EFFECT OF FOLLOW-UP REHABILITATION COUNSELLING ON DRUG ADDICTS IN NASARAWA STATE

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Abstract

Follow-up rehabilitation counselling on drug addicted persons should be a major concern in curbing the issues of drug abuse, globally. This study examined relevance of post recovery care or routine checks on drug addicts who underwent rehabilitation sessions, with the aim of establishing the state of the client's recovery and how he/she fits back into the family and the society at large. Quasi-experimental design was adopted in this study. A Population of fifty (50) rehabilitees from NDLEA and psychiatric hospital in the State. The sample of ten (10) rehabilitees was selected using purposive and simple random techniques. Test questions whose validity and reliability yielded 0.76 and 0.89 indices, were administered to the rehabilitees in the first and second instances (pre and post test). Similarly, mean and use standard deviation were used in the answering the research question, while t test was used to test the hypothesis at 0.05alpha. The result shows that after care (follow-up) on drug addicts who went through rehabilitation is necessary in reducing the risk of relapse. It also recommend that families, counsellors, NGOs and communities have their roles in checking on recovery individuals and stressing the need to stop stigmatizing subjects who went through rehabilitation. This is with a view to building a positive character and personality in the client.

Key words: Follow-up, Rehabilitation counselling, Drug Abuse, Addiction, Clients

Introduction

The problem of drug abuse has intensified into an epidermis with serious health consequences, requiring accelerated effort towards treatment and rehabilitation. World health

organization has organized means of assisting drug dependent persons either in hospital settings or outside the hospital with the aim of making the clients and patients recover normal (WHO,2009).

Many treatment models may have their roots in previous methods, however, aversion therapy is still used today through most often used medication like disulfiram that discourages individuals addicted to alcohol from drinking, other drugs treatment programs includes: Detoxification, Prevention programs, Outpatient programs, Inpatient/Residential programs, Transitional programs, aftercare/ follow-up and recovery support programs (NIDA, 2015). Modern best practices in the drug rehabilitation treatment field include after care services, aimed at following up with addicts even after they graduate a recovery program, through check-in calls, alumni event e.t.c to continue their recovery even after relocation back home. Some drug rehabilitation programs even offer sober companionship or' shadowing 'services for an extra fee, allowing recovering drug addicts to receive one- on- one support and guidance as they reenter their lives in newfound sobriety (Siringi ,2003).

After care provides a continuation of counselling and support once the drug rehab program has been successfully completed. Many after care programs insist that clients be sober for a period of time before entering into aftercare service, but other aftercare programs may be extensions of in-patient drug rehabilitation programs. It is important to know that there is an ongoing recovery process that takes place in a person's life. Certainly there are benchmarks, but the client must avoid the idea that he/she has been totally cured as a result of completing drug rehab treatment. Aftercare provides services which will make transitioning into a new life with new habits and new ways of thinking more successful with less risk of relapse (Promises, 2018).

Aftercare is a key component in living a successful life of recovery and sobriety. It is the bridge which helps client keep holds of the things they've learned and gained as they embark upon a new way of living. The period of time directly following rehabilitation treatment is the most fragile time for recovering addicts. Treatment provides a safe and structured environment that supports a sober lifestyle, but the real world is full of temptation and triggers that threaten sobriety at every turn. After care helps patient transition to the outside and applies the lessons they learned in rehabilitation centre with the support of professionals and other addicts in recovery. Other than psychological therapies in rehab, the professionals are mandated with equipping the rehabilitees with crucial life skills. Case manager and Counnsellors help the rehabilitee's life management issues such as living arrangements, employment, relationships, emotional healing and continued skill building in maintaining sobriety. Peer support groups allow you to connect with other individuals just like you who can help keep you on track toward your goal of sobriety (VanEtten, Neumark & Anthony, 1999).

Lifetime after care is one such option that typically involves weekly or regularly scheduled by an experienced substance abuse counsellor. The counsellor helps client meet his unique

recovery plans, provides guidance as one examines his client recovery for moving forward, he gets the feedback and support of not only the counsellor but also the other who may contribute to his life time, after care program include alumni of treatment programs, families and the community (Walker,2018).

Statement of the Problem

Drug abuse has reached an epidermis proportion around the globe and is being considered now as one of the dreadful problem of this country, crossing all social, economic, cultural and political boundaries.

