FINGODAP NATIONAL CONFERENCE

COUNSELLING ISSUES RELATED TO ADDICTION

Prepared by

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COUNSELLING ISSUES RELATED TO ADDICTION

Counselling is an important aspect of a structured addiction treatment programme. In contrast with other forms of therapy that are group based, counselling sessions offer an opportunity for the client to work on his individual problems on a one to one level and develop a plan that is uniquely structured to meet his specific needs.

Guidelines for counselling sessions with alcohol / drug abusers

In this issue, counseling related to three areas are discussed

- counseling for the client in treatment
- follow-up counseling
- counseling for family members

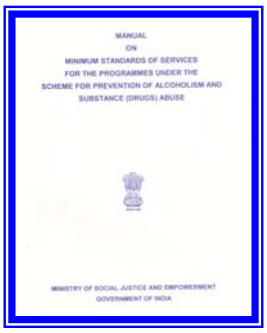
The counselor's ability to establish a strong therapeutic relationship based on respect, trust and concern for the client's well being by and large determines the extent to which the client will benefit from the counselling sessions. Based on this relationship, the counsellor helps the client work towards a drug / alcohol free qualitative lifestyle.

Objectives:

To help the client

- accept the disease concept of addiction and recognise the need to maintain total abstinence from all mood changing chemicals.
- recognise the damage caused by addiction in the major areas of his life.
- develop a plan to ensure sobriety and prevent relapses.
- develop a recovery plan with both short and long term goals to improve the quality of his life.

Planning the counselling session


MANUAL
ON
MINIMUM STANDARDS OF SERVICES
FOR THE PROGRAMMES UNDER THE
SCHEME FOR PREVENTION OF ALCOHOLISM AND
SUBSTANCE (DRUGS) ABUSE

MINISTRY OF SOCIAL JUSTICE AND EMPOWERMENT
GOVERNMENT OF INDIA

1. Number of sessions: As per the Minimum Standards of Care criteria prescribed by the Ministry of Social Justice & Empowerment, Government of India, a minimum of 8 sessions for the client and 4 sessions for the family members (along with or without the client) need to be held.

2. Duration : Each session should last a minimum of 45 minutes and not exceed one hour.

3. Frequency: The counsellor needs to ensure that the first counselling session is held as soon as possible - within two working days after the client has completed detoxification. Thereafter, two to three sessions a week are needed. Some clients of course, will need a few more sessions depending on the complexity of their problems.

4. Structuring: The counselor needs to be seen as a caring and a knowledgeable person who can assist him during treatment as well as in the recovery process. Establishing rapport with the client is of prime importance. The first few sessions will focus on this major issue. While history taking does go on during this period, care is taken not to confront or pressurize the client, for this will only make him defensive and complicate recovery.

5. A rough outline of how the sessions can be structured during the treatment programme as well as follow up has been described in the next section. It should of course be remembered that each client is unique and largely the client himself determines the exact order in which the issues will be discussed and the tempo at which the process will move on. For e.g. while some clients

may discuss the drinking history in an open and forthright manner in the first session itself, some may prefer to talk about their general life situation and address specific issues related to drinking only later on.

6. Recording: The case history form, apart from serving as a record is also a good guide for the counselor to ensure that all the significant areas have been addressed. The counselor also needs to record the duration of counseling sessions, the date, main issues covered.

Session 1 - Getting to know the client

Tasks involved:

- Reviewing the case file forwarded from the detoxification ward to get to know basic information about the client even before meeting him.

- Introducing oneself to the client and getting to know some basic details about him and the family members.

- Explaining the goals and structure of the treatment programme to help the client understand what is going to happen and what he can hope to gain. He needs to be given information about the general routine followed in the centre and details about the different treatment components. Explaining that different concepts would be explained in the native language during the lectures is important. The client needs to understand that while lectures provide information about the different aspects, group therapy helps him relate this information at a personal level in a group setting and self help group meetings help strengthen his

confidence by meeting other people who have worked through their addiction. Explaining the group therapy process, the need to focus on the topic, other rules and what he can do to make the most of it and clarifying questions he may have are essential.

