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MOTIVATION AND INTERVENTION STRATEGIES

Addiction is the only disease where the victim does not fully realize the enormity of his problem. The stigma associated with drug use, the guilt and shame resulting from inappropriate use and the lack of awareness about the part drugs play in the problems they face — all these lead to a denial of the problem of addiction. In an attempt to protect the dignity of the family, in most cases family members also deny the existence of any serious problem. So motivation becomes one of the key issues in the treatment of chemically dependent persons.

Motivation Counseling

Motivation counseling is a specific technique to help people recognize and do something about their present or potential problems. It is particularly useful with people who are reluctant to change and ambivalent about changing. It is intended to resolve such ambivalence and to get a person moving along the path to change.

FAMILY INTERVENTION

The first person to call for help is generally the parent or spouse — the person closest to the abuser, usually the one who is more worried, afraid and angry than others. At this juncture, the family member's crucial fear will be 'How do I bring him to the

treatment center?' To help the family intervene, the counselor has to provide information about addiction. The family member needs to understand that addiction is a disease and that it requires treatment.

She has to be shown how the 'enabling behavior' of the family has led to the continuation of the problem. 'Enabling' is a therapeutic term which denotes a destructive form of helping. Any act that helps the addict to continue with his drug taking without suffering the consequences of his inappropriate use of drugs is considered 'enabling behavior'. The 'enabler' is a person who may be impelled by her own anxiety and guilt to rescue the addict from his problems. This role is taken on by family members, friends, supervisors and colleagues in the office.

Some examples of enabling behavior are

- ▶ paying back debts incurred by the addict
- ▶ justifying his use of drugs — 'He takes drugs because of problems at the workplace.'
- ▶ calling the manager and giving false excuses for his absence.

She has to be shown the role she has unknowingly played in maintaining his drug use.



Making Use of a Crisis

She has to be guided to motivate the patient to accept help. What is it that she can do? Addicted individuals generally come for treatment only when they are left to face some crisis all by themselves — loss of job, marital dissolution or legal threat. At this point, most of them are open to help, mainly to tide over the crisis. She has to look out for some such crisis and make use of it. For instance, the addict may suffer severe pain in the stomach, or may receive a letter of warning from the office. The family can use this crisis to make him see the problem and accept help.

Involving Others

To make the intervention more effective, as the next step, other members in the family for whom the person has regard and respect can be involved. Their involvement in the process will increase the motivation of the individual. It is important to include the addict's children in this extended group. Most often they are the ones who witness the fights, face the anguish and end up bearing the family's pain. Friends, relatives, employers, doctors and others may also be included.

A list of specific, non-judgmental facts relating to the abuse of drugs should be presented to the patient when he is drug-free, particularly immediately after a crisis, in a caring manner by these family members and others. The chart on the next page indicates the points that need to be raised and the manner in which this should be done.

There may be addicted individuals who do not respond to any of the motivational procedures listed above. For them, emotional acceptance of the fact of addiction will take a very long time. Instead of

rejecting the patient or confronting him with logic and argument, the significant others involved in the process of intervention should reassure the user that they are always there to help and support him if he decides to go in for treatment.

PROFESSIONAL INTERVENTION

Generally, after such interventions by family/friends, the patient comes asking for help. The counselor's most important task during the first interview is to establish a positive relationship. The counselor's understanding, non-condemning, non-judgmental attitude and acceptance of the patient will, in turn, help the latter to accept himself. Once the person feels accepted, it will be relatively easy for him to discuss problems freely, the mere mention of which would have irritated him earlier.

Alleviating Fears

In many cases, the patient would already have tried (though unsuccessfully) to stay away from drugs. He would have experienced problems associated with withdrawal. He will now be experiencing severe stress, arising out of acute fear — fear of withdrawal, fear about the kind of treatment he is going to be given, fear about others coming to know of the problem, etc. This addicted individual may already have taken treatment in various centers, and failed to recover. Therefore, acceptance of treatment will be minimal.

How am I going to face the physical problems associated with withdrawal?

What kind of treatment are they going to give me? An operation?

How am I going to face my "old friends" and neighbors?



