Drug Recovery & Reintegration

Standard Operating Procedure Manual

Dong Tam Community Center
Lang Son, Vietnam

M. Rosati | K. Weinhauser | G. Tran
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Lang Son, Vietnam
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Acronyms

AIDS       Auto-Immune Deficiency Syndrome
COHED      The Center for Health and Community Development
CRS        Catholic Relief Services
DOLISA     Department of Labor, War Invalids and Social Affairs
HIV        Human Immunodeficiency Virus
IDU        Injecting Drug User
GoV        Government of Vietnam
PAC        Provincial AIDS Committee
PLHIV      People Living with HIV
SOP        Standard Operating Procedure
STI        Sexually Transmitted Infections
UNODC      United Nations Office on Drugs and Crime
Acknowledgements

This manual is based on the experiences and hard work of those carrying out the Dong Tam Drug Recovery Center in Lang Son, Vietnam. This includes the following individuals: Mr. Dao Dinh Cuong, Director of Lang Son People’s AIDS Committee; Ms. Dao Thi Binh, Center Director; Ms. Bui Kim Tuyen, Center Counselor; and Ms. Vu Thi Lan, CRS Project Assistant.

The authors would like to give special thanks to Greg Auberry, CRS Southeast Asia Regional Representative, as well as to CRS Headquarters, for choosing to privately fund this pilot project for two years. If the risks involved in supporting drug addiction recovery were not taken, services to support drug users with recovery knowledge and methods would not have been explored and offered to people. This project was ahead of its time when it started and now moves forward with involvement from government and local and international NGOs in the country.

Many of the program implementation tools presented in the manual were developed by Catholic Relief Services Vietnam, The Center for Health and Community Development (COHED), and the staff of the Dong Tam Day Center, who helped open the Center as CRS’ implementing partner.

A special thanks to Michael J. Rosati, Technical Expert with the Thai Ministry of Public Health, Department of Mental Health. Michael provided consulting services and developed the first version of this Standard Operating Procedure Manual. In addition, Michael was with CRS at the onset of this project and supported the project by providing relapse prevention materials and training. Michael can be reached at <mjrosati@gmail.com>.

A number of people have helped with the writing and review of this manual including: Shannon Senefeld, Senior Technical Advisor for HIV, CRS Headquarters, Natalie Kruse-Levy, CRS Southeast Asia Regional HIV Technical Advisor; Prakash Nellepalli, HIV Technical Advisor, CRS Headquarters; Daphyne Williams, CRS HIV Technical Advisor; Devon Dunsmore, International Development Fellow with CRS Vietnam and Andrew Wells-Dang, CRS Vietnam Representative.
Foreword

In 2004, Catholic Relief Services Vietnam began programming to support the country in HIV prevention, care, and support. Vietnam has an overall HIV prevalence rate of 0.5%. The HIV epidemic in Vietnam is characterized as being concentrated among injecting drug users (IDU), sex workers, and men having sex with men (MSM). It is estimated that 30% of People Living with HIV (PLHIV) nationwide in Vietnam are injecting drug users (IDU), with estimates in cities closer to 50%, making this the largest high risk group to HIV.¹ The drug using population mainly consists of injecting drug users (70 to 90% depending on rural or urban setting) and one third of all IDU are estimated to be infected with HIV.² Not surprising, sex work and drug use are intertwined with an estimated 17% of sex workers also injecting illegal substances, primarily heroin.³

The Government response to drug abuse in Vietnam aims to maintain the immediate security of communities by interning drug users in correction centers (referred to in Vietnam as “06 Centers”). While some centers (there are an estimated 60 nationwide) provide HIV prevention information, the majority do not offer drug addiction services. In the vast majority of centers, individual or group counseling, information on addiction, healthcare for those with HIV, post-release guidance, drug relapse prevention planning, or job placement are also currently not available. In a United Nations Office on Drugs and Crime (UNODC) document, the Vietnamese Government’s Ministry of Labor, War Invalids and Social Affairs (MOLISA) reports a 70% to 90% relapse rate for drug use among those released from drug correction centers.

There is an obvious need in Vietnam for services to people affected by drug addiction. Vietnam’s first non-governmental response to drug-related issues was HIV harm reduction interventions made available with the support of the HIV International Non-Governmental Organization (INGO) community. Harm reduction programs, defined as those with the purpose of lowering the risk of HIV infection, have grown in number over the last several years and are now an official component of the Government’s HIV/AIDS Prevention Strategy, 2006 – 2010 with a Vision to 2020. Harm reduction programs aim to address the immediate risk

of HIV transmission that occurs through the sharing of injecting equipment or the practice of unsafe sex. Example interventions include teaching drug users to sterilize injection equipment and distributing clean needles and condoms, often through peer educators who themselves are current or former drug users.

While harm reduction programs undoubtedly play an important role in reducing HIV transmission, they fall short of assisting individuals who contract HIV through drug addiction. At a time when assistance available to drug users in Vietnam consisted mainly of harm reduction programs, CRS, with the support of the Government of Vietnam, took a lead role in the fight against HIV in Vietnam by starting a program that addresses addiction recovery and rehabilitation. This program has faced both highs and lows, but ultimately and most importantly, it has gained the attention of provincial Government bodies, in whose capable hands will rest the responsibility for continuing to support those in recovery from addiction in Vietnam.

Adding to the challenge of initiating and maintaining drug rehabilitation services where they previously did not exist, the program needed to develop professional components, such as mental health services, that are essential in supporting individuals dealing with drug addiction. Due to the government closure of social work and psychology programs in Vietnamese universities from 1975 to 2004, there are very few qualified mental health professionals in Vietnam, of which most reside in larger cities. The new programs at universities for social work are general mental health programs, with little in the area of specialization for areas such as chronic illnesses like HIV or drug addiction. There are few materials available in Vietnamese. Additionally, the area of mental health, which dominates care for those recovering from addiction, is not accepted as an area of service delivery by those suffering from addiction, their families or communities.

In addition to the absence of awareness on the importance of mental health services in communities, there has also been a lack of awareness of drug addiction as an illness. The reality has been that communities consider drug use to be a social evil, and those who have been caught using drugs are ostracized from normal activities such as employment or social circles. Reintegration into normal living is difficult for those who choose drug recovery, and often times individuals find that the only people they can fit in with are active drug users. This stigma and discrimination makes relapse prevention from drugs even more difficult and prevents many from seeking services when they are needed. Since the primary government response has been institutionalization of those using
drugs, individuals who may want to stop using fear that they too might be placed in an 06 Center if they seek services.

A model for drug recovery used elsewhere may not be appropriate for use at the Dong Tam Center or other facilities in Vietnam, and vice versa. For example, in many countries, drug detoxification services are provided in the same facility that provides drug recovery services. This is not the case in Vietnam, where the government provides drug detoxification at the household level in select areas of the country through government outreach workers who travel to drug users’ homes to provide medications and support. Family involvement is imperative. Private clinics in major cities also may provide detoxification services, but these are the exception.

The primary purpose of this document is to serve as a Standard Operating Procedure (SOP) manual for use by staff working at the drug addiction rehabilitation and reintegration center referred to as the Dong Tam Center in Lang Son. The secondary purpose of this document is to support other organizations or individuals who may want to start up a similar center to provide addiction recovery services. CRS has learned many lessons from this program and wants to help others to avoid some of the difficulties that have been encountered in this pilot.

**Standard Operating Procedure (SOP) Development Process**

In coordination with the CRS HIV and Health Program Manager, Kristin Weinhauer, the first draft of this manual was drafted by Michael Rosati, a CRS consultant. Michael has extensive international expertise in drug recovery work and has previously worked with CRS Vietnam in Lang Son City. From April 2009, Michael with the translation assistance of Tran Thi Linh Giang, the CRS HIV & Health Coordinator went to the Dong Tam Center in Lang Son for approximately a week to review the methods and tools used by the drug recovery center staff. Following this visit, Michael produced the first draft of this manual. Where appropriate, Michael also incorporated new ideas into the manual for the staff at the center to consider. At this time, the manual was handed off to the CRS Vietnam HIV and Health Program Manager who added information on the management of the Dong Tam Center and drafted this Foreword and Module 8 on post graduation support groups.

In spring 2009, the draft manual was reviewed by a CRS global technical
review team coordinated through CRS headquarters (Program Quality Support Department). This review team came with expertise in clinical psychology, health care, HIV and drug prevention programming. It was handed back to CRS Vietnam for additional changes at this time. The final first draft of the manual was translated into Vietnamese by Mr. Bui Quoc Phong and was introduced to the staff of the Dong Tam Center as a resource manual. The CRS Vietnam HIV and Health Program Manager and Program Coordinator conducted three weeklong sessions, one per month with the Dong Tam Center staff to review and revise each section of the manual. This was done both to finalize the manual as well as to provide a forum for staff at the center to conduct a thorough review of their operations. In cases where actual practice at the center differed from international best practices, the discrepancy was discussed and resolved by either changing the operations of the center or adjusting the operating procedures in the manual. Changes were reviewed in the next week session with staff and additional changes implemented or changed within the manual. In this way, the completed manual supports the needs of the Dong Tam Center by describing its current operations and also providing a reference to strengthen the services it provides.

This manual includes a module on home-based detoxification, which is specific to Vietnam as well as the local context of the city of Lang Son. Some modules or tools will prove more useful than others to those reading this manual depending on their situation. The primary intent of the Dong Tam Center is to have this manual on site for all staff, new and old, to utilize, review and update for continual learning and guidance, as well as to share what has worked for them. We hope that all readers find material here that is useful and thought-provoking in a variety of settings.
Introduction
How to Use the Standard Operations (SOP) Manual

This document’s primary purpose is to serve as a Standard Operating Procedure (SOP) manual for use by the Dong Tam Center staff. This SOP can be used to orient new staff to the overall operations of the Center, while also serving as a useful resource for staff to review specific procedures in detail. It is recommended that this manual be reviewed by all staff and updated on an annual basis at a minimum or ‘as needed’, if changes are needed prior to the annual update.

In addition to supporting those at the Dong Tam Center, this manual makes it possible to share the Center’s methodology with other individuals and organizations interested in developing community-based drug recovery support centers.

It should be noted that the first three program phases (Recruitment, Orientation, and Case Management) are sequential phases through which all new clients will pass, however once the client becomes involved in the Center’s Case Management component, they are then assigned to one of three sections of the program: Active Drug Users Program, Home-Based Detoxification, or Relapse Prevention. As their participation in the program continues, so do the Case Management services; Case Management is ongoing for any Center client. Additional program components, such as Health Care and Family Counseling, are available to clients at any stage of involvement with the Center. While the manual is constructed so the reader is able to read from beginning to end in sequential order, it is also designed to be useful for referencing or reviewing a particular procedure or tool.

The major sections of the manual are as follows:

- **Overview**: A brief description of the Dong Tam Drug Recovery Center.
- **Recruitment**: Identifying and reaching potential center clients.
- **Orientation**: Providing information regarding the Center’s program, services, benefits of participation, and expectations of clients.
- **Case Management**: Conducting detailed client assessments, assigning prime counselors, matching clients to appropriate program components and services, developing action plans, and monitoring the ongoing progress of each client.
- **Individual Counseling**: Providing each client with individual counseling to guide them through the recovery process, ensure program compliance and assist clients in
addressing personal issues. Individual counseling includes links to ancillary services (health care, social skills, job support, family counseling), and each type of service is described in individual sections of the manual.

- **Active Drug Users Program:** Engaging and supporting those individuals who are actively using drugs to reduce the harm associated with current use, as well as encourage future participation in drug detoxification and recovery group components.

- **Home-Based Drug Detoxification:** Supporting the process of obtaining and successfully completing a government-sponsored home-based detoxification program.

- **Relapse Prevention:** Providing a series of education and counseling sessions designed to support clients through the immediate post-detoxification phase during which the possibility of relapse is greatest.

- **Post-Graduation/Support Group:** Providing ongoing counseling sessions and support group sessions after graduation from the relapse prevention program at the Center to sustain a long-term recovery process.

- **Health Care:** Supporting the acquisition of indicated general health services by linking with appropriate agencies and organizations as well as facilitating and supporting referrals for HIV testing, treatment and care as necessary.

- **Social Skills and Job Support:** Providing skills development for social interactions as well as employability, offering short-term employment at the Center as a part of labor therapy, and assisting in the development and implementation of individual plans to seek and obtain employment in an appropriate community setting.

- **Family Counseling:** Supporting clients’ family members in dealing with the dynamics of how drug use affects families, as well as exploring ways in which family members are willing and able to support the long-term recovery efforts of individual clients.

This SOP Manual is organized into sections based on the main components and activities of the Center. Each section is divided into two parts. The first part presents Procedures for conducting the key activities associated with each program component. The second section explains the Tools that the Center utilizes to conduct program activities as well as manage individual cases. During the pilot period, it was found that the tools used by the Center change as they find ways to collect an adequate, but not overbearing amount of information. This information is then used to review the work of the center for improving services. Please be sure to update the sections on tools if they change prior to the annual review.
In working with the manual, CRS recommends that staff and other readers first consult the Procedure for each section for an overview of the key activities that comprise the Center’s approach, then review the Tools in the following section for information about the forms and other materials the Center has developed. CRS and Dong Tam Center staff should review this manual at least annually and update it as needed.

## Overview of the Dong Tam Drug Recovery Center

### Program Background

In 2006, Catholic Relief Services, a local partner, COHED, and the Lang Son Provincial Health Department established a drug relapse prevention program in the northern city of Lang Son, Vietnam. The program addresses the primary mode of HIV transmission in the country, injecting drug use, and provides a better life for those battling drug addictions. Based in a center called the “Dong Tam Center (which means “Sharing Hearts” or “Compassion” in English),” the pilot project started by supporting individuals returning from the Government-run drug correction facility in the province, referred to as an 06 Center. During its first two years of operation, the program changed significantly in the areas of client base and program design. In late 2007, the Center expanded its client base from only drug-free clients who have completed 06 Center programs to all individuals in the Lang Son community who were in need of drug-related treatment and support. To accommodate this broader client base, several new program components were developed. These new components are described throughout this manual.

The goal of the program is to ensure access in Lang Son to recovery and reintegration services for those dealing with drug addiction, with a focus on HIV prevention.

The program’s two strategic objectives are:

**Objective 1:** To strengthen the continuum of services needed for recovering drug users by providing drug relapse support as well as high quality HIV prevention services. *(This manual documents the standard operating procedures for the first objective of this program.)*

**Objective 2:** To reduce community stigma toward recovering drug users.

The Dong Tam Center opens its doors to the community six days a week, offering quality services that are free of charge. Clients are at liberty to come and go.
as they choose. Clients are segregated into two streams to avoid mixing those currently using drugs and those in recovery. Tuesday, Thursday and Saturdays are reserved for members in the drug recovery process who meet in the mornings to participate in group discussions and receive counseling before sharing lunch provided by the Center. Wednesdays are slotted for active drug users to gather. These days are also meant to introduce and orient possible new members to the available services at the Center. There are structured sessions on various life skill topics with an emphasis on addiction recovery and HIV prevention, care and treatment. Counseling on reducing drug dosage is given to individuals interested in undergoing home-based detoxification which, once completed, would allow them to move from the current user to the post detoxification group.

Well-trained staff and peer educators (some of whom are clients who have undergone detoxification) oversee the activities in the Center. Peer educators also conduct community outreach where they share information with active drug users about the Center as well as other information related to HIV prevention. Targeted support for families of members is provided through frequent home visits to provide counsel and guidance. This service has proven indispensible to members and their families, the former struggling with the shame of drug addiction, the latter often angry and exhausted.
Module 1

Recruitment Procedures & Tools
Module 1: Recruitment

Procedure

Purpose

The purpose of Recruitment is to identify, locate and introduce as many potential clients as possible to the Dong Tam Center. This can be done in a number of ways, including outreach to individuals who are either active drug users or in recovery from drug use, outreaching to the families of such individuals or working with government organizations and other service providers.

Key Features

Different Methods to Identify Potential Clients

1. Outreach Work to Potential Clients. On Monday and Wednesday of each week, Dong Tam Center Outreach Workers go out to talk with active drug users they have identified. Outreach efforts promote the Center’s services as well as invite potential clients and others who are interested to attend the active drug user sessions. Tool #1, Reminder Card for Community Outreach Workers provides guidance on how to prepare and conduct outreach discussions. Above all else, it is important to be a good listener, demonstrate empathy and compassion, and be ready to “sell” the benefits of participating in the Center program to each potential client. These benefits include supporting home-based detoxification, maintaining recovery, health services, and HIV prevention services.

2. Center staff should identify potential outreach sites by conducting a community mapping exercise. Center Peer Outreach staff should periodically “map” the Center’s service area by surveying the surrounding neighborhoods to identify locations where potential clients may congregate. Such locations may include local entertainment venues, a secluded park, community service providers (including medical clinics and hospitals), or an ARV treatment clinic.

3. Center staff can work with current clients, both those in recovery and those attending the active drug user educational sessions, to identify additional individuals who either are actively using drugs or are attempting to sustain recovery and are not currently coming to the center for services. The active drug user sessions for Center client referrals are used to handle referrals generated from Outreach Worker contacts.

4. The Center can identify additional clients using Government lists of known drug users (available from the local Commune/Ward People’s
Committee). From this list, the Center staff can do outreach to these individuals to confirm their drug status and to recruit them to the Center if appropriate.

5. The Center can conduct outreach and establish linkages with service providers and other community organizations (including those identified in the Center mapping exercise). This will help identify specific clients, as well as individuals (such as concerned family members) who could serve as points of referral for active drug users or those seeking to maintain recovery.

6. Ensure an ‘Open Door Policy’ when new people visit the center. This means that when the center is open for its clients, it is also open for anyone who stops at the center to receive a tour of the place and an overview of the services offered.

7. Periodically, or in special cases, conduct an Event at the Center. Examples of days that events take place include an event on World AIDS Day, National Family Day or International Drug Day. These events can take place with different groups of people including a Self Help Group Meeting, families of clients, or the larger Community. These events may be carried out by Center staff or clients or depending on funds, can be outside entertainment. These events help to raise awareness about the Center so family members, the community, and those who are unaware that the Center exists can learn about its services.

8. Community Outreach Communication – Talking and sharing with community groups or other places where people gather around care and support for those dealing with drug addiction.

9. Families of those in recovery or still actively using - In situations where families are the main point of outreach, Center staff should provide information on how the Center can support family members who have suffered from the dynamics of drug dependency. In cases where a family is too angry or hurt to consider supporting the active drug user, Center staff should acknowledge such feelings and invite the family to take advantage of the Center’s family support program. In cases where the family is still willing to provide support to an addicted family member, the family can be invited to the Center for an “Open House”. During an Open House, Center staff members invite family members to come to the center and describe the services and activities provided by the Center. Tool 7: Center Open House Agenda provides guidance on how to structure Open Houses.
for families and potential Center clients. Alternatively, if Center staff feels the family is motivated and ready to move forward at the present time, a family counseling session could be scheduled with the family members and the drug-addicted individual as soon as possible. Just because the family would like the active drug user to seek help does not mean that the user is him/her-self willing or ready to start the process. Family support, while important, cannot force the active drug user to quit drugs. The individual must choose to quit and to come to the Center for support. An individual may choose to start by joining the active drug user sessions before committing to quitting drug use.

10. **Another key point of referral for Center services is the 06 Drug Rehabilitation Center.** The 06 Center periodically releases individuals back into the community upon completion of a rehabilitation program which typically lasts 18 to 24 months. Center staff conducts outreach activities at the 06 Center site by meeting with individuals who are about to be released and offering each of these individuals an opportunity to utilize Center services to support their recovery efforts. In addition, Center staff also organizes and facilitates **pre-release counseling groups** while individuals are still at the 06 Center. The Center can work with individuals to conduct initial assessments and intakes for Center involvement, as well as develop treatment plans to account for the first steps individuals will take upon discharge to ensure a smooth transition to joining the Center’s recovery program.
Tool 1: Reminder Card for Community Outreach Workers

**PURPOSE:** To help the Outreach Workers conduct an effective outreach visit by providing guidance on: how to prepare prior to the visit, how to conduct the visit and key steps for following up the visit.

1. Before the Visit
   - Be sure you have the proper address and set up an appointment with the client
   - Organize the means of transportation
   - Prepare materials that you will use to describe the Dong Tam Center
   - Prepare yourself psychologically

2. During the Visit
   - Say hello
   - Talk in a clear, warm and friendly tone
   - Ask the client if he/she wants to talk privately or in the presence of his/her family
   - Explain to the client that they will be provided confidentiality with regards to anything said to the community outreach workers or center staff.
   - Gather basic information regarding the client and his/her current situation
   - Identify the client’s needs, issues and concerns
   - Introduce the Dong Tam Center to the client and provide an overview of the Center’s activities, benefits, participants, schedule, etc.
   - Encourage the client to visit/join the Center
   - Determine if it would be beneficial to meet again and (if appropriate) set a time for the next meeting

3. After the Visit:
   - Record the results of the visit using the appropriate forms and log books
   - Fulfill any follow-up activities agreed to with the clients during the visit
   - Report the results of the visit to the Center staff
   - Get follow-up support from the Center if necessary
Tool 2: Approach Form for First Visit

PURPOSE: To collect demographic data about the client as well as their past experiences with drug treatment programs.

