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recovering addicts face in adjusting to regular work and employment (such as socializing with fellow workers, coping with routine and monotony, coping with authority, not being able to speak up, etc.). Since vocational rehabilitation is crucial for recovery, any risks on the job can be risks to recovery. The aftercare staff might have to maintain contact with the employer, make non-intrusive visits to the workplace, intervene in crises on the job, conduct group discussions on job-related issues, and assist in job- or work-related decision making.

vii. Fellowship and community activities

Such activities wonderfully supplement group meetings by providing wholesome recreation and socializing among members. Meetings should be held regularly, preferably every week. To hasten social reintegration, guests should be invited from the community and attempts should be made to hold as many activities in the community as possible.

viii. Community-based meeting sites

Group meetings should preferably be held in locations within the community such as a school,

library, public or social hall, place of worship, or any suitable place, rather than the rehabilitation center. This helps foster a sense of well-being, as it helps clients feel more like respectable members of the community than addicts.

ix. Networking and co-ordination

Close co-ordination must be maintained with similar as well as other social, medical, law enforcing, religious or other services and groups, to ensure prompt intervention at times of crisis or urgent client needs (such as for detoxification), client follow-up, vocational rehabilitation, or for any aftercare activity.

Aftercare Outcome and Evaluation

In order to develop and refine an aftercare program, close attention must be paid to the program's outcome data. The outcome information will help assess the effectiveness of the program and modify it suitably. Such evaluation will also identify staff training needs and the direction the program must take.

Setting up an Aftercare Program: Summary Steps

- Before starting an aftercare program, decide whether to 'own' the aftercare program or 'outsource' it.
- Set up an 'Aftercare Team' with one or more counselors, a manager or member of the treatment center's Board, and a recovering addict counselor (if possible). The Aftercare Team will carry out the planning, implementation and development of the aftercare program.
- Plan client-by-client individualized aftercare

(for smaller treatment programs) or a larger, formal and structured aftercare program, as suitable.

- The Aftercare Team should:
 - Plan program components
 - Identify areas of staff training and capacity building
 - Estimate financial and other resources for the program and mobilize such resources
 - Carry out a periodic evaluation and review.

The client who successfully graduates from an aftercare service will have made substantial **Whole Person Recovery** to lead a normal life. Yet, the road to recovery does not end here, as recovery is a continuous journey. Though the

risks of relapse decrease with the passage of time, relapse can still occur. The aftercare experience enhances the client's capacity to cope with this risk and make progress on a drug-free life.

Developing Community Drug Rehabilitation and Workplace Prevention Programme

(AD/IND/94/808)

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Aftercare Services

Aftercare Services

For Drug-Dependent Persons

What is Aftercare?

'Aftercare' refers to services that help recovering drug-dependent persons to adapt to everyday community life, after completing earlier phases of treatment and rehabilitation. It provides an opportunity to address important issues and problems associated with abstinence and recovery. Aftercare provides a safe environment for continued support till it is no longer needed.

Why Aftercare?

The journey of recovery continues even after treatment and rehabilitation, and is long and steep. Since clients may take a year or even more to complete this last part of the recovery journey, they need support and guidance during this period.

Aftercare should:

- Be an integral component programed into a treatment and rehabilitation service
- Include training to prevent relapse and other crises
- Focus on reviewing and consolidating the gains made during treatment and aim at Whole Person Recovery (with strategies for being drug-free, crime-free and gainfully employed)
- Impart new skills for maintaining recovery, including help in handling everyday responsibilities, managing family and other relationships, making new friends, developing alternative recreational activities, adjusting to work and employment or acquiring/re-learning occupational skills, overcoming the stigma and shame of the past, and developing new insights.





Differences between Aftercare and follow-up

While an aftercare program does include follow-up procedures, mere follow-up is not aftercare.

Aftercare should not be an afterthought.

| Aftercare | | Follow-up |
|------------|--|--|
| Definition | Planned services that help recovering drug-dependent persons to adapt to everyday community life | Monitoring and collecting information about clients after they leave a program |
| Focus | Support and guidance in relapse prevention, Whole Person Recovery, and developing new skills | Learning about clients after they leave a program |

Issues in Aftercare

Aftercare includes working on:

- Recognition, review and consolidation of treatment gains
- Addressing the issue of drug-craving in terms of:
 - Identification of drug-craving
 - Identification of psychological and other cues that trigger craving
 - Tracking of craving urges
 - Anticipating situations that may lead to drug use
 - Handling craving
- Establishing a new social network by:
 - Developing social and intimate relationships with non-drug using persons and peers
 - Carrying out non-drug using 'fun' activities
 - Establishing healthy social activities
- Beginning or resuming new roles and responsibilities as:
 - An employee, worker or student
 - A family member
 - A parent, son, daughter or homemaker
 - A friend, colleague or co-worker
- Lifestyle changes required for **Whole Person Recovery**. This includes helping the client handle work/employment, family and relationships, finance, as well as social and recreational activities, without resorting to drug use
- Relapse prevention.

Goals in Aftercare

Based on the aftercare issues outlined, the staff of the program should formulate a set of client goals. These should be in tune with the recovery model being used in the treatment and rehabilitation services. Well-defined goals provide a focus for both the client and the staff and also set criteria and standards for client entry into and completion of aftercare.