- The basis of the counselling contract needs to be clarified. The counselor needs to explain that during counseling sessions he would be able to talk about his past, recognize the challenges he faces in the present and plan for the future- stressing that the counselor is a guide and not an authority figure who will help him sort out issues with his participation instead of giving out prescriptions that he has to follow. Most clients feel anxious during the first few days and it is important that the counselor is seen as a friendly person who will help him out if he has any problems. It is important to assure him that whatever is discussed in the counselling session will be kept confidential and that it will be discussed with the doctor or the other counselors only if necessary, with the intention of providing him help.

- The first meeting can be used to get basic information about the client - where he works, people who live with him, a sketchy outline of his drinking history and why he decided to take treatment. The client is permitted to give as much information as he is comfortable with and the counselor avoids probing questions or confronting statements. The issues can be discussed again later when the client is more comfortable.

- It would be a good idea to have the family members participate in this session. Family members are often not forthcoming with information out of fear of making the client angry or due to denial. Stressing that clients and family members should be

willing to look at issues honestly and participate in treatment with an open mind helps. Emphasizing the need for family members to participate in the family therapy programme is extremely important.

- It is important to end the first session on a optimistic note pointing out that world over thousands have recovered from alcoholism and that it is possible for him also to do so. And also to convey to the client that the treatment center has the necessary expertise to treat addiction.

Session 2: Childhood and adolescence history

Tasks involved:

- Most clients feel comfortable talking about the family of origin even at the initial phase, as it is far removed from their addiction period. Collecting this information helps to break the ice and makes the patient comfortable about talking to the counselor. For the counselor, the information collected helps her understand the strong childhood influences that shaped his personality development. While the information may not have direct bearing on his present situation these issues cannot be overlooked.

- Collecting information about his parents, brothers and sisters and other adults like grand parents /other relatives who influenced him in childhood helps one get a good idea of his childhood relationships and the impact that all this had on his self esteem.

- Details about the family history of addiction, psychiatric problems, depression and suicide can also be noted in this session.

- Specific problem situations that he may have encountered and behavior problems can help the counselor identify childhood trauma, negative personality traits and the extent to which he coped with problems.

Session 3: Drinking History

Tasks involved:

- Collecting information about onset of drinking and drug using behaviour, helps the counselor reconstruct the phases in which casual / experimental use gradually developed into addiction. The counselor needs to be able to discuss the progression in a matter of fact manner. Critical comments can increase the tendency of the client to minimize the quantity or frequency of drinking.

- Drawing the attention of the client to the symptoms of addiction like increased tolerance and loss of control is essential. Most clients do not realize the long duration of abuse and it is up to the counselor to make him recognize the denial mechanism that prevented him from recognizing the damage and seek help.

- Collecting the details of his medical problems noticed in the recent past as well as the present helps the client recognize damage related to this area. Most clients show lot of concern and anxiety about health during the initial period. While the counselor needs to help him see this as the impact of addiction he also needs assurance that recovery is possible.

- In the case of injection users, issues like abscesses, sharing practices, incidence of overdose etc also need to be handled.

- The counselor needs to be alert for signs of depression, anxiety, paranoia and hallucinations that may not have been reported until now. It is a good idea to conduct a brief mental status examination.

- Getting to know about the medications that client is on and the prognosis is necessary so that the right kind of information can be given to the client and family.

Session 4: Meeting the Family

Tasks involved:

- Collecting a brief history from the wife/parent/significant other is a must. It gives the counselor an opportunity to collaborate information provided by the client. Family members often present information from a very different angle that helps one understand the intensity of damage. The family member's perception of the client's strengths as well as negative traits and denial can help the counselor make a comprehensive assessment of the situation.

- Collecting information about the present family environment helps the counselor to understand the positive as well as the negative forces that can influence recovery.

- Some attention needs to be paid to the dysfunctional behavior that family members have developed due to the close association with the client. Stressing that the family members should take care of their own needs and make efforts to change their negative behavior also needs to be stressed.

