Counselling Clients in Substance Misuse

Linda Mather

COUNSELLOR RESOURCES

* Aims and Objectives

Aim: To offer an understanding of substances, why people use substances and ways in which to work with clients in the substance misuse field.

- ✓You will have a deeper understanding of substances
- ✓You will be able to identify areas in which they may be able to support clients in recovery
- ✓You will have tools and techniques to support clients in working towards abstinence

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* Linda Mather: Who am I?

- ✓Counselling for 20 years, 11 in the NHS in the substance misuse field
- ✓Trainer, clinical supervisor and author of counselling text books, self help books, novels and children's books
- ✓Currently work in general practice in a GP practice two days a week, alongside private practice
- ✓Writing in my free time

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* Types of Substances

STIMULANTS

- ✓Amphetamine
- ✓Ecstasy
- ✓Cocaine
- ✓Crack
- ✓Legal Highs

DEPRESSANTS

- ✓Cannabis
- ✓Heroin

HALLUCINOGENICS

- ✓LSD
- ✓Magic mushrooms

✓Alcohol can be a stimulant for some and a depressant for others

There are many more drugs on the market today, including zombie drugs. However treatment would be much the same.

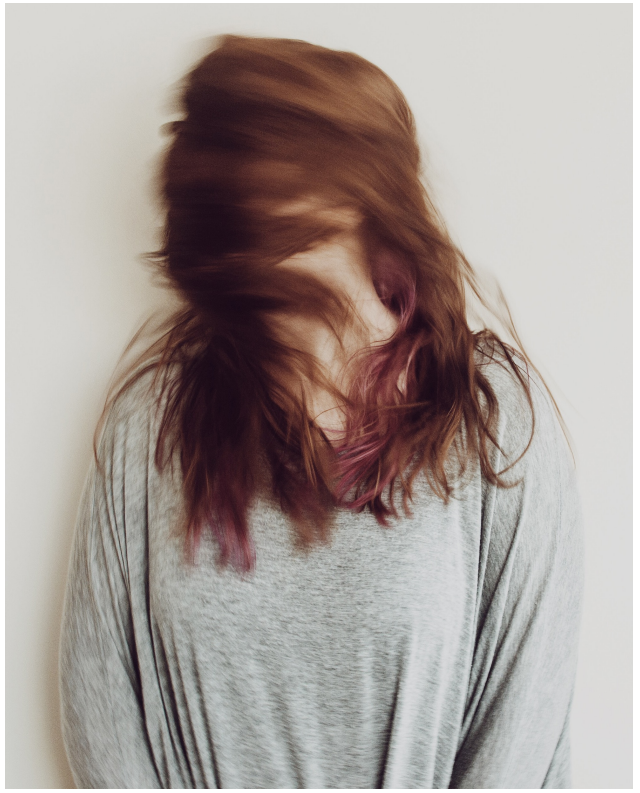
* Stimulants

Stimulants effect the neurological system. The central nervous system get sped up and stimulated. A sense of euphoria is created due to the following:

- ✓Brain has neurotransmitters (giver of pleasure) and a receptor a (receiver of pleasure).
- ✓Good experiences cause the neurotransmitter to go into the receptor and releases some endorphins (“happy bubbles”) leaving a feeling of euphoria.
- ✓Many events/activities results in feelings of euphoria i.e. a party, Christmas coming, chocolate, new job, win on the bingo, sex etc.

* Stimulants

- ✓Stimulants stop the neurotransmitter from coming out of the receptor.
- ✓As a result a full load of endorphins gets released at once (emptying the “bubble bag”). This is the “big high” and a heightened sense of euphoria.
- ✓This leads to the massive crash when a user comes down off the drug. No “happy bubbles” left.
- ✓The endorphins will rejuvenate, but takes a couple of days to sometimes as long as a month.



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* Depressants

Depressants slow down the normal function of the central nervous system. Depressants include:

- ✓Barbiturates
- ✓Benzodiazepines
- ✓Alcohol
- ✓Heroin
- ✓Cannabis and some inhalants are all depressants.

