



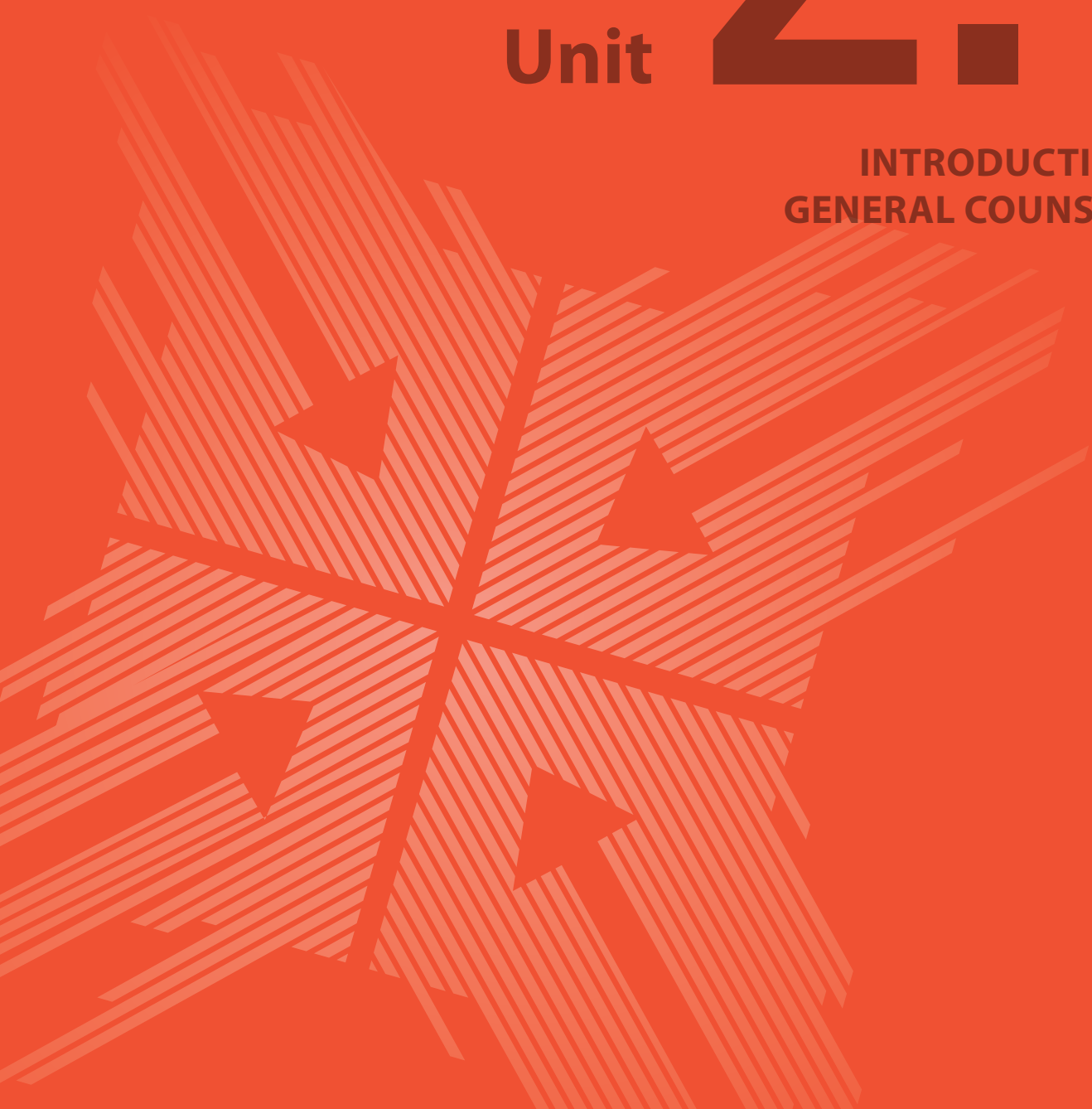
CHAPTER 2

WHAT IS DRUG ADDICTION COUNSELING?

Unit 2.1: Introduction to General Counseling	15
Unit 2.2: Basic Concepts of Drug Addiction Counseling	33
Unit 2.3: Key Principles in Drug Addiction Counseling	45
Unit 2.4: Counseling Skills	59
Unit 2.5: Counseling Techniques	99
Unit 2.6: Counseling Procedures	113

Unit 2.1

INTRODUCTION TO
GENERAL COUNSELING



OVERVIEW

I. Introduction

1 Min

Introduce the unit by explaining that you will discuss the key concepts of general counseling.

II. Presentation

30 Min

Use the PowerPoint slides to present the definition of counseling, its aim and key concepts, and the differences between counseling and health education.

III. Conclusion

9 Min

Review the key points of this unit and answer participants' questions (if any).

Unit 2.1: Introduction to General Counseling

Goal: To help participants understand the key concepts of general counseling in preparation for in-depth training on drug addiction counseling.

Time: 40 minutes

Objectives: At the end of this session, participants will be able to:

- provide the definition of counseling
- understand the context of counseling
- understand the existing myths about drug use and drug users
- state the differences between counseling and health education
- identify attributes that make an ideal counselor

Methodology:

- Presentation
- Group discussion

Teaching aids:

- PowerPoint slides
- LCD projector
- Flipchart and paper
- Markers

Slide 1




👤 Say: *In this unit we will spend a little time to understand counseling in general, and then we will spend some time to discuss the basic principles and key concepts of drug addiction counseling. Drug treatment counseling is the main focus of this workshop.*

Slide 2

LEARNING OBJECTIVES

At the end of this unit, participants will be able to:

- provide the definition of counseling
- understand the context of counseling
- understand the existing myths about drug use and drug users
- state the difference between counseling and health education
- identify attributes that make an ideal counselor

 **Say:** *I hope that by the end of this unit, you will be able to:*

- *provide the definition of counseling*
- *understand the context of counseling*
- *understand the existing myths about drug use and drug users*
- *state the differences between counseling and health education*
- *identify attributes that make an ideal counselor*

Slide 3

CONTEXT FOR COUNSELING (1)

Drug users:

- experience discrimination, stigmatization and rejection in society
- often viewed as criminals and outcasts and a target for society's anger and fear

Teaching instructions: Show only the title of this slide, and then reveal the bullets as instructed below.

Say: *First of all, we need to know the context for counseling.*

Teaching instructions: Guide a discussion on the context for counseling by asking open-ended questions such as:

- Who are the kinds of people who come for counseling?
- What are the kinds of things that individuals returning from drug rehabilitation centers feel?
- What are some of the attitudes of the community towards these people?
- What are individuals' concerns when they seek counseling?
- How might they expect you to help them?

Show the bullets for Slide 3 while summarizing the participants' answers. Spend some time to explore what the participants think about why a drug user comes to see a counselor.

Say: *Can you tell me why drug users come to seek counseling?*

Answers might include:

- They are forced by parents, the community, and/or law enforcement agencies.
- They come for methadone treatment, not for counseling, but counseling was a part of treatment, so they joined.

Slide 3 (cont.)


- They know that counselors can help.
- They come to please someone such as a spouse partner, family member etc.
- They want to quit or reduce their drug use.

Teaching instructions: Spend some time to explore what the participants think about why a drug user does not come to a counselor.

 **Say:** *So why do you think drug users do not seek counseling?*

Answers might include:

- Many of them think/believe that only they know their problems and no one else can help.
- They deny that they have a drug problem.
- They are too proud to talk about their personal issues, faults or weaknesses.
- They are afraid of breach of confidentiality.
- They have failed many times before and do not want to try again.
- They had a bad experience with a previous counselor who dictated terms or orders for them.
- Counselors have not used drugs so drug users think they won't understand.

 **Say:** *In their daily lives, drug users experience discrimination, stigmatization and rejection. They are often viewed as criminals and outcasts and a target for the community's anger and fear.*

Slide 4

CONTEXT FOR COUNSELING (2)

What do drug users worry about?

- Further discrimination
- Their future
- Others talking about their drug use
- Lack of treatment access
- Counseling won't work
- Lack of treatment (HIV)

Teaching instructions: Show only the title and the question under the title for this slide, and then reveal the bullets after conducting the discussion below.

Say: *As a counselor, it is important for you to understand drug users' worries.*

Teaching instructions: Guide a discussion on the possible worries a drug user might have. Reveal the bullets after participants have had a chance to discuss and contribute. Then proceed with the suggested wording below.

Say: *So, when clients come to you for counseling, you have an opportunity to help them understand how counseling can help relieve many of the worries that they may have. You will learn many techniques and skills throughout this training to assist your clients and alleviate their worries.*

Slide 5

MYTHS ABOUT DRUG USE

“People who use drugs are always morally weak.”

“Addicts are beyond help.”

“All drug users are drug addicts.”

“All drug users are criminals.”

Teaching instructions: Show the title of this slide only, and then reveal the bullets after the discussion below.

Say: *Although in recent years there is an increasing number of community education programs to raise awareness and understanding about drug use, drug users and community health, there remain many myths about drug users.*

Teaching instructions: Divide the class into 2 groups and give each group 5 minutes to discuss myths they have heard about drug use and drug users. Ask 1 group to present the myths they have brainstormed, and ask the second group to add any missing ideas.

Say: *Why do you think I asked you to discuss myths you have heard?*

FYI: It is important for participants to recognize that many myths are commonly spread throughout their communities. The discussion exercise is designed to show that even in separate groups, they are likely to come up with some of the same myths.

Teaching instructions: Show Slide 5.

Say: *Which of these do you think are myths and which do you think are true?*

Teaching instructions: If time is available, you can explain more about some points that may sometimes be true (e.g. “Drug users are criminals.”)


Slide 5 (cont.)

FYI: Drug users often resort to crime to pay for their drugs. Some drug users are criminals before they start using drugs. Many people in the community feel that drug addiction is a moral weakness and do not understand that it is a chronic relapsing disorder that involves changes in the brain, body, and spirit of the drug user. They do not understand that these changes make it difficult for some individuals to avoid using drugs.

Slide 6

WHAT IS COUNSELING?

Counseling is an interactive exchange process between counselors and clients to help clients confidentially explore their problems and enhance their capacity to solve their own problems.

 **Say:** *So what is counseling? Counseling is the purposeful act of providing professional guidance. It utilizes various psychological methods and techniques to guide the client in a constructive direction.*

There are some key words that I want to discuss in more detail with you.

*One is the word **intervention**. Counseling is an intervention. When you provide guidance or assist a client in making a decision, you intervene in order to help that person to achieve a desired outcome.*

*I would also like to discuss the phrase "...**confidentially** explore their problems...". Although individuals may come to talk to a counselor about their problems, they often want to be sure that their visit and information is kept confidential. Remember: counseling deals with sensitive issues and breaking confidentiality could cause serious problems.*

*Then the last part of the definition I would like to discuss is "...enhance their **capacity** to solve their own problems." In order to be effective, counseling must be client - centered, based on individual needs. The goal and objectives of counseling should be negotiated between the client and the counselor. Ultimately, clients should feel empowered to solve their problems on their own. The counselor assists clients to understand what options are available to them, and to make informed decisions on how best to proceed.*

Slide 7

AIM OF COUNSELING

Helps clients take charge of their lives by:

- developing their ability to make wise and realistic decisions
- assisting them to alter their own behavior to produce desirable results
- providing information for informed decision making

Counseling can be for individuals, couples, groups or families

👤 Say: *Counseling is catered to the specific needs, issues and circumstances of each individual client. It is an interactive, collaborative and respectful process that helps clients develop autonomy and responsibility for themselves. Counseling should also be focused, with specific goals obtained by asking questions, eliciting information, reviewing options and developing action plans. It takes into account an individual's social and cultural context, and readiness to change.*

Counseling can be provided to individuals, couples, groups or families.

Slide 8

COUNSELING IS NOT

- Telling or directing
- A conversation
- An interrogation
- A confession
- Praying

👤 Say: *Counseling is most effective when it is voluntary. It is not possible to direct individuals to change their behavior. The use of motivational interviewing, which will be covered later in this training course, provides a mechanism for encouraging change.*

Conversations are a mechanism for exchange of information, but they are not purposeful in changing behavior. Counseling provides more than just a conversation in that it provides direction and guidance for behavior change.

Collaboration in effective counseling is essential; it is important to remain open-minded and flexible in your approach. If you appear to be too intrusive into clients' thoughts and behaviors, they may react by refusing to cooperate with you.

Remember that counseling is an interactive process through which both counselor and client cooperate on achieving agreed upon short-term goals. You place your faith in each other, rather than in a higher being.

Slide 9

WHAT IS THE DIFFERENCE BETWEEN COUNSELING AND HEALTH EDUCATION? (1)

Counseling	Health Education
Confidential	Not usually confidential
Usually "one-to-one" or small group	Small or large groups of people
Evokes strong emotions in both client and counselor	Emotionally neutral in nature
Counselor listens attentively and reflects	Health educator talks more
Focused, specific and goal-oriented	Generalized

Teaching instructions: Show only the title for Slide 9, and then reveal the information in Slides 9 and 10 after facilitating small- and then large-group discussions about the difference between a health educator and a counselor.

Divide the class into 2 groups and give each group 5 minutes to discuss their understanding of the differences between counseling and health education. Ask 1 group to take 2-3 minutes to present their findings. Ask the second group to add any missing thoughts. Then present the slides and discuss any issues the group did not raise. Make sure participants discuss respect for confidentiality as a key principle that counselors must maintain at all times.

Slide 10

WHAT IS THE DIFFERENCE BETWEEN COUNSELING AND HEALTH EDUCATION? (2)

Counseling	Health education
Information used to change attitudes and motivate behavior change	Information used to increase knowledge and to educate
Issue-oriented	Content-oriented
Based on needs of the clients	Based on public health needs

Say: A person can be both a counselor and a health educator. But the most important thing is that the person knows which job he/she is doing. Former health educator counselors may often confuse the 2 roles. Remember to set some ground rules with your client before you start the session. It is appropriate to say that you can provide both education and counseling during a counseling session.

Let's consider an example of the difference between counseling and health education. In conducting a session on safe sexual practices, health education would entail describing the correct use of a condom, while counseling might entail discussing a client's concern about why his penis may not stay hard while using a condom.

Teaching instructions: Review the bullets on the slide based on what was not covered in the group discussions.

Slide 11

WHAT ATTRIBUTES MAKE AN IDEAL COUNSELOR

- Creative and imaginative
- Practical
- Shows respect for client
- Action-oriented
- Doesn't impose own views or concerns

Teaching instructions: Show only the title for this slide, and then reveal the bullets after you have facilitated a large-group discussion.

Say: *Given the principles of counseling, what qualities do you think make an effective or an ideal counselor?*

Teaching instructions: Wait for the participants to give their ideas and opinions. Then show Slide 11 and proceed with the suggested wording below.

Say: *A good counselor is creative and imaginative and can help clients identify linkages between their thoughts, feelings and behaviors. Many clients will appreciate counselors who can help them organize and articulate their thoughts around specific goals they would like to achieve. A good counselor is flexible and can give practical guidance on ways that clients can achieve their goals.*

A mutually respectful relationship will lead to shared communication and agreement on how best to proceed. It's critical not to impose your views or concerns on your client, but rather to understand his/her views and concerns.

Slide 12

THINGS TO AVOID

- Moralizing
- Ordering
- Threatening
- Arguing
- Disagreeing
- Over-interpreting
- Sympathizing
- Judging

Teaching instructions: Begin with the title of this slide, and reveal each bullet as you discuss it.

Say: *These are things that you need to avoid when providing drug counseling:*

- **Moralizing.** *Remember, the goal of your work is to help clients solve their problems. Never moralize their experience.*
- **Ordering.** *You are their counselor, not their supervisor or employer. You have no right to tell your clients what to do.*
- **Threatening.** *Try to avoid attitudes or language that make your clients feel that they are threatened. You should provide a supportive environment for your clients to share their problems.*
- **Arguing.** *Clients may not heed your advice and may use words that hurt you. Stay calm and help them understand that they have the right to make their own decisions and that you will respect those decisions.*
- **Disagreeing.** *Your task is not to determine what is wrong and what is right. This may lead to disagreement between you and your client, which can stall the counseling process.*
- **Over-interpreting.** *A counselor's job is to understand his/her clients and to link their thoughts and goals with a coherent plan. Counselors must avoid overinterpreting what clients are telling them. Over-interpreting may lead to misunderstandings of, or inappropriate focus on, some of the factors that are critical in influencing behavior change.*
- **Sympathizing.** *We will discuss empathy and sympathy later. A professional counselor should not become emotionally involved during the counseling session.*

Slide 12 (cont.)

- **Judging.** *Counseling assists clients to identify what puts them at risk. Judging your client may lead to mistrust and denial of problems. You should listen without judging, criticizing or blaming, and try to gain a better understanding of your client from his/her viewpoint.*

Slide 13

SUMMARY

- Counseling helps clients take charge of their lives.
- Counseling can be provided to individuals, couples or families.
- An ideal counselor is creative and imaginative, has a practical approach, is able to show respect for clients, is action-oriented and does not impose his/her own views or concerns.
- Counseling is different from health education.

Teaching instructions: Review the key messages of this unit.