It is obvious that drug addicts are involved in various antisocial activities and deviant behaviour causing problems in our urban life and appears as obstacles to our socioeconomic and cultural growth and development, hence it is our moral and social responsibility to rectify the drug addicts and bring them back from their life-killing habit, deviant behavior to normal life and rehabilitate them in society as productive ones.

Non- Governmental Organization (NGO), members of the civil societies should work in hand especially the social workers in regards to social integration with the family and the community at large, the client whom has undergoes drug rehabilitation need not to be left alone without proper monitoring during recovery. It has also been discovered that clients who pass through rehabilitation are allow to mingle with their former environment, friends and peer, if such will happen, then there is the need for proper monitor by the counselor, family etc. Follow-up will help client gain back his normal drug free life, help reduce stigmatization effect and relapse.

In Nasarawa State for instance, drugs addicted persons who received counselling, brief intervention and rehabilitation services by the NDLEA in 2022 and 2023 annual reports have it that, a total of number of sixty six (66) in 2022 and three hundred and seventy nine (379) in 2023 (NDLEA,2022 and 2223). This indicated that drug addiction is on the increase on a daily bases and possibly some that went through rehabilitation relapse back to their drug habit due to improper monitoring (follow-up), living parents in a state meeting up with the dilemma associated with addiction behaviour and financial implication in treatment of drug dependents (WHO,2009). Parents and communities have to design recovery meetings, reinforcement and remain connected as possible with the client; this will reduce recovery challenges which most clients find as impossible to get out of severe addiction recovery, other than psychological therapies in rehab, the professionals are mandated with equipping the rehabilitees with crucial life skills. Case manager and Counnsellors help the rehabilitee's life management issues such as living arrangements, employment, relationships, emotional healing and continued skill building in maintaining sobriety. Peer support groups allow you to connect with other individuals just like you who can help keep you on track toward your goal of sobriety (VanEtten, Neumark & Anthony, 1999).

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Drug Rehabilitation Counselling

Drugs have been abused for hundreds of years all over the world, their effects have been used, and there were always those who abused them, which led to full-blown addiction and the bevy of side effects that come with it. As the physical and mental health implication of addiction became clearer, rehabilitations in the United States dates back hundreds of years (Alcoholics Anonymous, 2012). In 1964 the New York State inebriate Asylum, the first hospital intended to solely treat alcoholism as a mental health condition, was founded. As the public began to view alcoholism and related drug abuse more seriously, more community groups and sober houses began appearing (Hall, 2010)

Rehabilitation counselling is a systematic process which assists persons with physical, mental, developmental, cognitive, and emotional disabilities to achieve their personal, career, and independent living goals in the most integrated setting possible through the application of the counseling process. The counselling process involves communication, goal setting, and beneficial growth or change through self-advocacy, psychological, vocational, social, and behavioral interventions. The specific techniques and modalities utilized within this rehabilitation counseling process may include, but are not limited to; assessment and appraisal, diagnosis and treatment planning, career (vocational) counselling, individual and group counselling treatment interventions focused on facilitating adjustments to the medical and psychosocial impact of disability, case management, referral, and service coordination, program evaluation and research(NIDA, 2015).

Short term residential treatment, which typically focuses on detoxification as well as providing initial intensive counselling required per week decreases. The intensive out-patient (IOP) is a good option for those serious about abstaining from drug and alcohol, but that still need to be able to work and perform daily responsibilities. An IOP may require a multiple sessions for a few hours each week to conduct counselling sessions, group therapy, relapse prevention education and attendance in a 12-step or similar recovery support group.(SAMHSA,2018)

iii. Continuing Care: continuing care groups such as Alcohol Anonymous or Narcotics Anonymous are ongoing support resources to help and solidify their commitment to sobriety. The groups are typically facilitated by a licensed therapist and meet weekly. Some continuing care groups may be gender specific or age-specific, and others may focus on a particular aspect of recovery (Williams, 2018)

It includes a wide variety of programs for patients who visit a behavioral health counselor on

a regular schedule. Most of the programs involve individual or group drug counseling, or both. These programs typically offer forms of behavioral therapy such as:

1. Cognitive-behavioral therapy, which helps patients recognize, avoid, and cope with the situations in which they are most likely to use drugs or teaches a person how to recognize mood, thought and situations that stimulates drug craving. A therapist helps the person avoid these triggers, and replace negative thoughts and feelings with healthier ones that are more consistent with sobriety. The skills learned in cognitive behavioural therapy can last a lifetime, making it a potentially powerful method of drug abuse treatment. However, not all therapists are trained in cognitive behavioural techniques, which can be complex (Goldberg, 2016).
2. Multidimensional family therapy—developed for adolescents with drug abuse problems as well as their families—which addresses a range of influences on their drug abuse patterns and is designed to improve overall family functioning. There are several potential benefits of family or couple therapy; Family can act as a powerful force for change in the addicted person's life. Including family member can increase the likelihood a person will stay in therapy and each family member can begin to heal the damage their loved one's addiction has caused in their own life.
3. Motivational interviewing, which makes the most of people's readiness to change their behaviour and enter treatment. It is also a traditional therapy for drug abuse treatment involved confrontation. (NIH, NIDA SAMHSA, 2016).

Follow- up Services

Follow up is one fundamental services offer in guidance and counselling aimed at monitoring client and collecting information about them long after they graduate from a program such rehabilitation, Follow-up means monitoring client and collecting information about them long after they graduate from a program. Most clients disconnect with the treatment center for various reasons. Many begin to live normal lives and do not recall the painful years of addiction. Some will relapse and will not come back. Others will keep contact with the center or the self- help group. Ensuring follow-up of maximum number of clients is a good idea for everyone concerned the recovery addict, his family, the center and counsellor. As a counsellor you will want to know what become of the clients, and whether they have managed to stay healthy after graduating from the program (Albert, 2012).

Beddoe, (2017) is of the opinion that after care is a continue support after Rehabilitation, after care programs can help prevent relapse and help you stay focused on your recovery , these programs can include 12-step programs, support group counselling. The post- rehab after is any treatment a person receives after participating in a drug or alcohol rehabilitation program. This treatment has been shown to be extremely effective in helping people in recovery stay on track. It decreases the probability they will relapse and return to their addictive behaviour.

Additional support can always be found by continuing to attend `12-step meetings. Many

people in recovery continue to attend 12-step meetings as a way to help others; they want to provide support to people who have just began the path of recovery, just as they found support when they began their journey to sobriety. Client may choose to attend meetings for recovery reinforcement, and to remain connected to the supportive community he became part of while in his aftercare program (McKay, 2009).

Purpose of the Study

The purpose of this study is to examine the effects of follow-up rehabilitation counselling on drug addicted persons, was guided by the research question;

What is the effect of follow-up rehabilitation counselling on drug addicted persons?' and the

Null hypothesis was formulated and tested at 0.05 level of significance

There is no significant effect of follow-up rehabilitation counselling on substance addicted persons.

Theoretical Framework

Cognitive Behavioural Therapy and Behavioural Family Therapy

An additional cognitively-based model of substance abuse recovery has been offered by Aaron Beck, the father of cognitive therapy and championed in his 1993 book, Cognitive Therapy of Substance Abuse.(Beck, *Wright, Newman,& Liese, 2001).* This theory rests upon the assumption that addicted individuals possess core beliefs, often not accessible to immediate consciousness (unless the patient is also depressed) Aaron approach emphasize teaching clients self- management skills and how to restructure their thoughts, the clients learn to use these techniques to control their lives to deal effectively with present and future problems and function well without ongoing therapy. According to Fatoye (2002), cognitive processes cover numerous mental activities such as beliefs, ideas, schemas, values opinions, assumptions among other sare likely to lead addictive behaviours including anticipatory beliefs, relief oriented beliefs, automatic thoughts, facilitative beliefs and instrumental beliefs. These core beliefs, such as "I am undesirable," activate a system of addictive beliefs that result in imagined anticipatory benefits of substance use and, consequentially, craving. Once craving has been activated, permissive beliefs ("I can handle getting high just this one more time") are facilitated. Once a permissive set of beliefs have been activated, then the individual will activate drug-seeking and drug-ingesting behaviors. The cognitive therapist's job is to uncover this underlying system of beliefs, analyze it with the patient, and thereby demonstrate its functionality. As with any cognitive-behavioral therapy, home work assignments and behavioral exercises serve to solidify what is learned and discussed during treatment *(Peterborough, 2016).*

Cognitive behavioural treatments (CBT) and behavioural family counselling (BFC) include individual and group approaches that involve relationship focused, interventions in addition to skills training, cbt and bfc are based primarily on social learning theory, which posits that

substance misuse is a learned behaviour whose onset and continuation is included by positive experiences about the effects of use and family members 'and friends' experiences, norms and behaviour and on stress and coping theory, which suggests that life stressors are likely to impel substance use among efficacy and poor coping skills and who try to avoid experiencing distress and alienation.