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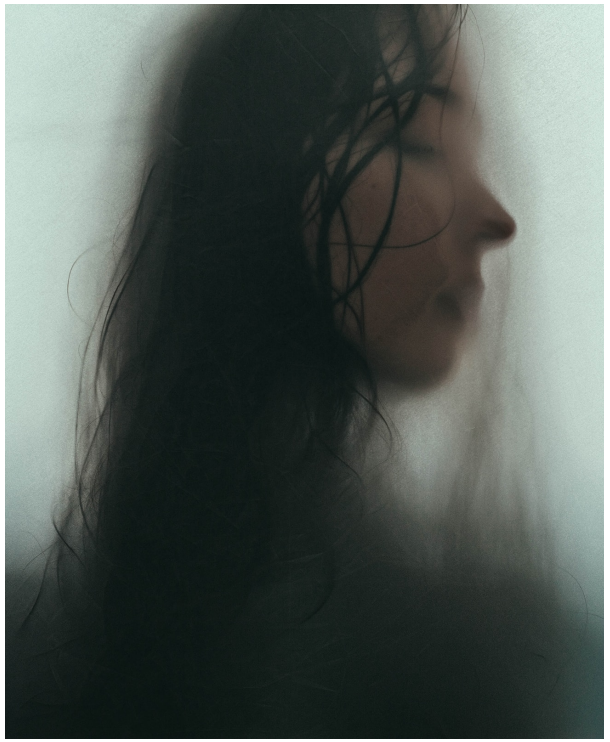
* Depressants

Depressants can result in:

- ✓ a slowed pulse
- ✓ slowed breathing
- ✓ slurred speech
- ✓ drowsiness
- ✓ lowered blood pressure
- ✓ poor concentration
- ✓ fatigue and confusion
- ✓ impaired coordination, memory and judgment

* Depressants

Clients descriptions of the effects/feelings while on the drug:



- ✓ “floating on a cloud”
- ✓ “without a care in the world”
- ✓ A ‘chilling out’ that they can’t get by any other means.
- ✓ “problems disappear” and they have a calming effect.
- ✓ “sense of being out of control” and not liking that actual sensation

* Hallucinogenics

- ✓ Hallucinogens are a variety of substances capable of inducing profound altered states of consciousness; they have a long history of use in societies throughout the world.
- ✓ Induces a hyper-suggestible state
- ✓ Psychoactive drugs produce altered perceptions or ways of thinking
- ✓ Psychedelic drugs alter the way you perceive the world around you
- ✓ Turn off your brain's selective perception function

* Why people use substances

- ✓ Emotional/psychological
- ✓ Trauma
- ✓ Mental health
- ✓ Physical health

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* Why people use substances

The National Institute on Drug Abuse states that people take drugs for a number of reasons:

- ✓ To feel good – The euphoric effect
- ✓ To feel better – To manage stress/anxiety/depression
- ✓ To do better – To improve sports/school work, etc.
- ✓ Curiosity and social pressure – To impress friends

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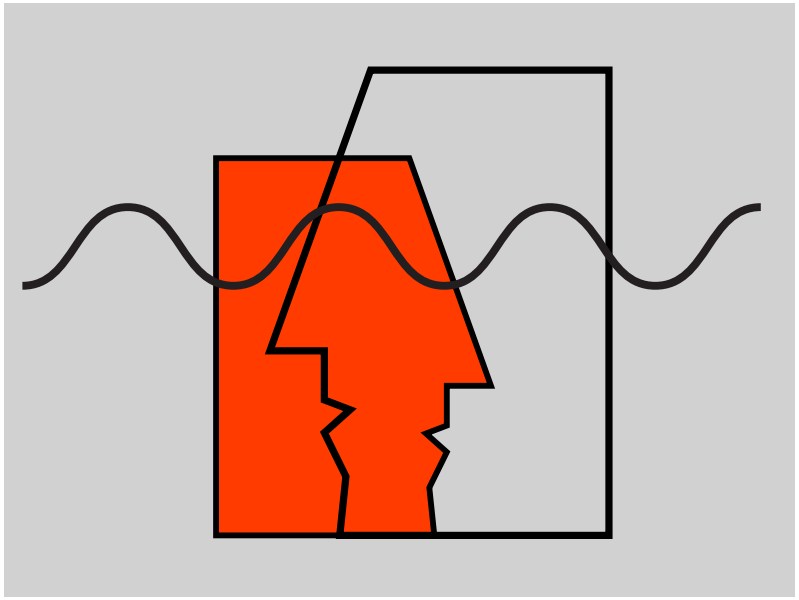
- ✓ Self medicating with drugs for physical/emotional/psychological or psychiatric problems are problematic as use will inevitably increase over time because their tolerance to the drug changes.
- ✓ Tolerance leads to usages becoming very costly, more than prescription charges and/or therapy.
- ✓ At first, drug use may be perceived to have positive effects. Users believe they can control their use.
- ✓ Over time normal pleasurable activities become less pleasurable and the person has to take the drug just to feel ‘normal’.