A	Non-judgmental attitude reflecting care and concern	Avoid looking down on the person or making moral judgments. The person reporting the data should also be encouraged to indicate how it makes her feel — embarrassment, fear, unhappiness, etc. For example, ‘Alcohol is destroying your health. When we see your health deteriorating, it is upsetting for all of us.’ The addict should be made to realize that there are people who do care for him and are concerned about what is happening to him.
B	Specific details	First-hand knowledge of incidents and behavior as narrated by significant people should be reported. The change in the person’s character, behavior, personality as seen by concerned persons can be presented. Avoid gossip or second-hand information. ‘Mohan also told me you are taking drugs all the time.’ Instead, stick to factual reporting of behavior and incidents. Avoid generalizations such as ‘You have always given me problems since your childhood.’
C	Plan of action	Advise the family and others to decide beforehand on the type of help they want the patient to get. If the addict does not accept this, an alternative course of action should be ready.
D	Consequences	What alternatives does the person face if he rejects all forms of help? Some of the consequences could be highlighted — loss of job, mounting debts, marital separation etc. Conditions that cannot or will not be carried out should not be mentioned.

It is important that these inner barriers which prevent the patient from admitting his need for help are recognized and discussed with empathy. Open discussion of the successful recovery of patients who have been treated and feedback from those undergoing treatment may foster additional optimism in a patient who has had a history of prior treatment failures, or who is doubtful about the successful outcome of treatment.



Focusing on Immediate Problems

Initially, the patient will focus attention on his immediate problems like loss of a job, separation from spouse, etc. At this juncture, it is not at all advisable to try to make him understand that addiction is the real problem. The most important thing is to show supportive understanding and give him reassurances that his problems will be looked into.

When the professional wants to focus the patient's attention on addiction, she can discuss obvious physical problems like tremors, loss of appetite, and noticeable weakness. She should concentrate only on those physical problems that are easily visible. Motivation can be increased by using concrete medical records of the patient, where available; diagnostic tools like blood reports, CT scans, and X-rays with proper explanations from a medical professional will create an awareness in the patient about the physical damage caused by his chemical dependence.

Identifying Motivable Areas

Most people addicted to drugs have a 'motivable area' which can be used to motivate the client to take help. For instance, the patient may have very warm feelings towards his parents, employer or child. For some clients, concern about their health or the respect they enjoy in the community may be the 'motivable area'. For each client, the issue for motivation differs. These sensitive areas have to be identified and discussion can focus on how addiction affected this area and how abstinence can make a lot of difference. This can be done through attentive, non-judgmental listening —

listening to the patient's verbal and non-verbal communication.

I have come for treatment mainly because my mother is very upset and worried about my ill health!

I want to give up drinking because I find that my drinking upsets my daughter. I will go to any extent to keep her happy.

These motivable areas can be located by encouraging the patient to talk about his feelings — the relationships he respects and wants to strengthen.

Assessing Motivation

The motivation of a patient can be assessed on the basis of the following factors:

- Acceptance of his problem with drugs
- Understanding of damage caused by addiction
- Realizing the need to take active part in treatment
- Compliance with terms laid down by the treatment center
- Past history of abstinence
- Internal locus of control (a desire to get better for one's own sake).

However, the patient's motivation has to be strengthened and reinforced, which in turn will lead to a commitment to recover. This can be done during treatment through

- Individual counseling
- Group therapy and
- Attendance at AA / NA meetings.

UNWILLING PATIENTS: HELP FOR THEIR FAMILIES

We have so far discussed techniques for enhancing the motivation of those patients

who have already come to the treatment center. On the other hand, there may be a group of addicted persons who will be unwilling to accept help. In such cases, a family member, usually the spouse, or the parent may come to the treatment center asking for help. What sort of help can they be provided?

- ///▶ Encourage them to attend Al-Anon meetings.
- ///▶ Provide them with reading materials on addiction.
- ///▶ Help them to attend family therapy sessions.

- ///▶ Help them become aware of their enabling behavior and make plans to change.