FYI: Counseling

- Helps individuals to take charge of their lives by:
 - helping them to develop the ability to make wise and realistic decisions
 - altering their behavior to produce desirable consequences
 - providing them useful information for informed decision making
- Can be for individuals, couples or families
- Should be provided by counselors who are creative and imaginative, use a practical approach, are able to show respect for their clients, are action-oriented, and do not impose their own views or concerns
- Is different from health education

Teaching instructions: Thank the participants for their participation in the discussions and ask them if they have any questions. Answer the questions that pertain to this unit. If participants ask questions about material that will be covered in a later unit, request that they save their questions for that unit.

Unit 2.2

**BASIC CONCEPTS OF DRUG
ADDICTION COUNSELING**



OVERVIEW

I. Introduction

1 Min

Introduce the unit by explaining that you will discuss the basic concepts of drug addiction counseling.

II. Presentation

25 Min

Use the PowerPoint slides to present the key concepts of drug addiction counseling, the context for counseling, the issues surrounding stereotypes and myths about drug users, and the role of drug addiction counseling.

III. Conclusion

4 Min

Review the key points of this unit and answer participants' questions (if any).

Unit 2.2: Basic Concepts of Drug Addiction Counseling

Goal: To ensure participants understand the basic concepts of drug addiction treatment counseling including its definition and role, the general principles of effective communication, and the difference between empathy and sympathy.

Time: 30 minutes

Objectives: At the end of this session, participants will be able to:

- explain the definition of drug addiction counseling
- explain the role of drug addiction counseling
- list 4 general principles for effective communication
- explain the differences between empathy and sympathy

Methodology:

- Presentation
- Discussion

Teaching aids:

- PowerPoint slides
- LCD projector
- Flipchart and paper
- Markers

Slide 1



👤 Say: *As a counselor, you are going to play a very important role in supporting your clients to take responsibility for themselves by setting goals and making informed decisions. To be effective, you will need to understand the basic concepts of drug addiction counseling.*

Slide 2

LEARNING OBJECTIVES

At the end of this unit, you will know:

- explain the definition of drug addiction counseling
- explain the role of drug addiction counseling:
 - how to encourage and motivate clients to reduce their drug use-related risk
 - how to support clients to seek care and support
- list 4 general principles for effective communication
- explain the differences between empathy and sympathy

Teaching instructions: Use the bullets on this slide to present directly.

Slide 3

DRUG ADDICTION COUNSELING

■ What is drug addiction counseling?

An intervention which gives the client an opportunity to explore his or her drug use and consequences confidentially, and to discuss available treatment options most appropriate to his/her circumstances

■ Why is drug addiction counseling needed?

- to encourage and motivate clients to reduce their drug use-related risks
- to support clients in seeking care and support
- drug users who wish to stop using drugs often benefit from counseling in combination with treatment options

Teaching instructions: Show only the title of this slide and proceed with the discussion below before revealing the bullets.


👤 Say: *We have already discussed counseling in general terms. Now we will discuss drug addiction counseling. Remember, not everyone who uses drugs is addicted to drugs. Can you tell me why drug users come to a counselor?*

Teaching instructions: Allow participants a few moments to respond. There are no right or wrong answers. Make sure you address issues that have not been discussed by helping participants to understand the rationale of drug counseling, which includes encouraging and motivating clients to reduce their drug use-related risks and supporting them to seek care and support.

👤 Say: *Addiction to drugs can be difficult to overcome for many individuals. Drug addiction counseling provides guidance on strategies to assist clients to reduce risks associated with using drugs and, if desired, to abstain from drug use. Counseling can be effective in reducing both drug use and the harm associated with drug use. Drug addiction counseling enables clients to link the problems they may have to their drug use, and to identify tangible solutions. Many of the skills and techniques that will be taught in this course are based on cognitive behavioral frameworks that have been shown to be effective in assisting drug users to stop using drugs.*

Teaching instructions: Reveal the information on Slide 3.

Slide 3 (cont.)

 **Say:** So what is drug addiction counseling?

Counseling is the purposeful act of providing professional guidance. It utilizes various psychological methods and techniques to guide the client in a constructive direction.

There are some key words that I need to discuss regarding drug addiction counseling in more detail with you.

*One is the word "**intervention**". Drug addiction counseling is an intervention. When you provide guidance or assist someone to make a decision, you intervene in order to help that person to achieve a desired outcome.*

*I would also like to discuss the phrase "**...to explore his or her drug use confidentially...**" This is important because drug use and misuse is illegal, and people do not want to be identified as users. Although users may come to a counselor in order to discuss their problems, most will want to be sure that everything is kept confidential. Remember: drug use is a sensitive issue and breaking confidentiality could cause serious problems.*

*The last part of the definition; "**...to discuss options about available treatments most appropriate to his/her circumstances**" indicates the expected goal and objectives of the counseling session. In order to be effective, drug addiction counseling must be client-centered, based on individual needs. The goal and objectives of counseling should be negotiated between the client and the counselor. Ultimately, clients should feel empowered to solve their problems on their own. The counselor assists clients to understand available treatment options, and to make informed decisions on how best to proceed.*

Slide 4

ROLE OF COUNSELING

Counseling sessions help clients:

- reduce risk or stop drug use
- set goals and develop plans
- develop problem solving and refusal skills
- identify risky situations
- identify ways to deal with risk

Teaching instructions: Show the title of the slide, and reveal each bullet as you discuss them.

👤 Say: *I want to emphasize the role that drug addiction counseling plays in assisting clients to reduce risk and/or abstain from drug use.*

The role of drug addiction counseling is to:

- *help clients to reduce risk or stop drug use*
- *help set goals and develop plans*
- *develop problem solving and refusal skills*
- *identify risky situations*
- *identify ways to deal with risk*

Drug addiction counselors provide guidance and advice to assist clients to realize their goals through the development of specific skills and techniques. Informal communication in counseling sessions helps to enable clients to acquire these skills. We will now discuss these communication attributes in greater detail.

Slide 5

COMMUNICATION ATTRIBUTES

- Effective communication:
 - clear and non-judgmental
 - assists in building rapport
 - develops a sense of trust
- Effective communication is the key in:
 - undertaking a quality assessment
 - managing drug -related problems


👤 Say: *Effective communication is an essential component of drug addiction counseling. Information exchange is greatly enhanced when counselors adhere to a few basic principles of effective communication. Effective communication is clear and non-judgmental. This helps to build rapport and a sense of trust between client and counselor.*

We have also discussed the principles of voluntary participation in counseling, showing respect for the client, and developing trust. Effective communication is also crucial in undertaking a quality assessment and managing drug-related problems.

Slide 6

GENERAL PRINCIPLES OF COMMUNICATION

- Develop rapport and a sense of trust
- Attend to the person's immediate concerns
- Show concern about the client's drug use problems without prejudice
- Use appropriate language to overcome potential communication barriers

 **Say:** *Effective communication involves **developing rapport and a sense of trust**. For example, non-verbal cues such as your body position, facial expressions and other gestures have meaning and influence the way your communication is interpreted. Sitting at a large distance from your clients may make them feel safe, but it may also make them feel that you do not want to have close contact with them.*

If you speak their language by using words that they usually use, your clients may feel more comfortable because they will feel that you understand them.

Attend to the person's immediate concerns. *Your clients may express various needs and request your support. It is important to listen to them and help them feel that they are being listened to. Make an effort to understand what their immediate needs are and address them first. Be honest with them and tell them that you may need more time to understand and work with them on ways to address some of their other needs.*

Show concern about their drug use problems without prejudice.

Use appropriate language to overcome potential communication barriers. *Language can be verbal or non-verbal (so be aware of your body language). Your communication style is very important. When you are engaged, your eyes should be warm and inviting; they should show you are interested in what they have to say.*

Slide 7


EMPATHY VS SYMPATHY

■ Empathize


- Listen to and understand client's experience from his/her perspective
- Not always in agreement
- Summarize and provide feedback
- Help client find own solutions
- Client's suffering is not your burden

■ Sympathize


- Always side with client
- Emotionally involved
- Experience as if burden is shared

 **Say:** *Do you understand the difference between empathizing and sympathizing?*

Teaching instructions: Allow the participants some time to discuss the differences.

 **Say:** *In drug addiction counseling, which of the two do you think works best: empathizing or sympathizing?*

Teaching instructions: Make sure the participants understand that a professional counselor understands clearly the difference between empathy and sympathy.

 **Say:** *A counselor successfully expresses empathy toward clients by listening and understanding what they are going through. Counselors are not obligated to agree with their clients, but they must not be judgmental in disagreeing. The counselor provides feedback and helps clients find their own solutions. Counselors should avoid sympathizing, should not take sides, and should not get emotionally involved as that will undermine the potential benefits of counseling and can cause counselor burnout.*

Empathizing means understanding the circumstances, the situation, and what is happening to the client. It does not mean sharing emotions. In empathizing, one is objective and compassionate without being overly emotionally involved. Sympathizing is agreeing with the person, feeling their emotions, and being on their side.

When you sympathize, your clients no longer have you as a counselor; they might do just as well talking to themselves in a mirror. You stop being objective and reflective; you are just the same as your clients.

Slide 7 (cont.)

In empathizing, you understand what the person has gone through: their suffering, pain, and hurt. But when you become sympathetic, you carry their pain and agree wholeheartedly with them, and you lose the ability to be an effective counselor.

Slide 8

SUMMARY

- **Drug addiction counseling is**
 - an intervention, confidential, provides options
- **Role of drug addiction counseling**
 - to encourage and motivate client, to reduce risks associated with drug use
 - to support clients to seek care and support
- **Effective communication**
 - develops rapport, responds to immediate concerns
 - shows concern without prejudice
 - uses appropriate language
- **Empathy works, sympathy doesn't**

Teaching instructions: Review the key messages of this unit.

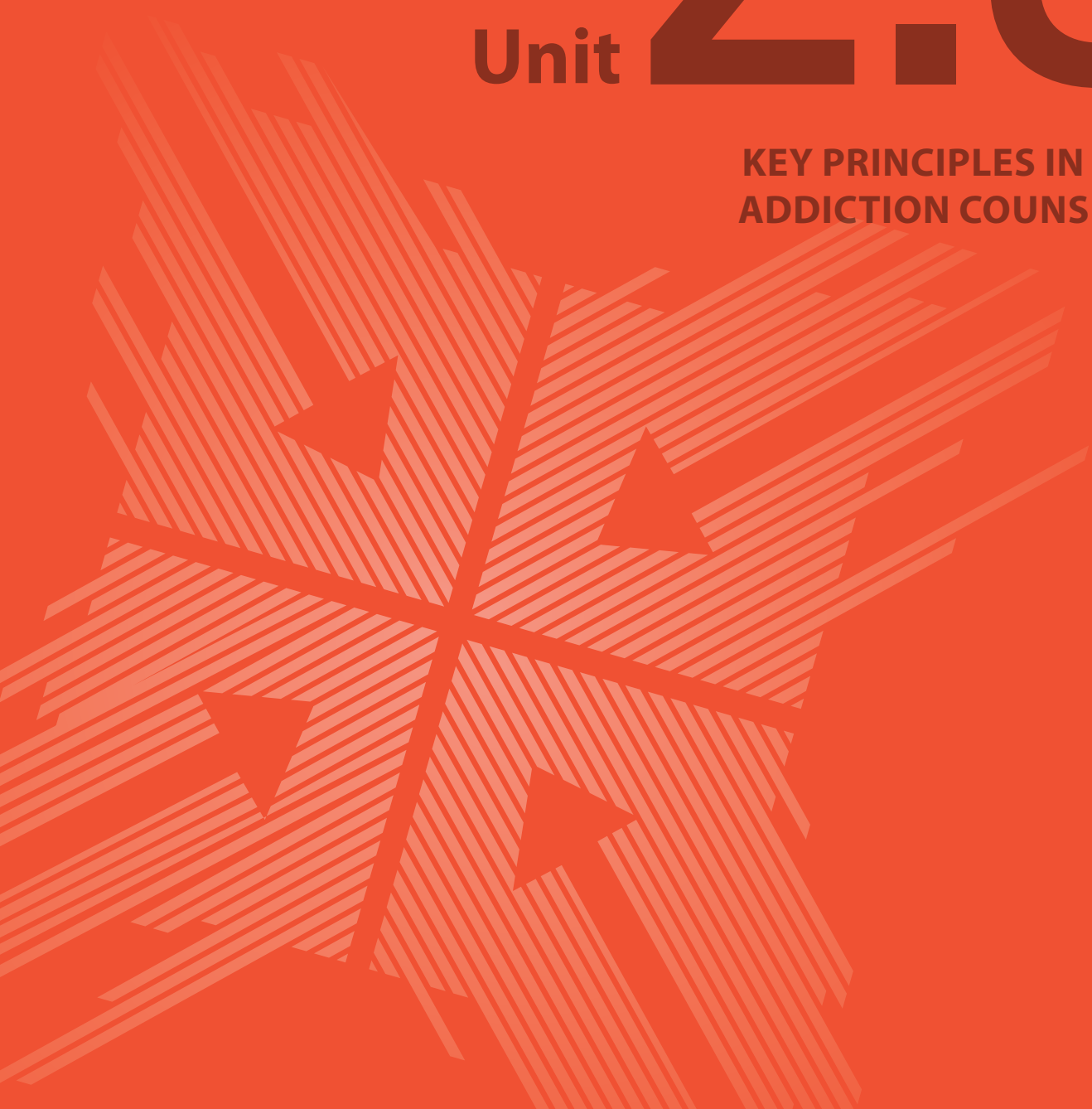
FYI:

- Drug addiction counseling is an intervention that gives the client an opportunity to explore his or her drug use confidentially and to discuss available treatment that are most appropriate to his/her circumstances.
- Drug addiction counseling encourages and motivates clients to reduce their drug use-related risks and supports them to seek care and support.
- Communication plays an important role in counseling in general, and in drug addiction counseling in particular.
- Counselors should be empathetic, not sympathetic.

Teaching instructions: Thank the participants for their participation in the discussions and ask them if they have any questions. Answer the questions that pertain to this or previous units. If participants ask questions about material that will be covered in a later unit, request that they save their questions for that unit.

Unit **2.3**

**KEY PRINCIPLES IN DRUG
ADDICTION COUNSELING**



OVERVIEW

I. Introduction

1 Min

Introduce the unit by explaining that you will discuss the key principles of drug addiction counseling.

II. Presentation

20 Min

Use the PowerPoint slides to present on the principles of drug addiction counseling.

III. Conclusion

4 Min

Review the key points of this unit and answer participants' questions (if any).

Unit 2.3: Key Principles in Drug Addiction Counseling

Goal: To help participants understand the principles of drug addiction counseling, and the context for counseling.

Time: 25 minutes

Objectives: At the end of this session, participants will be able to:

- understand the following concepts: voluntary, confidential, reliable, non-judgmental, respectful, safe, and linked to other services
- know how to explain the implication of each principle

Methodology:

- Presentation
- Discussion

Teaching aids:

- PowerPoint slides
- LCD projector
- Flipchart and papers
- Markers

Slide 1



👤 Say: *Before we spend time discussing and practicing counseling skills and techniques, I would like to introduce and help you understand the key principles in drug addiction counseling.*

Slide 2

LEARNING OBJECTIVES

At the end of this unit, participants will be able to:

- list and understand the seven principles of drug addiction counseling
- explain the implications of each principle

Teaching instructions: Use the bullets on the slide to present directly.

Slide 3

KEY PRINCIPLES

- Voluntary
- Confidential
- Reliable
- Non-judgmental
- Respectful
- Safe
- Linked with other services

👤 Say: *Similar to HIV services, the success of drug addiction services in the community relies very much on the number of clients who utilize the service. Bearing that in mind, there are certain principles that drug addiction counseling needs to adhere to so as to promote quality services. These are:*

- *Voluntary*
- *Confidential*
- *Reliable*
- *Non-judgmental*
- *Respectful*
- *Safe*
- *Linked with other services*

We will discuss each of these principles in detail.


Slide 4

VOLUNTARY

- Support clients to make decisions on their own
 - Clients make decisions by themselves
 - Clients do not feel forced to do anything
 - Any breach will damage whatever trust has been built

 **Say:** *What do you understand about the term "voluntary"?*

Teaching instructions: Allow participants to offer their ideas, then summarize.

 **Say:** *When something is voluntary, it means that the person does it of their own free will. Counselors help clients to identify sound solutions, but they have no right to force clients to do anything. "Voluntary" is a critical principle in counseling.*

Let's take an example of a male client who comes talk to a counselor. The counselor explains the purpose of counseling and asks questions to assess the severity of his drug use and talks about drug addiction treatment options. Let's say the client does not want to commit to any plans. The counselor has to respect this decision. The counselor can encourage, but not force the client to enter the treatment program.

Why do you think counseling must be voluntary?

Teaching instructions: Allow participants some time to share their ideas. As you summarize their answers, be sure that you also mention:

- The client will feel more open and comfortable.
- The service will be more user friendly.
- Trust will be established and maintained.
- The target groups will spread the good reputation of the service.
- Sometimes clients are not willing to change their behavior right away. Having a positive experience in the session will make it more likely the client will return in the future.