* Counselling people with substance misuse issues

- ✓Empathy
- ✓Core conditions
- ✓Self Esteem
- ✓Why do they use drugs
- ✓Triggers
- ✓CBT
- ✓Alternative coping strategies
- ✓Reduction plans
- ✓Ambivalence & Sabotage
- ✓History questionnaire/Timeline
- ✓Underlying issues

* Empathy

The most important thing we can offer a client is empathy and understanding.



In general, society, family and friends are not accepting of them.

Being empathic as the client shares their story may be the first time the client have experienced this level of understanding.

* Core Conditions

- ✓Ensure that we remain non judgmental
- ✓Be congruent – be honest.

“I’m not sure that it has been a healthy coping strategy for you, what are your thoughts?”

The core conditions need to be a thread through your work together.

* Self Esteem

- ✓This client group inevitably have a low self esteem. If they didn't have one before their drug use, they develop one during their substance using journey.

- ✓Offering the core conditions, thread self esteem work through working with them.

- ✓On the first session I use this tool:

* Self Esteem Tool

Take a piece of A4 paper and put a line down the middle.

On the left hand, write down five people that you admire. They can be friends, family, maybe one celebrity and perhaps someone who is no longer with you.

Example:

5 people you admire	
Anne Emma Paul Claire Deb	

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* Self Esteem Tool

Write down three things that you admire about these people on the right hand side. Don't use the same quality twice.

5 people I admire	3 things I admire about them
Anne	Caring
Emma	Straight forward
Paul	Brave
Claire	Good sense of humour
Deb	Empathic
	Assertive
	Kind
	Helpful
	Chatty
	Loyal
	Fun
	Spirited
	Honest
	Laidback
	Calm

What the client has are FIFTEEN Qualities

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* Self Esteem Tool

Tear the paper in half and put the left hand side in the bin. Write “I am” at the top and tell them that they now have their quality list in their hand because …

“It is impossible to recognize these qualities in others if you do not have them yourself. ”

I AM

Caring
Straight forward
Brave
Good sense of humour
Empathic
Assertive
Kind
Helpful
Chatty
Loyal
Fun
Spirited
Honest
Laidback
Calm

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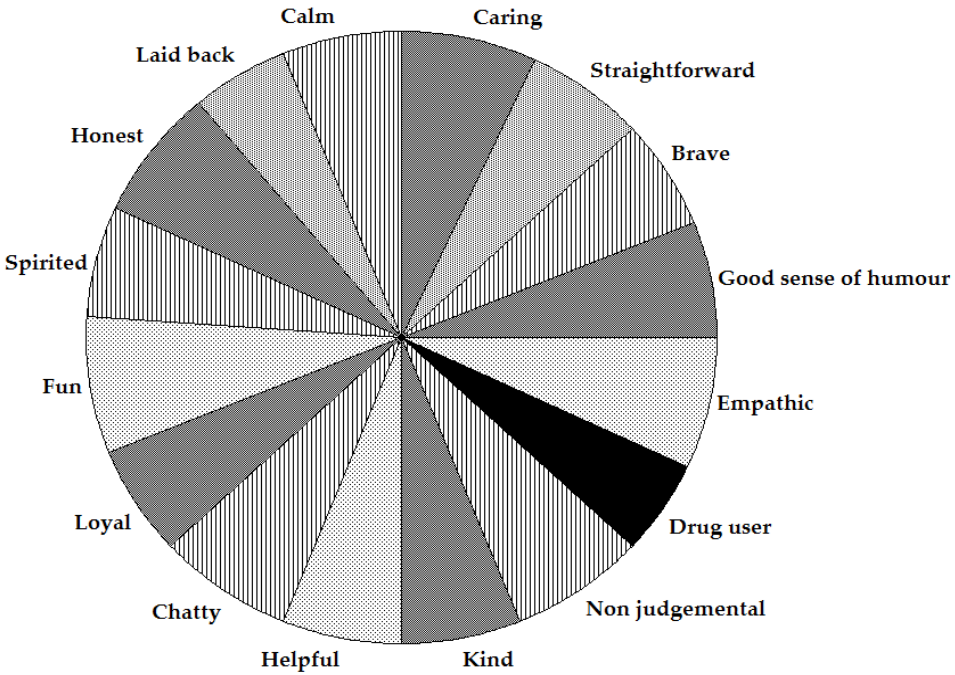
You can show the client that the whole of him/her is not just a drug user, they have many other qualities too



