

# Malaysian care was formed in 1979 social work essay



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## **Introduction**

### **Background**

Malaysian Care was formed in 1979 as a non-profit Christian organization committed to serve the poor and needy (Young, 1992). In April 1979, they have set up their first home, Rumah Care, which is a home for those children whose parents were residents and patients of the Sungai Buluh Leprosarium. The first intake has 11 children and increase to 16 with 3 full-time staff. However due to the needs of others is increasing over the years, such as mentally ill, drug dependents, prisoners and disabled persons, many other homes, community services and programs have been established over the years. Today, Malaysian Care is an organization that offers different services such as community services and residential care that is strongly committed to community development. Their vision is to be the visible expression of the holistic mission of Christ to the needy and poor. Their mission is to display Christ's justice, love, and compassion and proclaim the Kingdom of God through the whole gospel to the whole person in the whole nation.

### **Department of Prison, Drugs & AIDS (PDA)**

The department of Prison, Drugs & AIDS (PDA) works with people who are involved in and affected by crime, drug abuse and AIDS; and offers them an opportunity to start life anew. They committed to help and care for street people, drug dependents, ex-prisoners. Malaysian Care is not only providing direct services but also seek to inform, encourage and educate Christians to be involved with the deprived and poor. In addition, Malaysian Care also

offers partnership, networking and consultancy with Churches and groups to set up social caring ministries across Malaysia.

## **Roles**

### **Malaysian Care act as Case Manager**

Malaysian Care handle cases on team case management basis. Team case management means every client will be assigned to a case worker and the case worker is the primary person the client should contact. The members in the case management team will meet weekly to discuss the case together. Therefore, there is actually no such thing called confidentiality for the case worker and the client understood about it because the case management team discusses and plans for the case together.

### **Having Permanent Relationship with Client**

Every staff members or case worker plays the role as a counselor. However, their definition of counselor is not exactly the same with the typical definition in counseling field. Their definition is based on Christian terms according to how God talks about who the Holy Spirit is. Counselor is defined as the one who walks with you all the time. Malaysian Care does not close any case files except the client passed away. Even after the termination of counselor - client relationship, there will be still friendship being built between Malaysian Care and client. Client will realize that this counselor is part of their life, a friend who walks with them in their whole life.

### **Malaysian Care act as Broker**

Malaysian Care sees recovery as a lifelong process that involves the whole community. Malaysian Care does not play the role to solve all the problem of

the client. Sometimes they may act as the middle person to connect the client to the different sources of help. Client may face a lot of different problem like occupational problem, family problem, financial problem, legal problem and others. They work with volunteers from different background such as church, organization form outside, government, and bank to help the client. They provide the referral service.

## **Aftercare Services**

For Malaysian Care, they do not work on a centre basis. They support but not merely depend on institutional system. Drug abuser may go to them for a short period of time maybe up to about 3 months for the stabilization process. However, Malaysian Care will prefer to work with them outside of the institutional system. The reason is that people need support and care while they are in the community. And aftercare is very important in making sure client's maintenance after coming out from rehabilitation centre. This aftercare element is crucial in helping people to maintain the sobriety (Hawkins & Catalano, 1985).

## **Settings**

### **Drop in Centre.**

They coordinates the prison work, drug rehabilitation, referrals, counseling and after care programs.

### **AIDS Unit**

They provide awareness, consultancy, training, community care and support groups. Services available included: AIDS Awareness and Education, Training in Counseling, Training of Trainers, Programme Development Consultancy ,

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Individual Care, Support Group Links, Community Care, Community Services, Community Home

## **Rumah Petros**

A short term halfway home for men discharged from prison and government drug rehabilitation centres. Address: 11, Jalan Pisang, Batu 3. 5, Off Jalan Kelang Lama Tel: 0379819857 / 03 79804014

## **Rumah Kepercayaan**

A rehabilitation home for women with prison background and drug abuse.

## **Treatment Approaches and Effectiveness**

After integrating all the information found in the interview, it has been evidenced that Malaysian Care are truly utilizing Biopsychosocial-spiritual model in their intervention/treatment for community drug abuse issues.

## **Biological Part**

Medication-assisted treatment (MAT). It is a form of pharmacotherapy and refers to any treatment for a substance use disorder that includes a pharmacologic intervention as part of a comprehensive substance abuse treatment plan with an ultimate goal of patient recovery with full social function (Mattick & Hall, 1997; Bruce, Kresina, & McCance-Katz, 2010).

