Learning the language of addiction counseling. ch 5

ASSIGN BUSTER

What are the (4) Aspects of Addiction Counseling1. Crisis intervention

2. Individual

3. Group

4. FamilyPhilosophical ApproachesThere are two main philosophies:

Harm Reduction

Recovery movement ONLEARNING THE LANGUAGE OF ADDICTION COUNSELING. CH 5 SPECIFICALLY FOR YOUFOR ONLY$13. 90/PAGEOrder NowWhat is HARM Reduction? Harm Reduction is a smooth transition with a program for 2 to 3 yrs with a support system. You want to know what is going on with your client. You want to be flexible with your client.

Harm reduction can be viewed as a barrier or bridge by the counselorPHASES OF HARM REDUCTION IN THE U. S. in the 1960s, the FIRST PHASE focused on health problems related to nicotine and alcohol;

in the 1990s, the SECOND PHASE focused on HIV/AIDS prevention in injection drug users; and

the THIRD PHASE, in which we are currently engaged, looks at legal and illegal drugs from a public health view (i. e., drug education to adolescents, programs that are harm reduction-based or abstinence-based) (Erickson, 1999).

It is controversial in the field because some view it as enabling the addiction.

The harm reduction approach has had the most conflict with the disease model of addiction.

The harm reduction approach is not against abstinence!!!!!

The emphasis is on reducing problems with usage.

Sees drug use as a reality and here to stay. Main Principles of Harm

ReductionReduce the harm of drug use and prohibition of it

Avoid punitive sanctions

View drug used for many reasons and remember that all drugs is not abused

People can make rationale life decisions while they are using

Denial is unconscious and a result of shame and punitive sanctions

Work with peoples ambivalence rather than confront it because resistance is normal in response change

View addiction as a relationship providing support to the addict, and that treatment can be useful

Change is slow, relapse is common and to stay connected

See success as a positive change

Harm reduction can be viewed as a barrier or bridge by the counselor.

It runs counter to the Moral model

It can be bridged with psychological, sociocultural, medical, and biopsychosocial models of addiction.

Harm reduction approach enhances biopsychosocial model with . regards to prevention, treatment, and aftercare of the addiction.

It is a good match for motivation interviewing and brief interventionHarm reduction. TWO dangers: Going to the extreme

Believing that all clients in all circumstances can be treated from this perspective. Common Addiction recovery CrisisMedical

Psychological

Legal

SpiritualRecovery Movement/Recovery ModelRecovery model is not limited to addictions, but addresses mental health problems in general.

NASW describes it as a concept of treatment where consumers make decisions and have most of the choice and control about their mental health care.

NASW (2006) makes specific suggestions to mental health professionals who want to incorporate the Recovery Model into their clinical practice:

1. Do not talk about the client in the third person when they are present.
2. When a request is made, do not ignore it or refuse it when you do not agree with it, but first ask the clients to elaborate on the request and help them think about it by discussing benefits and consequences of their decisions so the professional's role is more supportive than decision making.
3. Be aware of body language and communication skills that communicate the client is a part of the dialogue.
4. Respect the client's different cultural views.
5. Focus on empowerment and self-actualization goals of the client

The strength based perspective is a core component to the recovery process.

Addicts have a high need for control; they may enter treatment with an attitude and tell you what they need as far as treatment.

Counselors need to learn how to balance a recovery philosophy of holding the client responsible for behaviors and not allowing them total control over treatment. Crisis Has three componentesThe event

The client's perception of the event

And coping mechanismsCrisisThe earlier the addicted person is in recovery, the more prone he/she maybe to crisis situations. Chemically dependent individuals typicallyhave a history of poor impulse control with extreme mood swings. This may or can lead to coexisting mental health problems.

Several factors that indicate a crisis-prone person: 1. Drug use

2. Legal problems

3. Housing changes

4. Physical injuries

5. Unstable work

6. Financial problems

7. Relationship problems

8. Impulsive behavior

9. Low self-esteem

10. mental/emotional problemsAddicted individuals need to learnwhat is a crisis!!!

how to cope with a crisis!!! Two components of Short-Term CounselingFirst order intervention(psychological first aid)

2. Second order intervention(crisis therapy)First order intervention(psychological first aid)In psychological first aid the focus is to help the client to begin coping.

Main components are:

Psychological contact

problem exploration

solution exploration

concrete action taken

and follow-upSecond order intervention(crisis therapy)The focus is on resolution of the crisis.

Slaikeu, (1990) presents a personality profile(BASIC);

Behavioral-strengths and weaknesses

Affective-the clients feelings about behaviors

Somatic-physical health

Interpersonal- quality of relationships

Cognitive- thoughts and self talk of clientCommon Addiction recovery Crisis

(*)Medical

Psychological

Legal

spiritualCRISIS INTERVENTIONThe textbook gives you two definitions; I like the latter.