ASK YOUR CLIENT TO USE THEIR QUALITY LIST TO MAKE A POSTER AND PUT AROUND THE HOUSE.
EACH TIME THEY FEEL BAD ABOUT THEMSELVES, ENCOURAGE THEM TO READ IT

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IF OUR WASHING MACHINE BREAKS DOWN, WHAT DO WE DO? FIX IT?

No.

We troubleshoot first, get to the bottom of what is wrong with it.

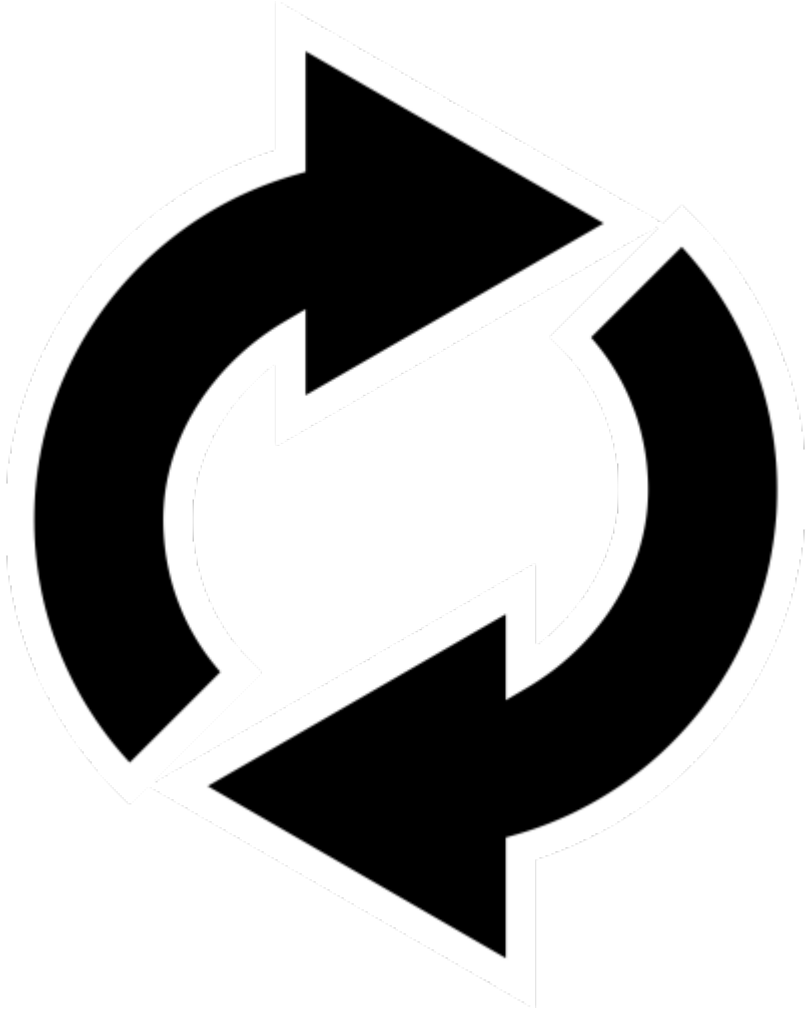
If we try to fix it without trouble shooting, then it might go wrong again.

It is the same with life and the same with drug use: We need to ‘troubleshoot’ first.

* Why do they use drugs?

I use drugs…

1. To manage my anger
2. To manage my stress
3. To feel good
4. Because I enjoy them
5. Because all my mates use them
6. To manage painful feelings or obsessive thoughts



Role reverse

(the client becomes the counsellor and the counsellor the client)

The client finds solutions to their own problems.