A good aftercare program also needs to be individualized. All clients differ as regards their individual problems, needs, and psychological as well as social capacities and resources. A flexibility that allows more individual choices, makes a program more attractive and effective.

The Place of Aftercare in the Treatment Process

Plan aftercare arrangements before discharging the client from the treatment and rehabilitation facility. Such a plan should specify the person(s) responsible for providing aftercare, the time, frequency, place and type of contact.

If your treatment program is new, with only a few clients having reached the aftercare stage,

counselors should pay attention to each client's aftercare needs. When the group of clients grows, a more formal program of aftercare can be developed.

Who Provides Aftercare?

Although desirable, not all drug treatment centers need to provide for aftercare themselves. The aftercare component can be provided by a different agency in the community. For example, hospital-based detoxification-only programs may refer their 'graduates' to other rehabilitation programs that facilitate the rest of recovery.

Smaller rehabilitation programs may opt for a more flexible client-to-client approach for community reintegration (individualized aftercare). Alternatively, several rehabilitation services may share resources and set up a common central aftercare service, where they continue to provide individualized counseling but rely on the common program for group or larger activities.

The Aftercare Setting

Aftercare services may be offered on an outpatient basis by the designated staff of the treatment unit. Alternatively, aftercare may be offered in the community by trained community volunteers, or by an aftercare self-help group.

Aftercare Staff

i. Specially trained staff

A staff member or a committee should be designated to oversee the aftercare program. One or more experienced counselors can be trained to acquire the special competence required for the

purpose. Other counselors and volunteers may be trained to assist in the program.

ii. Recovering addict counselors

'Senior' recovering addicts can form an effective part of the aftercare team, as they not only provide role models but can also be effective peer counselors and peer leaders.

iii. Volunteers

Volunteers from the community who are familiar with the process of drug dependence and recovery, who have the sensitivity and ability to listen and empathize, and the capacity to understand, may be trained to assist in aftercare services.

Aftercare Activities and Procedures

The Aftercare plan

Ensure that the aftercare plan:

- Specifies the person(s) responsible for providing aftercare
- Works out time, frequency, place and nature of contact
- Is systematically planned. Every session or activity must conclude with a mutually agreed plan for the next
- Is reviewed periodically and modified as required.

The Aftercare contact

You can plan various types of aftercare contact including:

- Personal meeting and interview (most preferable)
- Personalized letters to the client
- Personalized messages of care and concern
- Telephonic contact. Information may be gathered and advice, support and encouragement offered
- Structured or semi-structured questionnaires for the client to fill. Questions include frequency and level of drug use, family and other interpersonal

- relationships, work and employment, finances, health, social and spiritual activities
- Home visits by counselors or volunteers.

Clear entry and completion criteria

Define clearly the criteria and standards for entry into and 'graduating' from the aftercare program. This maximizes benefit and reduces wastage of resources. Admit only those clients who are ready to use the service.

Components of Aftercare

i. Individual counseling

| General Principles of Individual Counseling | |
|---|--|
| <ul style="list-style-type: none"> ■ Respect for the Client ■ Rapport ■ Confidentiality ■ Authenticity ■ Non-judgmental attitude ■ Warmth | <ul style="list-style-type: none"> ■ A thorough understanding of the basic nature of the problem and client's ability to improve ■ Ability to identify resources and utilize them for client's benefit |

ii. Continuation of medications

Depending on the recovery model used by the treatment and rehabilitation service where the aftercare program is based, suitable clients may have been prescribed and maintained on certain medication to facilitate aftercare and recovery. Such medicines include:

- Antagonists (e.g. Naltrexone in cases of opiate dependence)
- Agonists that work as maintenance substitutes (e.g. Methadone, Buprenorphine in opiate dependence)
- Anti-craving medicines (e.g. Naltrexone or Acamprosate in alcoholism)
- Aversive drugs that cause an adverse reaction (e.g. Disulfiram in alcoholism).

The aftercare staff may need to supervise medication to ensure compliance. Decisions regarding when to

start, change or stop these medicines are best left to the medical professional in charge.

iii. Psychiatric and medical treatment

Certain clients in aftercare may continue to receive psychiatric or medical treatment for co-morbid conditions. Such patients require:

- Monitoring of treatment and ensuring compliance
- Appropriate referral and contact with the treating doctors.

iv. Family counseling

Family counseling should be continued on a single-family basis in the treatment center setting or through a family support group outside the center, in the community. Counseling includes helping family members learn new strategies to cope and relate to each other, resolve conflicts and prevent relapse. They must also learn to overcome social stigma, shame, and pain and their own 'co-dependence'. In such situations, aftercare may involve family counseling, family groups, group fellowships and other activities. Even occasional home visits may be required to assess the living situation and to intervene.

v. Aftercare group

Those clients who show a certain level of readiness could be associated to form an aftercare group that focuses on common issues of aftercare. Such a group should be formally led by a trained aftercare staff member and could be co-led by a 'senior' recovering addict. Regular meetings should be held at least once weekly. Group therapy in such settings is a powerful technique of aftercare.

Self-help groups such as Narcotics Anonymous and Alcoholics Anonymous can also form a part of the network for aftercare support.

vi. Vocational rehabilitation

This 'employee assistance' component of the aftercare plan aims to reduce the difficulties that