CBT focuses primarily on reducing patients positive expectancy and self efficacy to resist substance misuse, and improving their skills in coping with daily life stressors, including relapse inducing situations and BFC focuses on teaching communication skills to increase family cohesion and conflicts, and plan enjoyable, shared substance-free activities. It typically includes interventions to build support and provide rewards for abstinence and to institute ongoing monitoring with behavioural change agreements and/or sobriety contracts in which the affected individual either takes a medication (such as Antabuse or Naltrexone) while the spouse is observing or restates a commitment to sobriety (Babor and Del Boca, 2003; Brown et al, 2002)

Twelve-Step Facilitation (TSF) Theory

The disease model of addiction has long contended the maladaptive patterns of alcohol and substance use displayed by addicted individuals are the result of a lifelong disease that is biological in origin and exacerbated by environmental contingencies. This conceptualization renders the individual essentially powerless over his or her problematic behaviors and unable to remain sober by him or herself, much as individuals with a terminal illness are unable to fight the disease by themselves without medication. Behavioral treatment, therefore, necessarily requires individuals to admit their addiction, renounce their former lifestyle, and seek a supportive social network who can help them remain sober. Such approaches are the essential features of twelve-step programs, originally published in the book Alcoholics Anonymous (AA) in 1939 (AAWS, 2001) . Moreover, TSF patients who are more committed to AA and abstinence and stronger intentions to avoid high- risk situations are likely to achieve abstinence after treatment (Morgenstern *et al,* 2015).These approaches have met considerable amounts of criticism, coming from opponents who disapprove of the spiritual-religious orientation on both psychological (Badura,1999) and legal (Wood, 2006) grounds. Nonetheless, despite this criticism, outcome studies have revealed that affiliation with twelve-step programs predicts abstinence success at 1-year follow-up for alcoholism. Different results have been reached for other drugs, with the twelve steps bring those addicted to the physiologically and psychologically addicting uploads, for which maintenance therapies are the gold standard of care (Moos, Finney, Ouimette & Suchinsky, 1999; Johnson *et al,* 2006)

According to social control theory, strong bonds with family, friend, school, work, religion and other aspects of traditional society motivate individuals to engage in responsible behaviour and refrain from substance use and other deviant pursuits. These bonds encompass monitoring or

supervision and directing behaviour towards acceptable goal and pursuits. When such social bonds are weak or absent, individuals are less likely to adhere to conventional standard and tend to engage in undesirable behaviour, such as the miss use of alcohol and drugs. The main causes of weak attachments to existing social standards is inadequate monitoring and shaping of behaviour, including families that lacks cohesion and structure, friends who espouse deviant values and engage in disruptive behaviour, and lack of supervision and vigilance in school and work settings (Hirschis, 2012).

Methodology

The research design for this study is quasi- experimental design. It involves pre-test and post-test. The design was used because it lacks full laboratory control. The researcher adopted randomized pretest and post test design because it will help to compare the results of the test, as well as measure the degree of change occurring as a result of treatment or intervention. The design is illustrated as follows:

E.G = 01 X 02,

Where E.G = Experimental Group

01 = Pretesting Observation,

02 = Post testing Observation

X = Treatment Intervention (positive or negative)

The population for this study consists of fifty (50) rehabilitee undergoing therapeutic counselling in NDLEA and psychiatric hospital in Nasarawa state. A sample size of ten (10) rehabilitees was selected for this experiment. Purposive and Random sampling techniques were employed in the study. Two rehabilitation centers were randomly selected using random sampling technique. Purposive sampling method was used in this study; this allowed the researcher to select those participants who were to provide the richest information and those who manifested the characteristics of most interest to the researcher. Objective test comprising of 4 items whose validity and reliability test yielded 0.76 and 0.89 indices, on effect of follow-up rehabilitation counselling was given to the rehabilitees twice (pre-post test). The research questions were answered with mean score and standard deviation while the hypothesis tested at 0.05 level of significant by comparing the t -calculate and t- table

Research Question 1

What are the effects of follow-up rehabilitation counselling on substance addicted persons?