Drug Diary

When? Day and time	What were you thinking?	What were you feeling?	What were you doing?	Did it help?
Monday 7pm	Life is crap. I am worthless	Stressed	Sat in my room	Temporarily

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* Triggers

A good initial plan is to avoid the risky situations and triggers.

This may seem obvious but for example, some people go to the pub after only a few days of not drinking and think that will power alone will stop them from having a drink.

This is why it is important at this stage to explore your triggers to use.

* Triggers

It is important to remember that **will power alone does not work; you need a toolkit to manage the difficult situations that you might find yourself in.**

If you place yourself in a risky situation without the skills and tools to cope with the situation, then you will frequently slip or relapse.

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* Triggers

BEHAVIOURAL (All the things that you DO that may trigger you to use)	EMOTIONAL (All the things that you FEEL that may trigger you to use)	COGNITIVE (All the things that you THINK that may trigger you to use)
Social withdrawal Watching TV Walking the streets Whilst I'm on the computer	Stress Hurt Depressed Anger	I'm worthless No one loves me I will never get a girlfriend Everyone is out to get me

* Triggers

VISUAL (All the things that you SEE that may trigger you to use)	ENVIRONMENTAL (All the PLACES that you go that may trigger you to use)	SENSES (All the things that you TASTE, SMELL , HEAR that may trigger you to use)
Dealers house Paraphernalia Drug	Pub Park Fred's House	Music Cannabis Coffee Alcohol

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* Triggers

Trigger	Avoid or Manage
Walking the streets	Avoid this for a while
Stress	Meditation & bubble bath
I'm worthless	Use CBT Tool
Dealers house	Walk a different route
Park	Avoid this for a while
Music	Read a book instead

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* This information can facilitate a treatment plan with your client

S/he has told you all the things that trigger their drug use:

If you are person centred - what their conditions of worth may be.

If you are CBT - the thought process that triggers their use.

If you are psychodynamic - what their internal processes may be.

Although you may not be a directive therapist, you are then able to use your own style and model to work with this.

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Once we have explored their drug use, we can then help them with healthier coping strategies such as:

- ✓Anger management
- ✓Anxiety management
- ✓Assertiveness training
- ✓Communication skills
- ✓Depression tools
- ✓Grief work
- ✓Perfectionism work
- ✓Relationship work
- ✓Trauma/Abuse work

Using tools/experience from whatever models you are trained in:

- ✓Person centred
- ✓CBT
- ✓Solution Focused
- ✓Transactional Analysis

and so on

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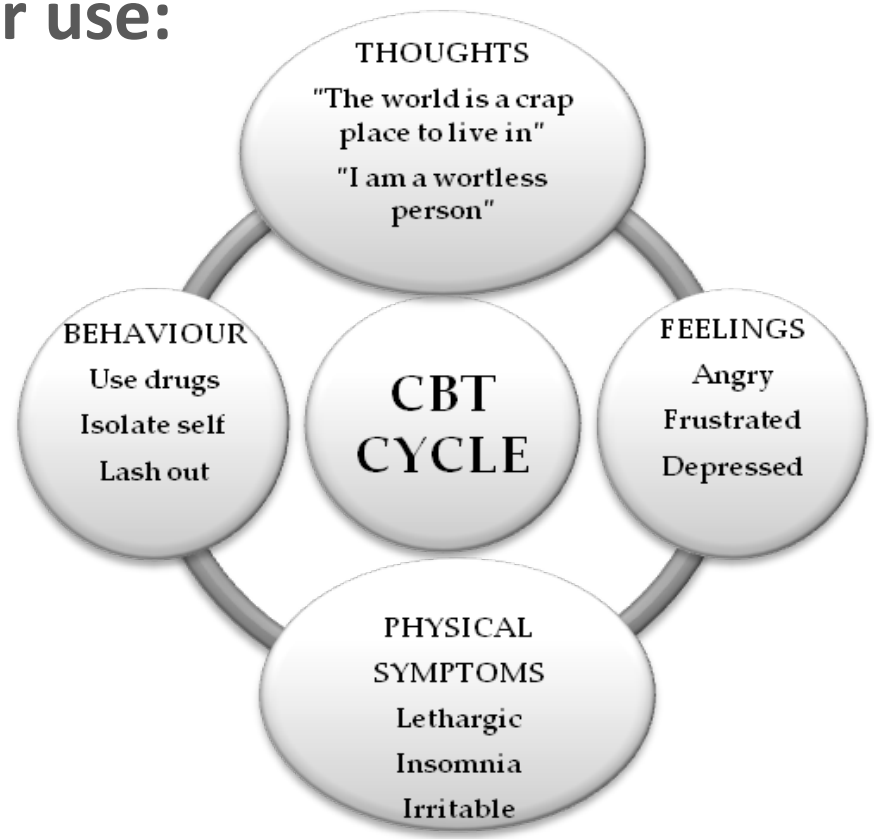
We all use coping strategies
to manage pain—
some healthy, some not so.

