

Cap Class 1
Recovery; Learning to Trust Again

*God of Recovery-Grace, Mercy, Forgiveness, Patience, Kindness, Gentleness, Love, A Power greater than myself

*Our only hope—and our client’s only hope

*God of Addiction-Accuser, Anger, Vengeance, Creates Division

- I. The New Client
 - a. Client feelings:
 - i. Angry, scared, depressed, vulnerable, fragile
 - ii. “Drug addicts are God’s favorite people—because they are desperate.”
 - iii. The treatment process begins when the client walks in the door—or make contact with the first person at the agency/ministry
 1. Step one...admitting that there is a problem.
 - b. They have an inability to trust
 - i. They need to feel safe, loved, listened to, comforted
 - ii. Compassion is important on the part of the counselor
 - c. Introduction
 - i. Patient Rights, setting boundaries between patient/counselor, determine expectations for program entry, and state whether or not they can leave the program.
 - ii. Establish a Rapport-this is a process, the addict must learn to trust again. Fear is what motivates one to avoid recovery. The road back to health is marked with affirming relationships and accountability.
- II. Screening and Assessment—These work together
 - a. Screening
 - i. Can be done by “anyone.” May often be facilitated by the person answering the telephone.
 - ii. CAGE questioner
 1. Are you feeling **C**ut down? Is anyone **A**ngry at you? Have you been feeling **G**uilty for using your drug? **E**ye opener—do you have to use to function in the morning?
 - iii. These initial questions determine one’s admittance or referral. They are also helpful in diagnosing a “probable cause”
 - b. Assessment
 - i. Application/Intake Form
 - ii. The goal of this report is to document all of the facts in one place. This is sometimes a difficult task, because court ordered clients may be guarded and unwilling to trust. The assessment becomes an art form. It may be helpful to have a diplomatic approach to asking questions.

- iii. Biopsychosocial Assessment-A clinician's quick way to begin a relationship with someone they have never met before. The purpose of this is to make a connection with the client.
 - 1. Biological
 - a. Are you on any medication? Any physical problems? Any illnesses? Any history of illness? How much of drug x were you using and for how long were you using it? What effects did the drug have on you?
 - 2. Psychological
 - a. Talk about Relationships, guilt, trust, feelings in general.
 - 3. Social
 - a. Includes Spiritual and relational
- When making a biopsychosocial assessment it is important to document only the facts. With an addiction's assessment you must identify the type of drugs taken, duration taken, and effects of the drugs on one's body, mind, mood etc...
- These assessments are what enable us to issue a diagnosis.
- It is important to remember that many of these clients are not voluntary. Straight forward questions may not be helpful in collecting information about the client.
 - Example:
 - Are you addicted to alcohol? *Versus* Do you ever have a hangover at work?
 - Your goal is to find out if your client is putting himself/herself in a dangerous situation—and if the dangerous situation is reoccurring.
 - Asking these questions is an art form—not a science. ☺
- You must tell what you will keep confidential
- You must tell what you will not keep confidential.
 - If the client becomes a danger to self or others
 - You may also define other specific information that you, as a counselor, are not willing to keep confidential.