- The counselor will be able to identify some of the issues that need to be discussed during joint sessions with the spouse or other family members to sort out the major areas of conflict.

Session 5: Occupational History

Tasks involved:

- Helping the client talk about the jobs he has held, the extent to which he enjoyed each and the problems encountered can give the counselor a good idea of his work life and work ethics of the client.

- The present job situation needs to be explored in detail. The achievements or the lack of it, the relationship with the supervisor as well as subordinates and the probable problems that he may have to face on completion of treatment, needs to be discussed.

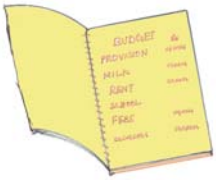
  Unemployment or employment below his potential calls for discussion to find ways to remedy it and may warrant a referral. The client may need help to identify suitable avenues of employment and agencies that can provide vocational training.

  The client is actively discouraged from starting a new business or look for jobs that may increase stress or take him away from the supportive environment at home.

- A brief history of his religious and leisure activities can be collected in the session. This will give the counselor an idea of the ways in which the client will handle his free time, avoid boredom and cope with stress in the future. If his relationships

are restricted mostly to alcohol / drug users, helping him recognize the need to change it is important. The counselor should encourage the client to initiate efforts to strengthen his spirituality and creatively look for ways in which he can have fun.

Session 6: Financial History



Tasks involved:

- A detailed discussion on the amount of money he earns, the monthly expenditure, the assets and debts is needed. Asking the client to make a list of his income and loans even before he attends this session may be a good idea

- Helping the client recognize the amount of money he has spent on alcohol and drug use and the fact that only a percentage of his earnings was provided to the family is important. While it may seem obvious or simple to others, looking at the figures in black and white and seeing this in the light of his drinking can surprise the client.

- Identifying loans that have been taken at a high rate of interest, prioritizing loans that have to be paid back and making decisions about pawned jewelry /property can be quite complicated and needs a lot of patience. Asking the family to pay back his debts to help him make a fresh start is clearly an enabling behavior and the counselor needs to avoid it.

- Developing a monthly budget plan to restrict expenses, pay back loans and save at least a minimal amount can be a difficult task. It is a good practice to make sure that the family members participate in the session to make sure that a reasonably good budget is developed. The session can increase the anxiety level of the client. Reassuring the client that with continued

abstinence and financial discipline, he can work his way out of this financial problem, can help.

Session 7: Marital History

Tasks involved:

- A brief idea about events that led to the marriage and adjustment during the period before addiction set in, an assessment of how the addiction has affected the marriage is important

- Inviting the client and his spouse to look at their areas of conflict and helping each express their hurt as well as expectations from the other is a growth enhancing exercise that can be very helpful. However, setting a few ground rules for the session is important. Encourage the partners to describe the situation and focus on how they felt instead of accusing the other. Stress that this exercise is for identifying issues and making changes rather than criticizing and offending the other. Ensure that each will listen to the other and avoid interrupting. If there are many issues to handle, one session can be held to prepare the client for the session.

- Asking the partners about the sexual satisfaction and collecting information about sexual problems that may be present can also be part of the session. It is important to explain that addiction does affect sexual performance and the body needs about 10 months to gradually recover. Explain that continued sobriety and strengthening their inter personal relationship will go a long way in overcoming the problem. Stress that quick fix measures like medications do not help.

- Discussing about the probable high-risk sexual behavior with the client in the absence of the spouse is a must. The kind of sexual practices, choice of partners and use of condoms needs to be discussed to evaluate risk of HIV and STI. If high-risk behavior is present, the pretest counseling for HIV needs to be made followed by referral for testing. Irrespective of the test results, post test counseling must be done as soon as the test results are received. It must be remembered that the information cannot be revealed to the spouse as a matter of routine.

- Issues related to parenting and efforts that need to be made to improve relationship with children can also be discussed. Adult children can participate in counseling sessions where family participation is indicated.

