## EXAMPLE

## Formulating the Method of Intervention

In examining evidence-based practices for the treatment of clients with Substance Use Disorder, researchers support the use of such intervention methods as motivational interviewing, cognitive-behavioral therapy, couples therapy, structured family therapy, 12-step facilitation therapy, and psychopharmacology (Power, Nishimi, & Kizer, 2005). The most effective intervention for this client would include the use of Cognitive Behavioral Therapy, as the client possesses the required characteristics of average to above-average intelligence, is articulate, and is capable of insight.

The most commonly used instruments for assessing client irrational thought patterns include the Irrational Belief Test (IBT) (Jones, 1968) and the Rational Behavior Inventory (RBI) (Shorkey & Whiteman, 1977). Later, these scales were replaced with the Irrational Belief Scale (IBS) (Malouff & Schutte, 1986) which better separates cognition-related items from affective-related items.

Rational Emotive Behavior Therapy was introduced to the client as a method for addressing his substance use disorder. After fully explaining the theory and intervention methods to him, he was willing to incorporate it into his treatment plan. He will attend the 8-week Rational Emotive Behavior Therapy group held every Wednesday evening from 6:30pm to 8:00pm in the Group Therapy room of the agency. The group members are men who are struggling to achieve chemical freedom and are willing to apply Rational Emotive Behavior Therapy to their recovery efforts. In the first session, the group members will be given the Irrational Belief Scale to complete and the scores will then be discussed. Group members will then be given a homework assignment entitled “Using the A-B-C Method” when they experience an event that triggers their chemical use. Group members will then examine their rational or irrational beliefs about the event, the emotions that followed those beliefs, and the behaviors that resulted from those thoughts and feelings.

The intervention will include (a.) the social worker who will refer the client into the group; (b.) the client who will successfully complete all 8 group sessions; and (c.) the group therapist who will lead the eight groups.

**Implementation of Intervention**

The *NASW Code of Ethics* (1996) requires that social workers should strive to become and remain proficient in professional practice and the performance of professional functions by critically examining and keeping current with emerging knowledge relevant to social work practice. Additionally, social workers must base their practice on recognized knowledge, including empirically based knowledge, relevant to social work and social work ethics (Standard 4.01 (b)). Rational Emotive Behavioral Therapy has undergone rigorous empirical testing for validity and reliability of its instruments and its methodologies (Engels et al., 1993; Lyons & Woods, 1991).

Cognitive-Behavioral Theory is based on the idea that how we interpret situations will result in certain feelings that will lead to certain actions. In other words, thoughts determine feelings and behavior. From this theory, Albert Ellis (1977) developed the intervention method of Rational Emotive Behavior Therapy (REBT). This approach works to change a client’s self-defeating beliefs and behaviors by challenging irrational, self-defeating and rigid thinking patterns. Ellis believed that through changing one’s thinking to more rational thought patterns, the client could change unproductive feelings and self-defeating behaviors. This intervention method has been found to have success in application to individuals with substance use disorders (Ellis, 1977).

The client lost his driver’s license recently due to a Driving While Intoxicated (DWI) charge and is unable to drive himself to the group sessions. Since the buses in town stop in the area of the agency at 7:00pm, this was seen as a problem to his enrollment in the group. However, when coming to see his social worker for a weekly meeting, he met his neighbor who is also enrolled in the group. This neighbor offered to give him a ride both to and from the group each week. With that obstacle resolved, the client is able to regularly attend the intervention.

As the client continued in the group sessions, it became clear that he was unable to maintain chemical freedom by through only group attendance. A modification was made to his treatment plan to include regular attendance at A.A. meetings in his neighborhood at least four times per week, weekly individual sessions with his social worker to discuss his relapse prevention plan, and daily Antabuse psychopharmacology intervention.

Upon modifying his treatment plan, the client was able to successfully achieve and maintain chemical freedom throughout his involvement with the agency. The client’s progress is monitored in his group sessions through his homework assignments which demonstrate the degree to which he successfully incorporates Rational Emotive Behavior Therapy techniques to his recovery efforts and the weekly scores on his Irrational Belief Scale. These outcomes are recorded in a single system design progress chart that demonstrates the degree to which he successfully applies the intervention.

Rational Emotive Behavior Therapy has proven to be successful with men in recovery from a Substance Use Disorder. The research literature indicates that it can also be utilized successfully with adolescents (Gonzlez et al., 2004) and a group for adolescents is currently being formed to determine its success in application to youth with substance use disorders.

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