Client code:* _________________________________       Date: ________________(* see Tool #4 for explanation of client code)

Outreach Worker: ______________________________________________________

I. General information about the client:

Full name: ____________________________________________________________

Age: _____       Sex: _____ (M: male | F: female)

Ethnicity: _____________________________________________________________

Marital status: ___ single       ___ married       ___ separated       ___ divorced

___ widow/widower

Does the client have children? ___ Yes       ___ No

Address: ______________________________________________________________

_____________________________________________________________________

Telephone: _________________________________

Who to contact in case of an emergency: _____________________________________

_____________________________________________________________________

Education: ____________________________________________________________

_____________________________________________________________________

Occupation: ___________________________________________________________

Home Environment Description:
(brief description of the house, surrounding environment, hygienic issues)

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________
II. Information related to drug use:

1. Have you been using drugs?  ___ Yes  ___ No

2. Drugs you use/have used:  ___ Heroin  ___ Ecstasy  ___ Both  ___ Other

3. Type of drug use:  ___ Smoke  ___ Inhale  ___ Inject

4. Do you share syringe/needles?   ___ Yes  ___ No  ___ Used to share

5. How long have you used drugs? ______________________________________

6. Have you ever overdosed?  ___ Yes  ___ No

7. Have you ever gone through professional drug detoxification?  ___ Yes  ___ No

8. How many times have you gone through drug detoxification? _____________

9. Have you ever been detoxified at home?  ___ Yes  ___ No

10. Do you want to be detoxified at home?  ___ Yes  ___ No (why not) __________

11. When were you detoxified last? Where? ________________________________

12. Why did you undertake a previous detoxification?

   ___ Pressure from family  ___ Was arrested & assigned to detoxification

   ___ Lack of money  ___ Wanted to change my life

   ___ Other reasons (please specify): ____________________________________

13. Has your family supported your drug recovery process after the detoxification?  ___ Yes  ___ No (if no, move to 15)

14. How did your family support you after each detoxification for your recovery? (brief description of the most important activities) __________________________

   ______________________________________________________

   ______________________________________________________

   ______________________________________________________

15. If you restarted taking drugs after detoxification, what were the main
reasons? Please tell us why you started drug use again.

____________________________________________________________________
____________________________________________________________________

16. For the times that you did not restart taking drugs, what did you do to avoid or stop yourself from starting up again?

____________________________________________________________________
____________________________________________________________________

III. Information on the Center participation:

1. Have you heard about Dong Tam Center? ___ Yes ___ No (If no, Outreach Workers should introduce the Dong Tam Center)

2. If yes, what do you know about the Center? What information do you have?

____________________________________________________________________
____________________________________________________________________

3. Have you ever joined any self-help groups? ___ No ___ Yes

4. If yes, what group did you join?

____________________________________________________________________
____________________________________________________________________

5. Do you want to join a self-help group of drug users? ___ Yes ___ No

6. Have you ever been given counseling on stopping drugs and recovery? ___ Yes ___ No

7. If not, do you want to be provided with counseling? ___ Yes ___ No

8. What are your needs related to drugs issues?

____________________________________________________________________
____________________________________________________________________

IV. Plan made by the Outreach Worker and Dong Tam Center to support the client:

____________________________________________________________________
____________________________________________________________________

V. Outreach Worker’s comments/conclusions:

____________________________________________________________________
____________________________________________________________________

____________________________________________________________________

Outreach Worker’s Signature
Tool 3: Approach Form for Subsequent Visits

PURPOSE: To be used to record information obtained in follow-up visits to clients’ homes. A particular focus is placed on gaining an understanding of why the individual chose not to visit the Center.

Client code:* _________________________________       Date: ________________
(* see Tool #4 for explanation of client code)

Outreach Worker: ______________________________________________________

I. Situation of the client after the previous visit:

1. Participation in the Center:
   ___ Never Attended    ___ Attended Once
   ___ Attended more than two times   ___ Attends regularly

Ask client his/her reasons for participating or not participating in the Center, as appropriate:

2. Why did you not come to the Center?
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________

3. Why did you not return to the Center after your first visit? ________________
   ______________________________________________________________________
   ______________________________________________________________________

4. Why do you come to the Center regularly? ______________________________
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________

II. What are the biggest challenges faced by the client?
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________

Outreach Worker’s Signature
Tool 4: Instructions for Using Client Codes
(For use with Tools #2 and #3)

**PURPOSE:** Provide information on how to create a client code to protect client confidentiality.

I. Clients who join the Dong Tam Center will be identified in their records at the Center by codes and not by their names in order to protect their confidentiality.

Protecting client confidentiality is very important for a number of reasons. First, it is every client’s right to seek treatment in a safe and secure environment. Additionally, given the stigma and discrimination associated with drug use, protecting confidentiality will minimize the adverse effects clients experience in this regard. These practices of confidentiality will also help build a bond of trust with each client, which is the essential foundation upon which the therapeutic relationship rests. In addition to maintaining confidentiality, the client code also helps Center staff members monitor the work of the outreach workers. Center staff members can look at the codes and see quickly how many clients the outreach workers have met in their assigned geographic area. Each code has four letters, T, K, S, and L. The meaning of each letter is as follows:

- **Letter T** signifies the name of the Outreach Worker or Center staff. There are four Outreach Workers and two Center staff taking part in the outreach work. Specifically, T1 - Ms. Huyen, T2 - Mr. Bien, T3 - Mr. Dung, T4 - Ms. Nguyen, T5 – Ms. Binh and T6 – Ms. Tuyen;
- **Letter K** signifies the name of the commune/ward where the client lives. The program will reach the clients in 8 communes/wards in Lang Son as well as the 06 Center. Therefore, the number after letter K will be between 1 and 9 (K1, K2, ..., K9) following the order agreed upon by the Project Officers.
- **Letter S** signifies the order of the client accessed by the Outreach Worker (T). The number standing after letter S will depend on the number of clients reached by the Outreach Worker.
- **Letter L** signifies the visits to each client by the Outreach Worker.

For example: T1 K2 S3 L1 means Ms. Huyen (T1) reached in area K2 her third client to date, and that client was reached for the first time (first visit).

II. Clients who come to the Center by themselves (not by Outreach Workers’ access) will have the walk-in code as follows:

Letters NN will be instead of letter T, while the letter K still shows the name of the area where the client lives. For instance, NN 2 K1 means that is the second walk-in client who lives in area 1.
# Tool 5: Family Visit Minutes

**PURPOSE:** Used to record the results of family visits which are conducted as part of the Center’s outreach and recruitment efforts.

<table>
<thead>
<tr>
<th>Date: __________________________ (day, month, year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client code:* _________________________________</td>
</tr>
<tr>
<td>Time of visit: ____________________________________</td>
</tr>
</tbody>
</table>

**Name(s) of staff conducting visit:**

1. _____________________________________________
2. _____________________________________________
3. _____________________________________________
4. _____________________________________________

**Meeting Content:** (What did the staff talk with the family about? What family issues might influence the prospective client’s participation in the Dong Tam Center? What was the final outcome of the visit and what are the recommended next action steps?)

|___________________________________________________________________________|
|___________________________________________________________________________|
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Tool 6: Recruitment Form for Clients from 06 Centers

PURPOSE: To be used by Center staff to record the key activities and results of 06 Center outreach and recruiting efforts.

Date: __________________________ (day, month, year)

Client code:* _______________________________ (* see Tool #4 for explanation of client code)

Time of visit: _____________ ___ First time ___ Second time ___ Third time

I. General information

1. General information about potential clients:

(Ask about name of family, address, parent situation or sibling situation, financial status of the client and what they think about their family)

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

2. Information on history of potential client:

(Ask about nature of drug use, number of attempted detoxifications, how long, when, reasons for relapse)

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

II. Action to be implemented at the meeting:

Introduce the Dong Tam Center (purpose, activities, contents, benefits of participating)
III. Recruitment visit results

Outcome of recruitment effort:

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

DECISION TO PARTICIPATE IN THE DONG TAM CENTER

<table>
<thead>
<tr>
<th>Agreed to participate</th>
<th>Did not agree to participate</th>
<th>Not yet decided</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Reason:</strong></td>
<td><strong>Reason:</strong></td>
<td><strong>Reason:</strong></td>
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<td>____________________</td>
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</table>

Assessment of the recruitment staff: (Does this client want to join the Center? What are next steps for staff to take?)

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
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_______________________________________________________________________
Tool 7: Center Open House Agenda

**PURPOSE:** To be used by Center staffs to conduct Center open house events as part of the process of recruiting new clients.

Open House Agenda (estimated time = 3 hours)

- **Introduction of Staff and Open House Attendees**  
  Who: Center Director | Length: 5 minutes

- **Welcome and History of the Center**  
  Who: Center Director | Length: 10 minutes

- **Overview of Center Services**  
  Who: Center Staff | Length: 30 minutes

- **Outline of a Typical Day at the Center**  
  Who: Center Staff | Length: 15 minutes

- **Tour of the Facility**  
  Who: Center Outreach Worker | Length: 20 minutes

- **Participation in a Center Activity (as appropriate)**  
  Who: Open House Participants | Length: 30 minutes

- **Meet with Center Clients to Discuss Benefits of Participation**  
  Who: Center Clients and Staff | Length: 30 minutes

- **Overview of the Process of Joining the Center**  
  Who: Center Staff | Length: 20 minutes

- **Final Questions & Closing Remarks**  
  Who: Center Director | Length: 15 minutes

- **Opportunity to Meet Privately with a Center Staff Member (optional)**  
  For the purpose of discussing current needs and issues as well as exploring the appropriateness of joining the Center
### Tool 8: Record Of Community Outreach Activities

**PURPOSE:** To record community outreach activities and collect client data.

<table>
<thead>
<tr>
<th>No.</th>
<th>Date of approach</th>
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<tbody>
<tr>
<td>1.</td>
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<td>12.</td>
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<td>13.</td>
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</table>

<table>
<thead>
<tr>
<th>Dates of coming to the Center</th>
<th>Registered in home-based detoxification</th>
<th>Coming to the Center</th>
<th>Active drug user</th>
<th>Post-detox</th>
<th>Address</th>
<th>Ethnicity</th>
<th>Male</th>
<th>Female</th>
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- **First time**: Yes
- **Regularly**: Yes
- **Sometimes**: Yes
- **No**: Yes

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<td><strong>Active drug user</strong>:</td>
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<td><strong>Post-detox</strong>:</td>
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<td><strong>Client code</strong></td>
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## Tool 9: Tracking Log of Outreach Worker Activities

**PURPOSE:** To track the activities of community outreach workers.

<table>
<thead>
<tr>
<th>No.</th>
<th>Name</th>
<th>Sex</th>
<th>Starting date of Joining the Center</th>
<th>Starting date of community outreach work</th>
<th>Number of clients reached</th>
<th>Comments/remarks</th>
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<tbody>
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Module 2

Orientation Procedures & Tools
Module 2: Orientation

Procedure

Purpose

The purpose of Orientation is to provide each potential client with an overview of the services offered at the Center, as well as to demonstrate the potential value of Center involvement.

Key Features

1. **Provide each client with a clear overview of the program structure and services.** There are a number of tools you can use that are provided in the following section of this chapter. For example, you can use Tool 1: Flow Diagram of Center Program to provide a general overview of the program’s treatment and recovery process. Tool #2: Program Daily Activities Chart provides information on the daily activities which the program features.

2. The client is then assigned to the appropriate Center options: (1) Active Drug Users Program, (2) Home-Based Drug Detoxification or (3) Recovery Group Counseling. Based on which portion of the program the Center offers, the staff provides a clear and concise rationale as to why it will benefit each client to join the Center. To do this it will be necessary to sell the benefits of participation. For example, for an active user who is unsure of his/her desire to quit drugs, the Center offers a safe environment to engage in discussions with sympathetic staff and fellow users. For an active user who definitely wants to quit drugs, the Center can play a significant role in helping to arrange a home-based detoxification that serves as an alternative to entering the Center. In addition, once the detoxification process is completed, the Center stands ready to provide recovery support, family support, links to related health services; social skill training, short-term employment and support in helping each client develop a plan to seek employment once they have maintained recovery for a sustained period of time.
Why is treatment important for sustaining recovery?

Treatment programs can play a vital role in supporting an individual’s attempts to sustain recovery from drug use. Treatment provides those in recovery with a way to structure their time productively - the client’s participation in the treatment programs lessens the amount of unsupervised time he/she has on a given day as well as helps to combat the boredom that often leads to a return to drug use. In addition, treatment programs provide individual users with opportunities to examine the patterns that have contributed to prior drug use and to develop plans of action to help them better manage their lives, as well as avoid future use. Programs also provide opportunities for much needed support from both staff and other clients in the form of individual and/or group counseling sessions. Finally, treatment programs can offer ancillary rehabilitation services which focus on psychosocial skill development, employment, improving family relationships and reintegrating as a productive member of one’s community. All of these services and activities combine to contribute to the strengthening of one’s overall sense of mental health, which not only supports the ability to remain clean and sober but also allows each individual to regain control of their life circumstances and live a happy, healthy and productive life.

3. In cases where a client is ready to start drug recovery, a staff member from the Center should schedule a time to complete a client’s intake procedure. Tell the client that this process takes just one hour, and involves collecting basic information about the client and giving the client an overview of the rules of the Center.

4. Upon conclusion of the intake process, the clients who are ready for the drug recovery group will be asked to sign an Agreement Contract in which he or she acknowledges the rules of the program, pledges to abide by them and states his or her commitment to participating in the Center’s activities. This contract (Tool #4) is found in the following section of this document. Explain that the contract will need to be signed by a sponsor. Center staff should explain the role of the sponsor to clients and ask them to choose someone who they feel they can trust and will support the recovery process. Many times a sponsor is a parent, another family member or a spouse so it will be necessary to have this document reviewed by this person, signed and returned to the Center prior to formally joining the Center. Once this document is signed by the sponsor and returned to the Center, the client is ready to enter the program. In the case that the client lives alone, family is far or no longer communicates with this individual, the center will accept the client without having a sponsor. Those individuals who are interested
in joining the center but are not ready to join the recovery group should be encouraged to join Center activities during the day designated for active users. An assessment should still be completed so that Center staff can gather as much information as possible to provide supportive services base on the individual’s needs.

5. Enter each client who completes an intake into the Center’s record book registry of new clients. The record book registry is maintained by the Center’s Director and is kept in a secure location at the Center facility.

Tools

The following section contains a number of Orientation Tools for use by Center staff. The first two tools (Tool # 1: Flow Diagram of Center Program and Tool # 2: Program Daily Activity Chart) provide basic information on the program’s process and activities. Tool # 3: Initial Drug History Assessment Form is designed for use in the initial process of client assessment. This is followed by Tool #4: Commitment Contract and Sign-Off Form.

In addition to completing Tools #3 and Tools # 4, it is also important to determine if a Recruitment Tool #2: Approach Form for First Visit has been filled in for this client. If it has, briefly review this form, update if necessary, and then include it in the client’s assessment file. If this form has not been completed, then Center staff should fill in this form (found in Module 1 on Recruitment under Tools) as part of the assessment process.

Contents of Orientation Tools

Tool 1: Flow Diagram of Center Program
Tool 2: Program Daily Activity Chart
Tool 3: Initial Drug History Assessment Form
Tool 4: Commitment Contract and Sign-Off Form
Tool 5: Guidelines for New Clients Already Detoxified
Tool 1: Flow Diagram of Center Program

**PURPOSE:** To provide an overview of the program’s client flow pattern.

Clients enter the Lang Son Day Center from either the community or 06 Centers. Once they join the program, they are assigned to either the **Current Drug Users Group** or the **Post Detoxification Group**. In the **Current Drug Users Group**, a focus is placed on risk reduction, stigma reduction, home-based detoxification support (where indicated), and providing information to support individuals who are HIV positive with ‘living positively’. The **Post Detoxification Group** focuses on drug recovery, reintegration back into their communities as drug free members and supportive positive living for those clients who are HIV positive.
Tool 2: Program Daily Activities Chart

PURPOSE: A chart that can be used by Center staff to provide an overview of the Center’s meeting schedule. This information can be used during an orientation as well as in any other situation where it would be necessary to provide a program overview.

Objectives of the Center:

- Support those in recovery with relapse prevention techniques and support for community reintegration
- Create an enabling and healthy environment for the drug users to meet and exchange experience and skills for positive living.
- Improve knowledge of the drug users in the community on HIV, AIDS and drug abuse prevention for behavior change towards drug treatment.

Schedule and activities at the Center for the clients includes:

<table>
<thead>
<tr>
<th>Clients who are active drug users</th>
<th>Clients (members) who are post-detoxification drug users</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meeting schedule: 8h00 - 11h00 every Wednesday</td>
<td>Meeting schedule: 8h00 - 11h00 every Tuesday, Thursday and Saturday</td>
</tr>
<tr>
<td>• Entertainment: <em>music, Karaoke singing, film showing, reading stories, magazines or newspapers</em></td>
<td>• Entertainment: <em>music, Karaoke singing, film showing, reading stories, magazines or newspaper</em></td>
</tr>
<tr>
<td>• Sports: <em>Badminton, table tennis, or chess</em></td>
<td>• Sport: <em>Badminton, table tennis, or chess</em></td>
</tr>
<tr>
<td>• Daytop meeting</td>
<td>• Discussions and short seminars to improve knowledge on HIV, AIDS, and drug abuse treatment</td>
</tr>
<tr>
<td>• Group discussion and topical talks (i.e. HIV, AIDS, ARV treatment, safe injection, life skills)</td>
<td>• Self-help group meetings</td>
</tr>
<tr>
<td>• Individual and group counseling</td>
<td>• Individual and group counseling</td>
</tr>
<tr>
<td>• Support for home based detoxification for the clients in need:</td>
<td>• Practice relapse prevention skills</td>
</tr>
<tr>
<td>» Instruction, support for home-based detoxification procedures Provide support and encourage the clients to detox at home</td>
<td>• Make individual plans for relapse prevention</td>
</tr>
<tr>
<td>• Provide regular health checkups and treatment for a clients who come to the Center regularly (once every 3 months)</td>
<td>• Income generation activities: making bamboo mats or beaded handicrafts.</td>
</tr>
<tr>
<td></td>
<td>• Provide regular health checkups and treatment for members</td>
</tr>
<tr>
<td></td>
<td>• Vocational training and job introduction.</td>
</tr>
</tbody>
</table>
## Tool 3: Initial Drug History Assessment Form

<table>
<thead>
<tr>
<th></th>
<th>Less than 15 years old</th>
<th>15-25 years old</th>
<th>25-40 years old</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type of drugs</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What types of drugs have you used?</td>
<td></td>
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</tr>
<tr>
<td><strong>Frequency</strong></td>
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<tr>
<td>How frequently have you used drugs (on average)?</td>
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<tr>
<td><strong>Quantity</strong></td>
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<tr>
<td>How much do you use each time?</td>
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<tr>
<td><strong>Feelings</strong></td>
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<tr>
<td>How do you feel before, during and after using drugs?</td>
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<tr>
<td><strong>The symptoms of your body</strong></td>
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<tr>
<td>The impact of drugs on your body: (being high, relaxed, increased dose, uncontrolled, unconscious)?</td>
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<tr>
<td><strong>Consequences</strong></td>
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<tr>
<td>Are there effects on the following: family, law, emotions, job and society?</td>
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</tbody>
</table>
Tool 4: Commitment Contract and Sign-Off Form

PURPOSE: This form provides clients with an opportunity to state their personal plan of action as well as make a commitment to participate in the Center’s program. This form also requires a sponsor to sign-off on the client’s behalf.

My Commitment Contract

Date: __________________________ (day, month, year)

Client code: ____________________  Place: _______________________________

My plan of action

It is important that I establish a set of goals to work towards as part of my involvement with the program. My goals can be in any number of areas. Four important areas are (1) goals with my family (2) goals for education (3) goals for employment and (4) goals for developing a supportive social network.

My goals with my family are:
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

My goals for education are:
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

My goals for employment are:
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

My goals for building a supportive social network are:
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
Specific things I can do to support each of my goals

Family Goals:

__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________

Educational Goals:

__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________

Employment Goals:

__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________

Supportive Social Network Goals:

__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________

Commitment

1. To self, to program, to group
2. To be honest
3. To being tested for drugs on a random basis
4. To the program rules
5. To seeking help right away in the case of re-injecting

__________________________________________________________
Name/Signature of the client

__________________________________________________________
Name/Signature of the sponsor

__________________________________________________________
Staff of the Dong Tam Center
Tool 5: Guidelines for New Clients Already Detoxified

**PURPOSE:** To guide program staff in the process of admitting a drug-free new member to the Center. The steps should be undertaken in the order listed whenever possible.

1. Explain and discuss the relapse prevention principles and the Center’s regulations with the new client.

2. Have the client sign a statement expressing his/her commitment to participate in the Center.

3. Collect general information about the member, his/her sponsor and family.

4. Check the information at the client’s home and provide counseling for the family.

5. Provide an overview of exercises for behavior change on the detoxification process and memory recovery (exercises on addiction-related rumors; memory recovery exercise: *My Past Is...*)

6. Conduct a comprehensive assessment.

7. Make a master plan of the client’s program activities at the Center as well as develop his/her individual relapse prevention plan.

8. Make a weekly client participation schedule.

9. Encourage client to take part in the self-help groups of post-detoxification members who are participating in the Center activities.
Module 3

Case Management
Procedures & Tools
Module 3: Case Management

Procedure

Purpose

Case Management takes place when a staff member of the Center is accountable for overseeing the recovery and rehabilitation affairs of a client in their entirety. The staff member assesses all of the needs of the individual, makes referrals within and outside of the Center for services provided by others and continuously follows the status of a particular client. The counselor conducts a complete assessment of a client’s past patterns of drug use and current situation and develops an individual action plan to guide each of their clients through the process of detoxification (where indicated), recovery, rehabilitation and reintegration. In addition, Case Management involves the ongoing provision and monitoring of services throughout the course of the client’s involvement with the center as well as the periodic review and adjustment, as needed, of the client’s action plan as they progress over time.

This section will explore the key steps in completing an assessment and creating an Individual Action Plan to define a client’s specific involvement with the Center. Subsequent sections will deal with individual and group counseling services, home-based detoxification and other ancillary services provided by the Center. All clients who are at the Center for drug recovery should receive case management. The second group that should receive individualized case management is individuals who have discussed an interest in detoxification and are currently on the waiting list for this service.

Key Features

1. The first step in conducting effective Case Management is to complete a thorough client assessment using Tool #1: Client Assessment Form provided in the Case Management Tools section. This assessment will elicit in-depth information to better understand an individual client’s specific needs, and to form the development of an individualized client action plan. Tool #2: My Personal Story is another tool that can be used to deepen an understanding of those events in a client’s past that may have contributed to his/her current situation.

