

Individual Counseling for Drug Dependence (Addiction)

What is Individual Counseling?

Individual counselling is the process of helping a person overcome problems through a professional relationship based on trust.

What do you need to know as a counselor for individuals?

To be an effective counselor you will need to know:

- Details about the client, as well as the influence of significant others (parents, spouse, employer etc.) on the individual and his/her problems

- The cultural and social background of the client

- About drugs of abuse, their physical, psychological and social consequences

- About treatment

- Techniques of good communication, improving motivation, problem solving skills and providing support.

What do you need to have to be an effective counselor?

In addition to basic knowledge of both the client and the problem, you need to have:

- A warm, genuine, understanding and caring attitude

- Respect for the client

- Objectivity

- Good communication skills. What is good communication?

Communication consists of 'active listening' and responding.

Attentive listening is an important part of good communication. A good counsellor is a good listener.

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Listed in the following box are some important dos and don'ts of effective listening and responding.

These guidelines will help you in your communication with clients.

Dos and Don'ts of good communication

Do

Don't

- Make eye contact

- Listen attentively (e.g. nodding) Summarize

- Acknowledge emotions

- Interrupt Generalize

- Be distracted

- Be judgemental

When can you provide individual counseling?

Individual counseling can be carried out in different situations:

- Over several sessions with a client who is in a treatment program

- In the form of a brief intervention with a person referred for drug-related problems who has not yet entered a treatment program

- In a situation of crisis.

Counselling is not effective when the client is highly intoxicated or in severe withdrawal.

Daily counseling may be possible in an inpatient program. However, weekly counseling is more practical in an outpatient program. Follow-up counseling and monitoring is necessary on a monthly basis for at least a year.

Where can you counsel?

The place chosen for counseling must:

- Be comfortable for both the client and you

- Have some seating arrangement (counseling takes time)

- Ensure privacy

- Not have distractions (e.g. noise).

Specific Interventions in Drug Addiction Assessing Motivation

Motivation refers to the desire in the client to change. Motivating a client to seek treatment means encouraging the client to change behavior by discussing the disadvantages of continuing substance use, advantages of stopping substance use, and conveying the hope that change is possible.

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It is important to recognize that clients come to counseling in different stages of motivation:

- a. Client may not have considered changing at all
- b. Client may be considering change, but not be sure about wanting to change
- c. Client has a desire to change and has made some efforts, with limited success
- d. Client has achieved a period of abstinence
- e. Client has had stable abstinence
- f. Client has relapsed after a period of abstinence.

The specific objectives and techniques of intervention depend on the stage of motivation the client is at. These stages may not always be clear in the case of each individual, therefore, carefully choose the technique most appropriate for the individual in question.

a. A client who has not considered changing at all Objectives:

To establish rapport with the client

To get the client to start thinking about potential advantages of abstinence

To clarify doubts and fears about stopping substance use.

Techniques:

Common responses from the client include embarrassment, surprise, hostility or denial. Avoid arguments or confrontation. Use language that is not stigmatizing (avoid terms like addict/drunkard)

Determine why the client has come (e.g. pressure from family, threat of job loss)

Acknowledge the client's thoughts, feelings, fears and concerns (e.g. worries about unpleasant withdrawal, not knowing any way other than alcohol or drug use to cope with low moods or anxiety)

Give a positive and personal message (e.g. 'your abscesses will heal and not recur if you stop unsafe injecting practices', 'your liver damage will improve if you quit drinking')

Educate the client about drug abuse lifestyle and infections (e.g. IV drug use, hepatitis and HIV, risky sex and sexually transmitted diseases)

Discuss why it may be a good idea to consider stopping drug use (e.g. improvement in personal health, improved family relationship, improved social status)

Get the person to think of why other people decide to quit substance use (e.g. success story of someone who has been able to stop with help)

Discuss the risks of continuing substance use (e.g. risk of job loss, risk of abandonment by spouse).

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Convey the hope that change is possible. Stress that addiction is not anyone's 'fault' and can be overcome.

b. A person who is considering change, but is still not sure Objectives:

To strengthen the desire to change

To address the issues that come in the way of change in the patient.

