

Drug Rehabilitation Learning Report with Action on Addiction in 2015

Background:

S.A.L.V.E. International provides opportunities for children and young people (aged 6 – 25 years old) who live on the streets of Jinja, Uganda. Our aim is to build a brighter future for these young people. One of the biggest barriers faced by young people to transition off the streets of Jinja is substance addiction. The most commonly used substance is Mafuta (aeroplane fuel) which is usually poured onto a rag, placed in a plastic bottle and inhaled through the mouth. After extensive local research and consultation, S.A.L.V.E. International determined that a specialist drug rehabilitation programme is needed to meet the specific needs of the young people.

Before starting a new drug rehabilitation programme in 2016, S.A.L.V.E. is going to conduct a series of research and development visits across the world, to learn from others who are already involved in drug rehabilitation work, and to gain a deeper understanding of the scale of street-connected child drug use across Uganda as a whole. This research is funded by Comic Relief. This is a report from one of these visits, to Action on Addiction in the UK. It is shared publicly to help others who might be doing similar research and learning. The results of this report will be considered by a local panel of stakeholders in Jinja to decide which learning should be incorporated into S.A.L.V.E.'s plans for the future.

Summary of recommendations:

Family Intervention:

- Working with the whole family is a vital part of the recovery process for anyone with an addiction.
- Without addressing the issues that caused the person to turn to drugs in the first place, they are likely to have the same response when they settle back at home.
- The type of attachment a person demonstrates can tell you a lot about their childhood.
- By offering counselling to the family members and acknowledging that their own childhood experiences have led to parenting behaviours, it may be possible to break the cycle.



Health

- All clients should have a pre-entry health check-up including a sexual health check.
- There should be an onsite nurse who can deal with health concerns, provide medication, take children to the hospital when needed and help during withdrawal.
- Injections of Vitamin B and Tymim can be given in the first 3-5 days to help withdrawal if needed.
- Staff should be trained to manage seizures which can occur due to withdrawal, particularly from alcohol.



Staffing

- Staff need regular team meetings, supervision and training to give them the support they need.
- Team meetings should use reflective learning to help improve practices for the future.
- One to ones should be conducted after all significant incidents to offer staff the opportunity to talk through how it has affected them.
- Staff members need a manager who is approachable. They should be able to come to them with any issues of concern and receive support on how to progress their cases.



Nutrition and hydration

- Drug users are often malnourished so a healthy, balanced diet with lots of nutritious fruit and vegetables is important.
- There should be a 12 hour fast over night between dinner and breakfast to help the body digest the food. Therefore, dinner should not be served too late in the evening.
- It is important to make sure the client is drinking lots of water to keep hydrated and flush out toxins.



Counselling Skills

- Counselling should be person centred and it should not be assumed that the counsellor knows best. They need to actively listen to the client and their needs.
- A contract should be signed when a client enters the programme to show that they understand what they are agreeing to. This can be referred back to if necessary.
- In order to be effective as a counsellor, the client needs to trust you. They may try to test whether they can trust you in a variety of ways, so it is important to react to these tests appropriately, always being consistent.
- Active listening, open questions and minimal encouragers are good tactics to encourage the client to open up. Counsellors should not write notes during counselling as this will affect your ability to respond.
- Motivational Interviewing can be used to encourage the client to set and to achieve their goals.



Case loads

- Staff caseloads should be between 5 and 10 clients at a time to give them effective follow up and time.
- Staff from different departments should attend some team case work meetings to allow for suggestions from those less close to the client.
- It is also valuable to refer a client on to other services that can offer them additional support.



Action on Addiction's Background:

Action on Addiction is a registered charity formed in April 2007 through the merger of three organisations: Action on Addiction, Clouds and the Chemical Dependency Centre. Their vision is 'people free from addiction and its effects'.

Action on Addiction has treatment centres throughout England and runs a specialist programme which provides support for families of people with addiction.

They provide abstinence-based 12-step residential treatment and structured day treatment. Their key areas of work are:

Prevention: Researching what increases the vulnerability of children and young people to substance misuse and testing interventions that reduce this.

Treatment and rehabilitation: Providing services that help people recover and learn from their experiences. They have treatment centres offering both day treatment and residential treatment to suit the needs of the individual.