During a client’s initial case management and intake process, Center staff should facilitate the access of clients to a medical exam to assess their general state of health. Please refer to the section on Healthcare, Step 1 under Key Procedures for additional guidance.
2. The second key aspect of Case Management is to develop an Individual Action Plan for each of the Center's clients. Tool #3: Individual Action Plan can assist with plan creation. In preparing this plan, each client is taught that there are many possible reasons for relapse. These reasons include: conflict with family and friends and feeling bored, lonely and despairing. The environment, people, and situations we encounter may contribute to an individual’s relapse. In order to avoid such triggers, a client’s individual action plan will focus on each trigger and possible steps that can be taken to avoid the situation and resumed drug use.

As part of the individualized action plan, the client will also establish a number of personal objectives to strive for through his/her involvement with the Center and beyond. These objectives will vary from one client to the next, but each client is asked to focus on four key areas including: (1) objectives toward family, (2) objectives toward education, (3) objectives toward employment and (4) objectives toward the establishment of a social support network. While most clients will participate in a fairly standardized set of program activities, it is important for each client to understand his/her specific objectives. Often, a client may have low self esteem and not believe he/she can obtain these objectives and the counselor must be prepared to offer encouragement and support. In addition to providing each client with a clear sense of purpose and direction, the individualized action plan is one of the main tools in supporting and measuring progress on the road of recovery.

In a subsequent section on Individual Counseling, procedures and tools will be reviewed for using a weekly action plan as the basis of periodic case reviews of each client’s progress towards their stated objectives. These reviews also allow for an opportunity to adjust each client’s plan as well as identify additional services and activities which can further support the client’s objectives. Please note that that the attached tool in this module is meant for long term action planning and not weekly.

3. Upon completion of the individual action plan, the Center staff members should review the cases and decide who will serve as the counselor for each new client. It is the responsibility of the counselor to be the client’s main point of contact with the Center as well as to schedule and conduct periodic individual counseling sessions with each assigned client. The counselor works to ensure their assigned clients have access to relevant Center services or ancillary services that may be available through Government and community...
service providers. In cases where it is difficult to decide which Counselor is best positioned to serve a particular client, the Center should do its best to make a match, taking into consideration the information obtained from the client throughout the assessment and intake process as well as counseling staff case loads and other responsibilities. In all cases, particularly those that involve difficulties in determining an appropriate client/Counselor match, it should always be possible to re-assign a client as they progress in the program (if it becomes clear that such a re-assignment would be in the best interest of the client and/or the Center). This method requires a minimum of two counselors at the center.

Tools

The following section contains a number of Case Management Tools for use by Center staff. The first tool is Tool #1: Client Assessment Form which is to be completed as the first step of the Case Management process. In addition, as part of this initial assessment Tool #2: My Personal History should also be completed. Once these forms are completed, the client – with the Counselor’s guidance and input as necessary –should then complete Tool #3, Individual Action Plan (Long Term).

Contents of Case Management Tools

Tool 1: Client Assessment Form

Tool 2: My Personal History

Tool 3: Individual Action Plan (Intake Form – Long Term)
Tool 1: Client Assessment Form

**PURPOSE:** Used to conduct a client’s initial assessment when entering the Center. It is designed to collect demographic information, drug use patterns, and effects of current drug usage.

*Maudsley Addiction Profile*

I. General Information

Client code: _________________________________

Age: ___________  Sex: ___________

Family composition: ___________________________________________________
____________________________________________________________________

Living Situation: _______________________________________________________

Current Employment Status: ____________________________________________

Highest Education Level: _______________________________________________

II. Current Drug Use

Method of Ingestion/Injection (use the following code to complete column #4)


<table>
<thead>
<tr>
<th>Drugs used</th>
<th>Days used (in past 30 days)</th>
<th>Amount used in typical day</th>
<th>Method of Ingestion/Injection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heroin</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Illicit Methadone</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amphetamine Type Stimulants</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cocaine Powder</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crack Cocaine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cannabis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
III. Health Risk Behavior

Days injecting drugs in past 30 days

Times injected on a typical day in the past 30 days

Times injected with a needle/syringe already used by someone else

Number of people had sex with and not used condom

Total number of times had sex and not used condom

IV. Health Symptoms

Physical health symptoms frequency

(0) Never       (1) Rarely       (2) Sometimes    (3) Often      (4) Always

(a) Poor appetite

(b) Tiredness/fatigue

(c) Nausea (feeling sick)

(d) Stomach pains

(e) Difficulty breathing

(f) Chest pains

(g) Joint/bone/muscle pains

(h) Numbness/tingling

(i) Tremors/shakes

Emotional or psychological health symptoms frequency

(0) Never       (1) Rarely       (2) Sometimes    (3) Often      (4) Always

(a) Feeling tense

(b) Feeling fearful
(c) Nervousness
(d) Spells of terror or panic
(e) Feeling hopeless
(f) Feeling worthlessness
(g) Feeling no interest
(h) Feeling lonely
(i) Suicidal thoughts

V. Personal and Social Functioning

Relationships

Days had contact with partner in the past 30 days
Number of those days where there was conflict with partner

Days had contact with relatives in the past 30 days
Number of those days where there was conflict with relatives

Days had contact with friends in the past 30 days

Employment

Number of days of paid work in past 30 days
Days missed from work because of sickness or unauthorized absence

Days formally unemployed in the past 30 days
## Crime

Crimes committed in the past 30 days | Days | Times per day
---|---|---
(a) Selling drugs | | |
(b) Fraud/forgery | | |
(c) Stealing from a store or other business | | |
(d) Theft from a property | | |
(e) Theft from a vehicle | | |
(f) Other crimes (list) | | |

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Tool 2: My Personal Story

**PURPOSE:** Provide the client with an opportunity to explore his/her personal experiences with drugs and to reflect on the impact of his/her drug use. If possible, the client should fill out the form independently.

This is the opportunity to explore your past. Recalling this information can be a chance for you to go into details of your personal relationship to alcohol and drugs. The more open and sincere you are, the more you can achieve by writing “my story”.

As you recount your personal story, it is appropriate to discuss the role that drugs have played in your life; however you should look beyond your drug history and also share major events that you have experienced over the years including events not directly related to your drug use.

You should not be rushed in this journey. Take it easy, close your eyes for a couple minutes and recall your past. Remember how you feel and think about the important events and friends in your life.

**Guidelines that can help you complete your story:**
- Relax your mind
- Think of your past before writing
- Recall your feelings at that time
- Ignore what is happening around you,
- Don’t worry about wording or spelling. It is not important.
- Let your thinking and feelings flow on the paper
- Read each part carefully before moving to the next

<table>
<thead>
<tr>
<th>My childhood</th>
</tr>
</thead>
<tbody>
<tr>
<td>Important people:</td>
</tr>
<tr>
<td>________________________________</td>
</tr>
<tr>
<td>________________________________</td>
</tr>
</tbody>
</table>

| Important events: |
| ________________________________ |
| ________________________________ |

| My feelings when I was a child: |
| ________________________________ |
| ________________________________ |

| A loss I experienced when I was a child: |
| ________________________________ |
| ________________________________ |
Module 3: Case Management

My teenage years

Important people: _______________________________________________________
_______________________________________________________________________
_______________________________________________________________________

Important events: _______________________________________________________
_______________________________________________________________________
_______________________________________________________________________

My feelings when I was a teenager: _______________________________________
_______________________________________________________________________
_______________________________________________________________________

A loss I experienced when I was a teenager: _______________________________
_______________________________________________________________________
_______________________________________________________________________

My adult years

Important people: _______________________________________________________
_______________________________________________________________________
_______________________________________________________________________

Important events: _______________________________________________________
_______________________________________________________________________
_______________________________________________________________________

My feelings as an adult: ________________________________________________
_______________________________________________________________________
_______________________________________________________________________

A loss that I experienced as an adult: _____________________________________
_______________________________________________________________________
_______________________________________________________________________
Tool 3: Individual Action Plan

PURPOSE: Used to work with each client to develop an individual action plan for drug recovery treatment. Once completed, this tool should be continuously reviewed and refined as necessary throughout the case management process.

The very important key for me is to avoid situations that may lead me to drug use.

I realize that there are some typical reasons that people reuse drugs after they leave the Center for home. These reasons include: conflict with family and friends; feeling bore, lonely and despairing. The environment, people and certain situations may also be the reasons resulting in drug reuse.

In case I have conflict with my family and friends, I can:

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

When I feel melancholy, lonely or in despair, I can:

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

I should avoid the following places:

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

I should avoid meeting some people, they are:

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

While some people think that I will reuse drugs, some others believe they could help me to avoid using drugs. These people are:

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

Among those who are helping me, the most important person is my sponsor. This person is:

_______________________________________________________________________

I choose this person to be my sponsor because:

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

**My (long term) action plan**

Review the commitment contract you completed during the orientation process and restate your program action plan objectives. You should also take this opportunity to refine these goals as necessary. Your action plan addresses objectives in four key areas: (1) objectives toward family; (2) objectives toward study (not necessarily formal education, i.e. better communication skills with family member, apply relapse prevention skills); (3) objectives toward employment and (4) objectives toward the establishment of a social support network. (5) Optional: Health status for those with known positive HIV status or drinking problems.

*My objectives toward family are:*

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
My objectives toward education include:

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

My objectives toward employment are:

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

The objectives toward the establishment of a social support network include:

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

**Specific key steps towards reaching my objectives**

Key steps toward family are:

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

Key steps toward education:

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
Module 3: Case Management

Key steps toward employment:

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

Key steps toward the establishment of a social support network:

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
Module 4

Individual Counseling
Procedures & Tools
Procedure

Purpose

The purpose of Individual Counseling is to provide each client with a personalized experience where the counselor and client can measure the client’s progress towards a set of individual objectives. After these objectives are set, the counselor and client consider ways to adjust behaviors to better reach those objectives to include exploring thinking patterns and feelings that may inhibit progress. The purpose of individual counseling is to assist with the development of additional skills and competencies to increase the likelihood of success in the program, and identify needed ancillary services that are available from or in connection with the Center.

In addition, individual counseling serves one more very important function in supporting recovery from drug addiction by providing clients with a valuable opportunity to explore issues of general mental health. Programs often neglect this important aspect of recovery by focusing solely on addressing drug using behavior and not taking time to discover some of the root causes for drug use. The likelihood of quitting drugs is increased when programs offer clients the opportunity to improve their mental health through the counseling process and other related services. The relationship of a client’s state of mental health to drug-taking behaviors cannot be overstated. A successful program strives to provide services to directly address this very important concern.

While all clients will have sessions that are scheduled with their counselor, there will be some cases where an individual counseling session will be initiated by the client due to a certain issue he/she needs to discuss. Depending on who initiates the contact, the role of the Counselor will vary. Tool #1: Individual Counseling Flow Chart depicts an overview of the process the Counselor should utilize in each instance.

Key Features

1. Each Center staff member should familiarize themselves with Tool #1: Individual Counseling Flow Chart to understand the different processes for counselor-initiated versus client-initiated individual sessions.

2. Prior to conducting a counseling session, the primary Counselor should be sure to review the client’s file, which will include their individual action plan, your prior case notes and any other important documents (such as assessment forms and/or key exercises the client has recently completed).
3. **It is important to record case notes for each session;** Tool #5: *Individual Counseling Case Notes* is a form to be used for any counseling session. For guidance on effective counseling characteristics, please see Tool #4.

4. **In the case of counselor-initiated sessions, the Counselor should schedule weekly meetings with each of his/her assigned clients.** Counselors should review their weekly individual specific action plan with their clients and discuss what is happening in the client’s life. If the counselor approaches the client for a session based on another reason than the review of their action plan for their weekly counseling session, then use Tool #5 to record case notes.

5. **If the client has asked to meet with the Counselor, the Counselor should play a more supportive role rather than structure the discussion.** This is in contrast to the Counselor’s role in Step 3 where the Counselor assumes a degree of responsibility for setting the tone and focusing the client on some key areas of discussion. This is not to say that the Counselor should not have input into how the session unfolds, but it will serve the client’s needs best if the Counselor allows the client to take a greater degree of responsibility for finding the best solutions to the issues that he/she has raised (see **Tool #3: Individual Counseling Session Format: Client Approaches Counselor**). As is the case with counselor-initiated sessions, it will be important to record case notes for each session including those that are client-initiated. **Tool #6: Individual Counseling Case Notes: Client Approaches Counselor** is a form that should be used in such instances.

6. **It is important for all Counselors to receive periodic review.** While it is often the case that a senior staff member provides regularly scheduled assessments for Counselors, an alternative (or supplemental) method is that of peer assessments. At the Dong Tam Center, peer assessments are a way to support the development of peer educators. During outreach work, peer educators observe each other’s approach to clients and provide feedback. Center staff should review **Tool #7: Peer Reviewed Counseling Form** and **Tool #8: Tips for Giving Effective Feedback** (both presented in the following section). These tools (designed to be used in tandem) can serve as the basis for conducting peer assessments in the community. This allows staff members to observe each other’s outreach sessions and then provide feedback on what aspects of the session were successful, as well as identify areas in which additional skill development or adjustment of practice could occur.

Ideally, if an **experienced mental health professional** can visit the Center to help support staff through case studies and supervisory visits for
counseling, then this is best. Both peer reviewed work as well as work by an experienced professional will allow counselors to continue to grow professionally in serving their clients.

**Tools**

Tool 1: Individual Counseling Flow Chart

Tool 2: Individual Counseling Session Format: Counselor Approaches Client

Tool 3: Individual Counseling Session Format: Client Approaches Counselor

Tool 4: Effective Counseling Characteristics

Tool 5: Individual Counseling Case Notes: Counselor Approaches Client

Tool 6: Individual Counseling Case Notes: Client Approaches Counselor

Tool 7: Peer Supervision Counseling Feedback Form

Tool 8: Tips for Giving Effective Feedback
Tool 1: Individual Counseling Flow Chart

**PURPOSE:** The diagram details a process for conducting individual counseling based on who the initiator is. When a client initiates the counseling, the Counselor should utilize a set of key counseling skills to create a supportive environment in which clients can find the solutions to their issues and concerns. When the Counselor initiates the counseling as part of periodic case management, the Counselor should follow the seven key steps for conducting case management (listed below).

- **Counseling skills for supporting clients:**
  - Be attentive
  - Be non-judgmental
  - Demonstrate empathy and warmth
  - Demonstrate respect and support
  - Stay focused on the client
  - Use self-disclosure when appropriate
  - Use confrontation

- **When Appropriate:**
  - Gather information
  - Explore alternatives
  - Provide accurate information

- **Key Steps for Case Management:**
  1. Review objectives
  2. Identify progress
  3. Identify obstacles
  4. Discuss skills
  5. Identify next steps
  6. Recommit to goal and next steps
  7. Schedule next meeting

- **Skills:**
  - Decision making
  - Goal settings
  - Resistance
  - Negotiation
  - Anger control
  - Communication
  - Critical thinking
Tool 2: Individual Counseling Session Format
(Counselor Approaches Client)

**PURPOSE:** To outline a series of steps that a Counselor should engage in when conducting counselor-initiated counseling. In such sessions, the primary focus should be placed on reviewing the client’s treatment plan as well as charting progress towards treatment goals.

The key steps a Counselor should use when structuring a counselor-initiated individual session:

1. **Review objectives** from the client’s treatment plan and assess whether these objectives are still relevant or need to be adjusted in any manner.

2. **Identify progress** that the client has made towards these objectives and acknowledge and reinforce those instances in which the client has had success.

3. **Identify obstacles** that the client has encountered in pursuing his/her objectives and discuss ways in which he/she could successfully overcome these obstacles.

4. **Discuss skills** (such as decision making, goal setting, anger management, and communications) that could be developed by the client to increase his/her ability to pursue treatment goals.

5. **Identify next steps** that the client will undertake to move the implementation of his/her treatment plan forward.

6. **Recommit to objectives and next steps** by having the client acknowledge what actions he/she will take, by what date, and with what expected results.

7. **Schedule the next meeting**, at which time the Counselor and client will again engage in a discussion using these seven steps to guide a review of the client’s progress in implementing the key elements of their individualized treatment plan.
Tool 3: Individual Counseling Session Format
(Client Approaches Counselor)

PURPOSE: To outline a series of steps that a Counselor should engage in when conducting client-initiated sessions. In such sessions, the primary focus should be on supporting the client to find his/her best solutions to the issues he/she has raised.

Get a Clear Understanding of the Issue(s) Concerning the Client

- Ask the client why they want to talk with you today.
- Get the client to express the issue in the form of a problem that needs to be solved or a behavior that needs to be changed (e.g., I get angry often).
- Identify a desired outcome or a new behavior (e.g., I want to stop getting angry).

Be Attentive

- Be an excellent listener and hear what is being said.
- Maintain eye contact and be relaxed.
- Use appropriate facial expressions and body gestures.

Be Understanding

- Reflect and summarize what the other person is saying, to show your understanding.

Be Supportive

- Acknowledge feelings. This indicates you are listening and understanding the person. For example: “You sound upset.”

Be Non-Judgmental

- Respond to your client with neither approval nor disapproval of his/her actions.
- Refrain from criticizing or justifying the person about whom the client is talking.
Explore Alternatives

- Refrain from being quick to offer solutions or advice.
- Work with the client to identify alternatives or courses of action.

Gather information

- Encourage others to talk about themselves.
- Use open-ended questions. (e.g., “What makes you angry right now?”).

Provide Accurate Information

- Offer what you do know. If you don’t know the answer, be honest.
Tool 4: Effective Counseling Characteristics

**PURPOSE:** This tool outlines a number of key counseling characteristics that Counselors should employ when working with clients.

People who are effective at counseling have developed eight behaviors that they use during counseling sessions. It is important to develop these traits if you are to improve your ability to help others. The Counselor often becomes a role model for clients and can model ways of problem solving or clearly expressing emotions. Therefore, you want to model behaviors that will be helpful to clients’ recovery. The following are some of these traits.

**Empathy.** Empathy is the ability to understand how another person sees and interprets an experience. It is different from sympathy (feeling sorry for someone). When you are empathetic, you can look at and understand a situation from another person’s perspective. It does not mean you have to agree with that person.

**Genuineness.** Genuineness is the ability to be yourself, and express yourself to others. It is the lack of phoniness, faking, and defensiveness. When you are genuine, the way you act on the outside matches your thoughts and feelings on the inside.

**Respect.** Respect is the ability to let another person know, through your words and actions, that you believe that he or she has the ability to make it in life, the right to make his or her own decisions, and the ability to learn from the outcome of those decisions.

**Self-Disclosure.** Self-disclosure is the ability to disclose information about yourself, the ways you think and feel, and the things you believe in.

**Warmth.** Warmth is the ability to show another person you care about him or her. Behaviors that show warmth include making eye contact (when culturally appropriate), smiling, and having a caring, sincere tone of voice.

**Focus on the Client.** This is the ability to put the focus on the client and stay in the context of the present discussion (as opposed to focusing on past events). You can express immediacy by saying things like: “Right now I am feeling ________.” “When you said that, I think ________.” “As you were speaking, I sensed that you felt ________.”
**Concreteness.** Concreteness is the ability to identify specific problems and the steps necessary to correct them. When a problem, situation, behavior, or set of actions is defined in concrete terms, you could draw a picture or make a movie about it if you were able.

**Confrontation.** Confrontation is the act of honestly telling another person your perception of what is going on without putting them down. Confronting someone can include:

- Saying what you believe the person is thinking and feeling
- Stating how you see the person acting
- Telling the person what you believe will happen because of their actions.
Tool 5: Individual Counseling Case Notes
(Counselor Approaches Client)

PURPOSE: To record case notes in counselor-initiated counseling sessions. This tool is designed to complement the process for conducting such sessions, described in Tool #2.

Client code: ________________________________________________

Counselor: __________________________________________________

I. General

Has the client engaged in drug use since last meeting with the Counselor? If yes, what was the nature of his/her usage?

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

Did the client present any new issues during the counseling session?

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

Describe the client’s mood.

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

Was the client optimistic, neutral or pessimistic regarding their recovery process?

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
Module 4: Individual Counseling

Were any ancillary services indicated (health, psychosocial, family, other support)?

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

II. Reviewing progress

In reviewing his/her treatment goals, was the client satisfied with the existing goals or were adjustments made? (note adjustments below):

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

What achievements were noted as signs of progress?

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

What obstacles were identified as barriers to progress?

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

What skill areas* were identified for further development? If specific skills were identified, what plan was put in place to develop these skills?

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

* Sample skill areas: better decision making, controlling anger, better communication, improving resistance skills, coping with stress, setting realistic goals
What concrete next steps were identified to move forward the implementation of the client’s treatment plan?

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

Did the client recommit to the recovery plan?

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

What factors are affecting the client’s commitment and motivation at this time? How would the Counselor assess the client’s commitment and motivation?

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

When is a follow up meeting scheduled? (note the date and time below)

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

Additional Notes:

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
Tool 6: Individual Counseling Case Notes
(Client Approaches Counselor)

PURPOSE: To record case notes in client-initiated counseling sessions. It is designed to complement the process for conducting such sessions as described in Tool #3.

Client code: ________________________________________________

Counselor: __________________________________________________

Has the client engaged in drug use since last meeting with the Counselor? If yes, what was the nature of his/her usage?
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

What issue(s) did the client discuss during the counseling session?
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

Briefly summarize the manner in which the client characterized the nature of this issue.
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

What new information did the Counselor provide the client regarding this issue?
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
What change(s) did the client indicate he/she would like to see with regards to this issue?
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

What action steps did the client identify to effectively address the issue he/she identified?
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

What additional resources and/or skills (if any) does the client need to address this issue?
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

What milestones (measurable goals) did the client establish to move towards a resolution of this issue?
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

What further action did the client and Counselor agree to with regards to continuing to address and monitor this situation?
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

Additional Notes:
_______________________________________________________________________
_______________________________________________________________________
Tool 7: Peer Supervision Counseling Feedback Form

**PURPOSE:** To conduct peer supervision. The tool is structured to help staff determine the overall effectiveness of the outreach sessions as well as determine the degree to which peer educators are utilizing the steps and principles of effective counseling presented in this section.

Name of staff person being observed: _______________________________________

I. General (Please attach additional paper for additional comments)

Briefly summarize the issues the client presented.

_______________________________________________________________________

_______________________________________________________________________

Briefly summarize the nature and result of the discussion.