Methadone maintenance therapy began in Malaysia in 2005 (Mazlan et al., 2006). In Malaysian Care, for example, Methadone Maintenance Therapy was for the prevention of the spread of HIV as well as other communicable diseases such as Hepatitis B & C (Chawarski, Mazlan, & Schottenfeld, 2006).

Stabilization process before other works began. In Malaysian Care, when the

client comes to the centre, assessment is necessary for the case worker to assess primary client, secondary client, family or friends and determine what they need to do to stabilize. The most important thing the case worker should do is stabilize the client in terms of both physically and emotionally. The stabilization process took a period of 1 week to 3 months and it subjects to the client condition (White, 2009). Normally this stabilization process refers to the usage of medication to eliminate the withdrawal effect of drug dependents before other works like spiritual, social or psychological being done. Place equal emphasize on physiological causes. Malaysian Care put many attentions on the development of the amygdala during adolescent years. The development of human brain is from the back to the front, with the emotional/social aspect of the brain (amygdala) needing more attention initially before the development of the prefrontal cortex (reasoning abilities). The amygdala is where the social and emotional responses are controlled and developed, whereas the prefrontal cortex is where the " reasoning, judgmental, calculating" cognitive aspects are formed and controlled. The amygdala becomes fully matured by 18 years old, and the prefrontal cortex by around 25 years old.

## **Psychological Part**

Adverse childhood experiences issue. Malaysian Care discovered that children, adolescents , who are subjected to various forms of high level stress (known as " Adverse Childhood Experiences" or ACE) are more likely to develop long term health problems, and are at a higher rate of substance abuse or addictions. ACE could be spiritual, mental, emotional, environmental, social, or physical. It is estimated that between 60-65% of

children will experience one or more ACEs in their lives. And of these, up to 70% will develop some form of substance use disorder, or even addiction. The more ACEs, the higher the risk of addiction. When children/adolescents experience high stress conditions, this can lead to chronic or toxic stress which will cause a negative change in brain architecture. When this happens, the child/adolescent may adopt unhealthy lifestyles as a means of coping with that toxic stress. Recovery program. For the recovery program in Malaysian Care, there are 6 basic programs that every client has to go through like relapse prevention program, anger management, time management, financial management, understand substance abuse and addiction and conflict resolution and communication. This is the basic skills and tools that clients need to have for life management (Jilek, 1994).

## **Social Part**

Community based recovery. It is a model that utilized by Malaysian Care in order to help people with AOD problems. It is a holistic form of recovery that they work on client's mind, body, soul and environment (White, 2009).

Malaysian Care proposed that recovery is a lifelong process where it may not just involve the addicts but the whole community he or she in like family, friends, employers and colleagues, neighbors and others. During the rehabilitation or recovery process, they look at the primary client (drug user) and also the secondary clients. Secondary clients are those people who involved with the drug addicts and they are indirectly facing the problems although they are not taking drugs. Sometimes, family or others in the community can be contributing to the substance abuse problems. Thus, in this recovery program, the helper in Malaysian Care will try to deal with

everything in client's life, like family, legal, medical, financial, vocation, child care, housing, transportation, educational and others (Mitnick et al., 2003).

## **Spiritual Part**

Twelve steps integrated with spiritual approach. According to Chen (2006), an integration of social support programs with a concrete spiritual program (just like what Malaysian Care is doing) can promote positive emotional and personal changes like higher sense of coherence and meaning in life and reduced of negative emotions. Thus, Spirituality with Twelve Steps is importance as part of a rehabilitation process for drug addicts (Poshyachinda, 1993). Like by its name, it has 12 steps in the program where they will teach clients one step every month. There are scripture from bible goes along with these twelve steps which is about the principle of what does it mean. For example, first step is about ' We admitted we were powerless over our problems—that our lives had become unmanageable'. The scripture will be ' In real life that I'm not the god, I have made that I am powerless to control the tendency to do the wrong thing, and my life is unmanageable'.