* * *

In sum, the initial task of motivation is to help the patient accept treatment and the goal of intervention is to bring him to treatment. Further, motivation has to be strengthened at every stage of treatment, with the aim of working towards sustaining the gains achieved. ■



INTERNALIZING TOOLS

Role Play

Role play is an activity in which one person plays the role of someone else and acts in the way he believes that person would act. It is effective in evaluating one's own understanding of the problem.

Instructions for role play:

Divide the trainees into two groups. Each group member is assigned a particular role from the caselet. The trainee should attempt to focus on the addiction problem and motivate the patient to take treatment and help the family to understand the problem in its proper perspective.

- Request volunteers to come forward to play the roles.
- Role profiles to be given to volunteers without others' knowledge.
- Trainees to be encouraged to record their observations.
- At the end of role play, they can present their comments along with their doubts.

Caselet 1

Praveen is an 18-year-old college dropout from a middle class family. His father is a religious person who is extremely ashamed of his son's drug use. The father feels that if Praveen decides, he can give up drugs and that treatment is not important. His mother is under the impression that it is his friends who spoil him and feels that if Praveen gains admission to a good college everything will be fine. In her view, just keeping Praveen away from his friends for a month will make him okay again.

Praveen insists that it is the withdrawal symptoms that make him take drugs. He only wants detoxification for five days and no psychological therapy.

Caselet 2

Ashok is 30 years old, married, with a one-year-old son. He was referred by his employer after being suspended for frequent absenteeism. Ashok is angry that his boss has made a big issue out of nothing. While agreeing that there is some problem, he says that it is not a major issue. According to him, his boss and his nagging wife are the main problems.

His wife narrates all the problems — the loans, his poor physical condition, the fights at home — and with tears in her eyes, requests the counselor to treat him.

SEPARATORS

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COUNSELING FOR MOTIVATION



What is Motivation?

'Motivation' is creating the desire to change one's own dysfunctional behavior and 'motive' is the energizing condition that directs the individual to achieve that goal. Motivating the addict to accept help thus forms the first phase of treatment.

We can understand motivation as consisting of five stages — pre-contemplation, contemplation, preparation, action and maintenance (Prochaska and Diclemente, 1984).

Pre-Contemplation (Stage 1)

The client is not yet considering change or is unwilling or unable to change.

Strategies for the Clinician/ Counselor

- Establish rapport and build trust
- Raise doubts or concerns in the client's mind about substance use by
 - exploring the nature of events that brought the client to treatment or the results of previous treatments
 - eliciting the client's perception of the problem
 - offering factual information about the risks of substance use
 - providing feedback about assessment findings

- helping significant others (relatives, friends, employer) intervene
- examining discrepancies between the client's and others' perception of problem behavior
- Express concern and keep the door open, ensuring support anytime it is solicited.

Contemplation (Stage 2)

The client acknowledges the problem, considers the possibility of change but is ambivalent and uncertain.

Strategies

- Help the client realize the need for change by
 - eliciting and weighing the pros and cons of substance use and change
 - examining the client's personal values in relation to change
 - emphasizing the client's responsibility for change
- Elicit self-motivational statements of commitment from the client
- Elicit ideas regarding the client's expectations from treatment
- Summarize self-motivational statements.

Preparation (Stage 3)

The client is committed to and planning to make a change in the near future but is still considering what to do.

Strategies

- Clarify the client's own goals and strategies for change
- Offer a list of options for change or treatment
- If willing, offer expertise and advice
- Negotiate a change or treatment plan in detail
- Help the client enlist family and others' support
- Explore treatment expectancies and the client's role
- Elicit from client what has worked in the past either for him or for others he knows
- Assist the client in dealing with potential barriers related to entering treatment — finances, leave etc.
- Have the client openly express to family and significant others his plans to change.

Action (Stage 4)

The client is actively taking steps to change but has not yet reached a stable state.

Strategies

- Reinforce the importance of remaining in treatment
- Support a realistic view of change through small steps
- Acknowledge difficulties experienced by the client in early stages of change
- Help the client identify high-risk situations and develop appropriate coping strategies to overcome them

- Assist the client in finding new reinforcers (new non-drug taking friends, improved relationships with family members) of positive change.