" A perception or experiencing of an event or situation as an intolerable difficulty that exceeds the person's current resources and coping mechanisms"

In general, a crisis is complex, involves different components interacting, involves components both within and outside the individual. Suicidal Tendencies• Three questions that can be used to assess suicide potential:

a. Are you thinking of hurting yourself?

b. How would you hurt yourself?

c. What stops you from hurting yourself? Suicidal Tendencies (*)To be most effective with clients, counselors need to understand their own reactions to suicide. Kinney(2003) describes four groups of individuals in relation to suicide: Completers-people who kill themselves with intention

Attempters-those who did not intent to kill themselves

Threateners-those who use it as a weapon, may or may not follow through

Parasuicidals- those who try to get rid of emotional pain, but not try to kill themselves

These groupings help the counselor in clarifying the intention of the attemptHomicidal TendenciesThree questions that can be used to assess for

homicidal potential:

a. Are you thinking of hurting someone?

b. How would you hurt this person?

c. What stops you from hurting this person? When assessing for homicide, counselors need to take into accountcurrent statistical tendencies on traits related to homicide, personality factors, and situations. Individual TherapyIs where the addict can learn to apply both general and specific recovery techniques to his/her life situation.

It provides a safe, confidential context where the client can sort out sensitive and personal problems.

In helping the counselor needs to determine how willing the client is to change his/her alcohol and drug use.

Ask open-ended questionsTreatment PlanningThe treatment plan serves as a rudder for the client work, assisting both the client and the counselor in keeping a balanced focus on issues.

It also helps the client and counselor prioritize issues that need to be addressed.

Because addicted clients can present with both complicated and extensive problems, the treatment plan can prevent both client and counselor from becoming overwhelmed in the therapy process.

The counselor can use the treatment plan as a way to educate the client about how to address problems in a systematic, paced manner so a balance is found between ignoring problems and becoming overinvolved with them.

This education can be new lifestyle information for the addicted client, who may be more familiar with the tendency to go to extremes when addressing problems. The SOAP method of charting (*)S stands for subjective; the

information is recorded as relayed to the counselor by the client and others involved in the case. Although client quotes can be useful, the authors suggest using as few as possible and making them brief.

O stands for objective, and this section needs to be written in a way that can be measured. This section contains observations by the counselor and written materials from outside sources.

A represents assessment, which is the counselor's clinical perspective: the psychiatric diagnosis from the Diagnostic and Statistical Manual of Mental Disorders (DSM-5; American Psychiatric Association, 2013) and clinical impression for ruling in and ruling out diagnoses

P stands for plan: an action plan and diagnosis including date the client will return, session content, client progression, and focus of the next session.

The SOAP method of chartinga. Subjective

b. Objectives

c. Assessment

d. PlanSuggestions for writing a treatment plana. Put the history on one page (to increase the chances others will read it).

b. Make the goals within the counselor's control.

c. Make the goals realistic and achievable.

d. Focus on the facts, the core of the client's story, and the main cause of the problem.

e. Think of the problem and the goal as the opposite of one another.

f. Think of the method as the noun (e. g., Alcoholics Anonymous meetings).

g. The measurement needs to match the progress notes, have a date, and be clear as to how often it will occur and its completion date.

h. If there is an area that is not a problem for the client, clearly designate

that by stating " N/A" (not applicable).

i. If there is an area that is unknown as to if it is a problem area, the notation can be made that there is not enough information (problem); information needs to be obtained (goal); a form of counseling needs to be chosen (e. g., individual counseling), to obtain the information (method); and the method, a date, and an approach (e. g., explore possible ways to improve communication with parents) need to be stated (measurement). Group Therapy• Specific areas used to examine in the creation of a group;

a. Type.

b. Population.

c. Goals.

d. Need.

e. Rationale

f. Leader/co-leader.

g. Screening and selection procedures.

h. Pragmatics: number of members, location, length, open/closed.

i. Topic and focus.

j. Group norms (ground rules). Forms of power for a leaderCoercive, which is based on fear. Failure to comply with the leader results in punishment for the members.

Legitimate, which is based on leader position. The leader has the right to expect that suggestions are followed by group members.

Expert, which is based on the leader possessing expertise, skill, and knowledge. The leader is respected for having these traits.

Reward, which is based on the leader's ability to reward others. The leader will provide positive incentives for client compliance.

Referent, which is based on the leader's personality traits. The leader is liked and admired for his or her personality.

Information, which is based on the leader's access to valuable information. The information the leader has is wanted or needed.

Connection, which is based on the leader's connections with others who are influential or important in terms of the organization (inside or outside of the organization). Group members want to have the positive aspect of the connections and avoid the negative aspects. THE FOUR STAGES OF GROUP DEVELOPMENTInitial Stage—Orientation and Exploration (Stage 1),

Transition Stage—Dealing with Resistance (Stage 2),

Working Stage—Cohesion and Productivity (Stage 3),

Final Stage—Consolidation and Termination (Stage 4). Network therapyNetwork therapy is a combination of individual and group therapy that uses psychodynamic and cognitive-behavioral approaches in individual therapy while the client is engaged in a group support network that consists of family members and peers. In this therapy, family and peers join the therapy sessions at intervals in order to provide a network of support to the addict that is cohesive, discourages denial and encourages treatment compliance. Enabling (Trying to control them for their own good)• Enabling is the process of encouraging the alcohol/drug use by unintentional behavior. Enabling describes behavior that keeps the addicted person from experiencing the consequences of his or her use, thereby encouraging the addictive behavior. Codependency• Codependency: is a pattern of trying to control others for their own good, which ends up being bad for oneself and the relationship