Support for families and children: To find the best ways to support family members affected by addiction in order to aid their recovery from its effects and to reduce the risk for further harm

Research: To improve understanding of addiction and its effects in order to inform responses to it. Research is particularly focused around prevention and treatment studies.

Education: To inform young people and adults about addiction, its effects and the responses to it.

Workforce development: To ensure there are competent people to work effectively in all areas from prevention to recovery. Action on Addiction offers courses run by experts for people in the addictions field to improve their skills and learn new ones which will enable them to offer the highest standards of care.

Advocacy: To raise public awareness and bring about change in attitudes, behaviours, policies, etc. towards addiction.

Learning Visit

Action on Addiction designed a bespoke training programme for S.A.L.V.E. International to give us the most relevant information and advice focused on working with young people, particularly with inhalant addictions.



Action on Addiction: Family Support

Action on Addiction believes that working with the whole family is a vital part of the recovery process for anyone with an addiction. Whilst the majority of their work is done with adults with addictions and their families (including children), the same principles can be applied to working with children with addictions. A lot of the issues faced by children with addicted parents will be similar to the issues faced by children living on the streets in Uganda, and thus addressing these issues is vital to ensure the best chance of recovery.

According to Systemic Theory, if one thing in a system doesn't work, then the whole system will break down. Therefore, to fix a problem, you have to look at the whole system. For someone with an addiction, you can help

them withdraw from the drugs or alcohol but, without addressing the reason for that addiction, they are likely to return to drugs as soon as they are back in the family situation.

When a child has a parent with an addiction, there can be a lot of attachment issues. Different types of attachments can tell you a lot about a person's childhood experiences:

Secure attachment: The caregiver has a secure attachment with the child and the child is confident that their needs will be met appropriately.

Insecure ambivalent attachment: This type of attachment leads to insecure and clingy behavior and is caused by inconsistent and unpredictable care being given by the caregiver.

Insecure avoidant attachment: This type of attachment also leads to insecurities. They find it hard to rely on or trust others so prefer to rely on themselves. It is the result of the caregiver being rejecting, intrusive or insensitive to the needs of the child.

John Bowlby, a British psychologist, psychiatrist and psychoanalyst came up with the theory of attachment. The theory is focused on the idea that childhood experiences affect the development of children and their behavior through to adulthood.

It is believed that your treatment as a child can predict your behavior as an adult. If you are treated badly as a child, then you are likely to treat your children the same way. This is another reason that it is so important to work with the whole family. In S.A.L.V.E.'s experience, some of the children turn to the streets and then to drugs, due to abuse at home. It is therefore vital that we work with the family to offer counselling to them so that they can also overcome their own challenges and thus, be able to care for their children better.

Building self-esteem

According to psychologist Abraham Maslow, high self-esteem allows people to face life with more confidence and optimism and thus easily reach their goals. He believes that caregivers have a massive influence on whether the child has positive or negative self-esteem based on their behavior towards them. Building self-esteem is therefore a vital part of the rehabilitation process and to do this well, it needs to include the whole family.

Genograms:

A Genogram is a map that provides a graphic picture of a family structure and emotional processes over time. It was developed by Murray Bowen M.D. and it has become a standard form among clinicians for describing families. This will help to understand the family background of the child better and start to build up an understanding of which relationships are positive and which ones can be harmful in their lives. It will also help us to identify relevant family members that the child could be resettled with once they have completed their rehabilitation.

Action on Addictions family intervention programme includes ice breakers, playing games, counselling, arts and crafts, and group therapy (with members of other families). A key principle is to not use formal counselling, i.e. to sit in a room across a desk with a counsellor. This can be very intimidating and therefore the individual is far less likely to open up to you. It is about building trust and rapport with each family member.

Basic needs of a child: According to Antz and Vangenderen, there are 5 basic needs of a child. These are:

- ❖ Safety
- ❖ Feeling a connection to others
- ❖ Having autonomy
- ❖ Self-appreciation
- ❖ Being set realistic limits – need to understand rules and the need to manage frustration and other emotions effectively.