To answer the above question, the client scores from pretest and posttest were used to calculate the arithmetic mean and the standard deviation, Excel and analogue (manual) was applied to obtain the result in table

Table 1:*Effects of follow-up rehabilitation counselling on substance addicted persons*

S/N	Items	N	X Pretest	STD	X Posttest	STD	Remark
9.	Continue care after treatment helps to overcome the temptation of returning to substance use	10	2	4.049	2	1.264	accepted
10,	Strict monitoring helps me to put the new Found skills in to practice.	10	2	2.000	2	1.264	accepted .
11.	Follow-up rehabilitation helps me to Completely quite from my addiction habit.	10	2	2.530	2	2.234	accepted
12.	Follow-up care might be a distraction and make me pretend that I am okay.	10	1.2	1.519	1.4	2.000	accepted
	Cluster Mean	1.8	2.524	1.4	1.690		

Table 1 shows that respondent rated all the items 1-4 in the cluster within the cut-off –point of (2.00) .While mean and standard deviation were used for agree or disagree for rating the effects of follow-up rehabilitation counselling in Nasarawa State. The cluster mean of 1.80 was obtain which was accepted as positive effect of follow-up on rehabilitation counselling of substance addicted persons

Table 2: *Two tail t-test of effect on pretest and posttest scores of clients on rehabilitation counselling*

Treatment	Test	Mean	SD	df	t-cal	t-tab	Remark
Pre-test	1.8	1.588					
			18	0.017	2.101		
Post test	1.4	1.300					

The result presented in Table 2 shows that t-tabulated (2.101) is greater than t-calculate

(0.017) at 0.05 alpha and 18 degree of freedom. Indicating that there is no significant effect in the mean score of client pre-test and post test who undergo strict follow-up counselling. Thus the hypothesis was rejected implying that there is a significant effect of follow-up rehabilitation counseling on drug addicted persons in Nasarawa state.

To test the null hypothesis, the mean score for the pretest and posttest of the experimental group were compared using separate variance, Excel and analogue(manual) was used and the result obtained are in table above,

Discussion of Findings

The hypothesis stated that there is no significant effect of follow-up rehabilitation counselling on substance addicted persons. The result show that there significant effect was found on client undergo follow-up recovery therapy, that significant effect was found in the client recovery process in the experimental group. The null hypothesis was rejected. However, this was in line with Beddoe, 2017 and ,Siringi,2003 who opined that follow- up care is a continue support after a successful rehabilitation session caters for the clients and can help prevent relapse there by helping addicted persons stay focused on their recovery. They also maintain that modern best practices in the drug rehabilitation treatment field which include after care services, aimed at following up with addicts even after they graduate from a recovery program should not be neglected. Check-in calls, alumni event to continue their recovery even after relocating back home are some of the rehabilitation programs that offer sober companionship or' shadowing 'services, allowing recovering drug addicts to receive one- on- one support and guidance as they reenter their lives in newfound sobriety.

Conclusion

Nigeria has been affected by the problem and has become a main agendum of discussion. Drug addiction is not a problem of the addicts only it also affects their family, community and society as a whole. Moreover, drug addicts are involved in various anti social activities and their deviant behaviour causes many problems in our urban life and appears as obstacles to our socio-economic and cultural growth and development. Hence it is our duty and social responsibility to help the drug addicts and bring them back from their life-killing habit and deviant behavior to normal life through rehabilitation and ensuring proper monitoring of the recovery client to prevent relapse. The society concerted efforts and integrated measures be taken by the concerned authorities. NGOs, Members of the civil societies especially counselors, social workers can play an important role in this regard by using integrated social work methods in helping the recovery addict.

From the result obtained in this study on the effects of rehabilitation counseling on substance addicted persons in Nasarawa State, it was found out that client who passes through rehabilitation counselling with strict follow-up during recovery, have better chance of gaining full recovery.

Suggestions

Based on the findings of this study, the following suggestionss were made: there is the need for structural after care programmes that can help maintain sobriety of the client after discharge.

The study suggests that the government should establish fully sponsored rehabilitation centre, and renovate the existing structures to accommodate the growing number of drug and substance addicts who needs to be rehabilitated, Policy makers need to establish ways of promoting support group to enhance after care services once the clients are discharged from the rehabilitation centers, counsellors NGOs, communities have their roles on checking recovery individual and to stop stigmatizing those that went through the rehabilitation, Thus, help in building the client new behaviour that will show case good personality and prevent relapse.

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