Part 3

An Empowered Substance Abuse Service Delivery Process: Expanding the Client-Centered Continuum of Care

This section contains the largest number of chapters in the book and illustrates, at a very practical level, the nature and quality of empowerment practice in the substance abuse field. The manner in which the three components of the substance abuse service system influence practice across different types of programs is integrated into each chapter. Various chapters address the collaborative work of practitioners and clients along the continuum of care, including intervention, prevention, and rehabilitation, as well as the different modalities (e.g., group work), targets of change (e.g., political or systems changes), and phases of service delivery (e.g., aftercare).

Chapter 6 conceptualizes intervention as a dynamic, ongoing transition that may be influenced by many unique personal and social contingencies. Intervention is often linked with rehabilitation; however, this chapter illustrates how intervention provides a foundation for people's acceptance of either prevention or rehabilitation. Specific strategies and case-community examples demonstrate how intervention can also create a psychological readiness for services that people may not accept until later, after several other interventions have occurred. Chapter 7 addresses community prevention, based on discussions about the intervening function of needs and assets assessments in chapter 6, and community roles, related to the substance abuse service systems discussed in chapter 4. The effects of historical and current theoretical paradigms on substance abuse prevention are highlighted. Two fully detailed community prevention examples illustrate how goals for program development-capacity building and political, policy, and large systems change can be accomplished and then documented with consumer-driven evaluation and dissemination tools.

Chapter 8 clarifies how service providers can use the wisdom and resiliency of consumers to mutually assess their substance abuse problems. Very practical assessment-evaluation procedures are presented to illustrate the nature of staff-client partnerships during this service phase, leading to power sharing and self-efficacy. The dynamic process of using client-centered tools such as solution-focused questions and clients' inoculation narratives to strengthen early recovery is highlighted through case examples of the application of these tools.

In chapters 9, 10, and 11, issues related to empowerment practice with groups, families, and individuals are addressed respectively, along with case examples and illustrations that clarify how these different modalities can be combined for effective outcomes. The chapter on group work provides theoretical underpinnings and practical strategies for groups in rehab, self-help, and prevention programs. It demonstrates how the application of those strategies should vary due to unique factors within the three types of programs. In twelve-step programs, for example, group members struggle to balance preserving anonymity with encouraging the use of political action strategies. Similar to the groups chapter, the family chapter is presented within the context of theoretical approaches to family work. It illustrates the application of those approaches and related strategies during sessions with nuclear and intergenerational families. Cultural influences on how families define and seek to resolve substance abuse problems are reflected in case and family examples, along with client-driven evaluation tasks and outcomes.

Cultural diversity is highlighted also in the chapter on individual work, which emphasizes using individual sessions to address important withingroup differences, build upon clients' strengths, and support the work in the other modalities. The focus is on using empowerment-oriented strategies and evaluation tools to address issues of ethnicity and race, gender, age, sexual orientation, disabling conditions, socioeconomic status, and location. Case examples clarify how these factors of diversity interact and that they should be addressed together, as they affect people's drugs of choice, motivations for entering rehab, struggles in early and ongoing recovery, and power issues.

Chapter 12 focuses on aftercare and termination of services, documenting how these phases may reawaken power and loss and grief issues that clients identified during intake and assessment, and therefore the importance of relapse prevention supports during early recovery and termination. A process of phased services is proposed to provide an opportunity for transition work related to personal, family, programmatic, and policy barriers and supports. Research findings on the aftercare phase are presented to concretize the lessons learned about clients' effective reintegration and management of their recovery-relapse cycles.

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