

# Core Function #9 Client Education

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The IC & RC defines **CLIENT EDUCATION** as provision of information to individuals and groups concerning alcohol and other drug abuse and the available services and resources.

TAP 21 includes the core function of **CLIENT EDUCATION** in Domain VI- Client, Family, and Community education.

Tap 21 definition of **CLIENT EDUCATION**: The process of providing clients, families, significant others, and community groups with information on risks related to psychoactive substance use, as well as available prevention, treatment, and recovery resources.

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Client education is an important and frequent activity in the treatment plan of substance abusers. A counselor provides relevant education to a client through formal and informal methods in order to introduce knowledge in support of the treatment process.

Additionally, a counselor may provide relevant education to the client's significant others, including family members, to help them acquire the needed knowledge and understanding to also support the recovery process. This includes informing them and members of the client's support group about resources that are available in the community.

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Community resources usually include various alcohol and drug abuse support groups like AA, Al-Anon, NA, SMART recovery, and All recovery. Additional resources might be other treatment providers such as halfway houses, IOP's, PHP, outpatient counseling, and private practitioners.

The education that a counselor provides does not need to be limited to information about alcohol or other drugs. Education about substances may be incorporated into presentations or other topics, such as the role of substances in mental health problems, or social skills.

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In addition to providing substance Abuse information to clients significant others and family members, the role of the counselor also includes providing alcohol and drug education to schools, service clubs, businesses, industry and labor representatives, political and community leaders, and others to raise awareness and enhance community support for the recovery of people with substance use disorders.

In addition to education about alcohol and other drugs, the client needs to learn about the disease concepts of addiction and how their substance use has affected their lives. To facilitate this education, counselors explain the rationale for client education and use appropriate motivational counseling techniques to facilitate the clients understanding and cooperation.

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## **From the Client's Point of View**

Given that a treatment plan has been explained to a client, he or she expects to learn about alcohol or other drugs as a part of what will be taught during treatment. In a residential treatment setting, however, clients sometimes associate the education process with being back in school. This may be good or bad depending on the past school experiences of the client.

Some clients get turned on with learning about substance-abuse. Some will even become compulsive about learning more. Others, may get turned off and complain about reading, viewing videos, or doing anything academic. This core function allows a counselor to individualize the treatment plan for culture, gender, and lifestyle differences while providing substance use and abuse education.

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## From the Counselor's Point of View

Substance abuse counselor training classes often fail to provide the skills needed to function most effectively as an educator as well as a counselor. College courses in substance-abuse counseling do not require a student to learn to educate. Only substance-abuse counselors in the military and possibly a few others receive instruction on how to instruct and educate others. Counselors who are certified school teachers also have this background. Most counselors, however, are left to their own resources and received on the job training for conducting classes on substance Abuse. The more formal the client education, the more likely should be lesson plans with stated goals and objectives.

The use of materials such as brochures, pamphlets, and videos can be used to supplement both formal presentations and one on one discussions.

Relapse prevention education presents a different kind of challenge to substance-abuse counselors than recovery or community education. Relapse is a progressive pattern of maladaptive behavior by a client that results in a reoccurrence of a problem. A client in relapse is likely to have had previous experience with client education. As a result the client may feel like he or she knows it all and becomes resistant to further instruction about substance-abuse and recovery. Sometimes a quiz can identify what a client knows versus what the client thinks he or she knows. In this situation, the counselor would need to relate one more instruction that's related to relapse prevention so that the client may gain insight into their relapse and become more focused on completion of another treatment following the counselor's recommendations.

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As a reminder, Global Criteria represent the skills considered important for a counselor to demonstrate competence in the 12 core functions.

It is important for the Substance Abuse Counselor to be both knowledgeable AND skillful in their capacity as a Substance Abuse Counselor.

The core function of ***Client Education*** is also its own domain which is included in Domain VI-Client, Family, and Community Education

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### Global Criteria:

#### 33. Present relevant alcohol and other drug use/abuse information to the client through formal and or informal processes.

*To be competent in this criterion, a counselor :*

- knows a number of relevant methods for educating the client and applies them as part of a treatment plan to educate a client about substance use and abuse.

*A counselor may be skilled in formal education methods such as films, handouts on substance abuse issues, and lectures, and/or informal methods such as discussions in the counseling session.*

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### Global Criteria:

#### 34. Present information about available alcohol and other drug services and resources.

*To be competent in this criterion, a counselor :*

- *knows a number of relevant methods, applied as part of the treatment plan, to educate the client about available alcohol and other drug services and resources. The services and resources may be part of the client's current treatment program either in house or in the client's home community.*

A counselor provides examples of these services to the client, family, or others and identifies resources. A counselor provides a rationale for the use of a specific service or resource to a client's presenting problem. A counselor needs to have a comprehensive understanding of the available community services and resources.