Maintenance (Stage 5)

The client has achieved initial goals such as abstinence and is now working to sustain gains.

Strategies

- Help the client identify alternative methods of enjoyment (games, gardening, rearing pets)
- Support lifestyle changes
- Affirm the client's resolve and his efforts
- Help the client practice and use new coping strategies to avoid a return to use
- Maintain supportive contact (self-help programs and contact with clinician)
- Review long-term goals with the client.

KEY COMPONENTS OF MOTIVATIONAL COUNSELING

The key components of motivational counseling are a non-paternalistic, non-judgmental attitude on the part of the counselor, an orientation that accepts patients as they are, and techniques that encourage and reinforce patient's self-responsibility. The five basic principles of motivational counseling are as follows.

Express Empathy

In providing counseling for a patient in recovery from addiction, the counselor

needs to express empathy in order to convey acceptance of the patient's current situation. Acceptance does not mean agreement with, or approval of, the patient's behavior. Rather, it is the respectful desire to understand the patient's frame of reference. It acknowledges that changing behavior is difficult and involves feelings of ambivalence.

Respectful listening and reflection of feelings are two key communication skills for this task. For example, the counselor might say the following:

So, it seems like you think you should stop using drugs at some point, but you're afraid that quitting would be too hard.

Identify Discrepancy

This is accomplished by identifying and amplifying incongruities between the patient's present behavior and his stated personal goals. Using skillful questioning to help the patient clarify goals and explore consequences, the counselor can often get the patient to present his own reasons for needing to change. This approach can be much more effective than subjecting the patient to another lecture, because it allows the patient to think about his behavior without feeling pressured and coerced. The following remarks could accomplish this goal:

I know that you are interested in giving up drugs. That is why you have come to the treatment center. Your unwillingness to get admitted as I perceive it, is due to withdrawal symptoms you may experience in giving up drugs. Would you like to know the treatment which would be given to bring down withdrawal symptoms?

Avoid Arguments

Arguing with a patient tends to evoke resistance. As a result, both the counselor and the patient are likely to come away feeling dissatisfied and more entrenched in their own positions. While motivational counseling is confrontational in its goals, it is not confrontational in style. Resistance by the patient is a signal to the counselor to change strategies:

I can see that you're just not ready to try quitting right now. I would ask that you give some thought to what we have talked about, and let me know if and when you're ready. I'd like to help.

Move Along with Resistance

The counselor can also 'move along with resistance' by using the momentum of the patient's resistance to shift his perspective. Turning a question or problem over to the patient is an excellent way to do this. This approach encourages the patient to use his own resources to solve the problem. For example, the counselor might use the following statements:

Taking drugs is the main way that you cope with stress, and you're worried about giving it up. That's understandable. Let us explore other methods to deal with your stress.

Support Self-Efficacy

This is the only possible path to change. The concept of self-efficacy can be difficult, because it requires a shift in perception that often seems at odds with professional ethics and values. Most counselors understand that they cannot force patients to change their behavior.

However, they feel inadequate or frustrated when they are unable to persuade patients to do what is best for them.

The counselors are encouraged to respect the patient's right to take decisions about his own behavior. At the same time, counselors are encouraged to define for themselves what they need to do in order to feel as if they have fulfilled their professional responsibilities. Letting go of the responsibility for change often frees the counselor to listen more empathetically and to assume a less authoritarian position. Using this approach, the counselor can make statements such as the following:

You're not ready to make any plans to quit right now, but I'm glad we've had a chance to talk about it. You've shown good judgment in making an appointment to see a counselor. We both know these things take time.

