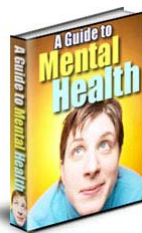


# Guidelines for Drug Abuse Counseling

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## Forced to deal with



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## Guidelines for drug abuse counseling

- View the problem on a continuum
- Recognize individual differences, provide individualized treatment
- Enhance client's sense of "self-efficacy"
- Provide multidimensional treatment
- Select the least intrusive treatment
- Open to new methods and goals according to research findings
- Be sensitive to the varying needs of different clients

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## Dichotomous classification

- If we know that a client is a "drug abuser" or has "substance use disorder", do we know how to treat him or her?
- If we can label a client's dysfunction, is it equal to we can make appropriate treatment decisions?
- A simplistic approach masks individual differences and discourage early intervention
- Address drug use in the context of the client's total life functioning

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## 1. Continuum

- Drug abusers vary in terms of consumption, physical symptoms, patterns of use, life consequences after abusing drug, type of drug used, personality, social environment, gender, culture, and a variety of other factors
- Therefore, no one treatment plan, no one label, could be appropriate for all clients

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## Spectrum of Psychoactive Substance Use

### Casual/Non-problematic Use

- recreational, casual or other use that has negligible health or social effects

### Chronic Dependence

- Use that has become habitual and compulsive despite negative health and social effects



### Beneficial Use

- use that has positive health, spiritual or social impact:
- e.g. medical pharmaceuticals; coffee/tea to increase alertness; moderate consumption of red wine; sacramental use of ayahuasca or peyote

### Problematic Use

- use that begins to have negative consequences for individual, friends/family, or society
- e.g. impaired driving; binge consumption; harmful routes of administration

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## 1. Continuum

- A continuum perspective does not imply progression
- Some people automatically move along from left to right but some do not
- Counselors need to be as helpful as possible in the first contact
- Devise treatment plans that fit the nature and seriousness of the client's current difficulties

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## 2. Individualized goals and methods

- No one goal or treatment outcome is likely to be appropriate for every client
- Counselor must work with client to decide on the most desirable outcome in terms of drug use
- Instead of attempting abstinence, counselor should ask:  
“What outcomes seem to be most appropriate for what types of client in what situation?”

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## 2. Individualized goals and methods

- For most early-stage drug abusers, a goal of moderation may be more suitable than a goal of abstinence
- The client's drug abuse must also be considered in the context of other life problems such as social, psychological, family and financial problems
- Treatment plan should include long and short-term goal dealing with both drug use and other issues

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## 2. Individualized goals and methods

- Methods for reaching goals
  1. behavioral self-control training
  2. contingency management
  3. relaxation
  4. assertion
  5. social-skills training
  6. marriage and family therapy
  7. vocational counseling
  8. cognitive restructuring
  9. problem solving and decision making skills
  10. aversive conditioning
  11. stress-management training
  12. group therapy
  13. Lifestyle and recreational planning
  14. information about the effects of drugs
  15. referral to self-help group, if any

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### 3. Enhancing self-efficacy

- What degree of responsibility that client should assume for their recovery?
- With the assumption of blamelessness may come the attribution of powerlessness
- Client who believe in the possibility of controlling their lives seem better able to engage in all kinds of health-enhancing behaviors, including drug abusers

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### 3. Enhancing self-efficacy

- Definition: an individual's belief that he or she can solve a problem, accomplish a task, or function successfully
- Efficacy involves a general ability to deal with one's environment, mobilizing whatever cognitive and behavioral skills are needed to manage challenging situations
- People with low efficacy tend to avoid challenges and to give up quickly when facing obstacles

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### 3. Enhancing self-efficacy

- Client's with perceived efficacy tend to deal with any pressing life problems successfully and maintain behavior change
- Self-efficacy is an important mean to prevent relapse
- Counselors need to encourage client's sense that control is possible
- Treatment should focus on enhancing the client's feelings of personal mastery especially through plan for practicing coping behaviors

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### 4. Multidimensional treatment

- Abstinence is a prerequisite to therapeutic progress, not an end point
- Not all of client's problem automatically fade away after abstinence or control of drug use
- Why?
- Multidimensional treatment does not only focus on drug-use behavior but seeing client in the context of their psychological, social and vocational function

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## 4. Multidimensional treatment

- In the long run, client's recovery depends not just on their intrapersonal qualities but also on their social environment and repertoire of their coping skills with the "real world"
- E.g. adolescent drug abusers
- Therefore, multidimensional also implies rehabilitation in occupational, psychological and social functioning
- These levels of functioning have strong influences on the likelihood of relapse

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## 4. Multidimensional treatment

- Comprehensive treatment may include
  1. job counseling
  2. marital counseling
  3. re-socialization and recreation
  4. problem-prevention rehearsal
  5. early warning system
  6. disulfiram
  7. group counseling
  8. buddy procedure
  9. contracting

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## 5. Choose the least intrusive alternative

- Clients can be helped most effectively if their treatment is based on the least intrusive possible alternative, given any special health, safety, and support needs they may have
- If clients have adequate physical, personal, and social resources, self-help is preferable to professional treatment
- If treatment is needed, OPD counseling is preferable to inpatient

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## 5. Choose the least intrusive alternative