_______________________________________________________________________

_______________________________________________________________________

Briefly summarize the manner in which the client characterized the nature of this issue.

_______________________________________________________________________

_______________________________________________________________________

What were two or three things that you think the peer educator did especially well?

_______________________________________________________________________

_______________________________________________________________________

Provide feedback on how the peer educator could improve his/her style and technique.

_______________________________________________________________________

_______________________________________________________________________
II. Counseling Skills Checklist

For each of the following items, rate the peer educator you are observing.

Was Attentive

Excellent | Very Good | Average | Below Average | Does not apply

Was Non-Judgmental

Excellent | Very Good | Average | Below Average | Does not apply

Demonstrated Empathy and Warmth

Excellent | Very Good | Average | Below Average | Does not apply

Demonstrated Respect and Support

Excellent | Very Good | Average | Below Average | Does not apply

Stayed Focused on the Client

Excellent | Very Good | Average | Below Average | Does not apply

Used Self-Disclosure When Appropriate

Excellent | Very Good | Average | Below Average | Does not apply

Used Confrontation When Appropriate

Excellent | Very Good | Average | Below Average | Does not apply

Gathered Information

Excellent | Very Good | Average | Below Average | Does not apply

Explored Alternatives

Excellent | Very Good | Average | Below Average | Does not apply

Provided Accurate Information

Excellent | Very Good | Average | Below Average | Does not apply

Please use the back of this form to share any additional observations and suggestions you feel would be helpful.
Tool 8: Tips for Giving Effective Feedback
(For use with Tool #7: Peer Supervision Counseling Feedback Form)

PURPOSE: This tool is designed to give guidance on providing effective feedback and is to be used in tandem with Tool #7.

1. Keep in mind that the feedback process should be a positive, learning experience for everyone. The emphasis should be on strengthening skills, not making judgments.

2. If appropriate, allow the person to do a self-assessment before you offer your comments. Before you give your feedback (especially in the case of peer supervision), ask the person “What did you think about...?”

3. Use clear criteria or a checklist for giving feedback. If there are specific expectations (such as in the case of conducting a counseling session), share these with the person in advance and use the written expectations as the basis for your feedback.

4. First, share positive comments. This will help the person to feel good about him or herself and might enable the person to be more open to your suggestions for new strategies to try.

5. Use constructive, positive language to offer your comments. For example, you can say, “Have you considered...?” or “It might help to try...”

6. Focus your comments on aspects of the performance or task, not on the person. Don’t say “I don’t think you have the proper skills to be an effective Counselor”. Instead, say things like “I thought when you offered advice on what to do you did not allow the client to take responsibility for their own problem.”

7. Be as specific as possible. The clearer and more specific you are with your feedback (especially with what worked well and what you would suggest could be done to improve things), the more likely the person will learn from your feedback and integrate your input.

8. Make sure that the feedback process is two-way. Allow the person opportunities to ask clarifying questions as well as offer his or her opinion.

9. Remember that there are many ways to perform a task effectively. Don’t necessarily expect the other person to completely adopt your way of doing things; each person needs to find an approach that works for him or her.

10. Following the feedback session, give the person opportunities to demonstrate how he or she has improved in the performance of the task. Ideally, feedback should be an ongoing part of the learning process, not an isolated event.
Module 5

Active Drug Users Program
Procedures & Tools
Procedure

Purpose

Activities implemented with the *Active Drug Users Program* are designed to create a supportive environment in which active drug users can obtain information that may help protect them and cope with their current life situations. These activities also allow active drug users to consider the benefits of choosing to live drug-free, and access non-judgmental psychosocial support. Active drug users, who express interest in the community-based drug detoxification service and/or in the recovery component of the Center, are encouraged and supported to join. In addition, for those on a waiting list for the drug detoxification service, but still using drugs, the program provides a supportive and safe environment to manage and minimize the risks of drug use during this waiting period.

Key Features

1. **After the Center staff members completes the initial assessment with the client, he or she will then determine the support that is relevant to that client.** Clients appropriate for the Active Drug Users Program are active drug users who may—or may not—have expressed interest in joining a community drug detoxification (defined in the next module of this manual) and/or are interested in attempting detoxification by other means.

2. **Individuals who join this phase of the program are asked to adhere to the rules and regulations as stated in Tool #1: Regulations for Active Drug Users Program.** It should be made clear to clients that all staff have the responsibility and authority to enforce these regulations and failure to comply may result in immediate dismissal. The attendees have the responsibility to carry out these rules and regulations. If the rules and regulations aren’t followed, then those attending may be asked to leave for a session or two. If someone is a repeat offender or has done something severe, they may be asked not to come back to the center. This should only occur in extreme cases, however.

3. **The primary activity of the Active Drug Users Program is the provision of a series of informational group sessions.** The goal is to create a safe environment where they receive complete and accurate information on the drug recovery process to include home based detoxification and reintegration support options offered by the center. Sessions will communicate information that current users can use to reduce their exposure
to risky behaviors which compromise both their health and mental wellbeing of themselves and those around them. An overview of the Active Drug Users Program daily schedule is presented in Tool #2: Agenda of Sessions for Active Drugs Users Program. Tool #3: List of Topics and Key Content Areas for Group Discussion provides specific information on key topics and content areas which are discussed in the group sessions.

In running the informational group sessions, it is important to be aware of the dynamics of group process as well as to employ a number of proven educational methods. Tool #4: Methods for Conducting Educational Groups provides additional information on how to run effective educational groups.

4. **In those cases where active drug users engage in individual sessions, the Case Notes Tools provided in the section on Individual Counseling should be used to record these sessions.** Acknowledging that not all active drug users avail themselves of individual counseling, an additional tracking form (Tool #5: Active Drug Users Client Track Form) has been developed to chart the status of each member of this program. Counselors should make an attempt to periodically meet with individual active drug users to engage in a brief discussion regarding the key areas addressed on this form. The Center has developed a scale to measure the level of participation demonstrated by such clients and the tracking form provides a space to record this information each time a Counselor conducts a status check with a client. Tool #6: Client Participation Levels explains this scale and is used to help assess each client’s current level.

**Tools**

The following section contains a number of Active Drug Users Program Tools for use by Center staff. Tool #1: Regulation for Active Drug Users Program outlines the rules and regulations for individuals who are members of this program stream. Tool #2: Agenda of Sessions for Active Drugs Users Program provides an overview of the program agenda, while Tool #3: List of Topics and Key Content Areas for Group Discussion gives additional information on key topics and content areas. Tool #4: Methods for Conducting Educational Groups provides additional information on how to run effective educational groups. Tool #5: Active Drug Users Client Tracking Form is used to chart the progress of individual group members while Tool #6: Client Participation Levels explains the three levels of client participation as established by the Center.

Also, please see the section on Health Care Tools for additional materials that can be used to address key content areas such as harm reduction, sexually
transmitted diseases, safe sex, ARV treatment and adherence, and living a positive life with HIV. Note that these additional tools are especially useful when used in conjunction with Tool #3: List of Topic and Key Content Areas for Group Discussion as they provide valuable content information which supports a number of the key content areas addressed by this tool.

**Contents of Active Drug User Program Tools**

Tool 1: Regulation for Active Drug Users Program

Tool 2: Agenda of Sessions for Active Drugs Users Program

Tool 3: List of Topics and Key Content Areas for Group Discussion

Tool 4: Methods for Conducting Educational Groups

Tool 5: Active Drug Users Client Tracking Form

Tool 6: Client Participation Levels
Tool 1: Regulations for the Active Drugs Users Program

PURPOSE: This tool provides an overview of the Center’s regulations for the Active Drug Users Program. These rules should be reviewed with all new members and should remain posted at all times in a prominent place within the Center.

(Clients must follow these regulations when participating in Center events and activities)

1. All session attendees should be at the Center for participation on time. For example, the sessions are scheduled early in the morning to avoid the heat, often at 08:30am. The door is closed after 8:45am and those who come past this time are not allowed to attend this session nor do they receive transportation allowance.

2. The Security Guard and Outreach Workers stand at the gate and the door to check clients for inappropriate objects such as sharp objects (knife, scissors, syringes, etc.). If such objects are found, the client will be asked to hand them over and will not receive the transportation allowance.

3. All session attendees should follow the instructions/guidance of Center staff and Outreach Workers.

4. All session attendees should respect each other while discussing and not interrupt others.

5. Session attendees should actively participate in the activities, share their ideas, and make contributions for the topical talks. Participants should try to enjoy themselves! This is supposed to be a time to learn together. Everyone is learning, even the staff.

6. Those who are high from drugs or nodding off (sleeping in and out) during the talks will be asked to leave the Center and will not be given the transportation allowance fee.

7. At the end of every session, Center staff will review and evaluate the
participation of the clients. Active participation will be commended. Violators of Center regulations will face consequences such as being banned from the Center for 1-2 weeks, or no transportation reimbursement.

8. Clients who receive transportation reimbursement for their participation must sign the payment sheet

9. After the sessions, those who have attended the session may continue to discuss within the center parameters as it relates to the days’ session. Those who are leaving the session should move away and not gather together at the gate or in the immediate vicinity of the Center building.

10. The goal of the sessions is to support people who wish to learn more about options to stop or lower their drug use. If staff suspect that individuals are using this venue as a way to meet up to do drugs or sell drugs, they will not be allowed to attend sessions.

Thank you! We hope you find your time with us fun and informative.
Tool 2: Agenda: Sessions for Active Drug Users Program

**PURPOSE:** This tool provides an overview of the agenda sessions for the Active Drug Users Program. In addition to times and content for all major sessions, it also identifies who is responsible for implementing each activity.

<table>
<thead>
<tr>
<th>Session / Time</th>
<th>Content</th>
<th>Implemented by</th>
</tr>
</thead>
</table>
| Session 1 (1 1/2 hours) | - Welcome  
- Introduction, get acquainted through games (match names with the first letter)  
- Sing a song  
- Introduction on Dong Tam Center activities and visit material facilities  
- Information on specific times and activities for the group |  
- Center Staff/ Counselors  
- Outreach Workers |
| Session 2 (2 hours) | - Guess each other’s names  
- Play sports including badminton, chess, cards  
- Read newspapers, books, stories  
- Education on risky drug using behaviors |  
- Outreach Workers  
- Center Staff/ counselors |
| Session 3 (2 1/2 hours) | - Play sports including badminton, chess, cards  
- Learn to sing Dong Tam Center’s song  
- Watch a film  
- Individual Counseling on how to change behaviors related to drugs; using and solving negative feelings |  
- Outreach Workers  
- Center Staff/ Counselors |
| Session 4 (2 1/2 hours) | - Badminton, chess games | Any of the Center staff |
| Session 5 (3 hours) | - Games for warm up  
- Daytop meeting (described in the Post-Detoxification section of this manual)  
- Provide group counseling on behavior change related to drug use |  
- Outreach Workers  
- Center Staff/ Counselors |
| Session 6 (3 hours) | - Warm up  
- Share information, knowledge about drugs: kinds of drugs, reasons/causes of drug abuse  
- Individual Counseling for changing drug-related behaviors |  
- Outreach Workers  
- Center Staff/ Counselors  
- CRS Staff |
| Session 7 (3 hours) | - Read newspapers, books, stories  
- Share information found in newspapers  
- Karaoke  
- Individual Counseling for changing drug-related behaviors |  
- Outreach Workers and clients  
- Center Staff/ Counselors |
### Module 5: Active Drug Users Program

<table>
<thead>
<tr>
<th>Session / Time</th>
<th>Content</th>
<th>Implemented by</th>
</tr>
</thead>
</table>
| Session 8 (3 hours) | • Warm up  
   • Daytop meeting  
   • Group counseling on behavior change related to drug-using and sharing with the clients | • Outreach Workers  
   • Center Staff/ Counselors |
| Session 9 (3 hours) | • Watch films  
   • Sing  
   • Individual Counseling for changing drug-related behaviors and sharing feelings | • Outreach Workers and clients  
   • Center Staff/ Counselors |
| Session 10 (3 hours) | • Singing competition                                                   | Two groups:  
   • Center Staff/ Counselors  
   • Clients |
| Session 11 (3 hours) | • Warm up: games  
   • Sharing experiences on drug treatment: correcting misconceptions | • Outreach Workers  
   • Center Staff/ Counselors  
   • CRS Staff |
| Session 12 (3 hours) | • Warm up  
   • Daytop meeting  
   • Group counseling on behavior change related to drug use and sharing with the clients | • Outreach Workers  
   • Center Staff/ Counselors |
| Session 13 (3 hours) | • Play sports  
   • Watch films, read books, newspapers  
   • Individual Counseling on negative feelings related to family and/or community | Center Staff/ Counselors |
| Session 14 (3 hours) | • Warm up  
   • Topical talk on HIV & AIDS: what is HIV, what is AIDS, HIV transmission routes, HIV testing, existing services (including VCT center, OI and TB treatment services, etc.) | • Outreach Workers  
   • Center Staff/ Counselors  
   • CRS Staff |
| Session 15 (3 hours) | • Warm up  
   • Daytop meeting  
   • Group counseling on behavior change related to drug use and sharing with the clients | • Outreach Workers  
   • Center Staff/ Counselors |
| Session 16 (3 hours) | • Warm up  
   • Topical talk on ARV treatment and adherence | • Outreach Workers  
   • CRS Staff |
<table>
<thead>
<tr>
<th>Session / Time</th>
<th>Content</th>
<th>Implemented by</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Session 17</strong> (3 hours)</td>
<td>• Watch the film “Vượt lên chính mình”&lt;br&gt;<strong>Film Description:</strong> Typical people in Hanoi and Hatay who find out they have HIV, triumph over discrimination and difficulty with help and support from their families and community. They are now living HIV positive – happy, employed as painters and receive support from other people living with HIV who are Outreach Workers (thêm khoảng nửa trang).&lt;br&gt;• Sharing feelings&lt;br&gt;• <em>Individual Counseling</em> for changing the drug-related behaviors and sharing feelings</td>
<td>• Center Staff/ Counselors&lt;br&gt;• Outreach Workers</td>
</tr>
<tr>
<td><strong>Session 18</strong> (3 hours)</td>
<td>• Share feelings&lt;br&gt;• Individual Counseling for changing the drug-related behaviors and sharing feelings</td>
<td>• Center Staff/ Counselors&lt;br&gt;• Clients of the two groups</td>
</tr>
<tr>
<td><strong>Session 19</strong> (3 hours)</td>
<td>• Warm up&lt;br&gt;• Daytop meeting&lt;br&gt;• Group counseling on behavior change related to drug use and sharing with the clients</td>
<td>• Outreach Workers&lt;br&gt;• Center Staff/ Counselors</td>
</tr>
<tr>
<td><strong>Session 20</strong> (3 hours)</td>
<td>• Warm up&lt;br&gt;• Topical talk on life skills: anger management, building self-confidence, building self-esteem</td>
<td>• Outreach Workers&lt;br&gt;• Center Staff/ Counselors</td>
</tr>
<tr>
<td><strong>Session 21</strong> (3 hours)</td>
<td>• Karaoke, games&lt;br&gt;• Topical talk on safe sex and STIs</td>
<td>• Outreach Workers&lt;br&gt;• Center Staff/ Counselors</td>
</tr>
<tr>
<td><strong>Session 22</strong> (3 hours)</td>
<td>• Warm up&lt;br&gt;• Daytop meeting&lt;br&gt;• Group counseling on behavior change related to drug use and sharing with the clients</td>
<td>• Outreach Workers&lt;br&gt;• Center Staff/ Counselors</td>
</tr>
<tr>
<td><strong>Session 23</strong> (3 hours)</td>
<td>• Warm up: Karaoke, games&lt;br&gt;• Topical talk on safe injection: syringes, needles</td>
<td>• Outreach Workers&lt;br&gt;• Center Staff/ Counselors</td>
</tr>
<tr>
<td><strong>Session 24</strong> (3 hours)</td>
<td>• Contest on HIV-related knowledge: questions and how to use condoms properly</td>
<td>• Outreach Workers&lt;br&gt;• Center Staff/ Counselors</td>
</tr>
<tr>
<td><strong>Session 25</strong> (3 hours)</td>
<td>• Warm up&lt;br&gt;• Topical talk on sharing syringes/needles situations&lt;br&gt;• <em>Individual Counseling</em> on negative feelings related to families and/or community.</td>
<td>• Outreach Workers&lt;br&gt;• Center Staff/ Counselors</td>
</tr>
<tr>
<td>Session / Time</td>
<td>Content</td>
<td>Implemented by</td>
</tr>
<tr>
<td>----------------</td>
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</tr>
</tbody>
</table>
| Session 26 (3 hours) | • Warm up  
• Daytop meeting  
• Group counseling on behavior change related to drug use and sharing with the clients | • Outreach Workers  
• Center Staff/ Counselors |
| Session 27 (3 hours) | • See the film produced by COHED with title “The today”  
• Film Description: Shows the difficulties and desperation of a woman living with HIV. It shows how she overcame her struggles with discrimination and difficulties in daily life.  
• Sharing feelings  
• *Individual Counseling* | • Center Staff/ Counselors  
• Outreach Workers |
| Session 28 (3 hours) | • Warm up: games  
• Topical talk on life skills: communication skills, coping skills | • Outreach Workers  
• CRS Staff |
| Session 29 (3 hours) | • Warm up  
• Daytop meeting  
• Group counseling on behavior change related to drug use and sharing feelings with the clients | • Outreach Workers  
• Center Staff/ Counselors |
| Session 30 (3 hours) | • Contest on HIV, AIDS and drug knowledge | • Center Staff/ Counselors |
| Session 31 (3 hours) | • Warm up  
• Daytop meeting*  
• Group counseling on behavior change and sharing with the clients | • Center Staff/ Counselors |
Tool 3: List of Topics and Key Content Areas for Group Discussion

**PURPOSE:** This tool provides a list of the topics and content areas for group discussion. There are eleven topics listed. Specific content areas for each key topic are also shown.

I. List of topics for group discussions

1. Drugs and types of common drugs
2. Drug addiction and consequences of drug addiction
3. Drug abuse treatment and types of treatment
4. Drug substitution therapy: methadone
5. Harm reduction
6. Sexually transmitted infections (STI)
7. HIV prevention
8. ARV treatment adherence
9. Reduction of stigma and discrimination against PLHIV and drug users
10. Love and sexuality

II. Content included in each topic discussion

*Topic 1: Drugs and types of common drugs*

- What is a drug?
- Types of common drugs
- The effects and consequences of drugs

*Topic 2: Drug addiction and consequences of drug addiction*

- What is drug addiction?
- Factors that influence drug addiction
- The harm of drug addiction
Module 5: Active Drug Users Program

Topic 3: Drug abuse treatment and types of drug abuse treatment
- What is drug abuse treatment?
- Characteristics of drug abuse treatment
- Current methods of drug abuse treatment

Topic 4: Drug substitution therapy: methadone
- What is substitution therapy?
- The effects of substitution therapy
- Substances commonly used in substitution therapy
- Advantages and disadvantages of substitution therapy
- Selection criteria for substitution therapy

Topic 5: Harm reduction
- What is harm reduction?
- The methods of harm reduction
- Factors that affect the health of injecting drug users
- Safe injection
- Syringe and needle cleaning/disinfections

Topic 6: Sexually transmitted infections (STI)
- What are STIs?
- The most common STIs
- The common symptoms of STIs
- Treatment and measures to prevent STIs

Topic 7: HIV prevention
- What is HIV & AIDS?
- HIV transmission principles
- HIV transmission route
- Transmission and non-transmission behaviors
- The relationship between drug use and HIV
Topic 8: ARV treatment adherence

- Relationship between HIV and CD4 cells
- When a patient starts taking ARV treatment
- The effects of ARV
- Limitations of ARV treatment
- ARV treatment adherence supporting measures

Topic 9: Reduction of stigma and discrimination against PLHIV and drug users

- What is stigma?
- Types of stigma against drug users and PLHIV in the community
- What is discrimination?
- Types of the discrimination against drug users and PLHIV in the community
- How to reduce stigma and discrimination against drug users and PLHIV in the community

Topic 10: Love and sexuality

- What is sexuality?
- The relationship between love and sex
Tool 4: Methods for Conducting Educational Groups

PURPOSE: This tool gives an overview of a series of educational methods that should be applied to the presentation of the content information presented in Tool #3.

The following educational methods are designed to increase the effectiveness of the presentation of information during group educational sessions. These methods should be used in every presentation as they provide a standardized structure for the learners as well as a set of conditions conducive to learning for the clients.

Overview of the Presentation’s Goals, Relevance and Key Activities

Establish a realistic set of expectations by explaining the following:

- the goals of the session
- why are these goals important
- the relevance of this presentation to the clients
- the major activities of the session

Use Appropriate Frames of Reference

Providing appropriate frames of reference will help your clients understand complex content. For example, you may explain the distribution of drugs throughout the body by discussing how a local vendor supplies a set of local businesses by driving his goods from one location to another (the same way blood distributes drugs to the various parts of one’s body).

Use Examples

Use examples to support your main points. For instance, you could discuss a recent story in the newspaper about a singer who lost everything due to drug abuse or you could share a case study on how one individual found the strength to sustain his/her recovery over a long period of time.

Ask Questions

Avoid the temptation to lecture. Ask questions – and don’t just ask “Are there any questions?” Build questions into your presentation. Also be sure to use a variety of questioning techniques including recall, redirection, analysis and synthesis.
**Vary Teaching Methods**

Don’t rely on just a few techniques. Learn all of them, and vary your techniques throughout your session. In addition to the skills listed on this handout, consider using role-playing, group activities, and case studies.

**Establish Closure**

As your presentation is drawing to a close:

- remind your clients of your goals and why they are important
- sum-up your major points
- discuss applicability of the information you presented
- discuss next steps (when applicable)
Tool 5: Active Drug Users Client Tracking Form

**PURPOSE:** Used as the primary form to track the progress of Active Drug Users throughout their involvement with the Center. The form rates client participation and assesses current motivation and related health and psychological issues.

Client code: ___________________________  Session #: _____________

What has been the level and nature of the client’s drug use in the past few weeks?

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

What is the client’s current intention with regards to stopping drug use?