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## Effects of Amphetamines (speed)

- feelings of wakefulness
- alertness
- increased confidence
- sociability
- physical or mental activity
- But as the body's energy levels reduce the user is prone to feelings of anxiety, irritability, restlessness and dizziness.
- Users can develop tolerance to amphetamines with increased use, withdrawal is primarily emotional, but users may experience a mild physical withdrawal including feelings of depression, lethargy and extreme hunger.
- Amphetamine is illegal and is currently a class B drug.

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## Withdraw symptoms of Benzodiazepines

- anxiety
- insomnia
- panic
- hallucinations
- depersonalization
- heightened sensory awareness
- depression
- a risk of seizures with abrupt withdrawal

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## **Cannabis EFFECTS (marijuana, grass, dope, pot, puff, weed):**

- euphoria
- laughter
- vivid sensations
- imagery and hallucinations
- persistent ideas
- paranoia
- These effects will vary depending on the person, the environment and the potency and amount of the drug used.

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## **Cocaine effects (coke, blow, snow) :**

- The effects of cocaine are similar to amphetamines and crack in that they create physical and mental arousal. When cocaine is snorted the effect is almost immediate and then peaks and fades within 15 - 30 minutes. This often results in users repeating their use almost every 20 minutes or so in order to maintain the desired effect.
- The snorting of cocaine can lead to mucosal constriction and eventually perforation of the nasal septum.
- Cocaine is illegal and is currently a class A drug.

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## Crack effects (base, rocks):

- Crack is similar to cocaine although the effects are even more extreme. They take effect immediately and last for about 10 minutes.
- Crack is usually smoked and this can produce particularly aggressive and paranoid behaviors. Crack is highly addictive, although reports that crack is instantly addictive are false.

### People experience feelings of:

- wellbeing
- exhilaration
- increased confidence
- loss of appetite
- indifference to pain and fatigue
- hallucinations
- paranoia

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## Ecstasy EFFECTS (xtc, Molly, mdna):

- Ecstasy acts on the central nervous system and increases brain activity.
- The pupils become dilated,
- the jaw tightens
- there is often brief nausea
- Sweating
- dry mouth and throat
- blood pressure and heart rate increases
- sweating is common
- Users report a mild euphoric and hallucinogenic effect
- loss of anger
- empathy with other people
- enhanced sense of communication.

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## Heroin Effects (smack, dope, boy):

- sense of wellbeing
- feeling warm and content
- drowsy and untroubled
  - sense of calm
  - feeling of pleasure
- absence of worry, anxiety or pain

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## Mephedrone (meow MEOW, M-CAT, BATH SALTS, WHITE MAGIC)

Users report a feeling of 'coming up' or of rushes as the drug takes effect. The main effects include:

- feeling alert
- a sense of calm wellbeing
- excitement
- stimulation
- elevated mood
- chattiness
- dry mouth
- loss of appetite
- poor concentration
- increased heart rate
- raised body temperature
- racing heart
- panic
- sweating

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## Signs of addiction

- Signs of addiction include tolerance, a loss of control over how much or how often you use, an obsession with the substance, abandoning events and activities you used to enjoy, and continuing to use drugs even though they have had negative effects on your life. Anyone who begins to experience symptoms of withdrawal — whether mild or severe — in the absence of the substance, is likely dependent on the substance. Withdrawal symptoms can vary from drug to drug and include:
  - Trembling
  - Fatigue
  - Anxiety
  - Depression
  - Nausea, with or without vomiting
  - Excessive perspiration
  - Headache
  - Insomnia

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## Managing my cravings

- Don't panic
- Reach out
- Take a hike
- Go to movies
- Make a gratitude list
- Build a support group
- Use a relapse prevention plan