Session 8: Identifying relapse situations

Tasks involved:

- Helping the client list various steps he needs to take to safeguard sobriety is essential. Stressing the need to take disulfiram / naltraxone and other medications prescribed for co-morbid problems like depression and other chronic problems like diabetes or hypertension is necessary. Client's queries related to this area needs to be addressed clearly and confidently by the counselor.

- Asking the client about probable situations in which he may experience a craving for alcohol and feelings that he handled usually with alcohol/drugs is important. Conflicts, stress, physical problems, invitations to drink, meeting drinking friends

or frustration can often trigger relapses. Helping the client identify triggers and develop ways to cope without alcohol is a must. Clients often sound optimistic and may not be able to identify problem situations. It needs some persuasion to help him identify high risk situations based on the information collected from the client during the previous sessions.

Other sessions

Only the basic number of sessions have been described above. Clients may need more number of sessions. Apart from these, a meeting with the support person and children is often necessary. Referrals to the psychiatrist or other medical health professionals may be needed. In case of clients who seem to have complex problems and those whose progress is not satisfactory, discussion with a peer is called for to ensure that the best is being done for the clients.

Session 9: Discharge

Tasks involved:

- The last session can be held with the client as well as the family member.

- This is basically a re-cap session that captures the issues addressed in the previous sessions. Short and long term goals with regard to each of these areas and specific tasks that the client needs to carry out in relation to his health, financial management, occupation, family relationships and leisure activities are listed.

- The counselor emphasizes the need for continued follow-up, medications and self help group meetings. Providing clear

directions to the client about when and where he can come for follow-up, whom to meet in the absence of the counselor, addresses of self help meetings that he can attend are important.

- Accompanying the client to meet the doctor to clarify the medications needed is a good idea.

- Reassuring the client and expressing optimism about his recovery as well as stressing the need for working with the center continuously are important messages that need to be communicated.

FOLLOW UP SESSIONS

The responsibility of the counselor and the treatment center does not end with discharge. Research shows that longer the client engages in treatment the better the recovery rate. Follow up needs to be seen as continuation of treatment and is an integral part of it.

Follow up is not a session just to check if he is sober or not. Instead it is a time to

- review progress made in each area – sobriety, work life, finance and family relationship
- look out for dry drunk symptoms and relapse triggers
- provide encouragement based on the improvement made and focus on the need to continue to make efforts in the future

There are a few guidelines that counselors can follow to improve follow up rates

- Seeing the client as soon as possible. If he has to wait awhile, it is necessary to let him know how long it will take. If he is in a hurry, arrangement can be made to meet another counselor.

- Clients often see follow up sessions as a visit to renew the medications and do not go into details of how they are feeling and how things are proceeding. The counselor needs to ask leading questions to help the client make a review of what has happened since the previous visit.

- Apart from a recitation of events it is important to draw the client out and help him express his feelings. Clients often have problems in recognizing their progress. For e.g. abstinence for three months, regular attendance at work, visit by relatives, happiness expressed by spouse or children are small but important gains made. Expressing appreciation and making encouraging statements are important.

- Asking questions related to appetite, sleep, tiredness, concentration and mood state is essential. This can alert one to the possible health problems and side effect of medications. The information has to be collected prior to meeting the doctor and reported in detail. Request for medications should be based on symptoms and facts. Medications are gradually reduced as progress is made and the counselor needs to be aware of it. Clients with chronic problems like diabetes and blood pressure need to be reminded of the need for regular check ups and medications.

- Reminder about the next visit can be made. Most clients find it uncomfortable to come on a fixed date and time for follow up and

the counselor needs to be flexible. The frequency of the visits needs to be based on the client's situation

- Relapses need to be seen as a part of recovery. Out-patient / in-patient detox and Relapse Prevention Programme need to be offered appropriately. Even when unable to admit the client again for inpatient treatment as requested by the client / family, the counselor needs to handle the situation without offending or hurting them as they are already in pain.

- Failure to report for follow up calls, for letters, telephone calls or house visits.