Slide 5

CONFIDENTIALITY

- Confidentiality must be assured
 - Client personal information kept confidential
 - Prevents reference to, or discussion about a client, except as professionally appropriate, and then only with client's consent
 - Any breach of confidence will damage any trust that was built

👤 Say: *Counseling services must also be confidential. Confidentiality is one of the most important factors in the relationship between counselor and client. Can you give some examples, either from your experience or others', about confidentiality-related issues?*

Teaching instructions: Spend a few minutes to allow the participants to discuss and share their experiences.

👤 Say: *Confidentiality is critical when working with drug-using clients. It is important that confidentiality is assured at all times. Counselors need to remember that a client's personal information must be kept confidential and they cannot share it with anyone else outside of the professional relationship. Confidentiality prevents reference to, or discussion about a client, except in situations where professionally appropriate. Then it must be done with the knowledge and consent of the client.*

In some cases, confidentiality will need to be breached if the counselor finds that the client is knowingly placing him/herself or others at risk. One such example might be if the client informs the counselor that he/she is considering suicide. In such circumstances, counselors should advise their supervisors of the risk and determine what course of action should be undertaken.

Slide 6

RELIABLE

- Express sincere empathy
- Make clients feel they are being listened to and cared for
- Provide accurate information and clear explanations
- Demonstrate confidentiality

Say: *How important do you think it is for you to provide reliable support? How can you tell if a person is reliable or not?*

Teaching instructions: Facilitate a brief large-group discussion and use flipchart paper to record participant inputs.

Say: *Clients will view counselors who are reliable as sincere. Reliable counselors are also punctual, predictable and caring. Clients of reliable counselors feel they are being listened to and cared for by their counselors. Counselors who provide accurate information, clear explanations and appropriate referrals will be viewed as more reliable than those who do not.*

A reliable counselor will also keep clients' personal information confidential.

Slide 7

NON-JUDGEMENTAL

- Always stay neutral, without reaction to clients' issues
- Counsel only after learning from clients' experience
- Obtain and maintain an understanding of clients' perception of norms

Teaching instructions: Show the title of this slide and reveal the bullets after facilitating the discussion below. Tell a story or give an example about being judgmental and the consequences that it can cause.

FYI: Example: Take, for example, a situation where a client says to a counselor, "I am very concerned that I may go back to using heroin again. I am spending a lot of time thinking about seeing my old friends who I used to take drugs with. I can't stop the feeling that I would like using it again. While saying these things to the counselor, the counselor interrupts him and says, "What is wrong with you? Don't you care what other people expect of you?"

Ask the participants what they think might be the consequences of this kind of counseling approach.

After facilitating a large-group discussion, list the following points, revealing the bullets on Slide 7 as you discuss them:

- Always stay neutral; try not to judge or react strongly to your clients' issues. This lets you keep in control and remain open to change.
- Counselors will be able to counsel successfully when they learn from their clients' experiences. Use the information to guide the discussion.
- Having a good understanding of your clients' perception of norms is very important. It helps you relate their beliefs to the range of possible options you will help them consider.

Slide 8

RESPECTFUL

- Treat every client the same
- Respect clients as you expect others to respect you
- Mutual respect ensures effective communication and exchange

👤 Say: *No principle of good counseling can stand alone. Each supports the other. We have discussed the need for services to be voluntary, confidential, and non-judgmental. Services must also be respectful, safe, and link to other services.*

Having respect for your clients means that you treat every client the same. Your attitude towards them should be consistent, regardless of their age, gender, appearance, social position, or financial status. Respect your clients as you would expect others to respect you.

Mutual respect ensures effective communication and counselor-client exchange. With mutual respect, clients will become more cooperative, open and comfortable to share with you their “real problems”, which enables you and your clients to identify sound solutions.

Slide 9

SAFE

- Safety is crucial for both counselors and clients
- Includes the safety of the client, his/her information, site property and physical environment

Say: *When we talk about the need for safety, who and what are we talking about? How do we ensure safety?*

Teaching instructions: Facilitate a large-group discussion in response to the questions above.

FYI: As the participants respond, make sure that they address the points on the slide, including the safety of:

- the clients and their information
- clinic property
- the broader physical environment

Slide 10

LINKED WITH OTHER SERVICES

- Effective counseling is not limited to addressing drug use-related needs alone
- Linkage with other services is key, especially HIV services

👤 Say: *Participation in drug addiction counseling brings stability to many clients. This stability allows them to deal with a variety of other related issues that may be beyond the skills and expertise of the drug addiction counseling service. In particular, problems such as housing, employment, health-related issues such as HIV and legal problems are more likely to be managed in an effective way when the person is in drug addiction counseling. Linking counseling services to those other services is an important component of effective drug addiction counseling.*

Slide 11

SUMMARY

- A good understanding of, and adherence to, the 7 principles will enhance the client counselor relationship
- The 7 principles are interlinked and are supportive of each other to ensure the success of counseling

Teaching instructions: Review the key messages of this unit.

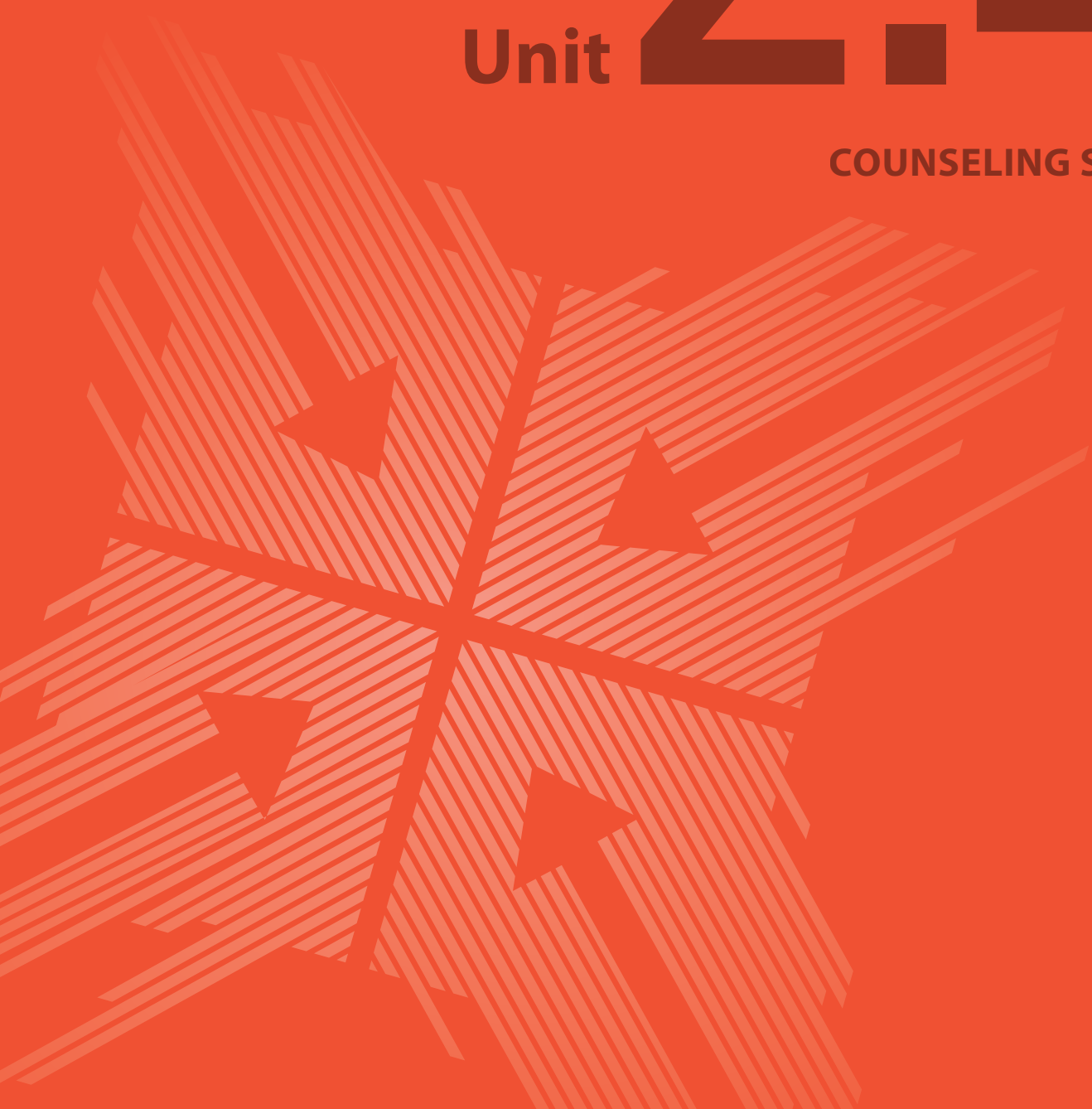
FYI:

- A good understanding of and adherence to the seven principles will enhance the client-counselor relationship.
- The seven principles are interlinked and are supportive of each other to ensure the success of counseling.

Teaching instructions: Thank the participants for their participation in the discussions and ask them if they have any questions. Answer the questions that pertain to this or previous units. If participants ask questions about material that will be covered in a later unit, request that they save their questions for that unit.

Unit 2.4

COUNSELING SKILLS



OVERVIEW

I. Introduction

1 Min

Introduce the unit by explaining that you will discuss the key counseling skills that counselors will need to counsel effectively.

II. Presentation

110 Min

Use the PowerPoint slides to present on counseling skills, including general skills and drug addiction counseling skills.

Break (During presentation)

10 Min

III. Conclusion

4 Min

Review the key points of this unit and answer participants' questions (if any).

Unit 2.4: Counseling Skills

Goal: To teach participants the counseling skills needed to practice drug addiction counseling and the difference between counseling skills and techniques.

Time: 125 minutes (10-minute break in the middle)

Objectives: At the end of this session, participants will:

- possess the necessary counseling skills to counsel effectively
- understand the difference between counseling skills and counseling techniques, including goal setting, problem solving, time management, conflict resolution, stress management, and the role of education
- practice some counseling skills

Methodology:

- Presentation and discussion
- Role-play

Teaching aids:

- PowerPoint slides
- LCD projector
- Flipchart and papers
- Markers

Slide 1



👤 Say: *This unit will focus specifically on counseling skills. The following unit will focus on specific counseling techniques. This training makes a distinction between skills and techniques. We will discuss the difference between skills and techniques in this unit. There is a lot to cover in this unit, so we will have a 10-minute break in the middle.*

Slide 2

LEARNING OBJECTIVES

At the end of this unit, participants will:


- possess the necessary counseling skills to counsel effectively
- understand the difference between counseling skills and counseling techniques, including goal setting, problem solving, time management, conflict resolution, stress management, and the role of education
- have practiced some counseling skills

Teaching instructions: Use the bullets on the slide to present directly.

Slide 3

TECHNIQUE

A **technique** is a way of efficiently accomplishing a task in a manner that is not immediately obvious or straightforward

 **Say:** *In order to help you understand the difference between skills and techniques, I would like first to discuss "techniques".*

A technique is a way of accomplishing a task in a manner that is not immediately obvious or straight forward. An example of technique might be the way you cook fried rice. While many people can cook fried rice, each of the steps necessary to accomplish making superior fried rice is not immediately obvious.

Many of the techniques that we will teach during this workshop relate to prevention of relapse. These will include coping with cravings, refusal skills, coping with emotions, stress management and others. We will discuss and learn about each of the steps necessary to incorporate these techniques.

Slide 4

SKILL

A **skill** is an ability, usually **learned** and acquired through training, to perform actions which achieve a desired outcome(s)

👤 Say: *To master a technique, one needs to have the requisite skills to perform particular actions. Using our fried rice example, one must know how to handle the rice during preparation and cooking, and how to prepare and add the vegetables. Without these skills the rice will not be cooked to perfection, regardless of one's following a prescribed technique (for example, as outlined in a cookbook). Having these special skills enables one to accomplish a task with skilled technique.*

We can think of the technique as the recipe, or set of instructions, and the skills as one's ability to perform the tasks outlined in the recipe (the dish could be anything, such as problem solving, time management, coping with cravings etc.) Even with consistent recipes, some cooks (counselors) might be more successful than others because their skills (chopping, stirring, cooking) are better. How skilled one is at applying a technique depends strongly on how much they practice.

Drug addiction counselors use a variety of counseling skills that will be discussed in this unit. We have already discussed how drug addiction counseling is a purposeful intervention aimed at changing behaviors of clients. Many of the techniques that we will learn during this counseling workshop are aimed at teaching the clients ways to prevent drug relapse. These techniques will be the subject of later unit in the workshop.

Slide 5

SESSION OUTLINE

PART 1

- Attending
- Open-ended questions
- Paraphrasing
- Summarizing
- Reflection of feeling
- Probing
- Silence

PART 2

- Self - efficacy
- Affirmation
- Reframing
- Rolling with resistance
- Interpreting
- Confronting

👤 Say: *This unit will be divided into two parts. There are many different counseling skills and you will need to practice each one in order to master their application. It is only through thorough and regular practice that you will enhance your ability to use these skills as a routine part of counseling. Each skill has a purposeful role to assist both counselors and clients. We will discuss each in detail.*

FYI: Trainees who are new to counseling skills often confuse some of them, as they appear to be similar. It is important that each skill be practiced through modeling good practices based on direct observation, or through individual role-plays. Evidence shows that counselors often confuse paraphrasing, summarising and interpreting. They may also confuse rolling with resistance and confronting. Additionally, probing and open-ended questions may need to be compared and contrasted to ensure clarity amongst trainees.

Teaching instructions: Remember to plan for a break between Parts One and Two of this unit to allow participants to refresh themselves and maintain their enthusiasm.

Slide 6

COUNSELING SKILLS (1)

- Attending
- Open-ended questions
- Paraphrasing
- Summarizing
- Reflection of feeling
- Probing
- Silence

 **Say:** *The first set of core counseling skills we will discuss include:*

- *attending*
- *open-ended questions*
- *paraphrasing*
- *summarizing*
- *reflective listening (reflection of feelings)*
- *probing*
- *silence*

We will discuss each of these in detail.

Slide 7

ATTENDING

- Listen to verbal content
- Observe non-verbal cues
- Communicate back (e.g. 'um-hm', 'yes', or repeating key words)
- Listen 90% of the time; talk 10% of the time

👤 Say: *In attending, you demonstrate you are paying attention to your client by listening to the verbal content of the conversation and noting non-verbal cues. You can communicate back with words like "yes" or by repeating key words. It helps clients to feel relaxed and comfortable and express their ideas freely. Nodding your head tells your clients: "Yes, I understand and am listening". Observing your clients carefully will allow you to see many non-verbal cues that may tell you whether what they say reflects what they are feeling in their head and hearts.*

You should remember that counseling is mostly listening. You are primarily listening and looking; you are not primarily speaking.

You should try this with your family or friends; try not showing interest in what they are saying and then show interest. See what the reaction is. The difference depends on how engaged you are in the conversation. People react substantially to non-verbal cues.

Slide 8


ATTENDING

Helps the client to:

- feel relaxed and comfortable
- express his/her ideas and feelings freely
- trust the counselor

Helps the counselor to:

- obtain accurate information about the client
- notice non-verbal and physical cues

 **Say:** *By showing you are really attending, you will help your clients feel relaxed and comfortable and enable them to express their ideas and feelings freely; they will trust you more.*

Attending also helps the counselor to obtain accurate information about the client through observation (i.e. by noting physical cues, such as whether the client is in withdrawal, pain etc.). Body language also indicates clients' preparedness for change (explained later). For instance, the client may show keen interest in what you are talking about or, by contrast, may look completely disinterested.

Teaching instructions: Conduct a role-play to demonstrate appropriate attending skills.

Ask for a volunteer among the participants and quietly provide him/her with the scenario so that he/she understands how he/she is supposed to act in the role-play. The volunteer should play a client who is telling you about his/her situation, so that you can demonstrate appropriate attending skills.

Explain to the participants that the volunteer is playing the role of a client who is visiting a counselor for the first time. Begin the role-play and conduct it long enough to ensure that you are able to demonstrate appropriate attending skills.

Ask the group if there are any questions before proceeding.

Alternative: Ask for 2 volunteers and have 1 volunteer play the counselor and the other a client. Allow the group to react to the role-play, and ensure that you affirm which attending skills were appropriate, and which actions may not be appropriate in a counseling session.

Slide 9

OPEN-ENDED QUESTIONS

Allow for multiple different ways to answer

Helps the client to:

- keep the conversation flowing to explore more deeply


Helps the counselor to:

- get more information
- see how a person thinks


Teaching instructions: Show the title for this slide only, ask the questions below, and allow the participants to provide answers. Use the FYI's below to provide additional information as needed.

 **Say:** *Can you give me an example of an open-ended question?*


FYI: Open-ended questions are questions that allow the client to answer in multiple different ways, and in great detail. You cannot predict the answers to open-ended questions, nor understand their dimension, until your client provides answers.

 **Say:** *Can you tell me what is the opposite of an open-ended question?*

FYI: Closed questions lead to a predictable range of answers. They are answered in particular categories. For example, a "yes or no" question is a closed question with only two possible answers. You have limited choices to answer a yes or no question. There are many examples of categorical type questions and answers. They include things such as colors, age, speed, numbers, etc.

 **Say:** *Is everyone clear on the differences between an open-ended question and a closed question? In conversation, it's very tempting to use closed questions instead of open-ended questions. Why do you think this is?*

Teaching instructions: If there are no answers you can prompt the group by telling them that it's easy and quick for clients to give answers to closed questions and easier for the counselor to ask them as well.