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

Are there immediate risks to health, psychosocial and/other family issues related to the client’s current use? If so, what steps (if any) are being taken to address these?

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

Are there any goals and/or action steps that the client would like to identify at this time? If so, how might the Center support him/her in this regard?

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

Additional Notes:

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
Tool 6: Client Participation Levels

**PURPOSE:** This tool is to be used in conjunction with Tool #5. It provides an explanation of the levels of participation noted in the first question in Tool #5. Use the following criteria to assign the appropriate level to record on Tool #5.

---

**LEVEL 1: Clients participating in the center activities at the first stage**
*Clients attended 1-3 sessions at the Center*

**LEVEL 2: Clients sometimes come to the center**
*Clients attended 4-15 sessions at the Center*

**LEVEL 3: Regular participants**
*Clients attended 16-50 sessions at the Center*
Module 6

Home-Based Drug Detoxification Procedures & Tools
Module 6: Home-Based Drug Detoxification

Procedure

Purpose

The purpose of this program component is to facilitate access of clients to a medically supervised home-based drug detoxification. In Vietnam, detoxification is sponsored by multiple Government agencies, including the Department of Labor, War Invalids and Social Affairs (DOLISA), Department of Health (DOH), and the Provincial AIDS Committee (PAC) and is administered by Government Health Workers in the client's home. For clients who choose this form of detoxification, the Center staff monitors the client's and his/her family's psychosocial needs prior, during and following the process. The Dong Tam Center staff provide necessary support and additional services as indicated in this section of the manual. Upon completion of the Home-based Drug Detoxification, clients enter the Immediate Post-Detoxification phase of the Center's program, which is covered in the next section of this manual.

Key Features

1. Center staff should familiarize themselves with the process and procedures of the Government-sponsored home-based detoxification program. The Center should keep on file all necessary forms in packets so that once a client commits to undertaking home-based detoxification, Center staff can move forward expeditiously in supporting each client's application (which entails the submission of request forms to multiple government agencies). Tool #1: Flow Chart of the Home-Based Detoxification Process and Tool #2: Steps in the Home-Based Detoxification Process provide overviews of the home-based detoxification program.

2. While some individuals will approach the Center voluntarily to request assistance in arranging a home-based detoxification, it is also appropriate to introduce this service to people. This is conducted by marketing this service to those that visit the Center as active drug users as well as during outreach (or activities outside of the Center) to active users and their families in order to encourage involvement in this program.

3. The process of entering a home-based detoxification begins with the interested client submitting an application letter to the Center expressing his/her desire to participate in the detoxification program. At that point, the client needs to complete a number of forms to be submitted to the Commune/Ward People's Committee. If the client experiences difficulty in completing these forms, Center staff can provide assistance.
4. The next step in the process is for the Commune/Ward People’s Committee to review the client’s application. If the client file is accepted and approved, that file is then sent to the Internal Affairs Department for final review. If approved, an authorization for the appropriate medication is issued.

5. While waiting for this review process to be completed and for the detoxification to be authorized, Center staff, other clients, and Outreach Workers provide psychological support and counseling for current usage reduction. Center staff should review the assessment and intake forms which provide information on current levels of drug use. For example, reading Case Management Tool # 1: Client Assessment Form allows staff to ascertain the client’s current level and nature of drug use. Center staff should then work with the client to consider ways in which the client can reduce, or at the very least maintain, current levels of use while waiting for the detoxification process approval. Reductions in levels of use can be achieved by employing a number of strategies such as spending more time at the Center, agreeing to always be under the supervision of a family member when not at the Center, avoiding areas where drugs are used and exploring ways in which alternatives to drugs (such as meditating, practicing yoga, acupuncture, vitamins, and herbal remedies) could be used to lessen the pain and discomfort associated with a reduction of the level of drug use. In addition, it is important for the Center staff to instill a sense of hope regarding the possibility of sustaining a long-term recovery if the client successfully completes the detoxification program and commits to meaningful engagement with the Center upon completion of the detoxification process. Finally, Center staff can informally assess the degree to which the client’s families and friends stand ready to support the active drug user – both during this waiting period as well as post-detoxification.

6. After authorization is issued by the Internal Affairs Department, the Commune/Ward People’s Committee assigns one of its Communal Health Workers to administrate the detoxification. The Communal Health Worker administers the detoxification in the client’s home. The detoxification typically takes ten days, during which the Communal Health Worker monitors the physical response of the client.

7. While the Communal Health Worker monitors the physical health of the client, a Center Outreach Worker provides psychosocial support to the client and encourages his/her family to support the detoxification process. Such support addresses a number of factors. Psychosocial factors
are aspects of social and psychological behavior. During this phase, it is important for Center staff to address such issues as they will contribute to the overall success—or failure—of the detoxification process. Psychological factors include a client’s overall state of mind, as well as his/her motivation, commitment, and strength of will. It is important to also consider the psychological needs of family members, both as they pertain to supporting the client as well as how family members themselves are affected (see the section Family Counseling for additional information on dealing with family issues). In all cases, the main approach for providing psychosocial support is to rely on the principles and qualities of effective counseling. By demonstrating compassion and empathy as well as providing hope and motivation, staff help create the conditions necessary for success.

Staff should also monitor and address social issues, which may include relationship issues with family and friends (strained relationships, feelings of mistrust), issues related to income generation (lack of income, concern for supporting spouse and children during detoxification and recovery) and issues related to the broader community (feelings of rejection due to stigma and discrimination). At this stage in the recovery process it is important to reassure the client that by engaging in the detoxification process they are taking the first step towards future employment (assuming they follow the detoxification with meaningful involvement in a recovery process). In addition, it is important to work with the client and his/her family to address relationship issues related to immediate family and close friends. It may not be possible to resolve support issues completely at this time, but it is desirable to explore the possibility of whether or not close individuals are able to suspend doubt and mistrust during the detoxification process to support the drug-involved client. This does not require all family members to blindly believe that the detoxification will be successful, but it does offer them the opportunity to increase the likelihood of success by taking a more positive, or at least neutral, attitude. Tool #3: Home Visit Form for Outreach Workers and Staff During Home-Based Detoxification Process provides insights into key issues to address during the home-based detoxification and serves as a record of observations made during such visits.

8. Upon completion of the detoxification process, the client typically stays at home for seven to ten days to allow his/her body to regain strength and return to a feeling of normalcy. Upon completion of this seven to ten day recovery period, the client will rejoin the Center and begin the Immediate
Post Detoxification component of the Center’s program.

**Tools**

The following section contains a number of *Home-Based Detoxification Tools* for use by Center staff. Collectively, these tools give an overview of the *Home-Based Detoxification* process, a step-by-step description of key procedures and a method for tracking a client’s progress through this process.

**Contents of Active Drug User Program Tools**

Tool 1: Flow Chart of the Home-Based Detoxification Process

Tool 2: Steps in the Home-Based Detoxification Process

Tool 3: Home Visit Form for Outreach Workers and Staff during Home-Based Detoxification Process
Tool 1: Home-Based Detoxification Process

Flow Chart

**PURPOSE:** The flow chart illustrates the process of home-based detoxification. Once completed, the client rejoins the Center. The key steps in the process are described in each box. Staff provide support at each stage, as noted in the area to the immediate left of each text box.
Tool 2: Steps in the Home-Based Detoxification Process

**PURPOSE:** This is a summary of the key steps in the home-based detoxification process explained in the Procedure section.

**Step 1:** The Outreach Workers approach clients who desire home-based detoxification and introduce them to the Dong Tam Center.

**Step 2:** Clients are received by the Center staff and clients and provided with counseling and instructions to register for home-based detoxification. Clients must send a letter to the Center expressing their desire to participate in the home-based detoxification supported by the program. Staff may provide guidance and assistance to those who are not able to complete the procedure independently.

**Step 3:** Clients complete all required paperwork and submit it to the Commune/Ward People’s Committee.

**Step 4:** The Commune/Ward People’s Committee reviews the clients’ applications. Approved applications are sent to the Internal Affairs Department for final review and for medication. The Commune/Ward People’s Committee assign a staff person to each approved detoxification case.

*NOTE:* While waiting for review and approval, the Center members and Outreach Workers provide psychological support and counseling for dosage reduction.

**Step 5:** Communal Health Workers support the client to carry out home detoxification (which lasts 10 days). During this time, the Outreach Workers provide psychological support for clients and encourage their families to support the clients for recovery. After detoxification, clients stay at home from one week to 10 days for health recovery.

**Step 6:** Outreach Workers encourage clients to participate in the post-detoxification group at Dong Tam Center.
Tool 3: Home Visit Form for Outreach Workers and Staff during Home-Based Detoxification Process

**PURPOSE:** To record the key observations of physical and mental health from home visits conducted during the home-based detoxification process.

Date: ________________________________________ (day, month, year)

Client code: __________________________________________________________

Name of the staff: ____________________________________________________

**Physical Health Status**

Eat  _________________________________________________________________

Drink _______________________________________________________________

Sleep _________________________________________________________________

Rest  _________________________________________________________________

Impact of treatment on withdrawal symptoms _____________________________

_____________________________________________________________________

Physical support needs _______________________________________________

_____________________________________________________________________

**Mental Health**

Dreams  ______________________________________________________________

Strange feelings  ______________________________________________________

Psychological support needs ___________________________________________

Encourage strength and resolve

- Encourage the client to have a strong will and to believe he/she can succeed: (e.g., I believe in you; do not give up)
Encourage support from the client’s family: (e.g., Love is the most important thing and as recovery progresses, the client will understand how important you are to him)

**Client’s plan after detoxification**
- Provide more information on potential problems and pitfalls after detoxification, as well as ways of avoiding them
- Explain the benefit of joining a structured program towards relapse prevention

**Address and dispel common myths on drug treatment and recovery**
- e.g., People cannot quit drugs
- e.g., I need a job right after detoxification or else I will relapse

**Results of the visit:**

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Module 7

Relapse Prevention
Procedures & Tools
**Procedure**

**Purpose**

The purpose of the *Immediate Post-Drug Detoxification* component is to support clients to develop strategies to prevent drug relapse. This is accomplished through active *Case Management* (as described in Module 3), which features the development and periodic review of individualized client action plans through individual counseling sessions. In addition, during this program phase, clients participate in a series of center interventions designed to support their early recovery process.

**Key Features**

1. Upon completion of home-based detoxification, discharge from a 06 Center, or when an individual enters the Center on their own as a drug-free client, an individual qualifies to enter the *Immediate Post-Drug Detoxification* phase of the Center’s program.

2. Most individuals entering this phase should have completed an initial assessment and/or have been engaged with the Center at some level. The one exception would be an individual of drug-free status who appears voluntarily at the Center and requests support in maintaining his/her recovery. In such instances, an initial orientation and assessment should be completed. Please refer back to Tools # 3 and 4 under the Orientation section (Module 2) and Tools # 1, 2 and 3 under the Case Management section (Module 3) for templates of these forms. In addition, all forms and procedures associated with the Case Management process also apply, so it is important to collect the required additional documentation and to obtain a commitment contract signed by client, sponsor and day center staff, which includes the center’s regulations. It is also necessary to assign each client a Primary Counselor; as well as have each new client develop an individual action plan to guide his/her recovery as outlined in the Case Management section of this manual.

3. **Upon commencement of the Immediate Post-Detoxification process, clients commit to attending the Center three days per week.** During this time, new members are matched with older members for peer support; they also receive one-on-one counseling from a staff member.

On the three days that the *Immediate Post-Detoxification* group meets at the Center, they follow the schedule detailed in *Tool #1: Meeting Agenda for Post-
Detoxification Group. Note that Tool #2: Monitoring Tool for Post-Detoxification Group can be used to track client participation in the group activities described in Tool #1. The purposes of these activities are to help the clients structure their time in an appropriate manner, gain a deeper understanding of the recovery process, draw insights regarding their recovery and build strength to continue on the path to sustained recovery. The primary content for deepening individual knowledge and resolve are a series of structured group activities described in Tool #3: Relapse Prevention Exercises – Phase One and Tool #4: Relapse Prevention Exercises – Phase Two.

4. In addition to the activities described above, in this component clients are introduced to the Center’s employment opportunity activities (which are described in greater detail in the Social Skills and Job Support section).

5. It is important for active Case Management to take place during this critical phase of recovery. Therefore, it is important that Counselors augment the group work and other activities detailed in Tool #1: Meeting Agenda for Post-Detoxification Group with frequent and periodic individual counseling sessions (including regularly scheduled counselor-initiated sessions as well as client-initiated sessions as requested). Processes for individual sessions are detailed in the section Individual Counseling. In addition, the Individual Counseling section provides a number of tools to structure these sessions and keep case records of these meetings. Tool #5: Seven Signs of Drug Relapse can be used in either individual or group settings to further explore the warning signs of drug relapse.

6. Recovery Group Counseling is a cornerstone to recovery. It is recommended that all clients in recovery attempt to attend as many group sessions as possible, especially for the first three-months of the recovery process. As each client progresses, Counselors and clients (as part of the Case Management and Individual counseling sessions) can determine the appropriate level of ongoing participation. It is appropriate for a client to maintain a high level of involvement for a sustained period of time if this is an important factor in maintaining recovery for that individual client. Finally, the structure of the main Recovery Group Counseling session is designed to promote sharing, reflection and an opportunity to receive/provide support from/to the group as it pertains to each individual’s personal experience with the recovery process. This affords an opportunity for an individual to prolong his/her involvement without exhausting the content of these sessions.
7. In the following module on Post Graduation/Support Groups, tools are provided for recovery groups. **The recovery group should follow the agenda outlined in Tool #1: Support Group Meeting Agenda under Module 8.** This group, while within the program, should be facilitated on a rotating basis by clients – as opposed to Center staff. While the group should be facilitated by clients, Center staff members are encouraged to attend as many group meetings as possible and to actively participate when they do attend. In addition to identifying a meeting facilitator prior to each meeting (a good time would be the end of each previous meeting), it will also be necessary to identify one client to serve as a reactor prior to each meeting as well. The reactor’s role is to provide a summary of the meeting as well as share any personal insights into the nature and relevance of the discussion. Also under Module 8, one can find Tool #2: Managing Group Dynamics provides guidance on how to conduct group meetings by reviewing a number of common group dynamics that often present themselves in group settings.

**Tools**

*Tool #1: Meeting Agenda for Post-Detoxification Group* provides the agenda that is used for the three days each week that the post-detoxification group meets at the Center. *Tool #2: Monitoring Tool for Post-Detoxification Group* is the chart that the Center staff has developed to monitor the progress of this group. *Tool #3: Relapse Prevention Exercises – Phase One* and *Tool #4: Relapse Prevention Exercises – Phase Two* are the major curriculum materials that are used in this component of the Center’s program. These tools provide information and skills development in a number of areas relevant to the process of preventing early relapse and maintaining recovery. *Tool #5: Seven Signs of Drug Relapse* provides Counselors with additional insights regarding the nature of relapse. This tool could also be shared with clients in individual and/or group counseling sessions as Center staff deem appropriate.

**Contents of Relapse Prevention Tools**

Tool 1: Meeting Agenda for Post-Detoxification Group

Tool 2: Monitoring Tool for Post-Detoxification Group

Tool 3: Relapse Prevention Exercises – Phase One

Tool 4: Relapse Prevention Exercises – Phase Two

Tool 5: Seven Signs of Drug Relapse
## Tool 1: Meeting Agenda for Post-Detoxification Group (Weekly Schedule)

**PURPOSE:** This tool gives an overview of the schedule for the Post-Detoxification Group. This group meets three days each week and engages in a variety of counseling and rehabilitative activities as described below.

<table>
<thead>
<tr>
<th>Time</th>
<th>Monday</th>
<th>Thursday</th>
<th>Saturday</th>
</tr>
</thead>
</table>
| 8:00 - 8:30 | Warm up to include any of the following:  
• Karaoke singing  
• Singing  
• Dancing  
• Exercise  
• Playing games | Warm up:  
• Karaoke singing  
• Singing learning  
• Playing games | Warm up:  
• Karaoke singing  
• Singing learning  
• Playing games |
| 8:30 - 10:00 | • Recovery group meeting  
• Individual weekly plan  
• Group counseling  
• Urine test (selectively)  
• Individual counseling | Relapse prevention exercise(s) | • Weekly evaluation review & goal setting for the following week  
• Group counseling  
• Urine test (selectively)  
• Individual counseling |
| 10:00 - 11:30 | Yoga | Yoga | Yoga |
| 11:30 - 14:00 | Lunch time at the Center | Lunch time at the Center | Lunch time at the Center |
| 14:00 - 15:30 | Relapse prevention exercises | Labor Therapy (income generating activities) through making:  
• Handicraft products from beads (holiday ornaments, handbags, key chains)  
• Bamboo mats | Labor Therapy (income generating activities) through making:  
• Handicraft products from beads (holiday ornaments, handbags, key chains)  
• Bamboo mats |
| 15:30 - 16:00 | Labor Therapy | Individual Counseling | |
| 16:00 - 17:00 | • Sports: badminton, table tennis, chess  
• Entertainment: reading newspapers, books, drama rehearsal | • Sports: badminton, table tennis, chess  
• Entertainment: reading newspapers, books, singing, learning drama | • Sports: badminton, table tennis, chess  
• Entertainment: reading newspapers, books, singing, learning drama |
# Tool 2: Monitoring Tool for Post-Detoxification Group

**PURPOSE:** This is a tool for monitoring the client’s overall status in the Post-Detoxification Group. Specific information pertains to general demographics as well as date of first involvement, family issues, and level of participation.

<table>
<thead>
<tr>
<th>No.</th>
<th>Client code</th>
<th>Date of birth</th>
<th>Ethnicity</th>
<th>Sex</th>
<th>Address</th>
<th>Starting date of joining the Center</th>
<th>Level of participation</th>
<th>Family identification / drug use history</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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</tbody>
</table>
Tool 3: Relapse Prevention Exercises – Phase One

PURPOSE: This tool is designed to provide clients with a series of acknowledgements and affirmations regarding the nature of relapse as well as their individual commitments to adhere to the recovery process.

Instructions: The following tool is divided into four parts. Each part examines one element of effective relapse prevention. The first pertains to the Surrender phase. The second concerns the importance of maintaining Hope. The third focuses on taking control of one’s Decisions. The fourth promotes the need to engage in an ongoing process of Self-Reflection. In working with these materials, a session on average lasts 45 to 90 minutes, which is conducted as a small group activity (up to 12 people maximum). Depending on the number of participants, level of participation and complexity of section, the session may be broken up. Each section can take multiple sessions to complete. If circumstances require individual sessions, these materials may be used in such a setting as well. Each session should begin with a period of self-reflection. During this initial period, each client should answer the key questions presented in the first section of each worksheet. Once these questions have been completed, the group facilitator should then conduct a small group discussion in which the clients share their responses. The Counselor should invite comments from others and point out similarities as well as differences in the group’s collective experiences. Each session should end with the entire group reciting the affirmations presented at the end of each part. These affirmations should also be posted at the Center so that the clients can be constantly reminded of the importance of maintaining positive and appropriate attitudes. Also see Tool #2: Managing Group Dynamics in the Recovery Counseling Group section (Module 8) for additional information on how to effectively run a small group discussion.
PART ONE: ‘I Surrender’

I acknowledge my reality; I am an addict and my life is a wreck

1. What does ‘addiction’ mean to me?

In the past I have tried to deny my addiction, now I can no longer

1. Have I given untrue reasons for my actions? Like what?
2. How have I blamed others for my actions?

Alone, I am powerless against my addiction

1. How has my addiction caused me to hurt myself and others?
2. What is it exactly that I am powerless over?

I admit that my life has become unmanageable, on the inside and out

1. What problems has my addiction brought me?
2. Have I harmed others because of my addiction?
3. How does my addiction affect my thoughts and feelings?

I have no reservations about my situation

1. Have I accepted that my addiction is a lifelong condition?
2. Am I still thinking that one day I’ll be able to control it?

AFFIRMATIONS

Honesty will help me express my feelings to the Group and to others
Open mindedness will help to remind me that I can recover
Willingness will help me be ready to help others
Humility will remind me that I am just human
Acceptance will help remind me of my addiction, and that recovery is a gift
PART TWO: ‘I Hope’

False beliefs have guided me in the past
1. Did I believe I could control my drug use?
2. Did I do dangerous things to get drugs?
3. Did I do things about which I am now ashamed?

I believe I can change, even if I’m not sure yet how to
1. Am I afraid of change?
2. What exactly am I afraid of?
3. What do I believe in?

I believe in a ‘Good’ that is stronger than my addiction
1. What is the ‘Good’ that is stronger than my addiction?
2. How can this ‘Good’ help my recovery?

I believe I can live without addiction and false beliefs controlling my life
1. The recovery process is different from just quitting drugs. How is it different?
2. If I know the difference between just stopping using drugs and the recovery process, have I acted differently than I did in the past that shows I can move beyond the control of addiction? How?

AFFIRMATIONS

Open mindedness will remind me that I can’t do it alone, that I need help and must believe in myself
Willingness will remind me to go to meetings and participate
Faith will help me believe that I can live independently from drugs, even if I’m not sure yet how
Trust will help me know that fear can be overcome, that there will be more pain, but none of that will be more than I can bear and none of it will be borne alone
Humility will help me accept that there is a ‘Good’ that is stronger than my addiction and that will help me along the way.

1 In the Vietnamese context, ‘God’ is not considered culturally appropriate for all groups as is often done in the 12 Steps used in other countries. So the word ‘good’ was used to replace the idea of a higher power.
2 Good in this question refers to anything that is stronger than an individual’s addiction – it is an internal force that as individuals we must assume exists that is greater than drug addiction. External ‘good’ such as a healthy and happy family, a job and more are also ‘good’. While this contributes to someone’s ability to quit drugs, people must find this internal ‘good’ and believe in it to quit using drugs for the long term.
3 The main goal is drug recovery. Of course, the recovery process is about this as well. However, the recovery process is also about addressing issues that contribute to a person’s wish to use drugs. Dealing with interpersonal issues and increasing self awareness is part of the recovery process and is integral in quitting drugs over the long term. If someone stops using drugs without the recovery process, it is still a positive thing, but it often only results in quitting for a short time period as the underlying causes have not been dealt with. Drug recovery is a lifelong process.
PART THREE: ‘I Decide’

I am now ready to accept the ‘Good/Beauty’ in and around me

1. What is this thing called the ‘Good/Beauty’ that is in and around me?
2. Can I imagine it inside me? Can I feel it? Can I sense it inside others?
3. Do I share this attitude and feeling of ‘Good/Beauty’ with others?
4. Do I accept that this decision of accepting goodness as the dominant force in the world for the whole of my life?