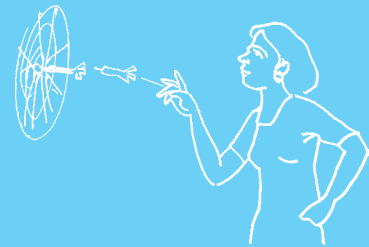
* * *

Thus, motivational counseling employs techniques that encourage and reinforce the patient's self-responsibility. ■

**Reference — Miller. W.R. Enhancing Motivation for Change in Substance Abuse Treatment. Treatment Improvement Protocol (TIP) Series 35, U.S. Department of Health and Human Services, USA, 1999.*

SKILL SHARPENING TOOLS

Motivational Statements



Evoking Self-Motivational Statements

Here are some sample questions to evoke self-motivational statements:

Problem recognition

- What is it that has happened which makes you think you have a problem?
- What difficulties have you had in the past because of your drug use?
- In what ways do you think you or your family members have been affected by your drug use?
- What are the problems that affect you?
- Because of your use of drugs, were you at any point of time not able to do what you wanted to do?

Concern

- Are you worried about your drug use?
- What causes concern to your family members?
- What do you think will happen if you don't make changes?

Intention to change

- The fact that you are here indicates that at least part of you thinks it's time to do something.
- What are the reasons you see for making a change?
- What are the benefits you anticipate if you make a change?

Recognizing Self-Motivational Statements

Here are some statements that indicate the patient is beginning to be self-motivated:

- *I guess this has been affecting me more than I realized.*
- *Sometimes when I have been using, I just cannot think or concentrate.*
- *One thing is, my health has deteriorated.*
- *I feel terrible about how my drinking has hurt my daughter.*
- *I don't know what to do, but I definitely have to do something.*
- *Tell me what I should do if I take treatment.*
- *I think I could become clean if I decided to.*
- *If I really put my mind to something, I can do it.*
- *I have done it before, I can do it now.*

*Reference – Miller. W.R. *Enhancing Motivation for Change in Substance Abuse Treatment*. Treatment Improvement Protocol (TIP) Series 35, US Department of Health and Human Services, USA, 1999.



INTERNALIZING TOOLS

Caselets

Stage 1 – Pre-contemplation

Not yet considering change or unwilling to change

Prakash was brought for treatment under pressure by his family members. He had met with a scooter accident the previous day under the influence of drugs and suffered minor injuries. The friend who brought him home was concerned as it was the second accident in two months. Prakash blamed the auto rickshaw driver for the accident.

What strategy would you use to motivate Prakash?

Stage 2 – Contemplation

Acknowledges the problem, considers the possibility of change but is ambivalent

Kumar came with his mother for admission to a treatment center. He wanted to give up alcohol but was ambivalent regarding the decision. While interacting with the counselor he mentioned that he wanted to give up for the sake of his mother. He was concerned about situations like attending sales conference where alcohol will be served and he was expected to keep company with his colleagues. He said: 'Everybody in the sales side drinks and most drink more than I do. After working so hard all day, only alcohol helps me relax.' He also mentioned a few embarrassing incidents which occurred at home and at work after heavy drinking sprees. But he was sure that if his friends don't force him, he would be able to abstain from alcohol easily.

Kumar wanted to take a week off from work, get detoxified and join back.

What strategies would you use to motivate Kumar and deal with his ambivalent attitude?

Stage 3 – Preparation

Committed to and planning to make a change

Mohan has been abusing brown sugar for the past three years. His friend took treatment in a center and was staying sober. Hence, Mohan decided to join a treatment program.

While talking to the counselor Mohan repeatedly mentioned that he wanted to quit drugs. He said, 'Once I give up drugs I can easily get a job. Or my parents will provide me money to start a business. I have to give up drugs. That is all I have to do.' Mohan had many questions to ask — whether the withdrawal would be made painless with medication, if he would be 100% fit after taking treatment, etc. Mohan was willing to bring his mother and wanted to be treated without his father's knowledge as the latter would be critical of him.

What strategies would you use to prepare Mohan to make changes in his life?

Stage 4 - Action

Actively taking steps to change but has not yet reached a stable state

Ravi was admitted for treatment in a rehabilitation center. After four days he was physically comfortable. He was feeling great that he had given up drugs for the first time. When his brothers came to visit him at the center, he repeatedly said that he would never touch drugs again. He said that he has made up his mind and even if he were discharged immediately, he would stay clean. 'Even if my friend gives me ten thousand rupees I will not take drugs.' He even went to the point of saying 'On discharge, I will visit my friends and make them come for treatment. I will be with them, cajole them and make them give up drugs like me.' His family members were very happy about his change of mind.