 **Say:** *What are the benefits of an open-ended question?*

Slide 9 (cont.)

Teaching instructions: Allow the group to come up with their own answers. Reveal the bullets of the slide as you address points that may not have been raised by the group. Ask a participant to demonstrate an open-ended question through a role-play. Compare that with a closed question.

Slide 10

PARAPHRASING

Counselor summarizes clients' words

Helps the client to:

- realize the counselor understood what he/she said
- get a sense of direction

Helps the counselor to:

- summarize complicated information
- spotlight an issue as important

👤 Say: *Paraphrasing can be a very useful skill for enabling your client to know that you have heard what he/she has said. It also helps you to summarize complicated information in a way that you can both use to consider what to do next.*

Paraphrasing really assists your clients to think about an issue that you identify as important because you “replay” their words back. They are thinking about what they’ve just said. Key statements will have a much bigger impact in a counseling session if clients can say them to themselves because they spotlight specific issues that need to be dealt with. To open a paraphrasing statement, you might say: “What I hear you saying is...”

FYI: To understand the difference between paraphrasing and summarizing, consider an example where you and your friend go to see a movie. During the movie, your friend does not hear what one of the actors said and turns to you and asks “What did he just say?” You would then answer, “He said...” You might not say what the actor said word-for-word, but you will likely repeat it in such a way that the meaning is not lost and as accurately as possible.

This is in contrast to summarizing. Using the same example, you might come home that night and your roommate might ask you what the movie was about. You might provide an overview that addresses the plot and main actions in the film – in essence, a summary – but certainly not something that attempts to repeat all dialogue as accurately as possible.

Slide 11

SUMMARIZING

Provides an overview of what was discussed

Helps the client to:

- order his/her thinking
- clarify meaning
- realize that the counselor understood what he/she is saying
- have a sense of movement and progress

Helps the counselor to:

- ensure continuity of the session by providing focus
- verify counselor's perception of content
- terminate session in a logical way
- focus on one issue while acknowledging existence of other concerns

👤 Say: *Summarizing helps counselors to ensure continuity in the direction of the session. It also provides an opportunity to bring order to the issues discussed in the session. Sometimes the information a client gives covers numerous topics and points of view but it is not necessarily in a logical order. You can link your summary to another open-ended question to refocus your client back to the issue you want to discuss. Summarizing can also help you terminate the session in a logical way or focus on one issue while acknowledging the existence of other concerns.*

Is summarizing helpful for the client as well?

Definitely! Summarizing creates an opportunity for the client to clarify meaning, to realize whether or not the counselor understands what he/she is saying, and to obtain a sense of movement and progress in his/her discussion with the counselor.

Periodic summaries will help link together what has been discussed, will show the client that you have been listening, and will help to point out issues of ambivalence. You can also prompt for more information and provide an opportunity for clients to hear their own thinking. Summarizing can highlight ambivalence by linking the negatives and the positives of drug use in one statement. For example, you could say, "On the one hand....., and on the other hand...."

A summary at the end of the session will help you to pull together clearly and succinctly what has transpired during the session.

Slide 11 (cont.)

Always ask yourself:

- *What were the main things that came out of the counseling session?*
- *What is your client planning to do in the future?*
- *What have you agreed to do?*

Summarizing helps your client to leave thinking, “OK. I am now clear about what I am thinking and I know what I am going to do.”

Slide 12

REFLECTIVE LISTENING (REFLECTION OF FEELINGS)

Can help link emotions to thoughts and behaviors

Helps the counselor to:

- check whether he/she accurately understands what the client is experiencing
- bring out problem areas without pushing the client

👤 Say: *In empathizing, you share your understanding of the client's point of view. Reflective listening can assist this process. You listen to the client's words and also identify with their emotions, but remember to avoid being emotionally engaged. Reflective listening helps you to link a client's emotions to their thoughts or behaviors. For example, you might say, "You feel (add the feeling)...because of... (add the experience or behavior)." You can also bring to the surface feelings that are hidden.*

Don't use it too often as it may look as if you are being superficial and insincere. However, it does show that you are really listening and that you understand what the client is thinking and feeling.

Sometimes, people can say things that are complicated and not easy to understand. In those cases, reflective listening can be very helpful. You can say something like, "What I've heard you saying is, is that right?" or "Let me summarize what you have just said to make sure that I understand it correctly. What I hear you saying is...."

This approach assists by suggesting that you are not completely confident that you heard what the client said and you're just making sure. It also shows that you are actively listening; you are thinking about what your client is saying and you are not just passively listening. Usually, clients will be more willing to discuss if they see you are listening.


FYI: Reflective listening involves linking emotions to thoughts and behaviors. This is different from attending, where you intentionally demonstrate through verbal and non-verbal cues that you are thoughtfully listening to what your clients are saying.

Slide 13

REFLECTIVE LISTENING (REFLECTION OF FEELINGS)

Helps the client to:

- realize the counselor understood what he/she feels and experiences
- bring to the surface feelings that may have been expressed vaguely
- understand that emotions, thoughts and behaviors are connected

 **Say:** *Reflection of feelings helps the client to realize his experiences are heard and understood by the counselor and to learn that feelings and behaviors are connected.*


By using reflective listening, you are not pushing clients toward a particular outcome. Reflection will often bring out additional information regarding what clients really feel about their situation. Particularly in the area of relapse, drug users often do not realize that thoughts and emotions are connected to behaviors; they act as if they are unrelated. In fact, thoughts and feelings have a lot to do with our behaviors.

Slide 14

REFLECTIVE LISTENING (REFLECTION OF FEELINGS)

Examples of what you might say:

- Because of [ISSUE] you are feeling frustrated.
- Since you relapse frequently you think you don't have will power.
- Your parents' attitude has made you more optimistic.
- You feel your family doesn't trust you and hence you feel sad.
- If I understand correctly, you are saying that you used again because all your efforts not to use didn't make any difference in the way others look at you. That made you feel [EMOTION]

 **Say:** Like summarizing, reflective listening helps counselors to check whether or not they accurately understand what the client is experiencing, and identifies problem areas without pushing clients. This is a way of checking whether or not you have understood what is really going on in your client's life.

Teaching instructions: Invite participants to form groups of three where one will be the client, another the counselor, and the third an observer. Clients should be instructed to discuss a specific issue with their counselor. The counselor should practice reflective listening. Be sure to allow time for participants to reflect on their own ability to listen reflectively, and provide a chance for observers to comment as well.

Allow time for participants to switch roles so that everyone has a turn as the counselor.

Slide 15

PROBING

Asks for more information

- clarification about a point that you think is important

Enables the counselor to:


- focus attention on areas the counselor thinks need attention
- understand better what the client is describing

Helps the client to:

- focus attention on a feeling or specific subject matter
- become aware of, and understand his/her situation or feelings


 **Say:** *What is probing? Can someone give me an example of probing?*

Teaching instructions: Facilitate a large-group discussion on probing. Provide participants with probes to get the discussion started. Then ask if the participants noticed how you used probes to initiate the discussion (once you have finished the discussion).

 **Say:** *Let's consider an example. A client may say to you that his cravings start when he goes to a particular place. You could say, "Please tell me more about this place. How often do you go there? Is there anything particular that brings on these feelings? With whom do you go?" The client provides more information about issues that you feel are important, but you feel that he has not provided enough detail. Probing is a way of getting to the heart of issues around which it will be effective to develop relapse prevention strategies. It is also a way of designating specific issues as important by nature of your asking for more information.*

What do you think are some good things that can come from probing?

Teaching instructions: Facilitate a large-group discussion on some of the positive outcomes that can come from probing. Once participants have discussed, continue below.

 **Say:** *Probing should be used to discuss issues that you feel are particularly important. Counselors have considerable influence in the direction that a counseling session goes based on the kinds of probes they use to lead a discussion. Hence, the session will be influenced by the counselor's and the client's views. Whenever you ask a question, you will be asking about what you want to know and not necessarily what the client wants to tell you. Your questions "lead" or direct clients. Probing can help focus a client's attention. At times you may need to influence the direction of the exploration. In general, probes are interventions that increase*

Slide 15 (cont.)

counselor's control over both the process and content of a session. For this reason, they should be used sparingly and with care, particularly in the early stages of counseling. The probing skills are:

- *Questioning. There are different kinds of questions (as we discussed previously). Open-ended and closed questions might facilitate or inhibit exploration.*
- *Making statements. This is a gentler form of probing. For example, instead of asking a client: "What did she do to upset you?" you might say "I'm not sure what she did to upset you." Statements tend to be less intrusive and controlling than questions.*
- *Probing is also about saying: "Please tell me more about that!"*

Teaching instructions: Invite participants to form groups of 3 where one will be the client, another the counselor, and the third an observer. Clients should be instructed to discuss a specific issue with their counselor. The counselor should practice probing. Be sure to allow time for participants to reflect on their own ability to probe, and provide a chance for observers to comment as well.

Allow time for participants to switch roles so that everyone has a turn as the counselor.

Slide 16

SILENCE

- Can be very powerful
- Can be a time when things really 'sink in' and feelings are recognized and felt strongly
- When combined with attending cues, can serve to encourage the client to continue sharing
- Allows the client to experience the power of his/her own words

👤 Say: *This is one of the most interesting skills used in counseling and one that is probably the most challenging for most counselors.*

If you don't speak during a conversation, how long is it before one of you feels the urge to say something?

Teaching instructions: Allow the participants some time to respond. Once they have provided some answers, proceed below.

👤 Say: *Most people will wait for a maximum of 30 seconds before breaking the silence when in conversation with someone. But I want to remind you that counseling is not just a conversation. Counseling has a purpose. There will come a moment in the session when your clients will say something that is critical and difficult, and you can see that they are uncertain about taking the next step. They may not say anything at all. In a conversation, after 30 seconds, you are going to feel pressure to say something, anything, to fill the silence, because the pressure from the silence can be overwhelming. But while you are thinking those thoughts, your client may be thinking about what he/she has just said. His/her thoughts may just be starting to sink in. What your client has said may have much more impact because of that silence.*

When combined with attending skills, silence can serve to encourage your clients to continue sharing. The silence can help them lead themselves to the next step. They will be the ones to resume the session. They will be the ones who think about the connection, rather than you alone. They might have greater insight into what they've just said because often people don't think carefully about their words until they have time to think about them.

Slide 16 (cont.)

*Silence is the skill you use **for big, deep moments**, when your client has an insight or says something that is very emotional. In addition to being a time when things really sink in, it can also dissuade him/her from moving onto more comfortable issues which may distract him/her from confronting the main issues.*

Silence is not something you use for small things. If silence is used on a trivial issue, the client may be confused about your intention. He/she may think you have stopped listening to him/her or that the counseling session is finished because there is no apparent link to the next step.

Slide 17

SHORT BREAK – 10 MINUTES

Teaching instructions: Facilitate a 10-minute break in the training to allow participants to stand up, stretch and move around.

👤 Say: *We have just completed the first section of this session on counseling skills. Let's take a brief break to stand up, stretch and reflect on the lessons that we have discussed in this unit.*

Slide 18

COUNSELING SKILL (2)

- Self-efficacy
- Affirmation
- Reframing
- Rolling with resistance
- Interpreting
- Confronting

Teaching instructions: Before beginning training on this unit, be sure to conduct a brief energizer to ensure participants are awake and ready to learn. Ask the group if anyone has any questions before you begin again.

Say: *The other skills that you will need to become an effective counselor include:*

- *Self-efficacy*
- *Affirmation*
- *Reframing*
- *Rolling with resistance*
- *Interpreting*
- *Confronting*

Slide 19

SELF - EFFICACY

Belief in clients' ability to undertake tasks or fulfill their goals on their own

For the client:

- gives them confidence they are likely to succeed
- provides them with energy and enthusiasm

For the counselor:

- should be promoted realistically

👤 Say: *It is critical to help your client develop confidence in his/her self-efficacy. Clients who are confident in their self-efficacy have the confidence that they can succeed on their own. People are more inclined to take on a task they believe they can achieve. They generally avoid tasks when confidence in their self-efficacy is low. Many drug users lack confidence in their ability to do things. When you express confidence in them to undertake tasks or fulfill their goals, it enhances their sense of self-efficacy and gives them energy and enthusiasm to move forward with a plan.*

But remember, in encouraging your clients to be self-efficacious, you need to be realistic. Given unrealistic expectations, your clients may overestimate their ability to complete tasks, which can lead to significant harm or disappointment. In building self-efficacy among your clients, you should also provide support for them to undertake tasks successfully. Commenting in a positive way on what they have achieved is likely to build their confidence and increase the likelihood they will attempt more ambitious goals.

Teaching instructions: Invite two participants to form a pair. Provide the volunteers with a scenario to act out. One possible scenario is one in which a client discusses how he/she managed to resist cravings for drugs. The client should act as if he is uncertain as to whether it was just luck, or whether he developed the self-control needed to manage his cravings. The counselor can then commend the client for resisting the urge to use drugs and acknowledge how difficult it must have been to overcome his desire to use drugs. In this way, the counselor is reinforcing key notions of self-efficacy for maintaining a commitment to avoid using substances.

Slide 20

AFFIRMATION

Shows positive regard and support of clients' efforts to change their behaviors

For the client:

- improves chances of self-efficacy
- highly motivating

Say: *Showing positive regard and support for clients' efforts to change their behaviors, by providing compliments, appreciation and understanding, will help motivate them to continue healthy behaviors. For example, you can acknowledge the courage one must have to seek counseling and commend your clients for taking that step. Highlight your clients' strengths in coping or refraining from drug use. Draw their attention to the positive, significant things that they might have trivialized.*

Slide 21

REFRAMING

Provides a different meaning or interpretation of information

For the client:

- may give insights into behaviors
- connects consequences they might not have considered

For the counselor:

- supports behavior change, counselor is helping client to achieve

👤 Say: *Reframing is about considering what a client has told you from a different point of view. You may draw new perspectives or inferences by reframing. Reframing may help clients to develop insights into their behaviors in ways they have never thought of before.*

Reframing acknowledges what a person has said while providing a different meaning or interpretation which may support behavior change. It can help to link behaviors to consequences that clients have not yet considered.

For example, a person may say with great pride that she can drink a lot of alcohol without feeling drunk. You may respond by reframing it and say: "It sounds like you can really drink a lot. That's impressive. But I wonder if you have thought that this amount of drinking may be very harmful to your health later in your life, even though you may not feel it now."

FYI: Here is another example that you can share with the participants. It can be useful for clients to see how tolerance to alcohol is similar to pain sensitivity. For example, when you put your hand on a hot stove, the heat causes pain, which tells you to remove your hand. The pain protects you from getting your hand seriously burnt. Similarly, one advantage to having a low tolerance to alcohol is that intoxication takes its effect earlier on, before large quantities of alcohol have been consumed. The body's response (the buzz) serves as a kind of warning that enough alcohol has been consumed, saving harmful effects to the body, such as liver disease, from occurring as a result of over-consumption. If you are tolerant to the intoxicating effects of alcohol, you lose that early warning protection. Ironically, most young male drinkers boast that they can drink a lot without getting drunk, without realizing this is potentially dangerous and harmful in the long run.

Slide 22

ROLLING WITH RESISTANCE

- Simple reflection
- Amplified reflection
- Double-sided reflection

👤 Say: *Sometimes you want your friends to do something with you, but you sense that they are reluctant to do what you suggest. That reluctance is called resistance. They are resisting your suggestion. Sometimes, the more you encourage them, the more they seem to resist. In counseling, resistance is when the clients argue, interrupt or reject your suggestions. It is important not to strengthen this resistance by continuing to disagree with them. Rolling with resistance means not directly confronting your clients' positions.*

Instead of fighting the resistance, you can try to roll with it. You use the energy that they put into stopping something from happening to help make it happen. There are three different approaches for rolling with resistance: simple reflection, amplified reflection, and double-sided reflection.

*Using **simple reflection**, you might say for example: "You don't appear to see how your drug use can be a problem, especially when your friends are using more than you and they don't seem to have any problems". They may then choose to argue against that position and consider more deeply what they really think about their drug use.*

***Amplified reflection** attempts to elicit the other side of a client's ambivalence by amplifying or exaggerating (not in a sarcastic way) what they he/she has said. For example, you might say: "So if your friends don't have any problems, I guess you feel that means there's nothing for you to worry about". Clearly, you need to be cautious using such a strategy.*

***Double-sided reflection** acknowledges conflicting things that the client has stated. This requires the use of information that the client has previously offered, although perhaps not in the same session. You might say, "This must be confusing for you. On the one hand, it seems that you're not taking more drugs than your friends and they don't seem to have problems, but on the other hand you, are concerned about your drug taking".*

Slide 22 (cont.)

Let's consider another example. A number of clients believe that detoxification can cause damage to the inner organs of their body and lead to death. They believe this because they have seen many friends die during or following drug detoxification. Therefore, they think they need to continue using drugs in order to stay alive. They have this belief despite the fact that their drug use has been causing them many problems. When clients believe in this myth, counselors should not directly challenge them because the clients may resist and not want to continue the discussion.