These clients are no different
to all your other clients
other than they use substances
as their ‘go to’ (coping strategy).

* CBT Cycle

EXAMPLE: Using CBT to help the client to challenge thoughts that trigger his/her use:



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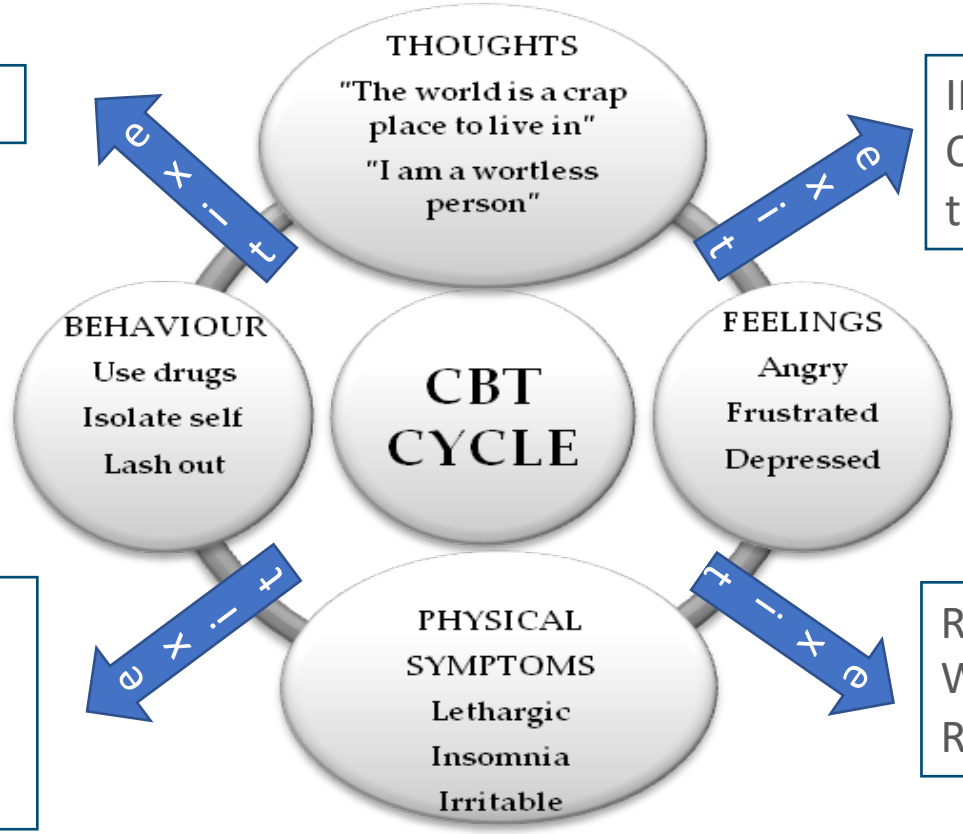
Your thoughts will trigger the negative feelings, and subsequently your behaviour, which in turn may set you up for further pain, reinforcing the negative thought process. In other words ‘wonky thinking’ leads to ‘wonky feelings’ and these produce unhealthy behaviours.

Compassion



Walk
Gym
Run
Clean

Relaxation
Watch a comedy
Read a book

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* Imagery to change thought that is triggering their use

You can use imagery for challenging your negative thoughts.

Firstly I need you to think about someone famous.
This may be an actress, politician, sports personality or comedian
that you really do *not* like, that you think talks a lot of rubbish.
(Bear in mind this will be your perception.)