I am ready to take action to follow through my decision

1. What actions will move my decision ahead?
2. Do I fear the difficulties that I will run into if I take these actions? Why?

I understand that I may need to make many small actions, instead of a few big ones

1. What are these small actions?
2. Where will I find the patience for all of this?

AFFIRMATIONS

Hope will reveal that life is full of possibilities
Belief will grow, supported by hope
Action is doing the work, and this will be promoted by belief
Trust will grow with every good action
Commitment will grow from trust
PART FOUR: ‘Who am I?’

Facilitation Method: This can be done in a group or individually. All clients should receive this during one of their individual counseling sessions so that their case manager can help them work out the responses from question to question.

_I have made the decision to bring the good/beauty into my world, and now I must look more closely at who I am._

1. Where did my problems begin?
2. What do I feel? What causes those feelings?
3. What things cause me to feel regret and shame? Which of these things did I cause, and which were caused by other people or events?
4. What do I fear? What does my fear cause me to do?
5. Who are the people in my life? How have I treated them? How have they treated me?
6. What are my good qualities? Why do I like these qualities?
7. What are my secrets? Why do I keep them?

AFFIRMATIONS

_Honesty_ will keep me on the path of recovery

_Courage_ will help me face my fears and walk through them

_Belief_ will remind me that I can make positive changes to include recovery, and this belief will carry me along
Tool 4: Relapse Prevention Exercises – Phase Two

**PURPOSE:** This tool presents a series of relapse prevention activities that facilitate the engagement of clients in addressing a number of relevant and important topics with respect to understanding and managing their recovery process.

**Instructions:** Staff should allot 45 to 60 minutes for the group to complete each activity. Depending on the ability of the clients to write and read, the method of facilitation will vary. If they are able and motivated to read and write, handing out a form to fill out is appropriate. If assistance is needed, a group discussion is a good way to complete the activity. In some cases, an individual counseling session will assist someone who is not able to read and write if the rest of the group is. In each session, the clients begin with a period of self-reflection in which they complete each question (either individually or in a group as described previously). It is recommended that these activities be undertaken sequentially as listed and, if possible, in small groups. Alternatively, if it is difficult to manage this as a series of group activities, these tools could be used on an individual basis, with the client completing each activity individually and then discussing it with the Counselor. See Tool #2: Managing Group Dynamics in the Recovery Counseling Group section for additional information on how to effectively run a small group discussion.
Activity 1
Understanding the relapse process

Date (day, month, year): _________________________________
Client Code: _________________________________
Facilitator: _________________________________

If you have relapsed following a period of recovery, answer the following questions:

1. What specific clues or warning signs (obvious or subtle) preceded your relapse?
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

2. How much time elapsed between the time your relapse clues first showed and you used alcohol or drugs?
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

3. Where did your relapse occur?
   __________________________________________________________
   __________________________________________________________

4. Were you with anyone? If yes, who?\(^1\)
   __________________________________________________________

5. List actions to manage these warning signs in the future should you notice them.
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

\(^1\) Since drug use is illegal, stating the name of the person you are with would put that person in danger. This activity is not asking for the name of the individual. They could simply state another active drug user, a girlfriend or drinking buddies at a neighborhood bar. This type of informational collection in Vietnam emphasizes the need to not put the names of the clients on the sheet, but rather have a client code in its place.
Activity 2
Identifying high risk situations that could result in relapse

Date (day, month, year): ____________________________
Client Code: ______________________________________
Facilitator: ________________________________________

Check the items below that represent potential high-risk relapse factors for you.

Upsetting feelings or difficulties managing emotions
- Anger
- Anxiety
- Boredom
- Depression
- Fears that are unreasonable
- Feeling empty
- Feeling helpless and hopeless
- Guilt and shame
- Loneliness
- Emotions control behaviors
- Overconfidence about sobriety
- Resentment

Social situations and pressures to use drugs
- Being around others who are using or high on drugs
- Being invited to an event or activities where substances are present
- Difficulty saying no when others offer drugs
- Most of my social life has centered around substance use activities
- My partner, spouse or roommate use drugs at home
- My social groups consist mainly of others who use or get high

Sobriety plan or treatment-related problems
- Decrease in my motivation to stay sober
Module 7: Relapse Prevention

Relapse Prevention Tools

- Missing my counseling appointment or irregular attendance
- Dropping out of treatment before finishing it
- Dropping out of the support program without talking to anyone about it
- Missing the self-help group meetings and irregular attendance
- Not including my family in my treatment or recovery
- Not taking medicine as prescribed
- Not working my recovery and relapse prevention plan

Relationship problems

- Arguing a lot with others and getting upset or angry
- Difficulty meeting people or developing new relationship
- Difficulty in trusting others
- I have no friends and tend to be a loner
- I have serious problems with my spouse and partner
- It’s hard to enjoy sex without being high
- My friends consist mainly of others who get high
- Other relationship problems (Specify: ____________________________ )

Urges, cravings, temptations or testing your control

- Being around others who use makes me crave substances
- Having alcohol or drugs in my home tempts me to use
- I purposely put myself in situations to see if I can avoid using
- I sometimes get strong cravings without knowing why
- I try to have a few drinks (or drugs) to see if I can control my use
- Seeing or smelling alcohol or drugs triggers a craving
- Seeing paraphernalia (pipes, paper, needles) triggers a craving for drugs
- Things in my environment often trigger my cravings

Other high-risk situations

- Feeling exhausted or fatigued
- Not taking medications as prescribed
- Other addictions (gambling, shopping, sex, food, work)
- Persistent negative thoughts about recovery
- Psychiatric symptoms (anxiety, depression, hallucination, etc.)
- Return of denial of my addiction after a period of recovery
- Thinking I can’t have fun without using alcohol or drugs
- Other high-risk situations (Specify: ____________________________ )
Activity 3
Managing high-risk situations

TOOL 4

Date (day, month, year): ____________________________________________
Client Code: ______________________________________________________
Facilitator: _______________________________________________________

Choose two high-risk factors from your list. Provide specific details about each factor. Then identify three coping strategies to manage each high-risk situation.

HIGH-RISK SITUATION #1

Facts and information

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Coping strategies

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

HIGH-RISK SITUATION #2

Facts and information

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Coping strategies

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
Activity 4
Managing cravings for substances

Date (day, month, year):
Client Code:
Facilitator:

Think of a recent time in which you had a strong craving to drink or use drugs.

1. What triggers your craving?

2. What are some physical signs?

What are some psychological signs?
Managing your cravings

Below is a list of strategies to manage cravings. As you go through this list, check the ones that you will use to manage your cravings:

- Know when you have a craving for alcohol or drugs
- Talk with others
- Redirect your activities (Go for a walk or drive, do housework, go to a movie, read recovery literature, watch a movie or TV, listen to music, write journal, eat something or pray)
- Change your thoughts (Think of the future. Think of the bad things that happened as result of your substance use. Think of how good you will feel if you win this battle with your craving. Think of immediate and long-term benefit of staying sober)
- Avoid threatening situations
- Keep a craving journal (Use a scale of 0 to 5: 0+ no craving, 3+ moderate craving; 5+ very strong craving. If you rate your cravings 3 or higher, write about possible triggers (circumstances in which they occurred, other people, places, events, and things). Then list a few practical coping strategies to help you control your craving and stay sober).
Activity 5
Managing anger

Date (day, month, year): _____________________________
Client Code: ______________________________________
Facilitator: _______________________________________

Step 1: Recognize your anger

List your typical signs of anger:

• Physical signs: ______________________________________
  ______________________________________
  ______________________________________
  ______________________________________

• Psychological signs: _________________________________
  ______________________________________
  ______________________________________
  ______________________________________

• Behavioral signs: ______________________________________
  ______________________________________
  ______________________________________
  ______________________________________

Step 2: Identify possible causes of your anger

List some reasons why you get angry:

____________________________________
____________________________________
____________________________________
____________________________________
____________________________________
Step 3: Identify effects of your anger on self and others

How do you usually handle your angry feelings?

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

How does your method of handling anger affect you?

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

How does your method of handling anger affect other people?

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Step 4: Decide on how to manage your anger  (check choices)

___ Decide first if your anger is justified

___ Talk directly to the person towards whom you are angry with if this person is open
to hearing you and you are able to talk in a calm and respectful way

___ Talk to a third party in order to release your feelings, gain a new perspective, and
get support from another person

___ Direct your feelings to a constructive activity such as walking, jogging, playing a
sport, working around your house, or some other activity

___ Change your thoughts

___ Do not let anger build up
Step 5: Think about possible outcomes of your coping methods

What are the potential consequences of each of the choices you checked in Step 4? ________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

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__________________________________________________________________________
Activity 6
Managing boredom and using leisure time

Date (day, month, year): ________________________________
Client Code: _______________________________________
Facilitator: _________________________________________

1. Think of the time of the day and days of the week during which you are most likely to feel bored. Write these down. __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________

2. List leisure and other meaningful activities you have enjoyed in the past that did not include alcohol or drug use. __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________

3. List leisure activities you can enjoy without worrying about using alcohol or drugs. Include at least one new activity you would like to engage in. ______
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
4. List benefits of engaging in non-substance leisure activities.

Strategies to manage boredom

- Build structure for your life, especially in early recovery, so that you keep busy and do not have a lot of free time on your hands.

- Set goals so you have specific things you are working towards. These can be goals in any area of life: Physical, mental, social, spiritual, financial, work or school.

- Engage in enjoyable activities at least every week and preferably every day. If you have given up most of your activities due to your addiction, find some new activities. Try something different to expand your horizons.

- Challenge your thinking about boredom or the need for constant activities. Tell yourself you can enjoy simple things in life.

- Get involved in the social activities of a post-detoxification center.

- Get involved in community groups based on your interests in specific activities such as sports, music, creative arts, reading, traveling, or other activities.

- Plan a trip or vacation to a place you have never been.

- Have some activities that you can enjoy with others as well as some you can enjoy by yourself. Learn to be alone and engage in meaningful activities.
Activity 7
Managing social pressures to use substances

Date (day, month, year): ________________________________
Client Code: ________________________________________
Facilitator: ________________________________________

1. Make a list of direct and indirect social pressures you expect to face. _____
   _____________________________________________________________________
   _____________________________________________________________________
   _____________________________________________________________________
   _____________________________________________________________________
   _____________________________________________________________________
   _____________________________________________________________________

2. List the feelings or emotions you experience when faced with social pressure. _____________________________________________________________________
   _____________________________________________________________________
   _____________________________________________________________________
   _____________________________________________________________________
   _____________________________________________________________________
   _____________________________________________________________________

3. Write examples of specific thoughts that are triggered by one of your most common social pressures. _____________________________________________________________________
   _____________________________________________________________________
   _____________________________________________________________________
   _____________________________________________________________________
   _____________________________________________________________________
   _____________________________________________________________________
**Strategies to resist social pressures**

Check the following coping strategies that you will use to help you keep your sobriety when others offer you alcohol or other drugs

___ Say you have a problem or are in recovery

___ Refuse the offer without giving an explanation

___ Say that you are not using today

___ Tell the person not to offer you substances

___ Offer an alternative activity
1. If you are currently in a detoxification program? What type of therapy are you planning to attend? What is the time, date and place of your appointment?

___ Rehabilitation program
___ Specialized treatment program
___ Medical clinics
___ Intensive outpatient program
___ Other programs (Specify): __________________________

2. Which activities below are a part of your long-term recovery and relapse prevention plan?

___ Attending mutual group support activities
___ Counseling
___ Reading recovery literature
___ Meditating
___ Praying
___ Vocational training
___ Taking medication for addiction
___ Taking medicine for a co-occurring psychiatric disorder
___ Other (Specify): __________________________

3. List your plan for support group meetings.

- Number of meetings I need to go to each week: ________________
Day of week, time of day and location of my support group meetings ____

4. Describe your plan for involving your family or significant other in your treatment and your ongoing recovery. If you are not involving them, discuss why you made this decision. _____

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Activity 9
Life style balancing

Date (day, month, year): ____________________________________________
Client Code: ____________________________________________________
Facilitator: _____________________________________________________

Circle your response.

How satisfied are you with your recovery?
Not at all | Somewhat | Average | A good deal | Extremely

Physical health: How satisfied are you with your overall physical health?
Not at all | Somewhat | Average | A good deal | Extremely

Psychological health: How satisfied are you with your psychological (mental) health?
Not at all | Somewhat | Average | A good deal | Extremely

Relationships: How satisfied are you with your relationships?
Not at all | Somewhat | Average | A good deal | Extremely

Recreation/Leisure: How satisfied are you with your leisure activities and hobbies?
Not at all | Somewhat | Average | A good deal | Extremely

Work/school: How satisfied are you with your work or school situation?
Not at all | Somewhat | Average | A good deal | Extremely
Financial issues: How satisfied are you with your financial condition?

<table>
<thead>
<tr>
<th>Not at all</th>
<th>Somewhat</th>
<th>Average</th>
<th>A good deal</th>
<th>Extremely</th>
</tr>
</thead>
</table>

Review the areas above and identify one area that is out of balance and causing you dissatisfaction in your life. List a change you want to make in this area and several steps you can take to help you make this change.

Area out of balance and change to make: ____________________________

Steps to take to make a change:

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________
TOOL 4

Activity 10

Emergency sobriety card

Date (day, month, year): ____________________________
Client Code: ______________________________________
Facilitator: ______________________________________

1. List below at least five names and phone numbers of family members, friends, Counselors and others whom you can contact when you need help or support.

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone number(s)</th>
</tr>
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2. List below reasons why you hesitate to ask others for help or support.

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

3. List below benefits of having people to call when you need help or support.

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
Activity 11
What to do if you relapse

Imagine that you relapse following a period of sobriety for months or longer. Write out a plan to help you intervene in your relapse as quickly as possible.

Using a daily relapse prevention inventory involves taking a few minutes at the end of the day to answer the following questions:

1. Were there any warning signs present in my life today that indicate I may be headed towards a relapse?  ____ Yes  ____ No
   
   If yes, what are these signs and what is my plan to manage them?

2. Did I experience any high-risk situations today that could trigger a relapse if I do not take action now?  ____ Yes  ____ No
   
   If yes, what are these situations and what is my plan to deal with them?
Tool 5: Seven Signs of Drug Relapse

PURPOSE: This tool provides additional information on relapse and can be used by Counselors as well as presented to clients in a group session or discussed in individual counseling sessions.

1. **False Sense of Strength Over Drugs:** In entering recovery we have to face drugs and acknowledge that we cannot moderate our use of drugs but instead need to completely stop using them. However, for some individuals, this resolve may begin to weaken and the idea that drug use really wasn’t so bad may become attractive. A client may blame anything or anyone except the substance, and have ideas such as, “drugs were not the problem, my job was,” or “the relationship was making me use, and we’re better now, so once or twice couldn’t hurt.”

2. **Discontinuation of Treatment or Self-Help Groups:** Many studies support the idea that the longer you have exposure to treatment, the better the outcome. These studies show that you are less likely to relapse with a strong support network.

3. **Frustration:** The most common frustration is that things aren’t moving along quickly enough. Many people impose an unrealistic time frame for themselves and those around them to change for the better. “When am I going to be happy?” or “When is this finally going to be over with?”

4. **Easily Angered and Forming Resentments:** Often this frustration will escalate into anger and resentments. One way that frustration forms is when there is a belief that not enough is happening, and it is coming about too slowly. Anger and resentments are directly related to our expectations so the more we get angry and frustrated, the more we expect things to go wrong.

5. **Tendency toward Loneliness and Isolation:** Addiction thrives and grows in isolation and loneliness, and recovery occurs in establishing and maintaining connections. Without moving forward in recovery, an addict will likely resume drug use. Recovery is best done with the help of others.

6. **Self-pity:** Common themes of self-pity are questions and resentments about why other people can use and we can’t. “It’s not fair that I cannot have fun like everyone else.”

7. **Impulsive and Compulsive Behavior:** Moderation and accountability can be hard concepts for drug users to grasp. Over time, self-control and discipline can erode. It starts with broken promises you have made to yourself. This lack of follow-through can lead to further dishonesty and out-of-control behavior.

Module 8

Post Graduation / Support Groups (Self-Help)
Procedures & Tools
Procedure

Purpose
The Post Graduation / Support Groups component is designed to support individual clients in sustaining the recovery process after they have graduated from the Center’s program. There have been members who have come to the Center three days per week as recommended for a minimum of three months, while others stay as long as a year before graduating from the Center. The longer stay at the Center is because many of the clients relapse during their recovery process and leave for a short time only to return later to start over their process of recovery. Some individuals are able to feel stable in the recovery process in three months, while others may take longer. Eventually, those that are able to battle their drug addiction, graduate from the program. This is a happy day! This does not, however, signify the end of the recovery process as recovery is a lifelong process. This section looks at the recovery process outside of the project at the center through support groups after clients have successfully graduated from the program.

Key Features
Step 1: A continual sensitization of people going through the program that recovery is life-long, and that support groups are necessary both during and following the program. They continue their life-long recovery process through regular support groups with other graduates from the Center’s program in the recovery process. If the idea of lifelong recovery is not introduced until the end of the program, there is little chance that those that have graduated will continue with support groups. Support groups are an international best practice to maintain sobriety. This step in the lifelong recovery process is especially important in an environment that continually stigmatizes drug users even after they have quit taking drugs.

Step 2: The Center will provide the space within the building to hold the Support Group sessions and any related tools or guidance to ensure their success.

Tool #1 (Support Group Meeting Agenda) and Tool #2 (Managing Group Dynamics) will not be new to graduates as they used these tools with center staff and other clients during their time at the Center. However, in the post-graduate phase, the support group is not led or mentored by a Center staff member; the meetings are carried out exclusively by graduated members and not by staff members. The post-graduate support group consists of people who have graduated from the center. If the graduated members ask for support for their initial meeting or two, this is permitted, but post-graduate
support groups are ultimately successful if run and headed by graduated members and not staff. Key features of support groups include:

- The involvement of clients as Group Leaders,
- The opportunity for participants to play an active role in identifying the content to be discussed;
- A chance to seek the support of others to find ways to address the issues and challenges group members are facing in their daily lives; and,
- The opportunity to draw on the support of others who have had similar experiences.

In addition, the meeting creates the space for each participant to reaffirm his/her commitment to the recovery process and for encouragement with maintaining one’s goal over the longer term.

**Step 3:** Following guidance from Tool #3, **CRS Guidelines for Support Group Formation for PLHIV**, new graduates will set up a group that will meet at regular intervals and is something that can be sustained by the energy of those within the group. The guidance from Tool #3 is developed to support those living with HIV. The support group set up by graduates will be specifically for those seeking a sustained path of recovery for life from drugs. Not everything is applicable in this Tool, but the majority of it can be used for all groups of people joining together under similar circumstances. Organization and shared responsibility as outlined in this tool is key to a sustainable recovery support group over time. Each support group should review this tool and take out the pieces that make sense for them – forming a documented list of responsibilities for the group members and making a plan for moving forward. As new people join the group, the decided format for how a meeting is run should be introduced at the start of the meeting for the new member.

**Step 4:** Support groups are meant to be individualized by the members who run them. There are multiple tools and mantras that members have learned throughout the program at the center. These sessions on drug relapse prevention are to be used by group members to set up something that is useful to them. It is important to choose positive language to reinforce what is important to ensure sustained recovery.

**Tools**

**Contents of Support Group Tools**

Tool 1: Recovery Group Meeting Agenda
Tool 2: Managing Group Dynamics
Tool 3: CRS Guidelines for Support Group Formation for PLHIV
Tool 1: Support Group (Self-Help) Meeting Agenda

PURPOSE: This tool gives an overview of the process of a recovery group meeting. This meeting is a standard part of the Center’s recovery component and provides a valuable opportunity for clients to reflect on their present situations as well as draw strength and encouragement from staff and each other.

Each meeting is facilitated by a client. Clients are pre-assigned this role for the next meeting at the conclusion of each group session.

1. Warm-up activity (may include an icebreaker, singing a song, etc.)
2. Head count (accounting for each Center member who is not attending the meeting that day)
3. Philosophy reading (group members are read a statement that summarizes the Center’s philosophy for sustaining recovery)

The statement is the following:

“Don’t answer to Drug’s invitation. Drugs have two sides. A series of lives were destroyed. The future can be opened up without drugs. We come here for treatment and recovery, with our strong will and determination. We have found safety for our soul here. We have already quit the sadness and loneliness. We love our family.”

4. Making a commitment and affirmation about stopping drug use
5. Behavior shaping/wrong behavior correction (clients are asked to share problem behaviors as well as discuss their plans for changing such behaviors)
6. Sharing general information about the daily events in client’s lives
7. Providing news regarding what is happening at the community, regional and national levels, especially as it pertains to drugs and how they affect individuals, families and communities
8. Sharing a message for the upcoming week
9. Reaction to the meeting (a pre-assigned individual provides a summary of the meeting proceedings as well as his/her reaction to the issues discussed)
Tool 2: Managing Group Dynamics

PURPOSE: To provide background on how to manage group dynamics

What is group counseling?
Group counseling refers to the giving of support and/or information in a group setting. It involves the application of group theory and process by either a counselor and/or a group member. Groups run best when the rules governing them are few and clear. Typical group rules include agreeing to keep each others’ confidentiality, not attacking each other verbally or physically, actively participating in the group process, and speaking one at a time.

What are typical group dynamics?
Group dynamics occur in all groups, and involve the interactions of group members and leaders over time and the roles the members and the leaders take. Individuals have an impact on groups just as groups influence members. The number of group interactions increases exponentially as the size of groups grows. Therefore, keeping track of communication patterns in counseling groups is a demanding job. The complexity of interaction is magnified by the fact that messages are sent within counseling groups on a verbal as well as a nonverbal level. The nature of this communication is crucial to comprehending what is happening within groups. For example, a member who physically or emotionally distances themselves from a group influences how the group operates as clearly as if he or she makes a statement. As groups develop, members frequently switch roles and patterns of interaction.