In this example, a counselor might choose to roll with resistance and say something like this to the client:

Simple reflection: *"I understand why you think that way given many other drug users believe the same thing."*

Amplified reflection: *"I am guessing that you feel that if you continue to use drugs then you will have nothing to worry about. Is that right?"*

Double-sided reflection: *"From what you have said, I understand that you are very scared of drug detoxification and do not know what to do. On the one hand, many drug users believe that drug detoxification might kill them. On the other hand, you are telling me that you have many problems from your drug use and you also know many drug users who have successfully stopped drug use after detoxification. Is that right?"*

Other strategies that could be used include reframing and shifting the focus. We will have a chance to practice these skills later in the training.

Slide 23

INTERPRETING

Critical: Use a non-confrontational opening to avoid your client's feeling judged by your interpretation

Examples:

- "The way I see..."
- "I wonder if..."

👤 Say: *When employing interpreting, counselors offer clients their point of view on the implications of their clients' actions. It allows counselors to offer a possible, plausible linkage between clients' thoughts, feelings, actions and consequences. It helps clients to realize that there is more than one way to look at situations, problems and solutions. When using interpreting skills, it is generally more effective to offer interpretations as suggestions, rather than statements of fact or general beliefs. You can do this by commencing your interpretation with something like: 'It sounds like you are saying...' This will reduce the likelihood that your client will feel judged.*

Slide 24

INTERPRETING

Consists of 3 components:

- Determining and restating basic messages
- Adding the counselor's ideas for a new frame of reference
- Reflecting these ideas with clients

👤 Say: *Interpreting is an important counseling skill. It has three components: determining and restating basic messages, adding the counselor's ideas for a new frame of reference, and reflecting these ideas with clients. As a counselor, you can interpret the information, determine an appropriate emotion, and reflect this back to your client. You are giving your client a chance to understand the implication of what he/she is saying.*

Interpreting can also be used to understand the emotion a client is experiencing in cases where the client may be confused. Sometimes clients confuse their emotions. Many clients often confuse anger and sadness, or say that they are sad when in reality they are angry. Counselors may also be confused because they may associate certain situations with emotions that, in fact, the client does not feel. This is why it is important to try to interpret what the client is saying when you think his/her emotional association may be different than what he/she says it is.

Sometimes, people don't see the linkage between their behaviors and their consequences. Interpreting can make consequences more obvious to clients. It also utilizes related principles of the "decision matrix" (discussed later), which involves discussing the short-term and long-term consequences of behaviors. You might say, for example: "From what you have said, I understand that you realize that smoking is causing you to cough. In fact, it may mean that you have a serious lung condition. Have you ever considered this may be a potential consequence of your smoking?"

Slide 25

INTERPRETING

Helps the counselor to:

- share a new perspective for the client to consider
- offer new coping strategies to deal with issues

Helps the client to:

- realize there is more than one way to look at situations, problems and solutions
- become more flexible and explore new points of view
- understand the problem more clearly

Teaching instructions: Show the title of this slide only, ask the question below, and allow participants to provide answers before revealing the bullets. Use the bullets to fill in any gaps left by the participants.

Say: *In what way do you think interpreting is helpful to the counselor and to the client?*

Slide 26

CONFRONTING

Use when it is necessary to show client the difference between what they believe (or think) and what they actually do.

👤 Say: *Sometimes it may be necessary to be more direct with your client. Confronting involves showing your client the difference between what they believe (or think) and what they actually do. It is like holding a mirror up to them and saying: "I understand that you believe X, but I can see that you are doing Y. These things appear to be inconsistent. How would you explain it?"*

Slide 27

CONFRONTING

Helps the counselor to :

- establish him/herself as a role model by using direct, honest open communication

Helps the client to:

- break down defenses that the client has consciously or unconsciously put up
- see the difference between what the client thinks and what the client does

👤 Say: *Confronting is an approach that should not be used regularly in a counseling session. One must be selective about the way in which confronting is used as it can increase resistance to behavior change and be counterproductive to building a therapeutic rapport with the client. The counselor never confronts - rather the client is made to confront him/herself.*

When we cover the unit on motivational interviewing, you will see why it is important to be selective and careful when using confrontation.

Confronting may also be necessary when you hear clients say things that you know are either dangerous or do not make sense and could be harmful to them down the line. In those circumstances, you can express your concern or provide information about the impacts of what they have suggested using the confronting approach. This can be useful because your clients may not have heard the truth from other people around them.

Slide 28

COMMON ROADBLOCKS TO EFFECTIVE COUNSELING (1)

- Ordering or commanding
- Warning or threatening
- Arguing or persuading
- Moralizing
- Ridiculing or labeling

👤 Say: *It's important that you recognize there are a variety of communication approaches that will undermine the effectiveness of counseling. Some of these we have discussed while learning about effective counseling skills. Most obstacles will increase resistance to change and may lead your clients to discontinue counseling because they feel they are not understood.*

Slide 29

COMMON ROADBLOCKS TO EFFECTIVE COUNSELING (2)

- Insincerity
- Repetition
- Clichés
- Jargon
- Collusion

👤 Say: *It is also important to avoid being insincere. Clients will sense this through your words and actions. Counseling requires a sincere commitment to the process. Clients will also be bored if you go over the same information in a repetitious way. Having said that, you may need to repeat some information in future sessions as clients may have either forgotten or misunderstood some things.*

Try to avoid clichés; they may make you appear insincere. Similarly, using certain jargon may make it difficult for your client to understand you, and may make you seem condescending.

Finally you should avoid colluding with the client in a way that is counterproductive to maintaining their counseling goals. This means you may need to speak out when a client says something that you know is potentially damaging. Clinicians are also at risk if the therapeutic alliance they form with the client becomes unethical. Counselors need to maintain professional distance and integrity.

Now that we have discussed a host of counseling skills, I would like to help you practice some of these skills through role-plays.

Teaching instructions: Ask for a volunteer to participate in a role-play with you. Begin by playing a client, and use a scenario that will offer the volunteer a few opportunities to practice different kinds of counseling skills in front of the rest of the group. After the role-play, ask the participants which skills the volunteer used.

Slide 30

SUMMARY

- Counseling skills are fundamental tools for drug addiction counseling
- These skills are used with relapse prevention counseling techniques to form the foundation of effective drug addiction counseling

Teaching instructions: Review the key messages of this unit.

FYI:

- Counseling skills are fundamental tools for drug addiction counseling.
- These skills should be used in conjunction with relapse prevention counseling techniques to form the foundation of effective drug addiction counseling.

Teaching instructions: Thank the participants for their participation in the discussions and ask them if they have any questions. Answer the questions that pertain to this or previous units. If participants ask questions about material that will be covered in a later unit, request that they save their questions for that unit.

Handout 2.4

Counseling Skills

Reflective listening

Empathy involves sharing your understanding of your client's point of view. Reflective listening can assist this process. By listening to your clients' words while identifying their emotions, you can help them link what they feel to what they experience. For example, you might say "You feel [EMOTION] because of [EXPERIENCE or BEHAVIOR]."

Do not use reflective listening too often as you may appear shallow. However, reflective listening does show that you are really listening and that you want to understand what your clients are thinking and feeling. You can also bring to the surface feelings that are hidden. This approach helps to show clients that their feelings are related to their behaviors.

Rolling with resistance

Counselors face resistance when clients argue, interrupt or reject their suggestions. It is important not to strengthen this resistance by continuing to disagree. Rolling with resistance means not confronting your client's position.

There are a variety of techniques that can be used. One includes **simple reflection**. For example, you might say, "It seems you don't appear to see how your drug use can be a problem because your friends don't seem to have any problems". This may lead them to argue against that position. Another technique you can use is **double-sided reflection**. Here you acknowledge what the client has said and you add the other side of the equation. You might say, "I can see that this must be confusing for you. You are concerned about your drug taking on the one hand, but on the other hand it seems that you're taking more drugs than your friends".

Example: A number of drug user clients believe that drug detoxification can cause harmful damage to the inner organs of their body and can kill them. They believe this because they have seen some of their friends die during or following drug detoxification. Therefore, they think that they need to continue to use drugs in order to prolong their lives, despite the fact that drug use has been causing them so many problems. When encountering a client who has a strong belief in this myth, counselors should not tell him/her that this belief is incorrect because the client may begin to resist what the counselor says, and/or might not want to continue the discussion.

In this situation, you might want to say the following:

Simple reflection: "I understand why you think that way; there are many drug users who have the same opinion."

Double-sided reflection: "From what you have said, I understand that you are very scared about drug detoxification; many drug users believe that drug detoxification might kill them. However, I think that you are also aware that there are many other drug users who have been through detoxification and survived. Is that right?"

Handout 2.4 (cont.)

Open-ended questions

Open-ended questions encourage clients to respond freely and openly to explore their thoughts, opinions and feelings about a certain topic. They cannot be answered with a categorical response such as yes or no.

Reframing

Using this approach helps counselors to acknowledge what a person has said while providing a different meaning or interpretation that is likely to support behavior change. It connects behaviors to consequences that clients might not have considered. For example, a person may brag that she can drink a lot without feeling drunk. You may respond by reframing: "It sounds as if you really can drink a lot, but I wonder if you have considered that this amount of drinking can be very harmful to your health in the long run, even though you may not feel it now?"

One way of expanding on this example is by considering how pain can provide us with a quick feedback mechanism on something that is harmful to our bodies. When you touch a hot stove, your hand feels the pain of the burn. You remove your hand quickly. Similarly, when you have low alcohol tolerance, your body tells you with the sensation of intoxication that you may be harming yourself. Someone who boasts of high alcohol tolerance may not realize that she is causing long-term damage in the long run. By reframing this boasting, you may help her to see the detrimental effects of her actions.

Summarizing

In summarizing, you show that you are actively listening and highlighting important discoveries. Summarizing helps to clarify the purpose and meaning of the counseling session. You can also prompt for more information and provide an opportunity for the client to hear his/her own thinking.

Summarizing can also highlight ambivalence by linking the negatives and the positives of drug use in one statement. For example, you could say "On the one hand....., and on the other hand.....".

It can also provide a natural opportunity to end a counseling session.

Paraphrasing

In paraphrasing, you summarize your client's words and allow him/her to see that you have understood his/her thoughts. Paraphrasing spotlights an issue as important and gives the client a sense of direction for what he/she might talk about next. For example, you might say: 'What I hear you say is ..., could you please tell me more about that?'

Handout 2.4 (cont.)

Attending

This skill helps you to ensure that you are listening to the verbal content of the conversation and also attending to the non-verbal cues. You can communicate back with words like "yes" or by repeating key words. By attending, you help the client feel relaxed and comfortable and express his/her ideas freely.

Probing

By probing, you focus attention on specific feelings or behaviors. This should be used for issues that you feel are particularly important. Probing is about saying: "Please tell me more about that!"

Silence

You may want to use silence when you want things to sink in deeply. Silence may prevent clients from moving on to more comfortable issues that may distract them from confronting other, more important issues.

Interpreting

Interpreting enables your client to hear the implications of his/her actions from your point of view. It provides a possible, plausible linkage between his/her thoughts, feelings, actions and consequences.

Interpretations help your client realize there is more than one way to look at situations, problems and solutions. When providing interpretations, be sure to frame them as suggestions rather than as statements, facts or beliefs. You can do this by commencing your interpretation with something like: "It sounds like you are saying..."

Sometimes, people don't see the linkage between their behaviors and their consequences. Using an interpreting approach may make implicit consequences more explicit. It also uses principles that are similar to the "decision matrix" (to be covered in later units) to address short- and long-term consequences of a given behavior.

For example, you might say: "From what you have said, I think that you realize that smoking is causing you a bad cough and that this may have negative consequences on your health. In fact, it may mean that you have a serious lung condition. Have you ever considered that this might be a potential consequence of smoking?"

Unit 2.5

COUNSELING TECHNIQUES



OVERVIEW

I. Introduction

1 Min

Introduce this unit by explaining that you will discuss the counseling techniques and how they relate to counseling skills.

II. Presentation

25 Min

Use the PowerPoint slides to present the tips and techniques that help ensure positive counseling outcomes.

III. Conclusion

4 Min

Review the key points of this unit and answer participants' questions (if any).

Unit 2.5: Counseling Techniques

Goal: To help participants understand the range of counseling techniques that can be used for effective drug addiction counseling.

Time: 30 minutes

Objectives: At the end of this session, participants will be able to:

- identify a number of available and effective counseling techniques used to reduce risk of relapse
- discuss the application and context of counseling techniques in drug addiction counseling

Methodology:

- Presentation
- Discussion

Teaching aids:

- PowerPoint slides
- LCD projector
- Flipchart and papers
- Markers

Slide 1



👤 Say: *Sometimes a counselor might know the skills and techniques required for doing effective drug addiction counseling, but that does not necessarily mean that the person is an effective counselor. To be an effective counselor requires practice. Practice, practice, and more practice will help you build experience and allow you to identify opportunities for improving your counseling skills and techniques. In this unit, we will discuss specific counseling techniques that will be taught in this course.*

Slide 2

LEARNING OBJECTIVES

At the end of this unit, participants will be able to:


- identify a number of counseling techniques that can reduce the risk of relapse
- discuss the application and context of counseling techniques in drug addiction counseling

Teaching instructions: Use the bullets on this slide to present directly.

Slide 3

COUNSELING TECHNIQUES

- Problem solving
- Goal setting
- Time management
- Stress management
- Dealing with emotions
 - Anger
- Conflict resolution
- Relapse prevention
 - Coping with cravings
 - Refusal skills

 **Say:** *As a counselor, you should utilize any or all of the following techniques, depending on your clients' individual circumstances:*

- *Problem solving*
- *Goal setting*
- *Time management*
- *Stress management*
- *Dealing with emotions*
 - *Anger*
- *Conflict resolution*
- *Relapse prevention*
 - *Coping with cravings*
 - *Refusal skills*


Think of these options as a menu from which to choose the appropriate technique, customized for each of your clients. It is important to understand that not all techniques are needed for every client.

We will discuss these techniques in detail later. The purpose of this unit is to orient you to the set of techniques in this training and to discuss likely scenarios for when they should be used. These techniques also have utility and application for counseling staff in their personal lives.


Slide 4

PROBLEM SOLVING AND GOAL SETTING

- The ability to solve problems is a characteristic of healthy living
- Many drug users have poor problem-solving skills
- Problem-solving skills factor into relapse risk
- Short-term goals based on specific problems:
 - help change appear more achievable
 - help a person experience success and counter feelings of helplessness
 - help increase self-confidence
- Goals need to be clear, specific and matched to the client's stage of change

 **Say:** *Does anyone have experience in problem solving or goal setting? Has anyone used these techniques before?*

Teaching instructions: Allow some time for the participants to share their experiences. Then begin by explaining the concepts below.

 **Say:** *In order for clients to achieve the goals established in your counseling session, they will most likely have to make substantial lifestyle changes and find solutions for a number of problems. Some clients may have so many problems that even minor problems seem overwhelming. For many clients, their drug use has resulted in avoidance of problems or impulsive decision making. Poor problem-solving techniques usually result in negative consequences that increase the severity of existing problems or create additional problems, including the risk of relapse. In counseling, you may need to teach clients how to solve problems identified as critical by both and your clients.*

The use of a structured goal-setting technique can greatly increase clients' chances of identifying and attaining their goals. By setting goals on a routine basis, clients can decide what they want to achieve, and then move step-by-step towards achieving these goals. The process of setting goals allows them to choose where they want to go in their lives. By setting clear goals, they can measure and take pride in the achievement of those goals. They will also raise their self-confidence, as they recognize their ability to achieve the goals they have set.

In order to conduct a problem-solving and goal-setting session, counselors should begin with an open discussion to ensure that their clients are prepared to face the major problems that they are experiencing. Goals can be set at the beginning of counseling, or when you discuss a plan of action with your clients.

Slide 4 (cont.)

If counseling is to be helpful, it really needs to be specific. If you are too vague or general, your clients may walk away from the counseling session without clarity on what they need to do. You will learn in the unit on problem solving that clients will need to try to generate as many solutions as possible because there is never one single approach that works for every person. You should be able to give your clients choices so that they can choose which one best suits their needs.