- Recording of all follow up visits and efforts made need to be recorded in the follow up card

ADDRESSING FAMILY ISSUES

During counselling, the family is helped to talk about their life situation openly. Based on this they are helped to:

- Gain insight into the manner in which addiction has affected them.
- Recognize and understand issues related to the problem areas.
- Express their feelings about addiction and come to terms with it.
- Develop a recovery plan to make constructive changes both in terms of support they will extend to the drug-abuser as well as to improve their own lives.

Significant issues

- Families are so concerned about the addict that they do not think of themselves. It takes a lot of patience and persuasion to get them to talk about themselves.

- Family members may be as much in denial as the drug abuser and may be reluctant to honestly face issues. They may blame each other and conflicts that arise within themselves can interfere with recovery. The counsellor needs to get all of them to focus on a common goal of establishing a stable family environment.

- The counsellor needs to maintain a "here and now" focus rather than going too deeply into the past and address the present issues. Even though other issues may be present, the focus of the counselling is on providing a supportive environment for the drug user and reducing the dysfunction in the family.

- Confidentiality is very important. Whatever each family member says in strict confidence cannot be repeated to others or the addict without their permission. It is to be used for the benefit of the drug abuser and the family.

Stages of counseling

Counselling can be seen as a process that goes through five stages. Let us look at each stage separately

Stage1: Developing a therapeutic relationship

Tasks for the counselor

- Demonstrate attitude of concern/ warmth / respect
- Discuss treatment programme and encourage wholehearted participation
- Create a non threatening atmosphere to help discuss issues openly
- Overcome resistance

Counselor's method and approach

- Collect basic information about family members
- Understand the role of each member
- Get to know the attitude of each member towards the drug abuser
- Understand the anxiety /concerns of family and their expectations from treatment
- Get an idea about the damage caused to family

Benefits

- Family feels accepted / experiences a sense of relief
- Trusts Counsellor / shows willingness to work on issues

Stage 2: - Exploring problem areas

Tasks for counsellor

- Helps the family member talk about problems in detail
- Enables family to share feelings /damage
- Helps to bring unexpressed thoughts/ feelings into the open
- Uses probing responses and confrontation if necessary

Counsellor's method and approach

- Helps members identify co-dependency traits, coping styles / other dysfunctional behaviour
- Helps family understand different roles played that enabled the client to continue with abuse
- Gets all members involved / recognise roles in supporting drug abuser's recovery
- Enables family recognise need for change in themselves

Benefits

- Family members view situation objectively
- Family recognise their need to change: not focusing on the addict alone

Stage 3: Setting goals

Tasks for the counsellor

- Prioritizes issues / focuses on important areas
- Brain storms options: alternative ways to solve problems; positive/ negative consequences of options
- Ensures active participation of family members

Counsellor's method and approach

- Helps members develop a plan: reorganise daily routine; establish better communication.
- Enables family to recognise the need to strengthen support systems
- Offers guidance to make recovery plans to reflect values /personality style of members
- Encourages them to understand their roles to encourage the recovering drug abuser, even while focusing on changes in their own life style.

Benefits

- Family develops a recovery plan: short / long-term goals
- Realistic/ workable plan; specific steps to establish a fulfilling life style

Stage 4: Maintaining changes

Tasks of the counsellor

- After completion of therapy, continues to provide encouragement / support

Issues handled by the counsellor

- Motivates family members to live by recovery plan
- Identifies / helps deal with problems as they arise
- Helps them set higher goals / change recovery plans, if needed

Benefits

- Helps family to work on their recovery in a consistent manner
- Sustains their efforts/ motivation to change

Stage 5: Termination

Tasks for the counselor

- Gradually reduce their dependence on counselor (closure)
- Motivate further growth and recovery in families

Counsellor's method and approach

- Increases their support base / encourages independence
- Helps family members recognise their growth and provide encouragement
- Helps them see the need to provide support to client as and when necessary

Benefits

- Helps them function independently
- Learn to use own resources / use of self help groups

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