Techniques:

Discuss the benefits the client derives from the use of the substance as well as the problems. You could use a balance sheet approach (see above box). This often helps the client to contrast the problems emerging from substance use with the small and temporary benefits. The list of problems is invariably much longer

Discuss the person's goals in life and the way drug use can interfere with these goals

Explore the reasons for the client wanting to change (child reaching marriageable age, physical problems, career aspirations, and/or threat of loss of job or partner). Some may have presented themselves for treatment only due to pressure from family. Even when the person has come due to external pressures, it is worthwhile getting him/her to evaluate the advantages of changing their drug use behavior

Discuss the client's fears about stopping drug use. Common concerns and examples of how to handle them independently are given in the table:

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Example of a 'balance sheet' of benefits and problems associated with substance use

Benefits

'Numbs my senses'

'Helps me belong to my group of friends'

Problems

'Feel worse the next day'

'Friends desert me when I run out of money'

'Can't go to work when intoxicated, or having withdrawals'

'Not able to support family'

'Run into debts'

'Family very upset'

'Spouse threatening to leave'

'Children not attending school properly'

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Techniques to Handle Client's Fears

Concern

Counseling Technique

Ignorance about treatment

Explain the strategies of treatment available including stages of treatment, namely detoxification, counseling, strategies for long term abstinence, aftercare and follow-up

Fear of withdrawal symptoms

Explain that withdrawal symptoms are temporary and will generally disappear in a week to 10 days.

Reassure that medical help will be available to manage significant withdrawal

Fear of loss of friends

Point out that most 'drug friends' stick together only to take drugs. Such friends never remain friends once the money runs out. Once drug-free, the client will be able to develop new friendships based on mutual trust and concern.

Fear of handling negative emotional states like loneliness, sadness, anger

Explain that there are many other alternative and safer ways of dealing with negative emotions. In the long run it is these strategies that help, while alcohol and drugs often worsen emotional states

Worry about the vacuum there may be in his life without alcohol or drugs

Emphasize the ways in which life will be better when drug-free or abstinent. Clarify that there are ways of filling this vacuum that the person will have to learn or re-learn

c. A client who has a desire to change and has made some efforts, with limited success Objectives:

To strengthen motivation

To discuss a plan of action

To provide a clear and firm message about recovery.

Techniques:

Make supportive statements about the client's motivation to change (e.g. 'I am glad you have made specific plans for your future. Stopping drug use is definitely going to help in working on these plans.')

Discuss strategies with the client (e.g. taking leave for admission, making time to come for counseling)

Identify changes in lifestyle that may be needed (e.g. avoiding alcohol parties or drug-taking peers, daily exercise, learning a technique of relaxation like yoga)

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Structure a plan of action (e.g. decide on treatment as outpatient or inpatient, detoxification, attending groups in addition to individual counseling, evaluation of physical illness, modifications in work schedule and home life, as required)

If you are a physician, carry out a detailed physical evaluation, provide medication for detoxification and long term treatment as appropriate. Treat any co-morbid medical problems or mental illness (or refer to a psychiatrist). If you are not medically qualified, liaise with the physician who will provide these services). Even if you are not medically qualified, it is important that you have some idea about medical interventions. The client will have faith in what you say as a counselor, so reinforcing the message of the treating physician is very important. If you are uncertain about any of the medical treatments, it is best to advise the client to seek clarification (e.g. 'I'm not sure about the side effects. You could ask the doctor at your next consultation or I could check it out with the doctor.')

Make a contract with the client about concrete issues - e.g. date of quitting, keeping next appointment, how to contact if appointment not kept

Emphasize the need for follow-up.

d. A client who has achieved a drug-free period

Objectives:

To maintain abstinence

To focus on behavioral change.