What are the stages of group development?
Effective group counseling leaders recognize that groups go through five stages: dependency, conflict, cohesion, interdependence, and termination. The stages are often called “forming, storming, norming, performing, and adjourning.” Recognizing group stages gives Counselors an opportunity to devise or utilize appropriate leadership interventions.

The first group stage is “dependency” or “forming.” At this time, group members are unsure of themselves and look to their leaders or others for direction. This process gives members an opportunity to explore who they are in the group and to begin establishing trust. The second stage in group counseling is “conflict,” or “storming.” It may be overt or covert. The type and amount of conflict that is generated relates to how much jockeying for position goes on in the group.
Stage three focuses on “cohesion,” or “norming,” which can be defined as a spirit of togetherness. In stage three, members become closer psychologically and are more relaxed. Everyone feels included in the group and productive sharing begins to occur. In the fourth stage, “performing”, the main work of the group begins and interdependence develops. Group members are able to assume a wide variety of constructive roles and work on personal issues. The level of comfort in the group increases too. This is a prime time of problem solving and it occupies about 50% of a typical group’s time. The final stage, “adjourning” deals with termination. Issues of loss in separating from the group are raised. Celebrating the accomplishment of goals is also a primary focus within this stage.

**What are the skills of an effective Group Leader?**

As with other groups, leaders of effective counseling groups need to employ a variety of interpersonal skills. Among the most important of these are:

- active listening, where leaders are sensitive to the language, tone and nonverbal gestures surrounding members’ messages
- linking, where leaders help members recognize their similarities
- blocking, where leaders keep unfocused members from disrupting the group by either redirecting them or preventing them from monopolizing conversations
- summarizing, where leaders help members become aware of what has occurred and how the group and its members have changed
- demonstrating empathy, personal warmth, courage, flexibility, inquiry, encouragement and the ability to confront

Adapted from: Gladding, Samuel T. *Effective Group Counseling*, 1994
Tool 3: Guidelines for PLHIV Support Group Formation

**PURPOSE:** To provide background on how to manage group dynamics

Source: Guidelines for Establishing and Operating Successful Support Groups for People Living with HIV; By Carolyn W. Fanelli and Alice R. Moyo, Catholic Relief Services Zimbabwe, January 2008

* Note: Guidelines have been adapted by the Lang Son SOP Authors to include information that is relevant to adult drug recovery support groups, and to exclude information less relevant on adult drug recovery (e.g. child support groups and home-based care). Where appropriate, language around drug recovery is included. Many of the issues faced by PLHIV are also issues that people in drug recovery face (e.g., disclosure of sensitive information, need for confidentiality, stigma). For the full and original document, please contact the hivunit@crs.org.

**OVERVIEW**

**What is a support group?**

A support group is a group of people who come together to talk about a challenge, experience and/or role that they have in common without being judged, blamed, stigmatized or isolated. By joining support groups, people realize that they are not alone in their situation. The group is a forum in which members can share problems and concerns, brainstorm solutions, give each other advice, and form friendships.

Support groups are effective because members receive firsthand advice and the approaches that they learn come from peers who are coping with very similar circumstances. This means that the guidance is not theoretical, but practical, personal and relevant.

In addition, support groups often advocate for members’ mutual goals and create awareness about shared challenges. This joint action leads to policies that better serve people living with HIV (PLHIV) and fosters supportive community environments in which group members can thrive.

**Why do People Living with HIV (or those in drug recovery) form support groups?**

They form support groups to give and receive emotional, social and spiritual support. They also form support groups to develop and sustain positive strategies for living with the virus and to strengthen their knowledge about HIV and AIDS. In the case of drug recovery, individuals will form a support group to develop and sustain positive strategies without drugs or alcohol. The group is a place where PLHIV and those in recovery can share experiences confidentially, gain self-confidence, make friends and develop a public voice.

When PLHIV form support groups, the groups typically address the following
broad topics:

**Living positively with HIV.** Group members talk about how to accept their diagnosis and live positively. They discuss the health and psychosocial challenges they’ve experienced and how best to deal with these challenges. For example, members might share ideas about attaining good nutrition and maintaining adherence to anti-retroviral therapy (ART), or exchange practical advice about overcoming anxiety, dealing with feelings of powerlessness, and coping with stress. Sharing experiences is especially helpful for members who have recently learned of their HIV-positive status.

**Disclosure.** Support group members can help each other think through how to disclose their HIV-positive status to friends, family members, spouses, partners and co-workers. Disclosing an HIV-positive status can be very stressful, and members can share ideas about what to say, when to disclose and who to disclose to.

**Relationships.** Members can offer each other advice and guidance about sexual relationships and safer sex, and can share knowledge about re-infection. Peer commitment to safer sex helps make these practices more socially acceptable, appealing and sustainable. Although HIV is now a treatable chronic illness, support groups may also address bereavement issues. In particular, members may discuss how to talk with friends and family about death and dying and may introduce activities such as memory boxes and succession planning.

**Stigma.** Support groups provide an important refuge from the stigma that PLHIV and their families may experience. Groups can also collectively develop ways of addressing stigma in their communities. For example, children living with HIV or caring for sick parents often feel excluded from activities at school or miss classes due to their caring role. Adult support groups can find ways of helping children in these situations by, for instance, encouraging schools to establish support groups for pupils.

**“Buddies”**. The “buddy” system is a method of providing one-on-one support over a long-term period, and is especially effective for people who have recently learned of their HIV-positive status or have commenced ART. PLHIV support groups are often a hub for “buddies”; members both serve as buddies and identify buddies who can support them. Buddies’ key role is to offer personal and frequent support to their peer PLHIV by, for example, reminding them to take their ARV drugs on time and accompanying them to the clinic for check-ups.
GUIDELINES

CRS conducted research with more than 10 organizations in Zimbabwe to understand the basic guidelines that underpin the formation and operation of successful support groups. The audience is PLHIV who belong to support groups or who want to form support groups. An additional goal of these guidelines as adapted by the Lang Son Drug Recovery SOP authors is to show that these same guidelines can be applied to support groups for those dealing with drug recovery.

The guidelines are grouped under the main headings:

- General
- Forming Support Groups
- Operations and Logistics
- Activities

General

1. People joining a support group must meaningfully participate in all aspects of the support group formation and operation. Although the center or other outside facilities often play a role in forming, nurturing and facilitating support groups, the primary drivers and decision-makers should be the PLHIV or those in drug recovery who belong to the group. Meaningful participation ensures that decisions are made by the people closest to the situation; that PLHIV or those in drug recovery have ownership over the group; and that PLHIV or those in recovery know the group’s vitality is dependent upon their own needs, interests and participation.

2. Group members must uphold confidentiality at all times.

   Each member must be certain that any information he or she shares with the group will not be discussed outside group boundaries without his or her consent. Support groups only work when members trust each other and can have free, open discussions. One way to promote confidentiality is for members to sign a “contract” that commits them to upholding confidentiality.

Forming Support Groups

1. Every support group should have a constitution, developed by its members, that clearly outlines how the support group will function. Constitutions provide clear guidance about what is allowed and is not allowed within the group, and they establish the framework for the group’s norms and values.
The constitution should address, at minimum:

- Overall vision and mission of the group,
- Membership (e.g., how new members will be recruited; maximum number of members; membership fee, if any),
- Rights and responsibilities of group members,
- Confidentiality,
- Conflict resolution and grievance procedures (e.g., what happens if one member violates confidentiality),
- Leadership (positions, selection, term length and succession),
- Meeting frequency, and
- Life span of the group.

Having a constitution that all group members are aware of and believe in provides the foundation for teamwork and smooth operations and reduces the potential for confusion and conflict.

2. Groups members must share a common vision and mission. If members do not share a common vision and mission, there is bound to be conflict within the group. PLHIV should seek out support groups that have a vision and mission they believe in. This holds true as well for people in drug recovery who come together to form a support group.

3. Membership in support groups should be voluntary. A person in drug recovery can join as many support groups as they want, as long as they actively participate in each group and the groups meet their needs.

4. Group leadership must be selected through a process that is transparent and fair, as articulated in the group constitution.

There are many different methods of determining which members will comprise the group’s leadership. Some support groups use a system of “rotational leadership”, whereby members move through leadership positions on a regular basis. Other groups use secret ballot elections to choose their leaders. Each method has its own strengths and weaknesses, which group members should carefully weigh.

5. The roles of group leadership should be clearly defined. Support group leaders do not undertake unilateral decisions, rather, they build consensus and act as coordinators. Leaders’ roles should involve:

- Ensuring all members actively participate,
& Upholding the group constitution,
& Organizing effective group meetings, and
& Overseeing the group’s schedule of activities.

6. A support group cannot meet the entire emotional, social, spiritual and health needs of PLHIV or of someone in drug recovery. What a group can do and cannot do should be clear to all members.

Individual counseling, medical assistance and family support are all important types of support that are not typically offered by support groups. Support groups are just one type of support that can help those involved live positively while abstaining from taking drugs or alcohol.

7. There must be a clear distinction between support groups and groups that work together on income-generating activities (IGAs).

There are often economic burdens that PLHIV face, such as the cost of healthcare and transport to medical appointments. Those in drug recovery often face stigma and discrimination and are unable to find a job because of this. To address this problem support group members sometimes decide to collaborate on IGAs. But when support groups engage in IGAs, their support focus can be compromised. In addition, people who are not HIV-positive or in drug recovery may begin asking to join the group. As one support group member said, “Support groups are not about money issues; they are about giving each other emotional support to cope and about having a place where we are free to discuss our illness in a safe, non-judgmental atmosphere”.

One option is for interested members to form separate groups that pursue particular IGAs. Membership can overlap, but the support group and the IGA groups should keep their own identities, including their own vision and mission.

**Operations and Logistics**

1. The meeting venue needs to be accessible, affordable, safe and agreeable to group members. When selecting a venue, members should consider the cost of transport fares to and from the location for all members, while at the same time recognizing that some members purposely decide to attend a support group in another neighborhood because of concerns about stigma and discrimination in their own neighborhood. In rural areas, groups often meet at people’s homes. In urban areas, meetings are often conducted in churches, schools, municipal halls or members’ houses. All members should agree upon the meeting time.

2. Members should come to a consensus about whether to have refreshments at
meetings. PLHIV have greater caloric requirements than people who are HIV-negative and, especially in rural areas, members may travel a significant distance to attend meetings and may arrive hungry. If members decide to have refreshments, they must determine how these refreshments will be provided. In rural areas, members may prepare food using produce from nutrition gardens run by home-based care programs. In urban areas, members may bring packed meals for themselves or to share. Groups may decide to collect modest membership fees to support refreshment purchases. Or, they could ask an affiliated NGO, CBO or health facility to provide refreshments. Such organizations could use this opportunity to share information with the group about good nutrition and careful cooking.

3. Meeting facilitators can come from inside or outside the group; outside facilitators should have an excellent understanding of the group’s purpose and ground rules and must uphold confidentiality. The group should identify meeting facilitators when developing the master diary of activities (see below). Each member should be tasked with facilitating at least one meeting on a topic that he/she feels comfortable with. If the group wants to explore a topic and no member has the required expertise, the group should look for qualified facilitators within other PLHIV support groups or identify qualified outside facilitators.

4. The group should establish meeting ground rules. These rules are more specific than the constitution and include things such as agreeing to listen when others are speaking, respecting time, and supporting the participation of all members.

Activities

1. On a regular basis, group members should work together to develop a diary of events and activities.

2. At a set period – usually once or twice a year – groups members should work together to prioritize events and activities for the next period. This “master” diary should be circulated to all members. Creating a diary helps ensure that members’ expectations, needs and desires will be addressed during the period. Some successful groups establish a topical theme for each month of the year, such as nutrition or adherence, and then organize speakers, activities and events that support this theme. Maintaining a varied, relevant, dynamic schedule is critical to retaining members.
Module 9

Social Skills & Job Support

Procedures
Module 9: Social Skills & Job Support

Procedure

Purpose

The purpose of the Social Skills and Job Support components is to assist clients in developing a set of social competencies that can be used to manage their daily lives and relationships. In addition, the Center offers clients an opportunity to participate in a short-term immediate employment scheme, within which they may re-establish the ethics and practices of engaging in daily work. This component allows each client to generate an income. For those clients who successfully sustain a meaningful period of recovery, the Center works to develop and support individual plans for seeking longer-term employment in a variety of community settings.

Key Features

1. The Center offers short-term employment opportunities to those clients entering the recovery stream of the program. One of the most important considerations is that employment is a very productive way for clients to structure their time and avoid the temptation to return to the familiar habit of drug use. The current short-term employment component focuses on small income generation projects such as beaded crafts or mats, which are sold through local distributors.

2. In addition to helping clients structure their time, employment provides clients with the opportunity to build a sense of discipline, accomplishment and worth.

3. Involvement in this phase of the program also allows the client to generate income and become a contributing member of his/her family and community.

4. As this phase of program involvement continues, Center staff and each client (through the process of case management) should continually re-evaluate the client’s progress in both overall recovery and participation in the short-term employment component.

5. In addition to participating in the short-term employment scheme, clients who enter the recovery phase of the program also participate in the Social Skills development component. This component helps clients develop a set of social competencies which will benefit them in two specific ways. First, these skills can be used to help clients manage their daily lives and better cope with the stresses and challenges we all face. Second, by developing better social skills, clients increase the likelihood of obtaining longer-term
employment in the community.

6. As clients successfully complete the Social Skills component activities and participate in the short-term employment scheme, staff should meet with the client and his/her family (if they are willing to be involved) to plan a job search process. This plan should include developing a list of potential employers, writing and practicing a script that can be used for asking for a job, detailing prior work experience and developing a list of references (including the staff of the Center’s employment component). **It is important to note that in those cases where the client lists the Center’s employment program as a reference, it should not be identified as a component of a drug recovery center.** Rather it should be represented as a business that creates crafts for sales via distributors in Lang Son and other outlets. This recommendation is based on past experience which has shown that local businesses are hesitant to hire individuals who have a history of drug use.

7. In light of the hesitancy of local employers to hire former drug users, **Center staff should not take the lead in helping clients seek employment.** In fact, experience has shown that either the client him/herself, or with his/her family’s support, is best placed to make direct contact with prospective employers. On the other hand, the Center can play a very supportive role in helping clients plan and practice the ways in which they will seek employment. Additionally, the Center can provide recommendations which detail the length and performance of a client’s involvement with the Center’s short-term employment scheme.

**Tools**

The primary tool for this section is the *Lang Son Center Social Skills Development Curriculum* which is currently available in Vietnamese only. Several copies are kept at the Dong Tam Center and are available to all staff as needed.
Module 10

Health Care
Procedures & Tools
Module 10: Health Care

Procedure

Purpose

The purpose of the Health Care component is to support the access of Dong Tam Center clients to balanced psychosocial and health services. Health care should be provided at each step of the client's involvement with the program, focusing on general health as well as issues of special concern to active drug users and those in recovery. Such related issues include the negative effects of drug use, increased risk for HIV and/or HIV-related OIs, STIs, Hepatitis, and Tuberculosis (TB).

Key Features

1. During a client’s initial case management and intake process, Center staff should facilitate the access of clients to a medical exam to assess their general state of health. While the Client Assessment Form asks basic questions about the client’s health, this self-report should be augmented by a general medical exam by qualified medical personnel. In cases where significant medical issues are identified, a referral should be made to an appropriate health care provider.

2. In addition to providing a referral for a medical exam at intake, clients should be encouraged to report significant changes in health status to the Center. Center staff should make clear to clients that medical information is kept in strictest confidence, and the goal of collecting such information is, first and foremost, to help each client manage his/her health and increase the Center’s ability to support each client’s long-term recovery.

3. In cases where either clients or other drug users in the community disclose that they have shared needles or visited a sex worker, staff should provide crisis counseling and information and refer the individual to HIV Voluntary Counseling and Testing (VCT) and/or STI screening.

4. The Center should develop linkages to health services within the community and at the provincial level (including hospitals, Community Health Workers, and programs that provide services for health-related issues such as HIV prevention, VCT, and HIV care and treatment). In order to develop appropriate linkages, it is necessary for staff to inventory existing services, conduct site visits to both explain the Center as well as learn about each potential service provider, learn the referral and intake/admission process for each service and identify a key contact at each program to serve as the main point of contact for future referrals.

5. Once linkages have been established with appropriate health service providers, staff should work with clients to identify individual needs and make referrals as appropriate.

6. When barriers in access to health services arise, the Center should consider ways to support the client in acquiring the necessary health services.
In some instances, barriers to treatment may be as simple as a lack of transportation; in other instances, clients may be unwilling to access services due to a fear of discrimination. Regardless of the reason, it is important to provide support in this regard. Center staff, Outreach Workers, other clients and/or family could all play roles in overcoming barriers to access.

7. **Given the relationship between injecting drug use and increased risk for HIV, all individuals who visit the Center should receive information regarding the IDU-HIV link, HIV prevention and harm reduction practices.** For individuals interested in determining their HIV status, information should be available regarding confidential VCT services.

8. **The Center should establish or support an existing group for PLHIV which could be run using a format similar to the group counseling meetings used during the Recovery Group Counseling phase.**

9. **In addition to a specific support groups for PLHIV, it is important for the Center to regularly evaluate the need and desirability of offering an educational series to address clients’ health issues and concerns.** The following section, Health Care Tools, is the educational series that has been developed and offered by the Center, to date. In addition to serving as the outline for educational presentations, many of these tools offer important background information. Staff are encouraged to study these materials to better acquaint themselves with this critical information.

### Tools

The following section contains a number of Health Care Tools for use by Center staff.

**Tool #1: Drug Harm Reduction – Fact Sheet** provides basic information on harm reduction techniques related to HIV transmission. **Tool #2: Sexually Transmitted Infections – Seminar Outline** is an outline for a seminar presentation about STIs. **Tool #3: ARV Treatment and Adherence – Seminar Outline** and **Tool #4: Living A Positive Life (with HIV) – Fact Sheet** provide seminar activities and information designed to support PLHIV to live positively.

In addition to the tools presented in the following section, the Center maintains a Health Services Referral List and Contact Numbers List which list local health service providers to which Center clients could be referred for additional health services. A copy of this list can be obtained from the Center Director.

### Contents of Health Care Counseling Tools

**Tool 1: Drug Harm Reduction – Fact Sheet**
**Tool 2: Sexually Transmitted Diseases – Seminar Outline**
**Tool 3: ARV Treatment and Adherence – Seminar Outline**
**Tool 4: Living A Positive Life (with HIV) – Fact Sheet**
Tool 1: Drug Harm Reduction – Fact Sheet

PURPOSE: This tool provides harm reduction information for clients. Topics addressed include the nature of addiction, the harmful effects of drug use and specific steps that can be taken to reduce the harm associated with drug use.

CAUTION: This CRS program does not promote harm reduction. CRS does not provide needles for needle exchange. However, the Center does provide complete information on the choices that drug users have for recovery and HIV prevention. This section is meant to simply inform staff and their clients on harm reduction. The ultimate goal of the Center, however, is getting at root causes of the problem of drug addiction and supporting individuals through drug recovery.

What is drug addiction?

Based on six criteria of addiction diagnosis, a person is considered an addict if he/she has at least three of the six following symptoms:

1. Strong craving for drugs/substance (being mentally dependent on drugs)
2. Unable to manage drug use
3. Experiences withdrawal when they don’t take the drug (a physical dependence on drugs)
4. Has a need for increasing doses of drugs to get the same high feeling (high tolerance)
5. Always trying to find drugs, ignoring other tasks or interests
6. Continues using drugs despite knowing the problems they cause

Harmful effects of drug addiction

Physical effects:

- Loss of appetite, weight loss, laziness with personal hygiene which can cause skin diseases and bacterial contamination
- Not as healthy of an immune system resulting in higher chance of getting Tuberculosis
- Body could go into shock due to quick injection or overdose
- Increased risk and likelihood of acquiring STIs, Hepatitis B, Hepatitis C and, HIV as a result of sharing syringes/needles and engaging in unsafe sex
Personality effects:

- Drugs can change personal characteristics: inability to manage feelings, conflicts with family members, often lying to others, not caring about children, lack of desire or interest, irresponsible
- Mind can become unaware of what is happening, placing oneself in unmanageable situations (i.e. easy to cause accidents to himself/herself or others)
- Psychiatric disorders including anxiety, depression, delusions, and hallucinations

Work effects:

Cannot concentrate on work, study; cannot follow schedules or regulations, often spends time looking for drugs

Economic effects:

The addict needs money for escalating or maintaining drug use, so he/she steals, harms others, sells sex, sells drugs, or uses other harmful means to obtain money

Impact on the family:

Conflict with family members, economic impact due to loss of money from working individual or taking money from family, divorce, abuse, etc.

Social impact:

- Economic aspect: money that could be used for productive activities, education, starting a business, etc. is spent on drugs, household income is reduced as drug users typically cannot hold jobs, household economic situation can become insecure as drug users sell household assets in order to buy drugs
- Worsens security/increases crime: due to the problems caused by drug users (such as drug business, swindle, robbery, gang activity, etc.)

Why should drug users be concerned about HIV?

In Vietnam, more than 60% of HIV infected people are IDUs. HIV can be transmitted from one person to another through sharing syringes/needles or unsafe sex.
The chart below shows HIV transmission in communities due to sharing syringes/needles and unprotected sex.

To break this connection, we should help IDUs have healthy and safe lives by providing them with proper information and necessary services.

**What is harm reduction for IDUs?**

Harm reduction programs aim to minimize the immediate risk of HIV transmission and other blood-borne infections, reduce the chance of death due to overdose and lessen the negative social impacts of drug use including poverty and crime. As the name implies, harm reduction attempts to minimize drug-related harms but does not try to eliminate drug use itself.

