclosed without the client's explicit consent in writing.

Organisations' confidentiality policy

Organisations should have policies and procedures in place to assist practitioners in insuring confidentiality for the client and their records. These policies should include:

- Having an agreement with the client and informed consent before releasing any information regarding treatment
- Having a signed “release of information” form from the client
- Clarifying to the client the purpose and types of case records and what happens to them

Precautions

Written consent should be obtained before disclosing:

1. Details of a client's treatment to any family member
2. Information about the client's attendance

If in doubt ...

- **Ask your client if it is OK to talk about it**
- **Respect the client's or the family member's wishes if they decide they do not want to talk about a particular issue**
- **In some circumstances, employ different practitioners for the family and the client**
- **If a family member requests a service, but the client does not want to be involved, refer the family member to another service**

Support and Information for Clients who have Children

Support and information for clients who have children

Clinicians should identify the needs of clients with children. These might include:

- **Referral to a specialist in parenting or family support programs**
- **Attention to child safety issues within the physical environment of the agency**
- **Provision of “child-friendly” areas within the clinic, including toys and resources for children, posters, and other aids to establish a welcoming and age-appropriate environment**
- **Provision of information on a range of welfare, child care, and family recreation services available in the local area**

Child protection

Organisations should have policies and procedures in place to assist practitioners in responding to suspicions of child abuse and neglect such as:

- Access to immediate supervision from an experienced practitioner
- Knowledge of what constitutes risk
- Knowledge of the child protection system
- Training in how to discuss concerns about safety with clients

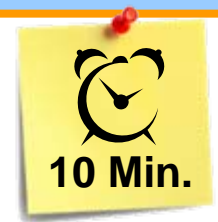


Questions?



Comments?

Post-assessment



Please respond to the post-assessment questions in your workbook.

(Your responses are strictly confidential.)



Thank you for your time!
