

Worker Stances for Clients Who Use Drugs

Edith Springer, 1996

[These are also great Worker Stances/Best Practices for Participants who Sell Sex, are Homeless, etc. – Mona Bennett, 2016]

- Show client unconditional regard and caring. Acknowledge her or his intrinsic worth and dignity.
- Be a real person. Let the client see you as you really are. “Blank screens are for movie theaters”.
- Don’t get caught up in the client’s urgency; take your time - practice mindfulness.
- Be non-judgmental toward the behaviors of the client.
- Be consistent with setting limits: control oneself not the client.
- Empower the client.
- Work through one’s behavior or enabling: when is it positive? When is it negative?
- We are not responsible for rescuing the client who is responsible for his or her own life. We are responsible for the intervention process: the client is responsible for the outcome. Trust the client’s strength and ability.
- Never take away defenses until alternatives are developed. Introduce new coping strategies and shore up those used previously.
- Avoid the expert trap, especially if you aren’t one. Use the client as a consultant and collaborator. Act out of a place of humility.
- Explore one’s own values about drugs, drug users [and sex and sex workers, homelessness and the homeless...].
- Be mindful of the stages of change. Set the table. Provide options non-judgmentally and non-coercively. Any reduction in harm is a step in the right direction.
- Reinforcement is more effective than punishment. Use incentives when available.
- Use supervision to process emotional responses and attitudes.
- The agenda for change belongs to the client; the worker facilitates – rather than implements – the agenda.
- Consider the client’s relationship with drugs [and sex...]- the positives and the negatives, rather than the judging the use itself. Focus on behaviors.
- Quality of life and well-being are the criteria for measuring success, not reduction in the consumption of drugs.

Harm Reduction Workers: Best Practices

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- Remember that behavior change is a complicated process that happens over time. The key for the harm reduction worker is to develop a relationship with the participant so that there can be an open discussion about the complex reasons/motivations/and meanings surrounding the behavior. Trust is built over time. You are there to help the participant explore their feelings about their drug use, the meaning of their drug use, the roles played by the drug use, the costs and benefits of their drug use, and what would be missing if the drugs weren't there. Workers can help customers envision the drug use life that they want and how to get there "what would you like your drug use to look like?"
- You are not there to "fix" anybody, the participant is in the driver's seat and it is the participant's job to develop strategies and solutions that work for them at their own pace. Don't be attached to your desire for the participant to "change" – have your goals in mind, but let go of them and help the participant create their own goals and objectives. **LET GO! You aren't in control**, ideally you are a facilitator. Have a "you can DO IT" attitude that acknowledges who is responsible for what – the person in their own boss, the person is capable of having goals, making changes. Change is a process, not an event – usually long-lasting changes are achieved through incremental baby steps.
- It is healthy and normal for people to have conflicting feelings and be ambivalent – this is not "resistance" it is part of the change process.
- Don't impose your personal beliefs about drug use – if a participant believes in a particular theory or intervention – SUPPORT THEM – what workers do in their private lives, what they believe in, what they practice, and what works for them is IRRELEVANT to the participant.
- Maintain a stance of compassion and openness – be SINCERELY interested in what the participant is saying – don't be a "neutral" listener – be active and positive, caring about their feelings.
- Concentrated listening is HEALING – people have the chance to heal when they feel listened to.
- Participants deserve our attention and good will; they don't have to EARN it.
- You are playing a role – you act like a worker and not a friend, won't be out there for your own emotional needs and will maintain your boundaries, and will set limits. This makes it safe for the participant – be fair and treat everybody the same – not saying no or setting limits is disrespectful – treating a person like a child and not helping them develop as people and grow, not helping them learn to work within the real world where there are rules/appointments.
- Do not attempt to minimize the devastating impact substance use can have on individuals, communities, and families. Face it and stand with all the people affected by substance use "where they are at" and care about the next ten minutes (overdose prevention, disease prevention, healing moments a non-judgmental and compassionate attitude can have) and the next ten years (long-lasting behavior change, reduced emotional pain, linkages to HIV and other life-improving services).