Slide 5

TIME MANAGEMENT

- Developing a daily schedule can:
 - help avoid allocating time for unhealthy behaviors
 - provide structure for the day and help prioritize activities
 - overcome boredom
 - help gain support from families and relatives

👤 Say: *Time management is a critical technique in preventing relapse. Clients will most likely have triggers in their lives that might put them at risk of relapse. They will need to learn how to manage time to avoid risky situations.*

Counselors can discuss how to develop a daily schedule. This can help provide structure and prioritize activities for the day. A daily timetable needs to be busy enough to prevent clients from becoming bored or to start thinking about drugs. Boredom is a high-risk emotion for relapse. However, the timetable should not be so tight that there is no flexibility. Remember, there also needs to be time to relax and have fun. Families may also become more supportive when they see the recovered drug user settling into a daily routine that is consistent with a non-drug-using lifestyle

Slide 6

STRESS MANAGEMENT

- Too much stress can impair performance:
 - Loss of motivation
 - Reduced effectiveness
 - Leads to physical, mental, and behavioral problems
- Teaching stress management techniques can reduce risk of relapse

👤 Say: *Like everyone, drug users can get stressed. Excessive stress can increase the risk of relapse and reduce their motivation to apply the other techniques you teach them. Stress can also cause them physical or psychological problems. As a counselor, you need to identify and discuss issues that are the cause of stress for your clients. We will discuss specific stress management techniques, but you can also share stories from other people who have had similar problems and how they successfully managed their stress. Teach clients that they can avoid or manage stress by:*

- *thinking about good things, past, current and future*
- *sharing with others their concerns and worries and learning from other people's experiences*
- *seeking advice from trustworthy friends, family members, counselors, etc.*

Slide 7

DEALING WITH EMOTIONS

- Anger, anxiety, depression
 - common emotions among people with drug problems
 - can interfere with relationships
 - can precipitate drug relapse

👤 Say: *Anger, anxiety, and depression are common emotions that drug users experience. These emotions may also trigger relapse. Anger is often confused with aggression. We will discuss how clients can learn techniques for dealing with anger and how to avoid aggression.*

Slide 8

CONFLICT RESOLUTION

- Conflict is unavoidable in human relations
 - Not knowing how to handle conflict in a healthy way can lead to major health and relationship problems
 - For drug users, it can also result in relapse

👤 Say: *While conflicts are unavoidable in human relations, not knowing how to handle them in a healthy way can cause major health and relationship problems. For drug users, conflict can result in violence, anger, and frustration. All this can result in relapse to drug use. We will cover conflict resolution in Unit 7.3 to assist you to develop strategies with your clients to manage these kinds of problems.*

Slide 9

RELAPSE PREVENTION

- Clients relapse due to a variety of internal or external factors
- Relapse is common; clients will need to regain control to prevent further drug use
- Main interventions/techniques:
 - Identify high-risk situations and develop coping responses
 - Learn to cope with cravings and develop skills to resist offers of drugs

👤 Say: *Clients relapse due to a variety of thoughts or feelings, such as anger, or through external factors such as interpersonal conflict or peer pressure. While relapse is common, effective interventions can help clients to regain control and prevent further drug use. Together with the client you can identify high-risk situations and develop coping responses.*

You will need to teach your clients to cope with cravings and to develop refusal skills when offered drugs. We will cover these techniques during the unit on relapse prevention. Cravings are normal, but drug users often do not understand this. They think they are the only people who experience cravings and therefore something is wrong with them. They may also believe that when they experience cravings, there is nothing they can do to stop them other than returning to drug use.

While it is best to avoid high-risk situations completely, such as meeting drug-using friends or drug dealers, this is often not practical. For most, it is not a long-term solution. Drug refusal training is critical to help clients achieve a substantial period of abstinence and for maintaining abstinence. Counselors and clients can practice ways to refuse heroin or to refuse to go to places where heroin is available. The ability to say no effectively in these situations will help clients feel in control when faced with situations that are tempting.

Slide 10

SUMMARY

- Counseling techniques can be used in a variety of ways and combinations (think of the list as a menu of options).
- Choice of counseling technique depends on individual client needs.
- Not all techniques will be needed for every client
- Client needs may change over time.

Teaching instructions: Review the key messages of this unit.

FYI:

- Think of counseling techniques as set of options, like you might find on a restaurant's menu.
- The counseling techniques that you choose to use will depend on the individual needs for each client.
- It is important to recognize that not all techniques will be needed by every client.
- Also note that client needs may change over time.

Teaching instructions: Thank the participants for their participation in the discussions and ask them if they have any questions. Answer the questions that pertain to this or previous units. If participants ask questions about material that will be covered in a later unit, request that they save their questions for that unit.

Unit **2.6**

COUNSELING PROCEDURES



OVERVIEW

I. Introduction	1 Min
Introduce the unit by explaining that you will discuss the basic procedures for drug addiction counseling.	
II. Presentation	90 Min
Use the PowerPoint slides to present the basic procedures in drug addiction counseling.	
Break	10 Min
III. Role-Play	45 Min
Conduct the role-plays as directed in the Teaching instructions .	
IV. Conclusion	4 Min
Review the key points in this unit and answer participants' questions (if any).	

Unit 2.6: Drug Addiction Counseling Procedures

Goal: To help participants understand the basic procedures of drug addiction counseling.

Time: 150 minutes

Objectives: At the end of this session, participants will be able to:

- list the counseling procedures
- explain the interaction between the various steps of the procedures
- practice providing counseling sessions according to the counseling procedures through role-plays
- apply goal-setting and problem-solving techniques in role-plays

Methodology:

- Presentation
- Group discussion
- Role-play

Teaching aids:

- PowerPoint slides
- LCD projector
- Flipchart and papers
- Markers
- Handouts 2.6-1 (Role of Counselor) and 2.6-2 (Case Example)

Slide 1



 **Say:** *This unit will cover the basic procedures for drug addiction counseling.*

Slide 2

LEARNING OBJECTIVES

At the end of this unit, participants will be able to:

- list the counseling procedures
- explain the interactions between the various steps of the procedures
- practice providing counseling sessions through role-plays according to the counseling procedures
- apply goal-setting and problem-solving techniques in the role-plays

Teaching instructions: Use the bullets on the slide to present directly.

Slide 3

DEVELOPING A COLLABORATION APPROACH

Counselors must:

- possess a thorough knowledge of addiction and normative patterns of drug use among the client group
- acknowledge that clients are the experts in discussing their own lives
- convey to clients that their counselor serves as an ally

👤 Say: *Building an alliance with your client is crucial to the success of any counseling program. In drug addiction counseling, we call this a therapeutic alliance. The counselor should create a sense of participation in collaboration and partnership. There are three key ways to develop this collaboration and partnership.*

First, the counselor should possess a thorough knowledge of addiction and the consequences of drug use. Second, no matter how experienced the counselor is, he or she must acknowledge that the client is the true expert in discussing his or her own life. The counselor must listen intently, effectively, and avoid passing judgment. This is difficult for a lot of counselors. Some people like to act as a parent does with his or her child; but when you are a counselor, you are talking to another adult and adults have more cognizant capability to understand how their behaviors lead to certain consequences. Third, the counselor should convey to their clients that he or she is their ally in this difficult process and is there to help them achieve their goals.

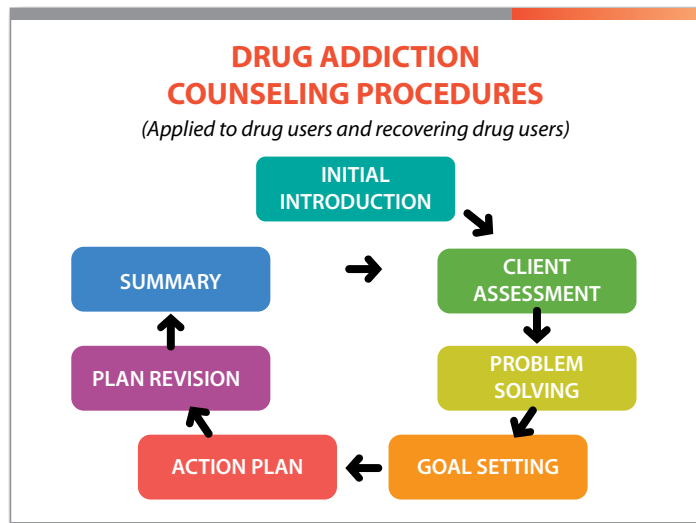
FYI: It is very difficult to develop trust because many drug users have lost their trust and faith in others. It will take time for them to feel confident that you are someone they can trust and work with. Each of these approaches should help strengthen the therapeutic alliance and make the relationship a collaborative one. There are many assumptions that are built into this model. Simply saying, "Oh yes, I know which step I need to go to now" will not be sufficient. You will need a great deal of understanding of your clients and their situations before knowing when and how to proceed.

Generally, the interventions that are most helpful in fostering a strong therapeutic alliance are those that involve the counselor's active listening and those that utilize collaboration. For example, after the client reports a relapse, the counselor might say, "Let's examine what happened and develop a plan together to help you avoid using drugs next time." Such language highlights the combined effort in the relationship.

Slide 3 (cont.)

If the therapeutic relationship initially seems weak, the counselor might use the following simple strategy to address the problem: ask clients what they think or feel is not working in the relationship or what they think or feel is causing it not to work. Often clients know what might improve the therapeutic relationship, but, for some reason, they don't feel comfortable to mention it until the counselor initiates the topic. For improvement to occur, counselors should be willing to accept feedback from clients and change the approach as appropriate. However, in responding to a client's request to change, counselors should not feel pressured to change or in any way compromise their philosophy of addiction treatment. Rather, counselors can adjust their interpersonal styles to improve the working alliance.

Slide 4



👤 Say: Drug addiction counseling with individuals and groups is a dynamic and circular process. There are seven steps to the process. The first step is to have an initial introductory meeting with the client. In the initial moments of the first session, the client is likely to be nervous and cautious about who you are and whether or not they should really trust you. Even if you try your best, the trust between client and counselor will take time to develop. However, it is important that they see you as someone who treats them with respect and dignity before you begin the counseling process.

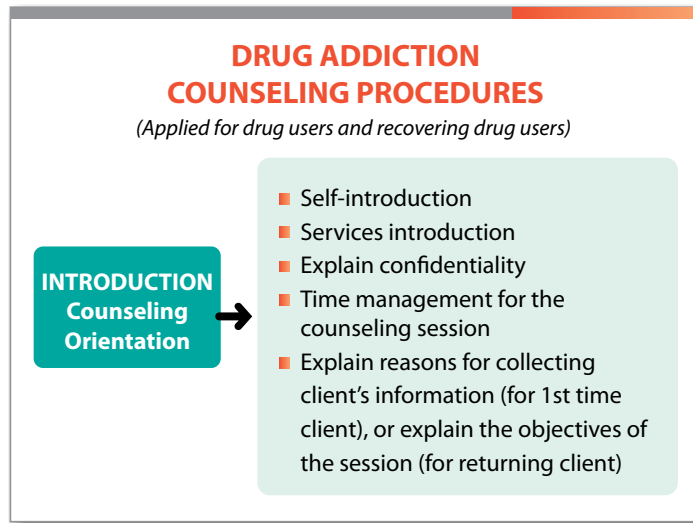
The counseling process is a loop. It starts with assessment of the biological and psychosocial needs of the client. You want to be able to understand the multi-dimensional issues of drug use as it relates to your clients. You will often assess individuals on their health, education, employment, alcohol and drug use, family/social, legal and emotional background. The assessment will lay the foundation for the next series of steps and future sessions you have with your clients.

As we progress through this unit, we will discuss each of the issues related to the holistic and circular nature of each of the steps in the counseling procedures. The counseling process is not a linear process where there is a clearly delineated finale. As depicted in the slide, the process is circular; you start with assessment, problem solving, goal setting and development of an action plan, then you proceed with revising the plan, summarizing the activities, and then beginning again with a new assessment. This is performed over time, but not at every counseling session. Hence, it is an ongoing process, and as some problems get resolved, others are likely to emerge.

Slide 4 (cont.)

Teaching instructions: Divide the participants into 5 groups (you may need to divide into fewer groups depending on the number of participants). Ask each group to discuss a different step or set of steps as outlined in Slide 4: a) initial introduction, b) client assessment, c) problem solving, goal setting and development of action plans, d) plan revision and e) summarization. Allow the groups 10 minutes to brainstorm what is involved in each step. Then ask reporters from each group to report back to the plenary in order (5 minutes each). Allow a few minutes for other groups to comment on potential gaps. As you begin your discussion of (a), show Slide 5. For each additional step (or combined steps) (b), (c), (d), and (e), show the relevant subsequent slides as you discuss them. Use the scripted information in the notes below to fill in any gaps based on the points raised by the participants.

Slide 5

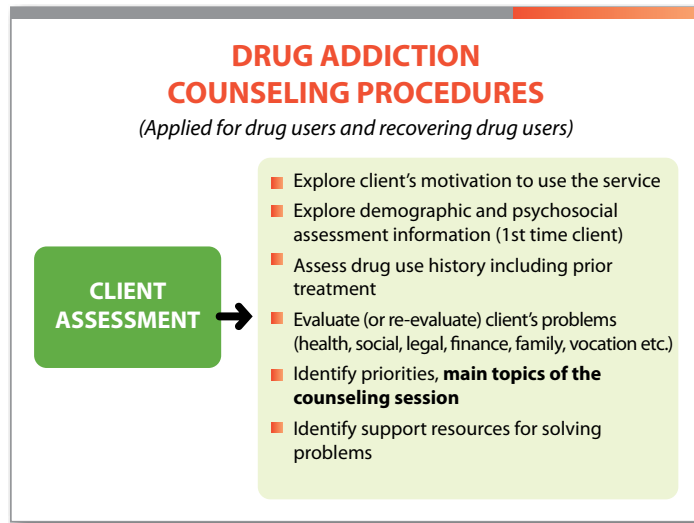


Teaching instructions: Use the information on the slide to fill in any gaps left by participant inputs during their report-out sessions.

👤 Say: Taking into consideration all of the attributes of good counseling, the first meeting with your client should include:

- *Self-introduction. Tell the client your name and your position and role within the organization.*
- *Services introduction. Tell the client about the services that are provided at your organization and which services you provide (if your organization has linkages to other organizations, it may be helpful to explain them as well).*
- *Explain confidentiality. Many clients will be concerned about information they tell you about their drug use. It is particularly important that they are aware that the service you provide is confidential. This is covered in more detail in another module.*
- *Time management for the counseling session. Make it clear that there is a defined timeframe for the session and that starting on time and ending on time are important in order to respect the time allotted for each client.*
- *Explain the reasons for collecting your client's information (for 1st time clients) or explain the objectives of the session (for returning clients). It is also important to tell them that you are going to ask them a lot of information so that you can understand more about their problems and help them work out the best solutions.*

Slide 6



Teaching instructions: Show the title of this slide only. After allowing participants to provide their responses, reveal each bullet on the slide as you discuss them.

👤 Say: *Counseling and treatment entry assessment requires a relatively comprehensive assessment of the client's condition and specific problems, needs, or issues, including health, psychological, and social. This is called a biological-psychosocial assessment, or bio-psychosocial assessment. The counselor will be responsible for completing a bio-psychosocial assessment in conjunction with gathering a client history in the first or second session.*

FYI: Assessment typically examines drug use and related problems over the past 30 days. It must be completed when the client enters treatment to establish a baseline and to identify areas of need, and then at selected follow-up sessions thereafter to measure change. Assessment should generally focus on: drug use, alcohol use, health problems, psychological problems, financial problems, legal problems, family/social problems, and employment/support problems. It requires approximately 45 minutes for the initial assessment and about 25 to 30 minutes for each follow-up assessment. Demographic and psychosocial information (age, gender, educational level, marital status, who the client lives with, existence of a support network, income) is also important because it will help you to understand clients' problems and available resources for responding to those problems.

Once the client assessment is completed, the client and counselor should identify the main topics that they would like to address and prioritize these topics, because not all issues can be covered in the first session. The prioritization of these problems may change over time, so it will be helpful to develop a working problem list that you revisit at the beginning of each counseling session to see whether or not a specific problem persists, and to what degree your client is concerned about that problem.

Slide 6 (cont.)

Clients often enter treatment ambivalent about how much they want to give up their drug use. Counseling begins with helping the client decide to participate in treatment and to set realistic goals, for example reducing risk from drug use, or learning to abstain from drug use. The counselor can help the client recognize and understand the damaging effects of addiction and develop motivation to recover. In this progressive treatment model, the client's ambivalence is discussed specifically in the first 2 weeks of treatment, although motivation and commitment to recovery may be recurring topics to be discussed throughout treatment. We will address Stage of Change Theory and motivational interviewing approaches to assist in addressing this ambivalence in later units.


You should devote your first two sessions of counseling to introducing the treatment program to your client, obtaining a drug usage and treatment history, and developing a treatment plan with your client. In addition to setting up the framework for counseling and treatment, the first two sessions are important in fostering client motivation to set goals.

It is not uncommon to face ambivalence and denial in the early phase of treatment. Because they are fundamental roadblocks to recovery, counselors should discuss them in the first two sessions and throughout the treatment process, as needed.

Slide 7

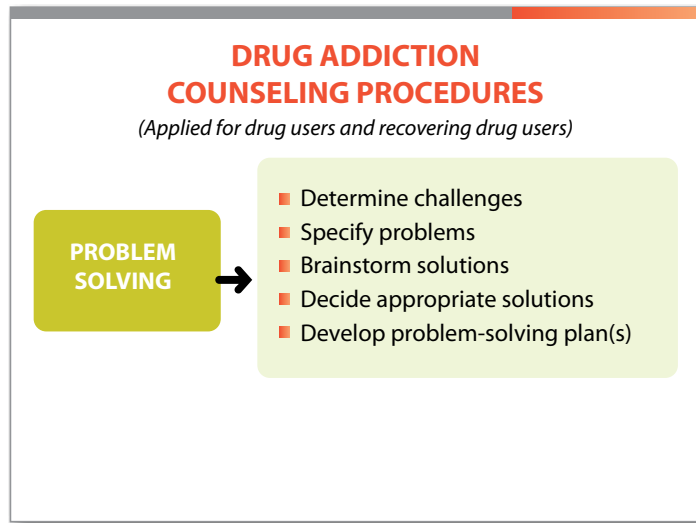
ONGOING CLIENT ASSESSMENT: DRUG ADDICTION COUNSELING PROCEDURES

- Find out how the client has been since last session
- Inquire whether there are any urgent problems that need attention and, if so, deal with them
- Inquire whether the client has used drugs since last session
- If the client has used drugs:
 - analyze the reason for relapse and develop strategies to prevent future relapses
 - discuss why abstaining from all drugs is important, particularly when one is attempting to recover from addiction

 **Say:** *Assessment does not happen only once. At the beginning of each session, counselors should inquire how things have been going since the last session and whether the client has used any drugs. Any drug use should be noted. If the client has relapsed, the client and counselor should analyze the relapse, determine what precipitated it, and develop alternatives that can be used to avoid relapsing again. This process will probably require the full session.*

If the client presents with an urgent, addiction-related problem (like family arguments or financial problems as a result of addiction) the counselor should address these problems in the session. Emphasis should be placed on how these problems are related to the addictive behavior. The counselor's goal is to help the client develop strategies for dealing with the problems without turning to drugs. For example, the loss of one's job or severe relationship problems will require acknowledgment and some attention in the counseling session. However, the main purpose of the session is to reduce risk associated with drug use, and the promotion of recovery from addiction, not the resolution of the client's other life problems.