What strategies would you use to help Ravi be realistic about the changes he is expecting to make?

Stage 5 - Maintenance

Has achieved initial goals such as abstinence and is now working to sustain gains

James had completed his treatment two months ago. His drug using friends no longer called him and he was happy that he was 'clean'. Evening hours were a little boring. He spent his evenings watching television. He was attending work regularly.

He continued to have a strained relationship with his father and any comment from his father provoked him. James was clear that he should stay away from drugs. He had many issues to deal with — poor interpersonal relationships, no friends and no recreation.

What are the issues to be dealt with in sustaining James's motivation?

SEPARATORS

7



RECOGNIZING THE ADDICT

The Role of the Family

Addiction is a chronic relapsing disease caused by multiple factors. If a person has an alcohol or drug problem, someone must have the courage to address it. Even if the problem cannot be resolved right away, family members must know that something is wrong.

Changes Noticed by the Family

Changes in Physical Appearance

- A dull, vacant look and puffiness in the eyes (Ganja can cause redness of the eyes)
- Heroin and depressant drug abusers have droopy, half-sleepy eyes
- Loss of weight, looking tired, run-down or sickly
- Unsteady movements, slurred and unclear speech

Behavioral Changes

- a) Is withdrawn and does not interact with others as he used to, or spends a lot of time alone
 - Is secretive about his phone calls, visits and belongings
 - Inexplicable mood shifts — seems happy at times and irritable at others

- Eats and sleeps too much or too little and erratically with no discernable pattern

Other Changes

- Lethargic, with little interest in activities that interested him previously
- Has little or no concern for his personal appearance or health
- Poor attendance at school/college/workplace
- Decline in work/academic performance
- Presence of syringes or silver foils or the drug itself
- Increased demands for money

A combination of these signs seen repeatedly over a period of time can point to drug addiction.

Family's Initial Reaction

When the family members notice certain changes in the abuser, they may initially be apprehensive and confused. They may be ambivalent about whether or not to intervene. Some may be afraid of the person, others may be angry. They may wonder,

But the problem is so obvious. Why doesn't he see it?

That is a question that has stumped millions of family members over the years. The answer is that one of the actual symptoms of chemical dependency is a mental process called 'denial'. The person is unable to see that his or her substance abuse is a problem — even while evidence is piling up around him.

The family members' next concern will be

If this person really loved us, wouldn't he stop?

The fact is, unfortunately, love has nothing to do with it. Drugs that cause addiction change the way one's brain works by disrupting the mechanisms through which nerve cells transmit, receive, and process information. After repeated drug use, the affected circuits need more of the drug to stimulate them. The person now craves the very thing that is ruining his life.

Then comes the family's positive response

So what can I do?

They have to talk to the person, formally or informally, in what is called an 'intervention'. Addiction is treatable and there are trained professionals who can help the family members decide how to proceed. Intervention is the most powerful and successful method for helping people accept help. A family intervention can be done with love and respect in a non-confrontational, non-judgmental manner. A family intervention is often the answer, the only answer.

Parents SHOULD NOT

▀▀▀ Talk harshly

You have always been giving me trouble; you never allow me to live in peace.

Instead they should couch their comments in concern.

▀▀▀ Tell the child that he is cheating

All the while we believed that you were studying. Your mother and I have been working very hard so that you will have good education. But you have cheated us thoroughly.

▀▀▀ Indulge in self-pity

Why should this happen only to me? Why should I suffer so much, at this age, when most people are relaxed and contended?

▀▀▀ Blame themselves

My sister warned me not to allow you to stay in the hostel. But I did not listen to her advice. It is all my fault... only my fault.

▀▀▀ Argue while the addict is under the influence

Avoid arguments with the addict when he says he has no problem with drugs. When a parent endlessly argues and tries to prove otherwise the addict will counter argue. Even if his point of view is not agreeable, listen to him with concern and understanding.

▀▀▀ Make promises

While motivating the addict, the parents should not promise him something in return if he accepts help to give up drugs.