Action on Addiction: Counselling Skills

Setting realistic expectations: A common characteristic of addicts is a deep-rooted feeling of shame which is often hidden, even to the addict themselves. This shame can cause a sense of unworthiness, depression, hopelessness and despair. This can often lead to problematic behavior such as perfectionism, people pleasing, guilt, fear of success or failure, self-sabotage, hostility and aggression or superiority and boasting. Often an individual sets unrealistic expectations on themselves which makes them feel like a failure when they don't achieve them and can cause them to run away. Therefore, it is vital that you manage their expectations from the beginning – for example, by setting out visually what they can expect from the programme, how they might feel, what you expect from them and that you won't give up on them if they do not meet these expectations.

Person Centred Counselling: The belief that the therapy should be tailored to the needs of the individual and not that the therapist knows best. Person centred counselling involves the therapist being empathic, accepting and genuine.

Contracts and Boundaries: It is important that the client signs a contract so that they know what they are entering into when they join the rehabilitation programme. This could include things such as how often they will have counselling, duties and responsibilities of each party, goals and how they will be achieved, setting of boundaries and expectations etc. Boundaries should be set so that both the staff member and client know what is acceptable. There should be overarching boundaries relevant to all clients as well as boundaries set for each individual. These should be reviewed regularly to make sure that they are still relevant. Clients will undoubtedly push the boundaries to test you and see if they can trust you and you need to be prepared on how to respond.

Active Listening: Active listening helps show empathy and shows that the counsellor is really listening and taking in what the person is saying. This helps to build trust and effective communication. Active listening can be demonstrated through mirroring body language, non-verbal communications such as eye contact, reflection, paraphrasing, summarising and allowing silences and appropriate use of questions. Do not sit at a table opposite each other with the counsellor asking questions from a piece of paper. This will make the person feel uncomfortable and unlikely to open up. Allow time after a counselling session to write up the notes from the session.

Minimal Encouragers: Once the client starts to open up, it is important to encourage them to keep talking, without interrupting their chain of thought. It is important to get a balance between too few encouragers and too many. You don't want to seem impatient or not interested.

Open ended questions: Try to ask open questions to gain a better understanding of the client. For example, instead of asking "Did you have breakfast today?" you could ask "What did you have for breakfast today?" This can help gain a deeper insight into the person's life.

Paraphrasing: A paraphrase is a brief response in your own words that captures the main point of what someone has said. It shows that you are listening and understanding what they are saying.

Trust: Trust is a basic issue for clients entering into the counselling process. Counsellors need to recognise and respond to client's ways of testing trust. Clients will try to test you to see if they can genuinely trust you or not. Ways in which they may try to test your trust include: asking you for personal information; telling you a secret to see if you tell others; asking a favour; putting themselves down; inconveniencing the counsellor e.g. not turning up on time; or questioning the counsellor's motivation. It is important to do what you say to help build their trust. For example, if you make a promise to a client, however big or small, make sure you keep it and show you are consistent.

Giving feedback and constructive criticism: When giving feedback to someone, focus on the positives rather than the negatives; describe your feelings and how you are affected by the person's work or behaviour. Comment on their behaviour, not their character, and ask questions to make sure you have understood correctly before feeding back, be specific and give examples.

Counselling young people: You may need to use different methods to counsel young people. E.g. by asking them to draw their family, their feeling etc., using role play or other objects to help describe their feelings. Group work is also useful for counselling young people as you can make it seem more like a game.

Motivational Interviewing: Motivational Interviewing is a goal oriented, client centred counselling style for eliciting behaviour change by helping clients to explore and resolve uncertainty. It helps develop motivation within the client to change their own behaviour.

There are 2 similar but slightly different Motivational Interviewing techniques you could consider:

OARS

Open Ended Questions
Affirmations
Reflective Listening
Summarising

EARS

Elaborate
Affirmations
Reflective Listening
Summarise

Action on Addiction: Health

On site medical cover: It is important to have an onsite nurse or doctor who is available to treat or refer any clients in need of medical care. These needs can range from withdrawal symptoms to malnutrition, general health problems and mental health problems.

Pre-entry health check: Before entering into the programme, all clients should have a full health check-up so that they can receive treatment where required and to protect staff and other clients. This should include a full sexual health screening. It is important to find a clinic that is understanding to the needs of your clients e.g. those with addictions.

Ongoing health check-ups: It is important to keep following up on any medical concerns. For example if the client had an STD when they arrived, they should be re-tested after treatment. It is also important to regularly monitor heart rate, pulse and blood pressure in case of any health issues arising during detoxification. Staff should also be aware that detoxification can cause seizures and they should know how to deal with them if they occur. Seizures are most likely to happen during the first 7 days of detoxing and can be life threatening. Some medications to help with the symptoms of withdrawal can be used based on a symptom led assessment carried out by the nurse.