Slide 8



Teaching instructions: Show the title of this slide only. Reveal each bullet in the slide as you address them.

Say: *If there are no urgent problems, then you can begin a discussion with your client. Follow these problem-solving steps:*

- *Determine challenges. As a counselor, it is important to give your client a chance to think these through. Do not act immediately.*
- *Specify problems. The greater the specificity, the easier it is to brainstorm solutions and come up with a mechanism for resolving the problem.*
- *Brainstorm solutions. In brainstorming, you come up with as many solutions as possible and write them all down. Do not reject any ideas or try to think of just the best idea. Think of all possibilities. Even ideas that are clearly impractical or not possible may have elements that are useful.*
- *Decide appropriate solutions. Develop a short list and think of the pros and cons of each solution. Is it realistic and practical?*
- *Develop problem-solving plan(s). Develop a plan of action - this may require role-playing.*

Slide 9

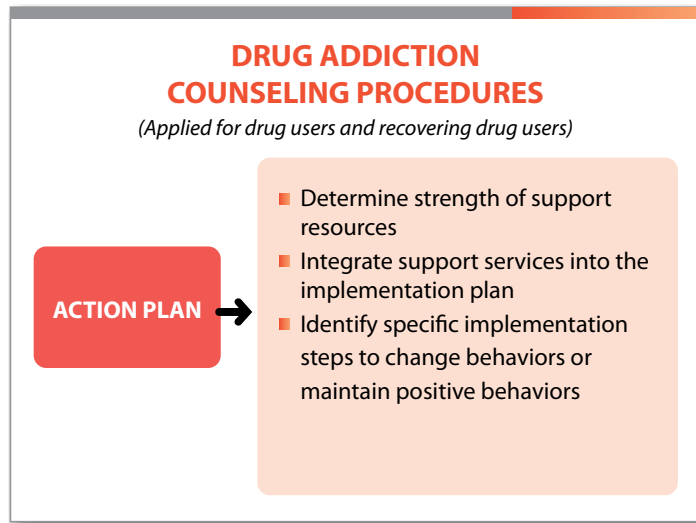


Teaching instructions: Show the title of this slide only. After allowing participants to provide their responses, reveal the bullet on the slide as you discuss it.

👤 Say: *When the counselor and the client are clear on the problems and possible solutions for these problems, they can move on to setting short-term goals.*

Short-term goals should be SMART (Specific, Measurable, Achievable (agreed upon by both the client and the clinician), Realistic and Time-bound). Your clients can be classified in terms of their preparedness to change. We will discuss stages of change later, but just note that it helps if the goal that you set with your client is matched to his/her stage of change. Short-term goals are most easily determined when an individual is in the action phase. Goals that are action-oriented require people to be in the action stage. If they are still in the contemplation phase, their goals may not be action-oriented.

Slide 10



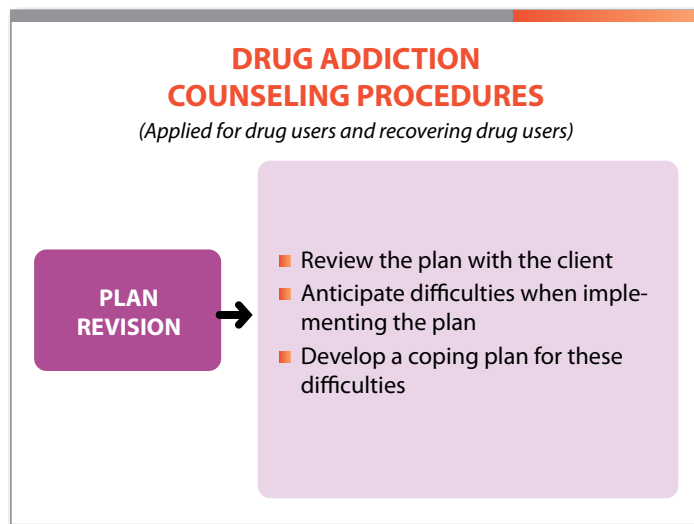
Teaching instructions: Show the title of this slide only. After allowing participants to provide their responses, reveal each bullet on the slide as you discuss them.

👤 Say: *By the second session, the counselor should finish the bio-psychosocial assessment (if needed) and develop a treatment/action plan, in collaboration with the client. The action plan should identify the problems to be addressed in treatment and the desired goals. Counselors should try to ensure that the primary problems identified are the risks associated with drug use and addiction; other problems should be addiction related. The initial treatment plan is basic. Its purpose is to clarify the mutually agreed upon goals of the client and counselor, with the client making a commitment to work toward recovery.*

The counselor should inquire about the client's experience with social support groups and ask whether the client already attends meetings, has previously attended but no longer attends, or has never attended them. If unfamiliar with social support groups, counselors should briefly introduce clients to the group-counseling approach and provide a list of where sessions are conducted in the area. All clients should be encouraged to attend meetings as often as it is possible as part of their recovery plans. If agreed to, participation in social support groups should be listed on the treatment plan.

Once you have selected one or two realistic and achievable goals, you will then need to define these clearly. Be precise in defining your goals - put in dates, times and amounts so that you can measure achievement. Divide each goal into small steps that are also precise. These steps should be ones that you can attain in a short period of time - over days or weeks. Identify clients' willingness to change on a scale from one-to-five and rate their confidence in their capacity to change on the same scale.

Slide 11



Teaching instructions: Show the title of this slide only. After allowing participants to provide their responses, reveal each bullet on the slide as you discuss them.

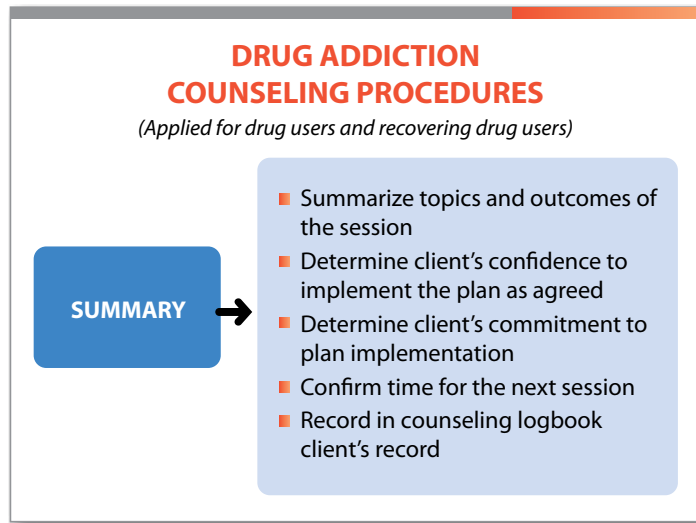
Say: *Following completion of the active treatment/counseling plan, clients may benefit from reviewing and revising their original plans as necessary. This is best done by summarizing your jointly agreed upon goals and strategies to be implemented and followed up in coming sessions. This helps to focus attention on the strengths and available resources to assist the client to begin behavior change. It can also assist clients to maintain their commitment.*

The subject matter discussed in the follow-up sessions should continue to be addiction-related. These will often involve the repetition of earlier topics with a new and higher level of understanding and integration. Clients who have recently stopped drug use may have difficulty understanding and retaining new information. It is not unusual to need to revisit and discuss issues many times.

The goals of plan revision include to:

- *provide a reminder to the client of his or her commitment to treatment*
- *offer support and feedback;*
- *help the individual develop a personal treatment program*
- *be available if relapse or a similar crisis should arise*

Slide 12



Teaching instructions: Show the title of this slide only. After allowing participants to provide their responses, reveal each bullet on the slide as you discuss them.

Say: *The final component in the counseling process is the summarization of activities and progress. This should be done at the end of each session. Summarization is an effective way to close the session. You review with your clients what you have discussed and agreed to, and the way to move forward. It is also a way to assess their confidence and commitment to do what has been agreed.*

Are confidence and commitment the same thing?

Teaching instructions: Allow participants to provide their thoughts for a few moments, then proceed.

Say: *Having confidence means believing in your own capability to perform a task. Commitment is to what degree you are willing to take action.*

Therefore, at the end of each session, the following should occur:

- *Summarize the topics and outcomes of the session*
- *Determine your client's confidence to implement the plan as agreed upon*
- *Determine your client's commitment to implementing your plan*
- *Confirm the time for the next session*
- *Be sure to record notes in your client counseling logbook (refer to the Sample Client Assessment Screening Form (Handout 5.1-2) in Chapter 5 for more information.*


Slide 12 (cont.)

Teaching instructions: Ask the participants why documenting their clients' records is necessary. Facilitate a discussion, and fill in the gaps with the information below.

FYI: There are three main reasons:

1. At the end of the day, the records will assist you to note things that worked well in your sessions, and things that you may wish to improve upon or address in subsequent sessions (or things you may have missed).
2. Before you see the client, you may want to refresh your memory so you do not waste time asking them things that you already know. In addition, if you review before your session, you will already be engaged before you begin your session.
3. Drug users often feel they achieve little or nothing. By keeping a record of things that your client has agreed to accomplish, and by noting those accomplishments, you can refer the client to his or her record to see how much they have achieved over the course of counseling and treatment. This will give your clients the courage to continue.

Summarization (or what might be called the evaluation of progress) is an opportunity to reintroduce issues and topics that might still need to be addressed. It is at this point that you and your clients should establish new goals and action plans to encourage new progress. This may also be a good place to begin the counseling cycle anew, as referenced in the cyclic diagram.

 **Say:** *This concludes discussion of the counseling procedures and some of the issues and areas that you will face. While there are few more presentation slides before we begin our role-plays, I would like to suggest we take a 10-minute break to refresh ourselves before we move on.*

Teaching instructions: Allow the participants 10 minutes to get up, stretch, go to the bathroom, and relax before you proceed. When you are finished, continue with the next slide.

Slide 13

COUNSELING TIPS

- Use your time wisely
- Repeatedly remind client of the objectives of the counseling session (as needed)
- Focus on client's most important and urgent problem(s)
- Respect client's choices and decisions
- Keep records of counseling session contents for follow-up
- Summarize the main points discussed, including progress made during the session and previous sessions
- Set a time for the next counseling session with client before he/she leaves.

👤 Say: *Before we conduct our role-plays, I would like to provide you with a few important tips that will help you manage your sessions effectively:*

- *Be sure to use your time wisely during your counseling session. Stay focused on the key issues, but be sure not to push your client to move faster than he or she wants to move.*
- *Repeatedly remind your client of the objectives of the counseling session as necessary. Sometimes some clients get distracted and go off in directions that have little to do with the goals of the session. Generally, you will need to remind your clients of the purpose of the counseling session.*
- *Focus on your client's most important and urgent problem(s). Your client may have health, social, legal, financial, family and vocational problems, but you will need to keep focused on what is the most important for him/her.*
- *Respect your client's choices and decisions. However, you should not agree to things that are unsafe or illegal.*
- *Keep records of the content of your counseling sessions for follow-up.*
- *Summarize the main points discussed, including progress made during the current and previous sessions.*
- *Set a time for the next counseling session with your client before he or she leaves.*

Slide 14

HOW TO MANAGE YOUR TIME DURING THE COUNSELING SESSION (1)

- Follow the procedures in the counseling session
- Focus on the client's most important problem(s)
- Link topics in order to segue into other appropriate topics
- Stay focused and use summary skills when necessary

👤 Say: Counselors adopt an active listening approach. As discussed previously, counselors should draw logical conclusions from the information the client gives in relation to their substance use and related problems. Those connections may not be obvious to clients themselves. When an issue has been explored to a logical conclusion, the counselor should change topics and move onto the next issue.

👤 Say: Discussions should remain oriented towards the problems associated with substance use, and summarization should be used to draw together significant points and reinterpret them in a way that makes sense to the client.

I would like to discuss a few key points about the role of the counselor.

Teaching instructions: For information about the role of the counselor, refer to Handout 2.6-1.

👤 Say: What is the counselor's role?

The counselor's primary role is to elicit and consolidate the client's motivations for change. This facilitator role includes being a collaborator in the recovery process.

Who talks more?

The client should do almost 90% of the talking, except during personal assessment feedback, when the counselor has a substantial explanatory role.

How directive is the counselor?

Slide 14 (cont.)

Sessions should be client-centered but directive. The counselor pursues a specific objective or set of objectives systematically, having assessed the client's issues and needs. When this is done successfully, the client should not feel directed, coerced, or advised. Direction is typically accomplished through open-ended questions and selective reflection of client material, rather than through more confrontational strategies and advice-giving. To use a metaphor, the client and counselor are working on a puzzle together. Rather than putting the pieces in place while the client watches, the counselor helps to construct the frame, then puts pieces on the table for the client to piece together.

In the early stages of counseling, it is important to establish a therapeutic alliance. The basic elements of client-centered therapy provide a strong foundation, with particular emphasis on the use of open-ended questions and reflective listening. These supportive and motivation-building strategies are employed until resistance abates and the client shows indication that he/she is prepared to discuss change.

Slide 15

HOW TO MANAGE THE TIME IN A COUNSELING SESSION (2)

Combine:

- Counseling skills
 - Open-ended questions
 - Affirmations
 - Probing
 - Interpreting
 - Summarizing etc.

With:

- Counseling techniques
 - Problem solving
 - Goal - setting
 - Relapse prevention etc.

👤 Say: *So now that you have a good sense of the procedures, it will be helpful to discuss how you can keep the session moving along and directed. This slide shows how combining counseling skills and techniques together can help keep your sessions focused and directive. Whether you are working on problem solving, goal - setting, relapse prevention, or managing cravings, these are the things that you will use to make your counseling sessions successful.*

So how does a counselor work with his/her clients and keep thing timely and not rushed?

You can accomplish by combining these counseling skills:

- *open or closed-ended questions,*
- *probing,*
- *affirmations*
- *interpreting,*
- *summarizing,*
- *emotional reflecting,*
- *empathizing and other counseling skills,*

.....with the variety of counseling techniques you have learned in this course.

Successful combination of these skills and techniques should result in the following:

- *Client feels that he/she is being heard*
- *Client feels that he/she is part of the conversation and not just being talked too*
- *Links between thoughts, actions and behaviors are clearer*

Slide 15 (cont.)

Use of these techniques and skills in a 45-minute session will ensure that the client feels welcome, understood, supported and, most importantly, that the session begins and ends on time. By using these techniques and skills, you are guiding the conversation and effectively managing the time of the session.

So each counseling session has a start, middle and end. In the beginning, you may end up talking a bit more than the client to provide an introduction the services at your organization and the objectives of the counseling process. But soon you will be working on problem solving, goal - setting and prioritization. At this point, your client will be doing the majority of the talking. Then you will provide a summary of the session. You will then do the majority of talking. You can think of counseling like a sandwich, where your opening and closing remarks are like two pieces of bread, and the meat in-between is the substance of the session provided by the client.

Slide 16

SUMMARY

- Drug addiction counseling is a dynamic and circular process
- Therapeutic alliance is crucial to the success of counseling
- The counselor needs to guide the client through the process
- Keep the process moving forward by summarizing, reviewing progress and setting new goals

👤 Say: *Before we practice some exercises to see what you have learned, let's review. The counseling process has distinct steps that follow a circular pathway. After the initial introduction and orientation of the services that are provided, the counselor should undertake an assessment to identify problems to which there are potential solutions. After problem solving, the counselor should then work together with his client on goal - setting and prioritize a course of action. Summarising the session will provide an opportunity for further revisions or modifications in the light of unforeseen problems. Then the process can be continued at the next session by undertaking further assessment and evaluation.*

Remember, it is important to establish and maintain a close therapeutic alliance with your client to achieve results. The counselor is there to coach the client on issues and concerns that they have in relation to their substance use and related risks. In order to ensure the process moves forward, counselors should ensure they are regularly summarizing, reviewing progress, and setting new goals with their clients.

Slide 17


ROLE – PLAY – COUNSELING SESSION

Nam likes to go to the local bar after work. He says that drinking beer never gets him into trouble; rather, he only has a problem with heroin. He enjoys socializing at the neighborhood bar and typically only has a couple of beers and then goes home to his wife. However, after pressing Nam, the counselor finds out that when Nam gets heroin, he gets it from a contact at the bar. It is usually on the weekends, when he typically drinks more heavily than he does on weeknights, and then he meets up with his contact and they go and buy heroin. Nam is primarily a binge user, and in these binges, he often spends 200,000 Dong, a habit he cannot afford.