If you give up drugs, I will get you a job.

The family should be realistic that the addict's immediate problem is to give up drugs and for this he needs help.

Parents SHOULD

▀▀▀ Be understanding

I am not blaming or condemning you; I understand you have a problem and that you need help.

They must be supportive and hopeful about change.

➤ Treat him with dignity

It is important that the addict should not be labeled as an 'addict' or 'dope-head'. Calling him useless, stubborn, defiant or unchangeable will only make the situation worse. Accept him as a person with dignity and worth; this will help in motivation.

➤ Be firm and supportive

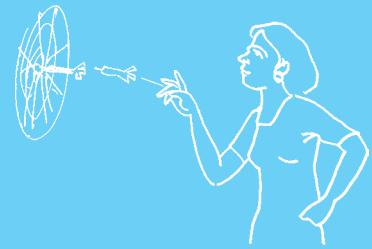
This has affected your studies and health drastically. This cannot continue. You have to take treatment. All of us are here to help you in every possible way.

➤ Be patient

If the addict refuses to take help the first time his parents talk to him, they should not try to force him to take treatment. Parents must be patient and understand that it takes time for him to ask for and accept help. ■

SKILL SHARPENING TOOLS

Guidelines for the Family



How Can We Protect Our Children?

- Evaluate your own use of tobacco, alcohol, and drugs. If you have a drink or two or light up a cigarette every time you get tense, remember you are conveying to your child inappropriate methods to cope with life and its stresses.
- Teach your child to cope with frustration and stress. When your child is upset, help him or her learn ways to feel better — like talking about it, taking a walk, or relaxation techniques.
- Make time for each child and let them know you care. Help them in their studies, share their happy moments and be with them when they are troubled and need your support.
- Let children know you love them. Everyone enjoys a gentle pat or a warm smile or a word of appreciation. If you're angry with your child, distinguish between the behavior you disapprove of and his or her essential worth.
- Expose your children to activities like sports, art, music, reading, or drama, so that they develop other interests. Introducing children to a variety of activities gives them wholesome things to turn to when they have time on their hands. When kids are bored, they are more likely to experiment.
- Foster strong family bonds to help counter powerful peer influences. Make your child feel your participation in her activities. Go to school functions with your child whenever you can. Establish or renew family traditions such as celebrating festivals, visiting places of worship, visiting relatives or eating together. If kids have a sense of belonging within their own families, they will be less likely to seek it elsewhere.
- Get to know your children's friends. Open communication keeps you in touch with who your children are close to. Know where your children are spending time. Ask them to inform you about where they are and to get home on time. Rules and consequences, limits and freedom teach children to be responsible.
- Let your kids know they can talk to you about anything, without harsh judgment or lectures. And be on the lookout for 'teachable moments', like when your child raises the subject of alcohol and tobacco (during farewell parties, 'culturals' in colleges and schools).
- Set clear expectations for behavior. Many youngsters who choose not to drink do so mainly because their parents will be upset and they do not want to hurt them.
- Teach your child to be assertive whenever appropriate. Encourage your kids to make informed decisions, so that when faced with offers of drugs or alcohol, they can assert themselves and resist pressure.

FEEDBACK FORM

This field guide has been developed to assist counselors in the area of drug use. Your experience of using the guide can help us improve and refine it further. We would be very grateful for your comments and suggestions.

Please complete this form and mail it to

National Center for Drug Abuse Prevention
National Institute of Social Defence
Ground Floor, West Block
Wing 7
Rama Krishna Puram
New Delhi 110 066

Please feel free to add any additional comments you'd like to share with us.

1. Does the guide contain comprehensive information you found useful in the field? If not, why?
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2. Is the format and language to your liking? If not, why?
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3. Is there any area the guide has overlooked, or not discussed in sufficient detail?
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4. Is the technical data provided in the guide easy to use in your work?
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5. How do you rate the guide as a reference handbook?

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6. Would you like the guide to carry support tools such as charts, posters etc.?

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7. Are there other areas of counseling and treatment on which you require further information (field guides)?

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Additional comments and suggestions:

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Name:

Organization:

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