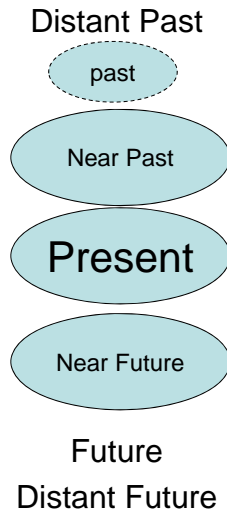


Initial Assessment and Intervention



Initial Assessment and Intervention

1. How to assess and handle particular on-the-spot responses of clients which may *influence* your further intervention (Present)?
2. What kinds of information should you collect from clients for your preliminary assessment regarding their service needs? (Present-Near Past-Past)
3. How to move client to the services they need? (Near Future)

Part 1: Present

How to assess and handle particular on-the-spot responses of clients which may *influence* your further intervention

Assessment of client's on-the-spot responses

- I. Mental State and The Degree of Communication**
 1. Taking any drugs a few hours ago?
 2. Capable of having a rational conversation?
 3. Has a disposition towards acts of violence?

Assessment of client's on-the-spot responses

II. Emotional State and The Direction of Intervention

1. Resistance

- Short replies, introvert, indifference, unfocused, lean back, look all around, demonstrate normality, complaint of referrers
- Rapport building, seeking topics in which the clients feel interested, understanding the root of resistance

Assessment of client's on-the-spot responses

II. Emotional State and The Direction of Intervention

2. Grief

- Reveal unhappy experiences and anxiety in detail, frequent sigh, showing helplessness, tears
- Listen to the clients' experiences attentively, express concern, acknowledge his/her trust in the counselor

Assessment of client's on-the-spot responses

II. Emotional State and The Direction of Intervention

3. Depression

- Reply slowly, a flat tone of voice, dispirited, inactive, lower his/her head frequently, sad smiles
- Be patient, seeking topic s/he concerns, observing any signs of suicidal ideation, making a plan to see a doctor

Assessment of client's on-the-spot responses

II. Emotional State and The Direction of Intervention

4. Anxiety

- Unable to settle down in a chair, hold tight of personal belongings, reserved replies, concern of the leakage of his/her personal data, suspicion of the effectiveness of the service, knitted brows, being laden with anxiety
- Slow speaking, smiles, answer the clients' questions in detail, a detailed introduction of service, escort the clients to other professionals when it is needed

Assessment of client's on-the-spot responses

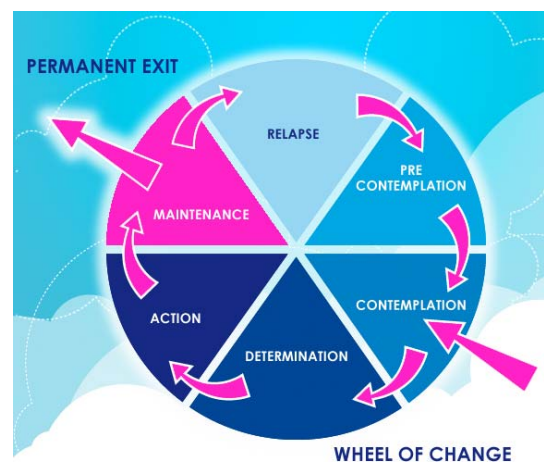
III. Motivation

Why does s/he come to the service?

- A. Involuntarily—making a mutually agreed plan
- B. Voluntarily—what benefits does abstinence can bring?

Wheel of Change

William Miller, the founder of Motivational interviewing, MI, depicts different stages of behavioral changes of human being through the wheel of change



Prochaska and DiClemente, 1982

Part 2: Present—Near Past---Past

What kinds of information should you collect from clients for your preliminary assessment regarding their service needs?

Information Collection

A. Present

Service Expectancy

- a) What drives you to come to see me?
- b) What do you expect from our service?
- c) What do you want to fix most?
- d) How long do you expect to fix it?

Concern and commitment: Avoid legal responsibilities, residential services, pain killers, accountability?

Information Collection

B. Present to Near Past

Recent Situations

- a) Drug patterns:
 - i) Types ii) Amount iii) Frequently iv) Where, when, who and how?
- b) Drug effects:
 - i) Health (physical, mental, emotional, psychological ii) Finance iii) Work iv) Relationship
 - Does the drug patterns matches with the drug effects?
 - **The degree of addiction** (refer to career perspective) **and damage**

Information Collection

C. Near Past to Past

Past experiences of handling the effects of drugs

- a) What was the longest period you could be drug-free in the last one year?
- b) Have you reduced the amount of consumption?
- c) How did you manage to kick drugs/ reduce the amount of consumption? Who could help you most?
- d) What do you find most challenging to go further?

Will power, Strength, resources and limitations

Assessment of client's service needs

1. Concern and commitment: Avoid legal responsibilities, residential services, pain killers, accountability?
2. The degree of addiction (refer to career perspective) and damage
3. Will power, Strength, resources and limitations

A Career Perspective on Drug Abuse

1. Initiation
A critical stage determining whether the career of taking drugs is initiated
2. Experimentation
Expansion of the skills of drug-taking and handling the discomfort brought by drugs, as well as development of the regularity of drug taking behavior

A Career Perspective on Drug Abuse (Cont')

3. Occasional Use

Use drugs whenever s/he wants

4. Habitual Use

- 'Convention' of drug use has been developed in everyday live
- Pattern has been formed

5. Dependency

Drugs has become the core of the abusers' live

6. Stop

S/he no longer uses drugs

Agencies Providing Voluntary Residential and Rehabilitation Treatment Programmes

(total:17)