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## Support groups

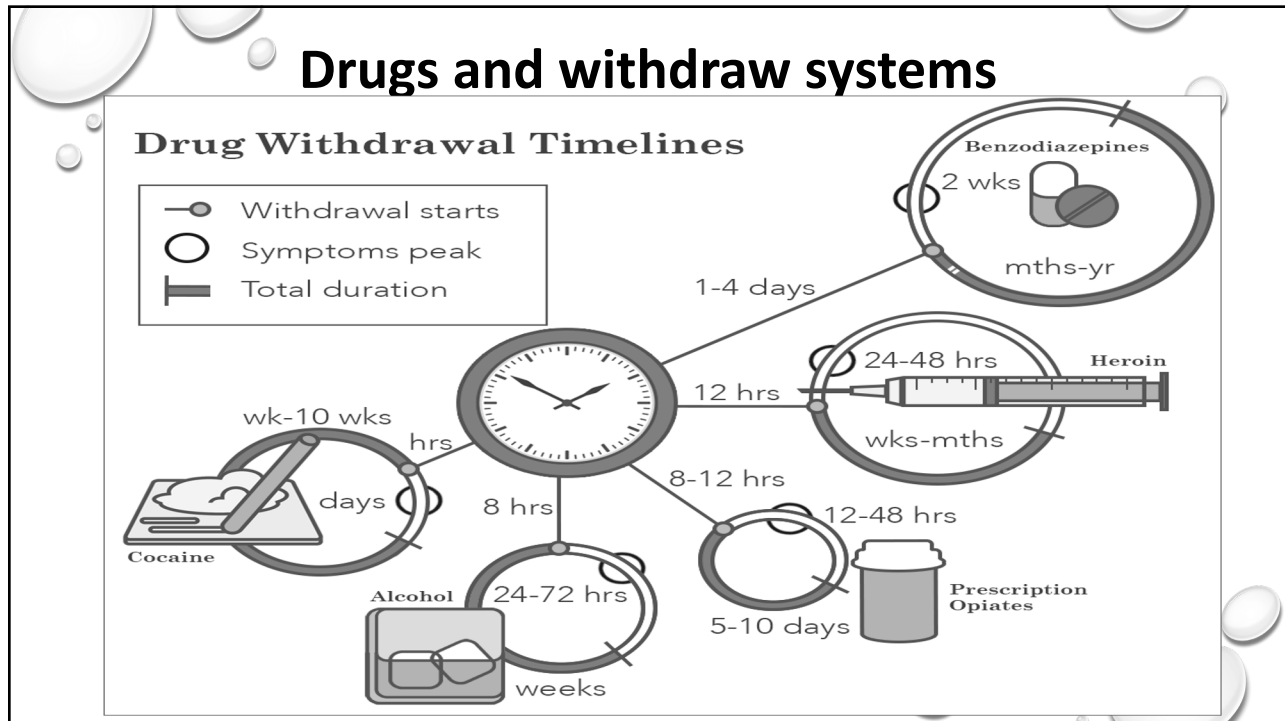
- Members of a **support** group usually share their personal experiences and offer one another emotional comfort and moral **support**. They may also offer practical advice and tips to help you cope with your situation. Benefits of participating in **support groups** may include: ... Improving your coping skills and sense of adjustment.

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## Relapse prevention plan

- Know what to expect.
- Know how to deal with these feelings.
- Know who to turn to.

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## WHO DO WE EDUCATE?

- Individual clients
- Groups of clients
  - Community
  - Client's families
    - Businesses
- Family members only
  - Schools
- Individual or group therapy sessions

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## What ARE the best formats USED TO EDUCATE?

- BOOKS
- DVD'S
- CD'S
- Pamphlets
- Films
- Speakers
- Lecture
- Group discussions
  - Workshops
- Presentations

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## Issues to consider as a “lecturer” presenter

- to be careful not to present information that is too “dry” or overly technical
- maintain a relaxed and personal presentation style
- pay attention to your audience response and take cues from them
- allow for flexibility in your presentation to accommodate audience’s learning needs

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## Evaluating your program

- Receive feedback from clients on content and means of presentation
- Continually make needed changes to ensure client understanding and participation
- Keep material current

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## RESOURCES

[www.hopedealersworldwide.com](http://www.hopedealersworldwide.com)

[www.readytotest.com](http://www.readytotest.com)

[www.SAMHSA.gov](http://www.SAMHSA.gov)

<https://internationalcredentialing.org/>

[www.adacbga.org](http://www.adacbga.org)

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## Georgia law for Alcohol & Drug Counselors

- Certified Alcohol Drug Counselor I (CADC-I) – High School or GED-6000 hours
- Certified Alcohol Drug Counselor II (CADC-II) – Bachelor-4000 hours
- Certified Advanced Alcohol Drug Counselor (CAADC) – Masters and higher-4000 hours

Education– 300 hours

(Must include 12 core functions and 4 specialties – 6 hours minimum of each)

Supervision – 300 hours (CADC-I) and 200 hours (CADC-II and CAADC)

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## International Certification & Reciprocity Consortium (IC&RC) International Recognized Credentials

12 Core Functions of Alcohol and Drug Counseling:

1. Screening
2. Intake
3. Orientation
4. Assessment
5. Treatment Planning
6. Counseling
7. Case Management
8. Crisis Management
9. Education
10. Referral
11. Reports and Record Keeping
12. Consultation

### 4 SPECIALTIES:

1. Ethics
2. HIV/AIDS
3. Telemental Health
4. Trauma Informed Care

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