SAMPLE ON HOMELESS PEOPLE TREATMENT

Treating Homeless People with Substance/Alcohol Use Disorders and Co-Occurring Mental Health

This paper aims at providing background information concerning the treatment needs of homeless people who have co-occurring disorders. The term co-occurring disorder refers to the coexistence of two interlaced disorders which are independent and it involves a number of mental health and substance use disorders. The term co-occurring disorder implies the significance of an integrated response aiming at two or more disorders. According to Bassuk (2008), integrated response does not presume pre-eminence of one disorder over another.

The needs for treating a person with co-occurring mental health and substance/alcohol use disorders are very intricate compared to the needs of a person who suffer from one disorder only. These people are part of group that requires a wider and diverse means of treatment (integrated approach).

Conceptual Framework for Providing Treatment

A theoretical model was outlined by Bassuk (2008), which aimed at treating people with co-occurring psychiatric and substance/alcohol use disorders and included of four stages. These stages include engagement, persuasion, active treatment, and relapse avoidance. A number of programs that majors in both substance/alcohol abuse and mental health fields used this model as part of the conceptual development of their programs (Center for Substance Abuse Treatment, 2007). The model was initiated in response to the exceptional confronts of providing this population with integrated treatment. Addictive and stern mental disorders follow a chronic course as well as recurrent relapses

Subsequently, individuals in an integrated program might probably be in various stages of recuperation besides having exceptional histories and different capabilities to create treatment affiliations. According to Bassuk (2008), the four stages generate a basis for separating individuals who are aware of their mental disorder and their willingness to participate in the treatment. This model is particularly pertinent to programs that deal with homeless people with co-occurring disorder, who have a wide and diverse scope of needs.

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Stage 1: Engagement

The stage of engagement involves persuading the individual that taking part in service doings might be advantageous and pleasing. Interacting with homeless individuals who requires treatment can have unique challenges. This population might be socially segregated and have fragmented affiliations. Accounts of these individuals being discarded by friends, family and service givers are usually the cause of this segregation. As well, they might have distrust with anybody who tries to offer support.

During the engagement stage, the service activities centres on creating trust, aggressive outreach, offering assistance in case urgent assistance is needed like food, access to treatment programs, clothing, healthcare and shelter. Willingness to dedicate to programs that requires abstinence differs significantly among individuals. Running away from street life and evading legal issues is at times a motivating aspect for this population.

Stage 2: Persuasion

The second stage is persuasion and it ids the process that help the client to become aware that substance/alcohol abuse is a problem and to carry on with active treatment intervention which essentially calls for devotion to abstinence from drugs and alcohol. The primary challenge is to conquer the rejection and lack of awareness which is common to individuals who are substance abusers. People with co-occurring disorders might fail to distinguish negative outcomes of self-destructive conducts due to their impaired ability to process information. Further challenges is presented by the trauma and stress associated with homelessness, and the commonness of drugs in the streets. The most significant service activities in this stage include pre-treatment, individual counselling and psycho-education. Every activity in this stage is based on an interpretation of the patient motivation as an emotional condition, instead of a fixed attribute. An emotional condition can be changed by service interventions, while a person's character attributes cannot be customized. The aim of this stage is to give insight about the negative results of substance/alcohol use and give positive alternatives that replicate the victim's needs and wants. In this stage, the main challenge for the caregivers is to assist the client to develop a real dedication to shift from substance abusing conduct and follow a plan in order to manage psychiatric symptoms.

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Stage 3: Active Treatment

The third stage is active treatment and it centres on assisting the client in developing knowledge, attitude, and the necessary skills to maintain abstinence and get involved in support activities and treatment. The most significant activities for this population in this stage include abstinence support cohorts who centre on creating necessary coping skills, family engagement, individual counselling, and case management services. As well, Psychiatric services which focuses on symptom management and medication, medical and behavioural interventions are also essential in this stage. The program is able to adapt the intensity and pace of interventions based on an evaluation of the specific shortfalls and strengths of the homeless individual.

Stage 4: Relapse Prevention

Mental health and substance/alcohol use disorder follow a way whereby a return to unconstructive patterns of thoughts or conduct, severity of symptoms and relapses to substance/alcohol use must be expected. The clinical intervention to relapse has a vital consequence on the long-term abstinence of the client and his/her general recovery. Maintaining the skill and attitude which was developed during the stage where the client made devotion t abstinence is of great importance. Relapses are supposed to open opportunities for learning and give the client a chance to develop coping skills for future adaptation. The above four-staged model offers an efficient framework for linking interventions to the client's needs as part of integrated way of treatment.

References

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