First aid kit: An onsite emergency first aid kit should be fully stocked at all times and include things such as inhalers, epi-pens etc. Do not use aspirin. It is dangerous for children. Rehydration salts and paracetamol should also be kept.

Detox: Detox and treatment should begin immediately on entering into the programme to ensure that the client can begin their recovery immediately and that they don't get bored and start thinking about returning to the drugs or alcohol. In some cases, an injection of vitamin B and tymin is given to help the process of detoxification for the first 3 to 5 days. This is most commonly used for those undergoing detoxification from alcohol, which can be very dangerous and cause brain damage if not done carefully,

Food and water: When a client enters the programme, they are likely to be malnourished. Ensuring that they receive a good, balanced diet and eat three meals a day is vital in helping their recovery. Meals should be spaced out through the day with fruit as snacks in between. Overnight, there should be a 12 hour fast to help the body digest the food. This means that the evening meal should not be served late at night. It is important to encourage every client to drink lots of water as well to help keep them hydrated and flush out toxins. Before giving pain killers for headaches, encourage them to have a glass of water first.

Nurse's role: An onsite nurse can have other roles as well as to provide medication. They could run group therapy sessions, health and wellbeing workshops and hand washing and infection control lessons. They would also be able to take children for their health check-ups at a local clinic as and when needed. At a residential centre all staff should

have a planning meeting at the beginning of each day to discuss what activities will be done, what issues have arisen, any medical concerns etc.

Action on Addiction: Psychologically Informed Environments

Psychologically Informed Environments (PIE) are used to better enable clients to make changes in their lives. The key features of a psychologically informed environment are;

- ❖ A focus on the psychological and emotional needs of a client.
- ❖ Recognition of complex trauma and its effects
- ❖ Staff wellbeing and evaluation

Staff training and supervision: Staff training and supervision is vital in a psychologically informed environment. The training should be designed by the whole team including the CEO, Director, team managers, front line staff and clients. Before beginning the Drug Rehab Centre, intensive training for all staff members is advisable.

Reflective Practice: An important aspect of staff support is reflective practice. This focuses on learning from experience and using this experience to help staff develop and improve their practice. It is an important aspect of staff supervision and team meetings, allowing staff to increase their levels of emotional intelligence and give them support to improve their practice. If conflict arises amongst staff, it is good to bring it into the open to help resolve it and learn from it. Staff need to feel comfortable to admit mistakes without blame so that they can learn from them and move on. Managers must be approachable. Staff support should focus on what has gone well as well as what has not. If you always focus on the negatives, staff can become disheartened. Team meetings should sometimes involve staff from all departments so that you can receive suggestions and have inputs from those who are not so close to that work.

Types of staff support and when to use:

- ❖ Regular team meetings: at least once a week
- ❖ Regular 1:1 sessions at least once a month
- ❖ Additional 1:1 sessions after significant incidents, e.g. if a client runs away or has become violent.

Evaluation: It is important to know the impact of your programme and look for continuous ways to improve for example, if lots of children don't do well in a certain area, how can you improve this or do it differently. Evaluations can also help to motivate staff and help when reporting back to funders.

Staffing: Action on Addiction would recommend a case load of between 5 and 10 clients each. A case manager should be assigned to every child, but other staff should have input into this child's recovery (including involvement in counselling) so that, if the case manager leaves or goes on holiday, other staff still have a relationship with that child. Working with people with addictions can be challenging and very disheartening if a long term client returns to drug use. Staff need support to deal with this and also to keep their expectations realistic.

Funding:

The residential rehabilitation centre is a paid for service. Either the individual resident or the local council will pay for the person's rehabilitation here. This covers some of the costs of the programmes offered by Action on Addiction. Additionally, they have a training branch of the programme which offers training for people working with addiction. Again, this training is paid for and brings in income for the charity. Finally, the charity does a large amount of fundraising which covers the rest of the costs of the programme.

This report was written by Amy Calcutt and Nicola Sansom from S.A.L.V.E. International with help from the team at Action on Addiction in November 2015. This visit was funded as part of a Comic Relief research and development grant.