Time for role play: 30 minutes

Feedback: 15 minutes

- The steps of the counseling session
 - Especially for “problem solving” and “goal setting”
- What worked well
- What opportunities for improvements

 **Say:** *Now that we have had an opportunity to review the procedures, skills, techniques and tips for effective counseling, let's do a role-play to practice what you have learned.*

Teaching instructions: Ask 2 volunteers to play the roles of counselor and client in a counseling session. Other participants and trainers are observers.

Time for role - play: 30 minutes

Time for feed back: 15 minutes


Give handout 2.6.2 to the participants

Slide 18


SUMMARY

During this unit, we focused on:

- The counseling procedures
- The relationship between each of the steps in the procedures
- Practicing how to provide counseling sessions according to the counseling procedures through role-play
- Applying goal-setting and problem-solving techniques in role-plays

 **Say:** *In summary, during this unit we focused on the following:*

- *The standard addiction counseling procedures*
- *The relationship between each of the steps in the procedures*
- *Practicing the provision of counseling according to the counseling procedures through role-plays*
- *Applying goal-setting and problem - solving techniques in role-plays*

 **Say:** *This concludes this unit on counseling procedures. I hope that you will spend some time practicing the skills you learned today in your clinical practice.*

Let's give ourselves a round of applause.

Teaching instructions: Thank the participants for their participation in the discussions and ask them if they have any questions. Answer the questions that pertain to this or previous units. If participants ask questions about material that will be covered in a later unit, request that participants save their questions for that unit.

Handout 2.6-1

Role of the Counselor

The role of the counselor in addiction counseling is to provide support, education, and non-judgmental assistance to enable change. Counselors must establish a good rapport with their clients. A client recovering from addiction deserves to feel understood and that he or she has an ally. Counselors should convey that they appreciate the difficulty of their clients' struggle and their need for support throughout the recovery process.

Consider the metaphor of a hiker and a guide. While the guide helps the hiker to know where to go, the hiker still climbs the mountain on her own. The counselor guides the client through the early stages of recovery, but the recovery process ultimately belongs to the client. The client alone is responsible and accountable for his or her recovery. The counselor must emphasize this point to facilitate personal responsibility.

Counselors must find a balance between being directive and allowing the client to be self-directed. Striking a balance will be easier if the counselor imposes a structure on the session that includes giving the client feedback about the client's progress in recovery, and evaluating any episodes of use or near use. The counselor identifies the relevant topic for discussion, based on what the client seems to need, and introduces that topic. At times, the counselor may directly pressure the client to change certain behaviors.

However, the client should be encouraged to be self-directed. For example, when counseling on a certain topic like "social pressure to use," your client may explore how best to manage this problem, and you will respond to the client's exploration. If the client seems unable to change some aspect of addictive behavior - for example, going to risky environments - the counselor should accept where the client is at and assist the client to explore those perceptions or situations in a way that might allow himself or herself to do it differently, (i.e. in a better way the next time).

A balance needs to be struck so there is respect for the client and acceptance of where he or she is, and consistent pressure to help the client move in a direction that will help him/her achieve his/her counseling goals.

Counselors should not be harshly judgmental of clients' addictive behaviors. After all, if the client did not suffer from addiction, he or she would not need drug addiction counseling, so blaming the client for exhibiting these symptoms is not helpful. Also, clients often feel a great deal of shame associated with their addictive behaviors. In order to help resolve those feelings of shame and guilt, the counselor should encourage the client to speak honestly about drug use and other addictive behaviors and be accepting of what is said.

Counselors should be respectful of their clients. They should always be professional, including not being late for appointments and never treating or talking to the client in a derogatory or disrespectful manner. Moreover, counselors should avoid too much self-disclosure. While occasional appropriate self-disclosure can help the client to open up or motivate the client by providing personal examples, too much self-disclosure removes the

Handout 2.6-1 (cont.)

focus from the client's own goals. A good rule for when to self-disclose, if the counselor is inclined, is for the counselor first to have a clear purpose or goal for the intervention and then to analyze why he or she is choosing to self-disclose at this particular time. If there is any doubt based on this analysis, it may make sense to save self-disclosure until there remains no doubt.

Lastly, counselors need to refrain from responding from the context of their own personal issues. For example, consider the case where a counselor is having marital problems with his spouse and is going to separate. Suppose this counselor is working with a particular client who has an addicted spouse or partner but does not want to separate from his or her partner. It is imperative that the counselor be flexible and respond creatively to the client's own perception of the problem. In this case, the counselor must not rigidly adhere to the notion that breaking ties is the only acceptable path to recovery. In general, projection of the counselor's own needs or experiences onto that of the client's situation can be damaging and/or counterproductive.

Taking into consideration all of these attributes of good counseling, the first meeting with your client should include the following:

- Self- introduction. Tell the client your name and your position and role within the organization.
- Services introduction. Tell the client the services that are provided at your organization and which services you provide. If your organization has linkages to other organizations, it may be helpful to explain them as well.
- Explain confidentiality. Many clients will be concerned about information they tell you about their drug use. It is particularly important that they are aware that the service you provide is confidential. This is covered in more detail in another unit.
- Time management for the counseling session. Make it clear that there is a defined timeframe for the session and starting on time and ending on time are important for respecting the time allotted for each client.
- Explain reasons for collecting your client's information (for 1st time clients) or explain the objectives of the session (for returning clients). It is also important to tell them that you are going to ask them a lot of questions so that you can understand what their problem is and help them work out the best solution.

Handout 2.6-2

Case Example

Scenario: Sometimes Nam likes to go to the local bar for a couple of beers after work. He says that the beer never gets him into trouble; rather, he only has a problem with heroin. He enjoys socializing at the neighborhood bar and typically only has a couple of beers and then goes home to his wife. However, after pressing Nam, the counselor finds out that when Nam gets heroin, he gets it from a contact at the bar. It is usually on the weekends, when he typically drinks more heavily than he does on the weeknights, and then he meets up with his contact and they go and buy heroin. Nam is primarily a binge user, and in these binges, he often spends 200,000 Dong, a habit he cannot afford.

FYI: This is an example of denial. The counselor wants to help Nam to see the link between his alcohol and heroin use. One approach would be to confront the patient gently. The counselor might say, "Well, it sounds like you don't go and get heroin until after you have had a few drinks at the bar. So, even though your drinking doesn't always lead you to getting heroin, in the instances when you do purchase it, you have been drinking first." Amazingly, many clients do not recognize this connection.

The counselor might try to help Nam realize the seriousness of his heroin use by having a conversation about the magnitude of the financial difficulties it is causing. The counselor's aim is to get Nam to change these damaging behaviors, or to reduce as much risk as possible. The optimal change would be if Nam can agree not to go to the bar and not to drink alcohol in addition to not using heroin.

If Nam cannot imagine himself relinquishing this social outlet, a compromise might be that he could drink soda instead of beer, never carry more than 50,000VND, and not go to the bar on weekends. If this type of compromise is established, which is not ideal, the counselor must monitor Nam's progress and press him to avoid the bar, and at minimum reduce the risks associated with his heroin use. Ideally the counselor would help Nam abstain from all drug if this compromise plan does not work.

FHI Addictions Counseling Training Manual - Glossary of Terms

TERM	DICTIONARY DEFINITION	ADDICTIONS COUNSELING DEFINITION
abstract thinking	thinking that is not based on a particular instance; theoretical	the ability to think about something from a range of different perspectives
addiction		the overpowering physical or emotional urge to continue alcohol/drug use in spite of an awareness of adverse consequences; there is an increase in tolerance for the drug and withdrawal symptoms sometimes occur if the drug is discontinued; the drug becomes the central focus of life
addiction counseling		professional and ethical application of basic tasks and responsibilities which include clinical evaluation; treatment planning; referral; service coordination; client, family, and community education; client, family, and group counseling; and documentation
affirmation	the act of stating something as a fact; asserting strongly	agreeing with what a client is saying in a supportive way
ambivalence	the state of having mixed feelings or contradictory ideas about something or someone	
arguing	exchanging or expressive diverging or opposite views, typically in a heated or angry way	
attending		listening to verbal content, observing non-verbal cues, and providing feedback that assures you are listening
autonomy	freedom from external control; independence	respecting a client's ability to think, act and make decisions for him/herself
behavior modification	the application of conditioning techniques (rewards or punishments) to reduce or eliminate problematic behavior, or to teach people new responses	

FHI Addictions Counseling Training Manual - Glossary of Terms (cont.)

TERM	DICTIONARY DEFINITION	ADDICTIONS COUNSELING DEFINITION
behavioral counseling	counseling that is based on the premise that primary learning comes from experience	an approach that views counseling and therapy in learning terms and focuses on altering specific behaviors
big deep moments		moments in a conversation that have significant impact on a person's thinking and commitment for change
burnout	physical or mental collapse caused by overwork or mental stress	depletion of motivation, interest, energy, resilience and often effectiveness of counselors caused by overwork or mental stress
case conferencing		a structured meeting between professionals to discuss relevant clinical aspects of a client
cliché	a phrase or expression that is overused and betrays a lack of original thought	
client		individuals, significant others, or community agents who present for alcohol and drug use education, prevention, intervention, treatment, and consultation service
client-centered	conducted in an interactive manner responsive to individual client needs	an approach to counseling that allows clients to retain ownership of their issues and building on their abilities to change behavior
closed question	question with more than one possible answer from which one or more answers must be selected	
cognitive counseling	counseling that is based on the belief that our thoughts are directly connected to how we feel	an approach to counseling which focuses on improving clients' ability to test the accuracy and reality of their perceptions
collusion	secret or illegal cooperation or conspiracy	clinical collusion: conspiring with another individual against a client's interest; remaining silent/not intervening when a client says or does something that (the counselor) knows is morally/legally wrong
competency		the requisite knowledge, skills, and attitudes to perform tasks and responsibilities essential to addiction counseling
confidential	intended to be kept secret	intended to be kept secret for the protection and safety of the client

FHI Addictions Counseling Training Manual - Glossary of Terms (cont.)

TERM	DICTIONARY DEFINITION	ADDICTIONS COUNSELING DEFINITION
confronting	compelling (someone) to face or consider something	expanding (or challenging) a client's awareness via reflections and questions focused on actual and potential inconsistent and illogical ways of thinking and communicating
continuum of care		the full array of alcohol and drug use services responsive to the unique needs of clients throughout the course of treatment and recovery
corrective feedback	information about reactions to a person's performance/ behavior intended to modify or improve the behavior	
counseling	provision of advice, especially formally	an interactive exchange process between counselor and clients to help clients confidentially explore their problems and enhance their capacity to solve their own problems
counselor	a person trained to give guidance on personal, social or psychological problems	counselors are similar to therapists in that they use a variety of techniques to help clients achieve stronger mental health. (one of the most commonly understood methods involves a one-on-one exploration of a client's inner beliefs and background (psychotherapy) or a similar exploration in a group setting (group therapy).)
craving	a powerful desire for something	
denial	the action of declaring something to be untrue	failure to accept an unacceptable truth or emotion or to admit it into consciousness; used as a defense mechanism
directive	involving the management or guidance of something	
disagreeing	having or expressing a different opinion	
discrimination	the unjust or prejudicial treatment of different categories of people or things, usually based on race, sex, gender...etc	
double-sided reflection		reflecting both the current, resistant statement, and a previous, contradictory statement that the client has made

FHI Addictions Counseling Training Manual - Glossary of Terms (cont.)

TERM	DICTIONARY DEFINITION	ADDICTIONS COUNSELING DEFINITION
empathy	the ability to understand and share the feelings of another	
exploration	thorough analysis of a subject or theme	
extrinsic	not part of the essential nature of someone or something; coming or operating from outside	something that comes from the outside; an outside feeling or point of view
goal	the object of a person's ambition or effort; an aim or desired result	
goal-centered	based on the short-, intermediate- and/or long-term goals of an individual or group	working toward achieving specific implicit or explicit objectives of counseling
harm	physical injury (especially that which is deliberately inflicted)	any event or stimulus that causes a negative outcome
harmful use		patterns of use of alcohol or other drugs for non-medical reasons that result in health consequences and some degree of impairment in social, psychological, and occupational functioning for the user
interpreting	understanding an action, mood or way of behaving as having a particular meaning or significance	
intervention	action taken to improve a situation	
intoxication	of alcohol or a drug, the state of losing one's control over one's faculties/ behaviors	
jargon	special words or expressions that are used by a particular profession or group and are difficult for others to understand	
judging	forming an opinion or conclusion about something	forming an opinion about something and projecting it on to other people

FHI Addictions Counseling Training Manual - Glossary of Terms (cont.)

TERM	DICTIONARY DEFINITION	ADDICTIONS COUNSELING DEFINITION
lapse	a temporary failure of concentration, memory or judgement	the reuse of drugs after a period of stopping
moaralizing	commenting on issues of right and wrong, typically with an unfounded air of superiority	
motivational interviewing	a client-centered, semi-directive method of engaging intrinsic motivation to change behavior by developing discrepancy and exploring and resolving ambivalence within the client	
nonjudgmental	avoidal moral arguments	
open-ended question	question whose answers have no determined limit or boundary	
ordering	commanding or giving instruction authoritatively	
over interpreting		placing too much emphasis on a specific client response (verbal or nonverbal)
paraphrasing	expressing the meaning of something someone has written/said using different words, especially to achieve greater clarity	
personal resilience	ability to withstand or recover from difficult situations on one's own	
prevention		the theory and means for delaying or denying uptake of drug use in specific populations. prevention objectives are to protect individuals prior to signs or symptoms of substance use problems; to identify persons in the early stages of substance abuse and intervene; and to end compulsive use of psychoactive substances through treatment
principle	a fundamental source or basis of something	

FHI Addictions Counseling Training Manual - Glossary of Terms (cont.)

TERM	DICTIONARY DEFINITION	ADDICTIONS COUNSELING DEFINITION
probing		asking for more information and/or clarification about a point that you think is important
procedure	an established or official way of doing something	
psychoactive substance		a pharmacological agent that can change mood, behavior, and cognition process
rapproach	a close and harmonious relationship in which the people or groups concerned understand each others feelings or ideas and communicate well	
reflective listening		to listen carefully to what the client has said and repeat back what was said in a directive way
reframing	framing or expressing words, concepts or plans differently	
relapse	to suffer deterioration after a period of improvement	the return to the pattern of substance abuse as well as the process during which indicators appear prior to the client's resumption of substance use
reliability	the degree to which something is consistently good in quality or performance	
resistance	the refusal to accept or comply with something	any feeling thought and communications on part of the clients that prevent them from participating effectively in counseling.
resourcefulness	having the ability to find quick and clever ways to overcome difficulties	
respect	a feeling of deep admiration for someone or something elicited by their qualities, abilities or achievements	
risk	a situation involving exposure to danger	
rolling with resistance		meeting resistance to change from a client by moving in the direction he/she is headed with a response that is intended to diffuse the resistance

FHI Addictions Counseling Training Manual - Glossary of Terms (cont.)

TERM	DICTIONARY DEFINITION	ADDICTIONS COUNSELING DEFINITION
self-efficacy		belief in a client's own ability to undertake a task(s) and/or fulfill goals
self-responsibility	(responsibility for one's self) - the state or fact of having the duty to deal with one's self	
significant others		sexual partner, family member, or others on whom an individual is dependent for meeting all or part of his or her needs
simple reflection		to repeat or rephrase what the client has said
skill	the ability to do something well; expertise	
sobriety		the quality or condition of abstinence from psychoactive substance abuse
stage of change theory	a theory that espouses that behavior change does not happen in one step, rather, people tend to progress through different stages on their way to successful change; each progresses through the stages at his/her own rate	
substance use		consumption of low and/or infrequent doses of alcohol and other drugs, sometimes called "experimental," "casual," or "social" use, such that damaging consequences may be rare or minor
summarizing	giving a brief statement of the main points of (something)	
supervision	observation and direction execution of a task, project or activity	the administrative, clinical, and evaluative process of monitoring, assessing, and enhancing counselor performance
sympathizing	agreeing with a sentiment or opinion	
sympathy	understanding between people; a common feeling because you have experienced the same or similar event.	

FHI Addictions Counseling Training Manual - Glossary of Terms (cont.)

TERM	DICTIONARY DEFINITION	ADDICTIONS COUNSELING DEFINITION
technique	a way of carrying out a particular task	
therapeutic alliance		the relationship between a mental health professional and a client it is the means by which the professional hopes to engage with, and effect change in, a client
threatening	causing someone to be vulnerable or at risk	
voluntary	done, given or acting of one's own free will	

NHÀ XUẤT BẢN VĂN HÓA THÔNG TIN

Chịu trách nhiệm xuất bản: Nguyễn Văn Khương

Biên tập và chịu trách nhiệm nội dung: Tổ chức sức khỏe gia đình quốc tế tại Việt Nam

In xong và nộp lưu chiểu quý I năm 2010

In theo giấy phép xuất bản số 270-2009/CXB/06/05-14/VHTT, cấp ngày 11/12/2009

Design & Production by Lotus Communications, Hanoi – info@lotushanoi.com.vn