## **Effectiveness**

Malaysian Care had review a total of 189 cases of their clients within 5 years and found that there is a factor called 85% factor. This factor revealed that only between 15% to 20% of people who went to the center actually completed the program, the others 85% will dropped out within 6 months times. In addition, for those who finish the program, only 15% will do well on their own if they leave the center. The other 85% will need care while they are in community and cannot be doing maintenance on their own. This

review found that people who finish the program are moving to action stage,  
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but they are hard to move to maintenance because they do not have the support. Thus, the need of after care is essential and crucial to ensuring the clients to maintain the stable condition. Without after care, the success rate will only have 5% to 15% while with after care, can have up to 85% or higher. In conclusion, the successful rate of recovery or rehabilitated in terms of percentage within 5 years were less than 20%.

## **Issues Faced by Malaysian Care**

### **Shortage of Fulltime Staff**

Full time staffs in the Malaysian Care are overworked. There is around 14 full time staffs in Malaysian Care, but there are around 200 active drug addicts and HIV patients in their database system. That means 1 full time staff has to handle around more than 10 clients. Besides that, intervention program is a long term process and also time consuming. It have to take time to do assessment about the client, understand client's need, design the program suitable to client and their need, and maintain proper friendship with the client after the program. This makes them feel burnout and cannot really focus to handle the client cases. In short it can be described as the demand is more than the supply. The full time staff in Malaysian Care is not only responsible to handle client, they are required to do research, publish articles, research journals, handouts or handbooks on substance abuse issues. For example, recently, they have just finished the book to let children to know more about HIV and article about death punishment. Because of this multitasking environment and lack of man power, make them feel tired and can't really pay fully attention to handle the client cases and this can affect the effectiveness of the treatment program.

## **Lack of Consistently Committed Volunteer**

Although there are around 200 volunteers registered under Malaysian Care database. However, due to some personal problem, location problem, the percentage of those volunteers to involve in the training program of Malaysian Care is less than 20 %. And some of them only involve some program and activity one or two times. This makes Malaysian Care having difficulty in arranging some seminar and talk because lack of the man power. Furthermore, Malaysian Care could not more role or heavy tasks to the volunteers because of this inconsistency. For example, handle and taking care of the client is a time consuming task and require volunteers to be in the centre very often.

## **Restriction from Government**

Malaysia Care is a Christian based centre, and the treatment is also based on the bible's teaching. Some of the program and activity of Malaysian Care uses bible as their component in their intervention. But sometimes, when Malaysia Care wish to organize some programs or activities, government will set some rigid terms and conditions to request Malaysia Care not to preach anything from bible.

## **Personal Reflection**

We would like to say we never ever felt regret that we have chosen this as our assignment topic. Although it required a lot of efforts to have this interview with them, we still feel grateful that we learnt a lot more than what we can learn from textbook and lecture. Our first impression towards this centre when we first reached was old and with simple facilities. However, the

staffs there were friendly especially the director, Kenneth. He really provided us a clear picture about their organization and current trends of substance abuse in Malaysia. Besides that, we heartily admire their passion in helping drug addicts to cope with their life. Their mission is not just to help an individual to stabilize his or her AOD problems but a lifelong support to help him or her to grow from failure and achieve optimal development.

Furthermore, for them, they know that working only on the individual aspect is not really enough to cope with the AOD problems as individual is affected by their community and environments. Mr. Kenneth had discussed with us about the factor causes people to involve in substance abuse. We totally agree with Mr. Kenneth points of view, the childhood experience is very important one's lifespan development. According to Felitti (2002) who had found that a male child with an adverse childhood experience score of 6 has a 4, 600% increase in the likelihood of later becoming a drug user as compared to a male child with an ACE Score of 0. This proven that adverse childhood experience is positively correlated substance abuse in later life.

Therefore, this organization really put a lot of efforts in working on all aspects that related to individual's problems. In short, I felt like attending a lecture about life. People make choices in life and they must bear the responsibility and consequences of the choices made. No one can help you if you yourself do not want to be help." You cannot change what you refuse to confront" We also learned that there is no perfection in human being. As a human being, sometimes we make mistakes in life. However, making mistakes in life doesn't mean the end of the world. The intention to change and action after introspection is very important for every individual to

perform better in life. Despite of all the great lessons we can learned, yet,  
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there is this one sad thing which really broke our heart is that government didn't give much support to this organization merely because it is a Christianity based organization. A lot of projects and program didn't approved by the government because of some minor issues. We personally hope that government can be more open-minded to allow NGO from different religion to work more effectively by eliminating some rigid terms and condition. As long as their module is effective in helping the community, we didn't see what is the reason for not supporting or stopping them from continue doing it.