Harm reduction programs may include some or all of the following activities:

- Information and instruction on safer injection and protected sex for IDUs, for example, how to clean the used syringes/needles and how to prevent overdose
- Substitution therapy, such as methadone maintenance as an option for dealing with addiction
- Needle and syringe exchange programs aimed at preventing needle sharing
- Counseling and education about reducing the risk of HIV and other disease transmission, as well as other health risks, associated with drug use
- Referrals for health care, HIV testing, addiction recovery and other social services
• Information around HIV and HIV services, such as VCT and ART services;
• Establish self-help groups of active drug users who want to quit using drugs or want to register for drug detoxification. Outreach workers give advice on reducing drug use before detoxification.

Community Residents Frequently Asked Questions (FAQs)

QUESTION: What is a needle and syringe exchange program?

ANSWER: Sharing syringes and needles can transmit different viruses, such as HIV, Hepatitis B, or Hepatitis C. The needle carries the virus from one person’s blood to another’s when the shared needle is put in the second individual’s vein. Drug users share their needles and needles for many reasons including:

• Lack of money and/or access to buy new needles
• Fear of other people knowing they are IDUs
• Lack of knowledge about the dangers of needle sharing
• Peer pressure
• Fear arrest by the police for possession of needles and syringes
• Dirty needles are attractive for individuals who can’t afford drugs, because they contain a tiny drug residue from the previous user. Old needles have “leftovers” in them that new needles do not.

For these reasons, needle and syringe programs typically also provide information and instruction on safer injection, how to clean used needles and syringes, where to access condoms, referrals to counseling, VCT, health care, and drug rehabilitation services.

The aim of clean needle and syringe programs is to reduce the amount of harm caused by using drugs as well as to prevent HIV infection and Hepatitis transmission. Needle and syringe programs assist drug users to change unsafe injection behaviors to safer behaviors. Ideally, the individual would quit using drugs and this would be the safest method. However, in many instances, individuals are not ready to quit and will decide to continue using drugs despite the information given to them. In these cases, a harm reduction program can reduce the amount of harm IDUs cause themselves or others.

QUESTION: What are reasons that organizations choose to give needles and syringes given to IDUs?
ANSWER: The best way for drug addicts to protect themselves and others is to quit drugs. While it is the ultimate goal that a drug addict will quit drugs after being released from the 06 Center or after detoxification, many soon relapse and begin to use drugs again on a regular basis. This relapse can be due to a number of reasons. Stopping drugs is difficult, and many IDUs will continue with unsafe practices which put themselves and their partners/spouses at risk. Therefore, clean needle and syringe program can help IDUs who are not willing or able to quit to protect themselves and their partners/spouses from HIV, Hepatitis or other diseases transmitted through blood to blood contact.

QUESTION: Can CRS or our program distribute needles or condoms to its clients?

ANSWER: No. CRS and its programs can give complete and accurate information on harm reduction methods and condoms, but it does not distribute or promote either of these items. There are other programs that distribute these commodities within the project area of CRS’ rehabilitation center. It is the responsibility of the Center to provide clients with complete and accurate information along with information on all other related services provided in the area.
Tool 2: Sex & HIV Transmission—Seminar Outline

**PURPOSE:** This tool is an outline for a seminar around sex and HIV transmission. It is designed as an interactive workshop and provides information and opportunities for reflection and discussion. It may be appropriate depending on the sensitivities of the group to break it up by gender for greater participation.

**Seminar Preparation and Opening Discussion**

- Arrange to have a large room with newsprint on the wall
- Have participants sit in a circle on a mat
- Thank everybody for his or her participation, ask if anyone is absent
- Ask participants to review the things that they learned from the previous session
- Review and summarize the content of the previous session (if any)
- Explain the content of this session/topical talk, starting with a game

**Warm up Exercise: Tearing Paper Game**

*Time: 7 minutes*

- Invite four participants as volunteers to join the game. Have them step forward so that everyone can see them. Each of them will be given a paper. Ask them to close their eyes without saying anything. They have to follow the facilitator’s instruction.

- Tell the four volunteers to fold the paper in two, tear and throw to the side the one on the right. Then fold the remaining one in two and again tear and throw the one on the left to the side.

- After this, the four volunteers can open their eyes and look at the paper in their hands. The four papers look different from each other.

- Ask all the participants, what is the meaning of the game? The meaning of the game is that the instruction/guidance can be misunderstood which may cause different results. Therefore, the facilitator should give specific and exact explanation/guidance to participants, as well as provide opportunities for practice.
Part 1: Issues Related to Sex & HIV

Time: 30 minutes

• Explain that HIV can be transmitted from one person to another through sex, so everyone should be aware of his or her sexual behaviors.

• It may be uncomfortable to discuss sexual issues; those issues can be discussed in small groups (maybe in pairs) so that everybody can participate and share his or her own ideas with others.

• Each participant can choose his or her partner so he/she will be more likely to express his or her own ideas without being shy. Participants do not have to respond to the information their partner shares if they do not want.

• All the pairs will answer questions listed below and write their answers on paper (the questions should be already written on a flipchart and hung on the wall.)

Ask the group the following questions:

• How do beliefs, culture and social prejudice affect safe sexual behaviors in communities?

• Do these issues create positive conditions in preventing HIV infection and in practicing safe sexual actions?

• Do these issues create an enabling environment for HIV infection?

• In your opinion, have the current attitudes/beliefs and sexual actions changed since HIV was detected?

• What is considered by medical professionals to be ‘safe sex’?
  - No sex
  - Sex within marriage and with no other partners,
  - Sex using a condom correctly

• What is a woman’s role in safe sex?

• What rights do women need to have in sexual intercourse?
  - Right to have and choose their partners
  - Right to decide when and how to have sex
  - Right to refuse to have unwanted/forced sex
Economic rights: women have the economic rights to refuse unprotected sex and to live and bring their children up without depending on sex.

- Have two pairs sit together in a group of four and discuss their answers within a 20 minute time frame. After 20 minutes, have the participants join the larger group.

- In a 10 minute time frame, the facilitator should ask the entire group to discuss the following topic:

  What are people’s attitudes when discussing sexual issues?

Each small group should make their final conclusion on the major issues leading to the connection between sexual behaviors and HIV transmission.

- If the participants feel uncomfortable discussing this topic, allow more time to each group so that they can determine the challenges and difficulties that occur when talking about sex. Encourage the participants to overcome those challenges. If this is not possible, ask the participants to choose a second topic.

**Part 2: Risks of Unsafe Sexual Behaviors**

- Explain to the group that everybody should discuss the risks related to different sexual behaviors and get used to the word “sex.” This can be discussed in the whole group or small groups depending on the comfort level of the group.

- Everyone’s behavior has consequences or risks, however, it is possible to minimize or limit those risks.

- Prepare cards with different sexual behaviors. Each participant will be given one card. There are two columns of cards: “Most dangerous behavior”, and “safest behavior”. The participants should put their cards in the column they feel is most appropriate.

- If there is anyone who is uncomfortable in deciding or unable to decide where to put the card, ask him/her to give the card to others.

- Finally, the facilitator will put the cards in the correct place if none of the participants feel comfortable or know where to put a card.

**Part 3: Summary Discussion**

- Have participants sit in a circle to review the topical talk.

- Ask each participant to give his/her feedback or comments on the session.
• Thank each participant for their attendance and participation. Do not forget to provide information on local condom provision or HIV counseling and testing services. Inform them about the next topical talk/session.

**Obtaining Feedback from Community Outreach Workers**

• The facilitator should have a talk with Outreach Workers to get their feedback and comments on the session.

• With observation, Outreach Workers can give some comments, recommendations and suggestions for improving the next session.

• Remember to keep particular information regarding clients as confidential.
Tool 3: ARV Treatment and Adherence – Seminar Outline

**PURPOSE:** This tool is the outline for a seminar on the topic of ARV Treatment and Adherence. Topics include the nature of HIV, AIDS and ARV treatment as well as the importance of adherence to treatment protocols.

**Seminar Overview:**
- Time: 90 minutes
- Targeted participants: active drug users and post-detoxification members who are participating in the Dong Tam Center’s program
- Facilitators: Staff of the Center

**Seminar Content:**

1. The relationship between HIV and CD4 cells: (30 minutes)
   - What is HIV? What is a CD4 cell?
   - HIV attacks and destroy CD4 cells, resulting in immune deficiency

2. When does the patient start ARV treatment: (10 minutes)
   - The doctor’s direction for ARV treatment is based on the number of CD4 cells that the individual with HIV has and the clinical stage of the individual’s illness. Clinical stage is found by looking at the health of the individual. Certain illnesses and criteria for worsening health will determine which clinical stage the individual with HIV is in.
   - When the number of CD4 cells is less than 250 or the patient is at the third clinical stage in addition to number of CD4 less than 350; or at the fourth stage (according to the national guidelines and WHO)

3. The effects of ARV: (10 minutes)
   - Improves the body immune system
   - Inhibits the development of HIV
   - Increases CD4 cell count
   - Reduce diseases and improves the patient’s health
   - Prolongs the patient’s life

4. The limitations: (10 minutes)
   - ARV treatment is life-long medication and treatment
   - Patients may develop side effects while taking the treatment
5. What is the treatment adherence: (15 minutes)
   - Taking the medicine at the right time and with the right dose
   - Life-long medication

6. Adherence support measures: (15 minutes)
   - Set alarm, stick the reminder where it is easy to see
   - Ask family members for support/to remind them
Tool 4: Living A Positive Life (with HIV) – Fact Sheet

**PURPOSE:** This tool provides information on how to live a positive life when one has HIV. It gives background information as well as a series of key aspects that comprise the essence of living positively.

The determination to live, to sustain hope, to nurture and be nurtured, to value ourselves, and to strive for quality of life is the foundation of Positive Living.

**Positive living:** a state of accepting one’s Sero-Positive Status and participating in activities that enhance one’s quality of life in order to live longer.

**Self-care:** the care that a PLHIV, caregiver or someone in drug addiction recovery can provide without depending on a health care professional. Examples of self-care practices include good personal hygiene, proper nutrition, avoiding drugs, alcohol and tobacco, adhering to medication, etc.

**Positive Living includes the following aspects:**

- Physical wellbeing
- Psychological & emotional wellbeing
- Social wellbeing: open and friendly to friends, neighbors, family members, do not isolate from others
- Spiritual wellbeing: rather than continually thinking about mistakes you have made in the past, focus on the present and future by living a purposeful and moral life without drugs.
- To promote stable living by getting a job and feeling useful to self and society
- Live in a friendly and supportive environment: supported by family members, friends and community, to participate in peer self-help groups
- To accept his/her status: avoid self-discrimination; accept his/her status for drug recovery and a longer life
- Disclose his/her status to others (in medical agencies, to clients, families or in community), should not hide the disease
- Actively participate in HIV infection prevention activities including HIV testing and drug relapse prevention. If he/she has a risky behavior, joining the self-help groups of people who want to escape from drugs, groups of post-detoxification people, etc., taking part in communication events or talks in community.
- Make plans for the future
Module 11

Family Counseling
Procedures & Tools
Module 11: Family Counseling

**Procedure**

**Purpose**

The purpose of *Family Counseling* is to support families in dealing with the pain and anger they may be experiencing as a result of the addicted family member’s use of drugs. Center staff must first attend to the needs of the non-addicted members of the family by helping each examine the roles they play as a member of a family affected by drug addiction. The first goal on the road to family recovery is to help each member stop playing their respective roles and begin to build his/her individual strength and regain a sense of control over their own life. Once that is accomplished the family can then decide the degree to which they are willing and able to support the recovery of the drug involved individual.

**Key Features**

1. **Center staff must first develop a basic understanding of the family dynamics of drug addiction.** Tool #1: *Dynamics of Family Addiction* provides a good start. Tool #2: *The Rescuer/Victim Dynamic* provides a very important and helpful illustration of how family members’ attempts to “rescue” the addicted family member often result in the victimization of these well intentioned individuals.

2. **When making initial contact with family members, Center staff should begin by putting the focus on the family members and not the active drug user.** Do not immediately ask family members to consider how they might support the active drug user; instead point out the ways in which the Center can help other family members.

3. **Acknowledge to family members that it is understandable that they may be feeling a range of emotions from frustrated and sad to angry and depressed.** These are the feelings that families affected by addiction typically feel.

4. **Review with family members the current array of counseling services the Center provides for families of addicted individuals (e.g., family support group, family education series, and family counseling).** Offer family members the opportunity to avail themselves of any of these services.

5. **If the member of the family who is an active drug user is not a member of the Center, consider if it is best to involve the non-drug using family members first or—if you feel it would be appropriate—to support the family in recruiting the active drug user to the Center.** If it is determined to work with the family first, one goal of their involvement could be recruiting the active drug user to the Center at a future point in time.
6. As the family participates in Center counseling services, use Tool #1 and Tool #2 (as well as other available materials) to engage the family in a process of reflection and awareness-building regarding the roles that develop in addicted families and the ways in which different family members may have adopted such roles. Also, have the family consider the ways in which they may be operating by the rules of an addicted family. The goal in conducting such analyses is to help the family members break these patterns of behavior so that they may each resume a normal life. In doing so, they will not only take care of their own needs, but also increase the likelihood that they would be willing to lend assistance to the family’s active drug user.

**Tools**

The following section contains a number of *Family Counseling Tools* for use by Center staff. Tool #1: *Dynamics of Family Addiction* gives background information on the nature of the family dynamics of drug addiction while Tool #2: *The Rescuer/Victim Dynamic* provides an illustration of one of the most common dynamics that occurs in families dealing with addiction. Both of these tools can be used to deepen Center staff understanding of these dynamics and as teaching tools for use with families. Tool #3: *Steps in Working with Families Affected by Addiction* provides direct guidance on working with families affected by addiction by offering a number of key steps to keep in mind when addressing this issue.

**Contents of Family Counseling Tools**

Tool 1: Dynamics of Family Addiction

Tool 2: The Rescuer/Victim Dynamic

Tool 3: Steps in Working with Families Affected by Addiction
Tool 1: Dynamics of Family Addiction

**PURPOSE:** This tool gives an overview of the dynamics of family addiction. It is designed as background information for Center staff but can also be used as a presentation to families as part of an educational series or within the context of a family counseling session or group.

*Please note that even though this model presents specifics such as stating that the ‘Hero’ is often a sibling, it is not the same for every family. This is only to be considered an example of how family dynamics may work with addiction.*

**Codependency**

A codependent individual is defined as someone who tries to protect the individual who has harmful problems such as alcoholism or other drug addiction. By taking on a role of needing to “save” the troubled individual, the codependent individual can cause harm to the troubled person as well as to himself or herself in the long run.

Codependent relationships begin when family members take on the addiction or *codependent family* roles rather than expressing their feelings, wants, or needs.

It should be quite easy to identify when a person has adopted a family role since instead of expressing themselves as they normally would, they do not always know how to communicate in a healthy way. This is particularly true as it pertains to communicating anger. While the drug user may be quite adept at using expressions of anger as a strategy to stop other family members from attempting to address his/her drug use, it is often the case that family members have difficulty in responding in kind. In other instances, when family members do respond in anger, it can sometimes escalate into either physical or psychological violence. In either case, the end result is that attention is deflected away from the use of drugs leaving the family feeling victimized and powerless to help the drug-involved family member deal with his/her drug use.

When people start to find help for codependency and overcome their codependent family roles, they realize how much of their life has been compromised by the drug user and this often leads to anger at the injustice of the addicted individual.

When this anger begins to surface it can be a positive sign of recovery, since family members are reclaiming their dignity and individuality, thereby breaking the codependency cycle. This is the first step on the family’s road to recovery.
Family Roles

Family members dealing with addiction in their family will unknowingly take on specific stereotypes such as the five roles listed below:

- The Addict
- The Hero
- The Mascot
- The Lost Child
- The Enabler

Each role is briefly described in the following section:

The Addict

The person with the addiction is at the center, since the world revolves around this person, causing the addict to become the focus of the family’s attention.

The Hero

The Hero is often a sibling of the addict who attempts to compensate for the addict by being an extremely responsible and respectful family member. They ignore the family’s drug problem and present things in a positive manner as if the roles within the family did not exist. Despite this act, the Hero’s true and underlying feelings are embarrassment, shame and anger.

The Mascot

The Mascot’s role is that of a joker with the goal of bringing temporary relief to the family. They will often make jokes about the family’s situation. Though they do bring humor to the family, it is often harmful humor, and they sometimes hinder addiction recovery. The Mascot’s underlying feelings are embarrassment, shame and anger.

The Lost Child

The Lost Child is the silent, out of the way family member, and will never mention drugs or recovery. They are quiet and reserved, careful to not make problems. The Lost Child gives up self needs and makes efforts to avoid any conversation regarding drugs. The Lost Child’s underlying feelings are guilt, loneliness, neglect and anger.
The Enabler

The Enabler makes all the other roles possible. They try to keep everyone happy and the family in balance, void of the issue. They make excuses for all behaviors and actions, and never mention addiction recovery or getting help. The Enabler presents a situation without problems to the public. The Enabler’s underlying feelings are inadequacy, fear, and helplessness.

Rules in an Addicted Family

In addition to these classic roles, addicted families often operate by a set of special rules:

- The drug addict’s use of drugs is the most important issue in the family’s life
- Drug use is not the cause of family problems (despite the fact that it is)
- Blame is put on others for any problems (especially in the case of the addict)
- Loyalty to family is above all else
- Nobody may discuss problems outside the family
- Nobody says what they feel or think
- Don’t trust anyone especially people outside the family
- Don’t upset things any more than necessary

This is in stark contrast to the rules of a healthy family in which:

- Self worth is high
- Communication is direct, clear, specific and honest and feelings are expressed
- Rules are human, flexible and appropriate to change
- Each person has goals and plans, and should be supported by the family

Playing the roles described above and following the rules of an addictive family can have a debilitating effect on all family members and result in repressed feelings, low self-esteem, little communication, weak or no boundaries, anger, lack of trust, lack of affection, and hopelessness.

The Road to Family Recovery

The goal in family drug addiction recovery is to bring each member as a whole into a situation where problems can be dealt with openly and honestly. Each individual (as appropriate) should be integrated into the recovery process, allowing emotional honesty about the situation, without guilt or punishment. The overall goal in overcoming codependency is to make each person whole.
As family members become familiar with the role they have played in their respective families they begin to overcome issues, and what could be considered their own addiction, to their specific role. While stopping drug use is of most importance to the person with the addiction, it is important to remember that stopping this drug use is not the key to family recovery – removing the underlying roles is.

In beginning recovery, each family member must become proactive against the addiction to each specific role, and learn to become his or her true self. The goal is for each person to become independent, and then approach the substance addiction recovery as a group of individuals, rather than as people playing a part. Whole, independent people can freely contribute to the recovery of the person overcoming the addiction, while a person playing a part can only perform the role.

Addiction recovery from the codependent role is tough. Family members must be personally honest and decide how they would like to live in relationship to the addicted individual as well as in relationship with other family members. This may be as simple as defining how he or she wishes things were, without playing his or her part, and drawing on the support of other family members and friends to achieve such wishes.

**How to Help a Codependent Loved One**

As each person in the family grows and gains insight into the nature of his or her own behavior, they may find it easier to better understand and deal with the addicted member of their family. Some tips on how to help this individual would include:

- Learning facts about drug dependency and codependency
- Visit the treatment and support programs with the addicted family member to learn more about programs and available services
- Encourage the addicted member to get involved in new activities
- Refrain from preaching and lecturing
- Ensure honesty, avoid being deceitful and be direct in your communications with the addicted family member
- Expect total recovery to take time
- Appreciate the final choice to use drugs is beyond family members’ control and rests solely with the addicted member.

Tool 2: The Rescuer/Victim Dynamic

**PURPOSE:** This tool is an overview of one of the key dynamics at play in an addicted family. The tool can be used in group meetings as well as in individual family sessions.

The following two diagrams illustrate how an active drug user will present himself or herself to the family as a helpless victim. In taking this stance, the drug user attempts to play on family sympathy and compassion. In most cases the family’s initial reaction is to provide this individual support with the hope that such support will lead to a cessation of drug use. Over time, as the drug user continues to engage in drug use, other family members become angry and saddened. At this point some family members may gain the realization that it is futile to try to take responsibility for a drug user’s actions; unfortunately many family members just continue to try to rescue the drug user which in the end turns these well-meaning rescuers into victims. This dynamic is illustrated in the following two diagrams.

**Diagram A**

As Diagram A shows, the family member who is an active drug user will present himself or herself as a victim of his/her own drug use at which point concerned family members will attempt to rescue this individual from drugs.

![Diagram A](image)
Diagram B

Despite the family’s sincere attempts to rescue this individual, the active drug user is not a victim at all; he/she is a persecutor who is responsible for creating this situation and is manipulating other family members – not to rescue him or her from drugs – but to create a set of conditions to help him/her continue using drugs. The family members who try to help this person are the real victims as they are the objects of the drug user’s manipulation.
Tool 3: Steps in Working with Families Affected by Addiction

**PURPOSE:** This tool summarizes key steps that program staff can utilize in working with families that are affected by addiction. The guiding principle behind this approach is that it is important to acknowledge and address the needs of the affected family first. Once you have successfully addressed these issues, then you can turn attention to determining the degree to which family members may be willing to support the recovery of the addicted family member.

The following key steps can be used in outreach and providing counseling services to families that are affected by drug addiction:

**Step One:** When making initial contact with family members, begin by putting the focus on the family members and not the active drug user.

**Step Two:** Acknowledge to family members that it is understandable that they may be feeling a range of emotions from frustrated and sad to angry and depressed.

**Step Three:** Review with family members the current array of counseling services the Center provides for families of addicted individuals and offer family members the opportunity to avail themselves of any of these services.

**Step Four:** If the member of the family who is an active drug user is a participant in the Dong Tam Center, then discuss with the family members how appropriate it would be to involve this person in some or all of the Center services and activities which other family members may join.

**Step Five:** If the member of the family who is an active drug user is not a participant in the Center, consider if it best to involve the family first or—if appropriate—to support the family in attempting to recruit to the Center the active drug user at this time.

**Step Six:** As the family participates in Center services, use Tools #2 and #3 (as well as other available materials) to engage the family in a process of reflection and awareness-building regarding the roles that develop in addicted families and the ways in which different family members may have adopted such roles.