

Additional treatment components - Life Skills training, Work with Families and Social Network Members

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(Day 4 Morning Session)

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Life skills training:

Emotional management
Social skill
Lifestyle balance

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Drug and Emotion: Anxiety

- * Taking drugs as a strategy to avoid feelings of anxiety when handling difficult situation
- * Some kind of drugs depresses the activity of nervous system
- * However, withdrawal from drug produces a reaction similar to the initial feelings of anxiety that the people was attempting to avoid
- * Vicious circle develops
- * Develop beliefs about the effectiveness of drug to manage their anxiety

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Anger and Impulse

- * Some drugs actively increase aggression, which is a desired effect to improve performance in competitive events
- * Drugs may be used as a form of “Dutch courage”, enable the client to express himself/herself, or try new activities
- * Drugs will impair performance, the result may be a lack of success and then increase feelings of anger directed towards others
- * Temporary relief from the internal tensions caused by unexpressed anger

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Depression

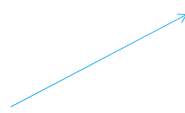
- * Some drugs have a depressant effect on the central nervous system -> create a depressed mood
- * Some drugs increase the client's level of activity and energy to overcome depression or the negative symptoms of schizophrenia. Use of stimulants may mask low mood and prevent the client from receiving treatment

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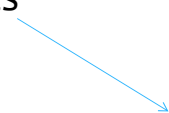
Situation



Thoughts



Behaviors



Bodily Symptoms

Mood



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Assessment

- * Identify with the client the nature of his current emotion
- * Explore how the client's emotion developed
- * Identify the factors that maintain the client's emotion

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Strategies to manage

1. Helping the client understand emotion
2. Cognitive strategies: Managing thought
 - * Identify unhelpful automatic thoughts
 - * Re-evaluate and modify unhelpful thoughts
3. Behavior strategies:
 - * Managing bodily symptoms
 - * Behavioral Experiments
 - * Graded hierarchies
 - * Problem solving
 - * Planning pleasurable activities

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Anxiety

re-evaluate and modify unhelpful automatic thought

Situation	Moods	Automatic thoughts	Evidence supports	Evidence does not support	Alternative thought
In meeting at work	Anxious 90%	I'm going to make a fool of myself. I need to take drug to cope with this	Everyone knows more than I do. I don't know what I am talking about	Some people here are novices. My boss had faith in me	It will be difficult, but I can get through this presentation (60%)

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Impulse Control

Immediate behavioral strategies

- * Counting
- * Commentary/self-talk
- * Relaxation
- * Timing out
- * Cue-cards
- * Deep breath

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Depression

Weekly activities diaries

Rate activities P for pleasure 0 (not at all pleasurable) → 10 (extremely pleasurable)

	M	T	W	T	F	S	S
9 am	In bed 3						Lie with BF 4
10 am	In bed 2						Shower 3
11 am	In bed 2						Walk with BF 5
12	TV 2						Meal 6
1 pm	TV 2						Visit F 7
2 pm	Snack 3						Visit F 7
3 pm	TV 1						TV 5

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Drug and Social Skills

- * Client's drug use may have alienated him/her from previous social networks; consequently, he/she may be associating only with other users
- * The effects of drug use may be masking the skills they do have
- * Drug may be compensating for a lack of skills, by providing confidence or reduce symptoms of anxiety and depression
- * Attempting to stop drug use can lead to the need for specific skills in social situation (refusal skills)

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Social skills training

- * Observation skills
- * Listening skills
- * speaking skills
- * expression of attitudes
- * Responding to criticism
- * Saying “No”
- * Making requests
- * Using non-verbal communication skills
- *

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- * Identify a plan of action to deal with difficult situations
- * Help clients clarify the views they wish to express
- * Teach and role play skills
- * Review performances and provide feedback

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Lifestyle Imbalance

- * Many people will find that their life, goals and routines change when their use of drug becomes problematic. Life may become very empty by only focusing on using drugs
- * Clients may tend to use “should” or “must” statements. They rule themselves by self-commands and do not attend to their “want” or “need”. This type of thinking can place a lot of pressure on client and lead to a desire for immediate pleasure to counteract how he is feeling →lead to craving for drug →give permission, “ I deserve it”

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Encourage lifestyle balance

- * Increasing activity levels
 - roles checklist
 - Interests checklist
 - current activity diary
 - develop interest and hobbies
- * Time management
- * Money management

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Working with Families and Social Network Members

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Provision of Psychoeducation

- * Reasons and motives for drug use
 1. Socialization
 2. Coping
 3. Pleasure
- * Types of substances used and their effects
- * Why motivation to change fluctuate?
- * Factors about relapsing

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Best Support

- * Provide support that matches the client's stage of change
- * Identify with the goals that limit the harm or damage
- * Remain optimistic
- * Be consistent and non-judgmental in their approach, even when the client's motivation becomes worse
- * Identify new ways of communicating with the client and let go of strategies used in the past that have led to conflict, and have not worked

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- * Provide positive feedback whenever the client takes a step in the right direction, rather than focusing on slips
- * Provide support and a social environment that encourages steps toward change
- * Become involved in relapse-prevention plan

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Practical coping strategies and skills

Setting limits and boundaries

- 1.No violence to people and property
 - 2.No illegal drug use in the house
 - 3.Must bathe regularly
 - 4.No shouting or intimidating behavior
- * Rewards and consequences need to be relevant and significant
 - * Focus on the behavior displayed, not on a person's personality, and are realistic and rational

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No “rescuing” :

- * Helping the client to see the negative impact, rather than boiling the client out of trouble

Communication skills

- * Use a non-threatening approach that limits the chances of the client's becoming defensive
- * Focusing on positive aspects of use to gain an understanding of motives to use
- * Encourage family to use “I” and feelings statements to express concerns

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Early warning signs:

- * Group of friends (spending time with old friends)
- * Appearance (unkempt and smell of alcohol)
- * Behavior (lying, not eating or spending time alone)
- * Available money (asking to borrow money)
- * Mental health (more positive symptoms)

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- * Provide positive reinforcement
- * Encourage alternative activities
- * Get support and help for themselves

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