Techniques:

Identify relapse triggers and ways of coping with them. Common relapse triggers include craving and external triggers such as advertisements, watching others drink or use drugs, going back to an environment where the client formerly used the substance, as well as negative emotional states. Help the client discuss the various ways of dealing with such triggers, and what might be most appropriate for the client

There are changes a person has to make beyond just stopping drug use. Undesirable patterns of behavior displayed during drug use, often continue after stopping use. In alcohol addiction this is known as 'dry drunk behavior'. Help the client focus on changing these behaviors (e.g. hiding issues from the family, coming home late, flaring up at the slightest provocation, not participating in any family activities). Depending on the client's past strengths and abilities, help the client make decisions about behavioral change

Support even minimal progress (e.g. 'You took home Rs. 1000 for the first time in 5 years! The pleasure on your parents' faces is something you can never forget', or 'Your act of

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taking flowers for your wife is commendable. Remember, that little act tells a lot... conveying to her that you care...')

Highlight any successful strategy used by the client (e.g. 'When your friends offered you a fix, you said that you were on treatment? Well done. It certainly takes courage to be frank about taking help. Moreover, the next time will be much easier', or 'You listened to your favourite music when the craving was strong? That is a very effective way of dealing with craving. You know it comes like a wave and reduces after some time. Distracting yourself is a good way of dealing with it.')

Discuss alternative activities (especially what the client can do in the evenings which were earlier spent using substances): playing, exercising, spending time with family, watching television, supervising children, involvement in spirituality, are some alternatives

Money management: With addiction come multiple financial difficulties, including debts and poor money management skills. Talk to the client about how to repay debts, match expenditure to earning, and plan for saving (e.g. opening a bank account, putting aside a fixed amount for a specific purpose like buying a vehicle or repairing the house)

Record any high-risk situations the client has been in, for example, going to a party where alcohol or drugs were being used, going outstation which was previously risky, having any emotional stress that was difficult to handle. Find out the alternative ways in which the client dealt with these situations. If he/she had a lapse (substance use) in between, encourage them to be honest about it

Make a follow-up appointment.

e. A client who has had stable abstinence

Objectives:

To continue to identify high-risk situations

To support self-growth. Techniques:

Help the client recognize his/her own high-risk situations and specific measures that have worked or not worked for each. Strengthen the strategies that work

Encourage the client to focus on gradually improving themselves - in the context of self, family and occupation. This includes having a properly planned day, cultivating a hobby, developing safe relaxation and recreational activities, planning activities with family, improving communication, regularity and concentration at work, including handling work tension and relationships with co-workers

Helping others with similar problems also boosts a person's self esteem. At this time the client may be encouraged to help others quit, while paying attention to his/her own personal growth.

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f. A client who has relapsed after a period of abstinence Objectives:

To help the client handle relapse without slipping back entirely to the pre-treatment stage

To learn from the relapse.

Techniques:

Warn clients about the possibility of relapse in the early stages of counseling ('Like any other chronic disorder, relapses can occur even in drug addiction. It is important therefore to keep in regular contact, so this can be identified early and corrected.')

Reduce the client's feelings of guilt or shame by focusing on the improvements made in earlier periods of success

Help the client identify what strategies had worked earlier and urge: 'Let's try them again'

Talk about the events that led to the relapse, and ways of overcoming them the next time around

Plan ways of becoming drug-free (e.g. detoxification) and maintaining a drug-free status.

Crisis situations

There may be many kinds of crises for an addicted individual. These may be related to emotional difficulties, interpersonal conflicts, or life situations (death, separation, job loss etc). Earlier, the person coped with such situations by using drugs. As a counselor, in such crises you will need to help the client deal with the situation without drugs.

Objectives:

To help the client handle crises without using any drug

To help the client develop coping skills to handle the next crisis.

Techniques:

Be supportive. Allow the client to express concerns and anxieties

Help the client use problem solving techniques. Simple steps for problem solving include:

Identifying the problem

If there is more than one problem, prioritizing the problems

Deciding which problem to handle first

Listing all the possible actions to solve the problem

Looking at the advantages and disadvantages of each action

Deciding on the most appropriate action

Implementing action (If it works, use it in future. If it does not, try another approach).

If the client is very depressed or suicidal, appropriate professional help must be sought.

How Effective is Personal Counseling?

Experience in working on persons with addiction has shown that the more competent and empathetic the counselor, the greater is the likelihood of the client staying in treatment, returning for follow-up and modifying drug taking behavior. Empathy and a humane and caring approach are important attributes of a counselor. However, such a caring approach must be complemented with specific skills and techniques of individual intervention, for counseling to be effective.