

Core Function #3 ORIENTATION

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Definition of ORIENTATION:

describing to the client the general nature and goals of the program; the rules governing client conduct and infractions that can lead to disciplinary action or discharge from the program, the hours during which services are available; the treatment costs that are to be borne by the client, if any; and the client's rights.

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While the *ORIENTATION* function is mostly administrative, to forget the therapeutic impact of a good orientation would be unfortunate.

The core function of *ORIENTATION* varies greatly from treatment setting to treatment setting, and from provider to provider.

The orientation follows the screening and intake functions, and logically occurs before any treatment is provided. Although *ORIENTATION* is usually done individually, it also may be done in a family or in a group setting. In a formal setting, multiple counselors may inform the client of all the services that are available.

In a more informal setting, one counselor may do it all.

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The *ORIENTATION* process follows the initial *INTAKE* process.

After the *ORIENTATION* process comes the *ASSESSMENT* process.

In many substance abuse treatment facilities, *ORIENTATION*, can also be completed during the *INTAKE* session. If not, then an additional appointment is made to orient the client and continue the *ASSESSMENT* process.

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To inadequately inform a client of the rules that may result in the client's discharge from the program or service, and of the client's financial obligations, and of the client's rights, would be unprofessional, unethical, and open a counselor and the treatment agency to a civil liability.

A counselor must keep in mind that his or her behavior may, at any time, be questioned by a client; and may involve attorneys and the courts.

Counselor accountability is more often called into question today than at any time in the past.

You don't want to be in a position of saying
"I should have explained that to you."

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The adequate ORIENTATION of a client to a treatment program should involve oral and written communication. This should be done while the counselor continues to establish rapport using motivational interviewing techniques, empathy, and listening skills.

The engagement continues.

The counselor should orally communicate:

- the general nature and goals of the treatment program
- the rules governing conduct and the consequences violating these rules (including discharge from the treatment program)
- the general schedule for treatment
- financial obligations
- and an explanation of client rights

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It also is important that a client receives a copy of the orientation materials and signs an acknowledgment that he or she has been "oriented" to the treatment program.

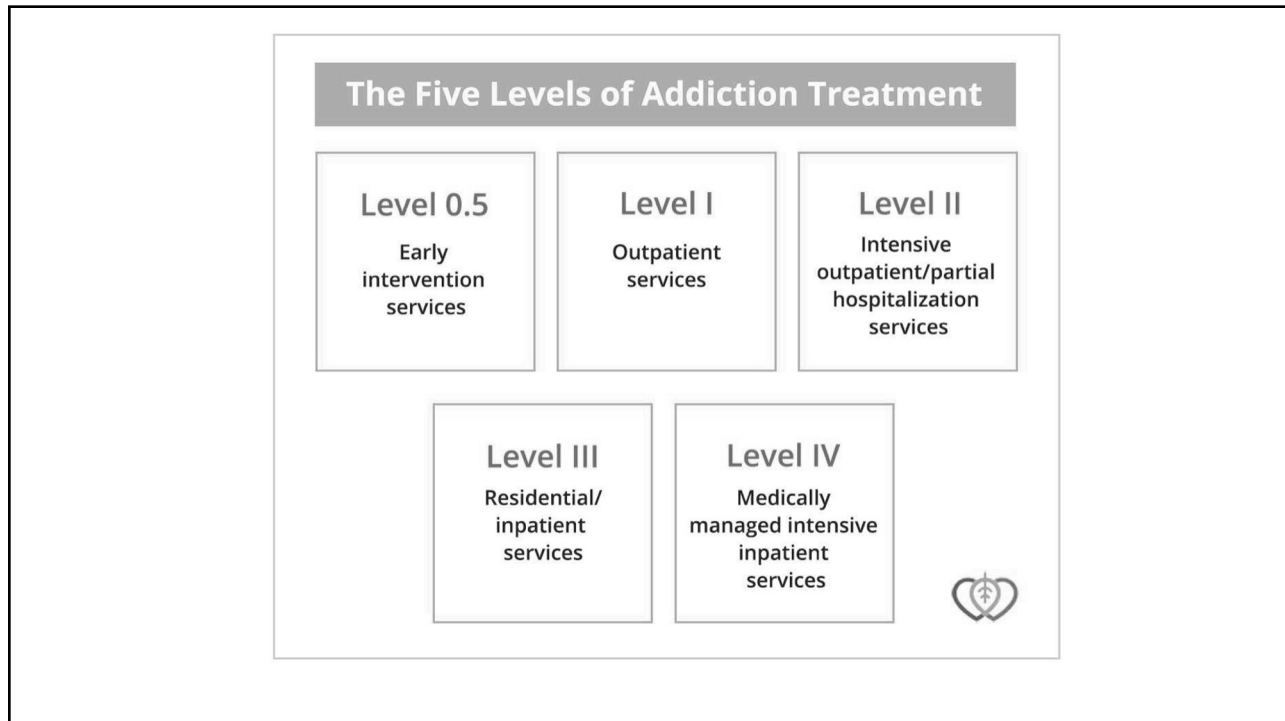
These documents should become part of the clients records, paper copy or electronic. Should there ever be an internal or external review of whether a client was adequately oriented, a signature will help assure others that the counselor performed the orientation function as required by the program.

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DISCUSS TYPES OF PROGRAMS:

- 1. Counseling (group or individual)***
- 2. IOP - Intensive Outpatient Program –
(day treatment, 3 hours a day, 3 days a week)***
- 3. PHP - Partial Hospitalization Program -
(day treatment, 6 hours a day/5 days a week)***
- 4. Short-term Residential Program- (28-30 days)***
- 5. Long-Term Residential Program- (more than 30 days up to one
year)***
- 6. Medically Managed Intensive Program (detox – 5-7 days)***
- 6. Sober Living Program (halfway house)***

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A competent counselor/coach will know how to:

- Provide an overview to the client by describing program goals and objectives for client care.
- Provide an overview to the client by describing program rules, and client obligations and rights.
- Provide an overview to the client of program operations.
 - *hours of operation*
 - *general schedule*
 - *phone numbers*
 - *type of frequency of appointments*
 - *emergency access information*

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