If this person entered the room you would walk out, because nothing s/he said would be interesting, honest or make any sense.

JANET PORTER

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* Imagery to change thought that is triggering their use

Now I’d like you to think of someone who you admire and feel talks a lot of sense.
Someone whom you could sit and listen to for hours.

CHERYL COLE

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* Imagery to change thought that is triggering their use

- ✓ The first person (in my example Janet Porter) is your negative thoughts, your critical self, your internal bully.
- ✓ The second person (in my example Cheryl Cole) is your positive thoughts, your nurturing self, the self that will challenge bullies, and challenge the things that are not the truth.

* Imagery to change thought that is triggering their use

- ✓ Therefore when a negative thought comes into your head, before believing it, **ask what your nurturing self would say**. It will in most cases be kinder.

- ✓ I encourage my clients to download pictures of their nurturing person and post them around the house to remind them to challenge the thought and also to use when a negative thought is triggering them to use.

* Timeline

What is also interesting to do is a time line of the clients drug use and life experiences.

Nine out of ten times you will find a **link between their substance use, substance change/increase around painful experiences**.

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* Timeline Example

Experience

Parents separated Dumped by girl Rejected by mum

----------12----------17----------22----------

Started using cannabis Started smoking heroin Started injecting heroin

Drug use

This may tell me that “rejection” is a very painful emotion for the client so therefore when he feels real or imagined rejection, then this would be a big trigger to use.

* Alternative coping strategies

- ✓The client has possibly been using substances to manage thoughts and feelings for quite some time and may not have other coping strategies.
- ✓It is important therefore to help them to find healthier coping strategies for when they are triggered to use.
- ✓To take away the substance without alternative coping strategies leaves them at risk of relapse.

* Alternative coping strategies

- ✓Equally these would need to be put in place before working with underlying trauma/pain/issues.
- ✓To not do this would leave the client at risk of an increase in their substance rather than a decrease.
- ✓Once this work has been done then we can look with the client at a reduction plan.

Reduction Plan for 10 joints daily

	Mon	Tues	Weds	Thurs	Fri	Sat	Sun	Reduce by
Week 1	10	9	10	8	9	10	8	6
Week 2	10	8	9	7	9	9	7	11
Week 3	9	8	8	7	8	8	6	16
Week 4	9	7	7	7	7	7	6	20
							TOTAL	**53**

AT A £1 PER JOINT THAT IS A SAVING OF £53.00

This can be used for cannabis and alcohol reduction. Heroin use will need support from the drug team for maybe a detox or substitute medication.

ALCOHOL MUST BE REDUCED AND NOT JUST STOPPED
AS TO STOP ABRUPTLY CAN LEAD TO SEIZURES.

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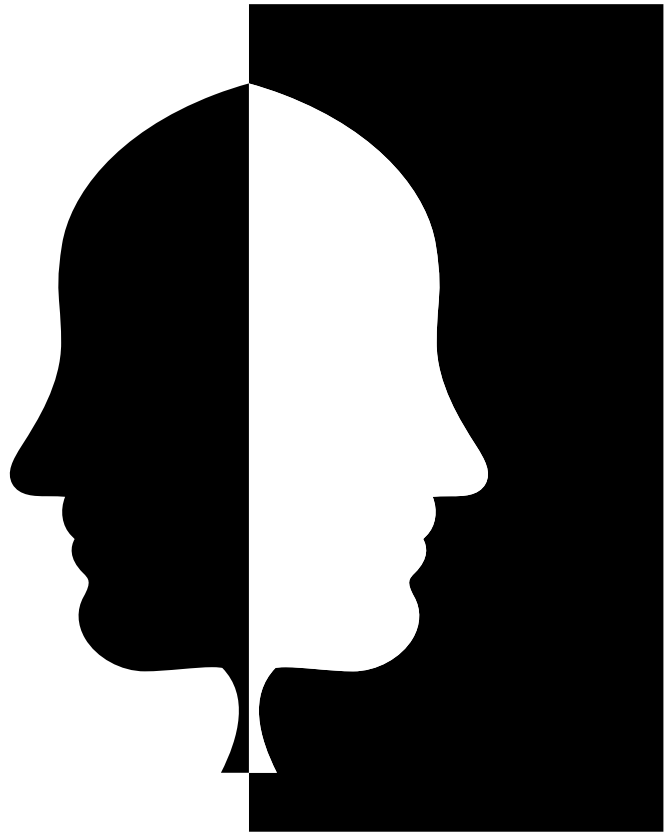
* Ambivalence

“I WANT TO AND I DON’T WANT TO”

Ambivalence is a reasonable place to visit,
but you wouldn’t want to live there.