- Non-medical is preferable to medical
- Short-term is preferable to long-term
- Out-patient clients have the greatest likelihood of maintaining effective social ties; of having individualized, multidimensional treatment; and retaining a sense of responsibility for themselves and their own recovery
- Self-efficacy is enhanced when they learn to acquire skills for coping with their situations

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## 5. Choose the least intrusive alternative

- Less intrusive, less stigmatization
- People who have had long stays in the hospital may achieve abstinence but lose some personal power in the process
- Certainly, some client will always need more intensive treatment especially when they have medical problem or lack of stable support in their own communities
- Any decision regarding the intensity of care should take into account both the client's personal support and resources and the likelihood that detoxification might become a medical emergency

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## 6. Openness to new methods

- Existing treatment methods
  1. Out-patient care
  2. Non-hospital residential care
  3. Acute hospital care

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## 6. Openness to new methods

- Treatment alternatives will not fit all clients, so even clients tend to accept them without question
- Treatment methods supported by research in the past include: aversion therapies, behavioral self-control training, marital and family therapy, social-skills training, stress management and motivational interviewing

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## 6. Openness to new methods

- Treatment programs, both voluntary and involuntary, should be composed of modalities supported by current research as having specific effectiveness
- The first intervention offered should be the least intensive and intrusive, with more heroic and expensive treatments employed only after others have failed
- As research warrants, client should be matched to optimal intervention based on predictors of differential outcome

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## 7. Diversity in client populations

- Clients may be of highly diverse groups, e.g. ethnic, religion, men, women, elderly, single-parent, the divorced, the disabled, homosexual, the poor, adolescents, etc.
- They vary widely in treatment goals, needs and social pressures
- Counselors should take into account the effects of client's cultural identity on their developing of drug abuse problems and assess on their access to service and ability to maintain long-term recovery
- E.g. women

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## 7. Diversity in client populations

- Counselors also need to be aware how their own cultural characteristics, values, and biases affect their interaction with clients
- Counselors who have developed sensitivity to the sociocultural differences among their clients are likely to work more effectively with all of their clients

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## Counselor roles and settings: Community settings

- Counselors work in community settings including healthcare, social services, education, etc.
- Counselor's role:
  1. Providing brief service themselves
  2. Making referral
  3. Making primary decisions about clients' treatment needs
  4. Bearing the responsibility both for making initial diagnoses and for helping client to choose the most appropriate treatment strategies

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## Counselor roles and settings: Detoxification centers

- Detoxification center is a short-term treatment designed to oversee the client's safe withdrawal from the drug

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## Counselor roles and settings: Detoxification centers

- Counselor's role:
  1. Monitoring the client's progress and referring for medical assistance as needed
  2. Providing personal/emotional support
  3. Encouraging the client to make use of such crisis of detoxification as an opportunity for change
  4. Assessing the client's needs and potential for further treatment
  5. Working with the client to develop and appropriate plan for treatment
  6. Linking the client to appropriate community and agency resources

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## Counselor roles and settings: Inpatient rehabilitation programs

- May be housed either in hospitals or in non-medical settings
- Provide both detoxification and rehabilitation but the primary emphasis is on psychological rather than physiological factors and on education rather than medicine

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## Counselor roles and settings: Inpatient rehabilitation programs

- Counselor's role:
  1. Helping clients gain understanding of their problems and to prepare them for long term recovery
  2. Allowing clients the opportunity to develop personal recovery goals, to learn the skills needed to prevent a relapse,
  3. Preparing for their re-socialization into the community
  4. To plan and rehearse an abstinent lifestyle

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## Counselor roles and settings: Therapeutic communities

- A residential center which shelter the abuser from the pressure of the outside world and from drugs, and in which they can learn to lead a new, drug-free life
- Shortcomings:
  1. Separation from society for years
  2. Effectiveness depends on the appropriateness of individual client

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## Counselor roles and settings: Methadone-Maintenance programs

- Their goal is to help abusers to focus on rehabilitation rather than on abstinence and to help addicts live productive, if not drug-free
- Note:
  1. Need to place this method in the context of a treatment plan including counseling and other efforts at rehabilitation
  2. More attention must be paid to the question of whether methadone maintenance is a short-term solution or a long-term panacea

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## Counselor roles and settings: Outpatient counseling agencies

- The service allows for a high degree of individualization
- It encourages the development of treatment plans based on both long- and short-term goals
- It gives the clients an opportunity to try out new behaviors in ordinary environments
- It is seen as a preferred modality but may not be appropriate for all clients
- Most suitable for client who is able to function independently, medically stable, have good social support and has the ability and motivation to abstain from drug use until a new lifestyle has been established

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## Counselor roles and settings: Employee assistance programs

- Not a treatment modality in itself
- It is a method for helping work organizations to resolve, efficiently and humanely, problems relating to productivity
- Deal not just with drug abuse but a variety of issues of mental and physical health that might affect job performance

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## Counselor roles and settings: Employee assistance programs

- Role of EAP counselor:
  1. The primary role of EAP counselor involves assessment and referral, not the formation of long-term counseling relationship
  2. Give temporary support and assistance so that client can gain or regain self-responsibility
  3. Helping client to gain skills and mobilize resources so that they can manage problem situation and achieve the highest possible degree of mastery over their environments
  4. Pragmatic, problem-solving orientation

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