- Barnabas Charitable Service Association
- Caritas Wong Yiu Nam Centre
- Christian New Being Fellowship
- Christian New Life Association
- Christian Zheng Sheng Association
- Drug Addicts Counselling and Rehabilitation Services
- Finnish Evangelical Lutheran Mission
- Glorious Praise Fellowship (Hong Kong)
- Hong Kong Christian Service - Jockey Club Lodge of the Rising Sun
- Mission Ark

If you have any enquiry, you can go this website:
<http://www.nd.gov.hk/tc/6-1-2.htm>

**Agencies Providing Voluntary Residential
and Rehabilitation Treatment Programmes
(continue)**

- Operation Dawn
- Perfect Fellowship
- Remar Association (Hong Kong)
- St Stephen's Society
- The Society of Rehabilitation and Crime Prevention, Hong Kong
- The Society for the Aid and Rehabilitation of Drug Abusers
- Wu Oi Christian Centre

If you have any enquiry, you can go this website:
<http://www.nd.gov.hk/tc/6-1-2.htm>

**Counselling Centres for Psychotropic
Substance Abusers (total:11) :**

- Tung Wah Group of Hospitals CROSS Centre - Central Western, Southern and Islands Office
- Tung Wah Group of Hospitals CROSS Centre - Eastern and Wanchai Office
- Hong Kong Lutheran Social Service Evergreen Lutheran Centre
- Hong Kong Lutheran Social Service Rainbow Lutheran Centre
- Hong Kong Christian Service PS33 - Tsimshatsui Centre
- Hong Kong Christian Service PS33 - Shamshuipo Centre

If you have any enquiry, you can go this website:
<http://www.nd.gov.hk/tc/6-1-2.htm>

Counselling Centres for Psychotropic Substance Abusers (continue):

- Hong Kong Children & Youth Services
Sane Centre
- Caritas HUGS Centre
- Evangelical Lutheran Church Hong Kong,
Enlighten Centre
- Hong Kong Sheng Kung Hui Welfare Council
Neo-Horizon
- Hong Kong Lutheran Social Service
Cheer Lutheran Centre

If you have any enquiry, you can go this website:
<http://www.nd.gov.hk/tc/6-1-2.htm>

Substance Abuse Clinics Run by the Hospital Authority(total:8):

- Pamela Youde Nethersole Eastern Hospital Substance Misuse Clinic
- Queen Mary Hospital Substance Abuse Clinic
- Kowloon Hospital Substance Abuse Clinic
- Kowloon East Substance Abuse Clinic
- Kwai Chung Hospital Substance Abuse Assessment Clinic
- Prince of Wales Hospital/ Alice Ho Miu Ling Nethersole Hospital/ North District Hospital Substance Abuse Clinic
- Castle Peak Hospital Tuen Mun Substance Abuse Clinic
- United Christian Hospital

If you have any enquiry, you can go this website:
<http://www.nd.gov.hk/tc/6-1-2.htm>

Part 3: Near Future

How to move client to the
services they need?

How to Enhance the Motivation of Help-seeking?

A. Those Drugs Users Who Are Not willing
to Receive Any Drug treatment and
Rehabilitation Services

Restraining Forces

- Financial/residential independence?
- Manageable to anybody?
- Any lover?
- Any relatives or friends in a good relationship?

Making A Contract (in The Presence of Restraining Forces)

1. Require the drug abusers to kick drugs within a particular period.
2. The drug abusers have to contact a (drug) counselor if s/he fails to kick drugs.

In The Absence of Restraining Forces

1. Providing the friends/relatives of the drug abusers with sufficient drug related information in order to enhance the former sensitivity of drug taking behavior
2. The friends/relatives of the drug abusers have to maintain a good relationship with the drug abusers
3. Waiting for the moments when crisis comes to the drug abusers

How to Enhance the Motivation of Help-seeking?

- B. Those Drug Abusers, Who Have Received Service, Are Not Willing to Make Changes in Order to Kick Drugs

The Conversational Flow

1. What does the topics s/he prefer to talk more?
↓
2. What dose s/he most care about?
↓
3. What does s/he value?
↓
4. How does drugs affect the stuff s/he value?

An Example

1. A youth unceasingly complains of being forced to see a social worker
2. 'Can we discuss the way in which you don't need to come to see me again?'
3. 'Why don't you want to see a social worker?'
(Freedom)
'What will you do with freedom?'
4. 'What is hindering you from getting your freedom?'
'Does drugs hinders your pursuit of freedom?'

Principles

1. People are only willing to follow the statements made by themselves in most situations
2. Do not make any confrontation
3. Highlight the discrepancy between drugs and those stuff valued by the drug abusers in order to induce their contemplation

"186 186" Anti-drug Telephone Enquiry Service

The Narcotics Division has commissioned a non-governmental organisation to provide anti-drug telephone enquiry services manned by professional social workers. Members of the public can approach social workers to enquire about drug abuse problem and related information, or having regard to individual needs, seek immediate counselling or referral for treatment services from the social workers. You are welcome to dial "186 186" for using the services. After choosing the suitable language, please press "1" to talk to the social worker direct.

To facilitate people in-need to seek help in a way that is convenient to them, the anti-drug enquiry service can also be access through instant messaging platforms of WhatsApp and WeChat. You can make use of the two mobile phone applications to send message to "98 186 186". The service is operated by professional social workers to provide advice and assistance. Operating hours of the instant messaging service are as follows:

Monday and Wednesday: 10am to 6pm
Tuesday, Thursday and Friday: 10am to 10pm
Saturday: 9am to 1pm

http://www.nd.gov.hk/en/telephone_enquiry.htm

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Thank you very much!