Ambivalence is a normal aspect of human nature. Passing through ambivalence is a natural phase in the process of change. It is when you get stuck in ambivalence that problems can persist and build up.



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* Ambivalence

Ambivalence is common in substance misuse work.

To explore client ambivalence is to work at the heart of the problem of being stuck.

Until you can help the client to resolve the “I want to I don’t want to” dilemma, *change is likely to be slow going and short lived.*

* Ambivalence

If the client is in this place, then the question to ask is **NOT** "*Why aren't you motivated?*" but rather "*What are you motivated to do at this time?*"

Motivational Interviewing techniques are useful if you have an ambivalent client.

* Exploring ambivalence & sabotage

Case Study

Fred (pseudo name) had been in treatment for a detoxification from heroin on five previous occasions. Each time he had remained clean for roughly two months. He wanted to detox again, but he was referred to me by his key worker.

The referral was an opportunity for the client to explore what had gone wrong on his previous attempts. He was very ambivalent where part of him wanted to be well, but other parts didn't.

* Exploring ambivalence & sabotage

I explored this with him and what we learned is that when he was using heroin, he was surrounded by all his family on a daily basis, paying attention to him, doing things for him, helping him, making his meals because they knew he wouldn't, helping him to pay his bills, giving him lots of affection.

However when he had recovered and left hospital and was abstinent, he didn't see them as much. They left him to his own devises, and left him to sort his own life out.

* Exploring ambivalence & sabotage

It would have been more helpful if his family had done things the other way around.

However I could see what was happening: Whilst he was using drugs, they were worried about him and so became very involved in trying to help him. As soon as he abstained from drug use, they could get on with their own lives; they felt that they did not have to run after him anymore.

* Exploring ambivalence & sabotage

For Fred it meant that he became lonely during these times. He felt that no one cared. He missed the attention—any attention. Negative attention is better than no attention.

When he was alone, all those feelings and negative thoughts would resurface and so he would sabotage his treatment just to feel cared for again, and started the whole process again.

This was all on an unconscious level.

* Exploring ambivalence & sabotage

Once this came into his awareness, Fred was able to see this and communicate this to his family.

With this exploration of his ambivalence to change and sabotage of his treatment and some trouble shooting exploring alternative coping strategies, Fred made his sixth attempt at recovery a successful one.

* Underlying issues

- ✓Once the client is stable and substance free (if you are not offering time-limited counselling) and has healthy coping strategies in place, you can start to address the client's painful underlying issues in the same way as you would any other client.

- ✓**WARNING**: To work with painful material without healthy coping strategies in place, runs the risk of increased usage, particularly in cases of trauma/history of abuse.

Thank you for listening!

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References

NICE Guidelines
https://www.guidelines.co.uk/public-health/nice-drug-misuse-prevention-guideline/453183.article
https://www.nice.org.uk/guidance/cg51/chapter/1-Guidance - formal-psychosocial-interventions

Prochaska and DiClemente Cycle of change
http://socialworktech.com/2012/01/09/stages-of-change-prochaska-diclemente/

MY BOOKS
I shall be clean
https://www.amazon.co.uk/Shall-Be-Clean-Self-addiction/dp/1480020850/

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References

Introduction to counselling skills and theory
https://www.amazon.co.uk/Introduction-counselling-skills-theory-Mather/dp/1489591796/

Training Manual for certificate to diploma in therapeutic counselling
https://www.amazon.co.uk/Training-Certificate-Diploma-Therapeutic-Counselling/dp/1500896594/

Counselling and psychotherapy training – Level 4 & 5
https://www.amazon.co.uk/Counselling-Psychotherapy-Training-Linda-Mather/dp/1517155436/

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* Don’t forget to claim your CPD certificate.

This lecture and the additional resources, handouts and associated learning materials comprise of 1.5 hours CPD.

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