



## Clinical & Counselling Psychology Review (CCPR)

Volume No. 2, Issue No. 1, Spring 2020

ISSN(P): 2412-5253 ISSN(E): 2706-8676

Homepage: <https://journals.umt.edu.pk/index.php/CCPR>

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**Online Published:** Spring 2020

**Article DOI:** <https://doi.org/10.32350/ccpr.21.04>

**Article QR Code:**



**To Cite Article:**

Nafees, S., & Anjum, G. (2020). Phenomenology of counseling psychologists: Services and expectations involved in treating substance abuse patients in Karachi. *Clinical & Counselling Psychology Review*, 2(1), 53–79.  
[Crossref](#)



A publication of the  
Department of Clinical Psychology  
University of Management and Technology, Lahore, Pakistan.

# Phenomenology of Counseling Psychologists: Services and Expectations Involved in Treating Substance Abuse Patients in Karachi

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## Abstract

Substance abuse can incur significant costs for the society. Around 6.9 million adults were estimated to be addicted to illicit drugs in 2013. Adolescents constitute the most vulnerable segment of the population in this regard. Although the number of drug addicts has been rising substantially, an adequate supply of qualified counseling psychologists and mental health professionals for their treatment is still unavailable. Therefore, this research was undertaken to explore the crucial aspects from counselors' perspective. This mixed method study focused on the effectiveness of these clinical professionals in treating substance abuse patients in Karachi. The qualitative research design used in this study was based on phenomenological interviews. Ten semi-structured interviews were conducted with professional counselors and clinical psychologists currently working with substance abuse patients. Data was categorized into different themes and significant aspects of the phenomenological experiences of participants were processed using thematic analysis. Data about the success rate, dropout rate and relapse rate were collected from clinical institutes to measure the positive outcomes of the treatment of drug addicts. The results showed that substantial support was provided by counseling psychologists and their clinical institutes to ensure proper treatment of substance abuse patients. Major aspects of the treatment process such as group and family counselling, relapse and culture were sufficiently catered. However, major changes must be introduced in order to provide for individual needs.

**Keywords:** clinical professionals, clinical treatment in Karachi, counseling services, patient expectations, phenomenological analysis, substance abuse treatment

## Introduction

Mental illness remains a neglected issue in Pakistan. Country level statistics show that Pakistan has one psychiatrist for every 10000 patients and one child psychiatrist for every four million children suffering from mental disorders (Irfan,

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[2010](#)). To add to the problem, mental illness is still associated with supernatural beings and remains a source of stigmatization (Furrukh & Anjum, [2020](#)), since mentally ill patients do not fit into what the society defines as ‘normal’. Hence, these people are generally looked down upon and the society rejects them as lunatics (Gilani et al., [2005](#)).

The ratio of addicts is particularly significant in the age group of 16-35 years. A 2013 survey on drug use in Pakistan conducted by the United Nations Office on Drugs and Crime showed an estimated 1.6 million misused prescription opioids taken without the doctor’s advice. Another survey revealed that approximately 700 Pakistanis die each day from drug related complications because around 99.7% of the people surveyed could not afford treatment. The government neglects the health sector and adequate resources are not provided in this regard (Irfan, [2010](#)). Various mental health laws have been issued such as the Mental Health Ordinance in 2001 and the Sindh Mental Health Act in 2013. However, none of them have been successful in bringing major changes in the mental health sector of Pakistan.

Statistics are evident of the crucial need of creating awareness about the mental health and particularly about the rising rate of substance abuse. This may lead to appropriate measures taken not only to minimize the availability and usage of drugs but also to provide the required treatment opportunities. Moreover, it is also important to study clinical institutes treating substance abuse patients because it will provide an insight about the efficacy of the treatment being provided. Many institutes are actively providing treatment opportunities for substance abuse patients. Knowledge about treatment opportunities can help people make an informed decision when seeking treatment. This research also aims to provide more knowledge to individuals seeking treatment to have reasonable expectations from the application of treatment approaches.

Recovery is a complex and a long term process. For substance abuse patients, there are different stages of recovery associated with different drugs; therefore, there is no single definition of recovery (Jacobson & Greenlay, [2001](#)). This research uses the description of recovery given by the American Society of Addiction Medication which defines it as a ‘process of overcoming both physical and psychological dependence on a psychoactive drug with a commitment to abstinence-based sobriety (White, [2007](#)).

Extant literature indicates that effective treatment is defined by three factors. Firstly, the number of patients recovered and released from the institutes. Moreover, multiple other socio-demographic factors influence how successful the institutes have been in treating substance abuse patients (Basu et al., [2017](#)).

Secondly, the dropout rate during the clinical treatment process which provides an insight into the care and attention given to the patients (Nordheim et al., [2018](#)). Thirdly, the number of relapse patients readmitted into the institutes which provides an understanding about how well the institutes are working towards withdrawal maintenance and providing aftercare facilities (Khalid & Anjum, [2019](#)).

Relapse is another important factor for substance abuse patients because what relapse is, why it occurs and how it is presented are significant questions which shape the treatment provided to the drug addicts (Nordheim et al., [2018](#)). Similar to recovery, there is diversity in theories related to relapse because how relapse is defined has practical implications for the treatment (Basu et al., [2017](#)). This research uses Glasby's ([2005](#)) definition of relapse which defines relapse as the "resumption of drug addiction, return to drug use of the same intensity as the past, daily drug use for a specified number of sequential days (e.g., daily use for 1 week) or a consequence of drug use such as being readmitted for further treatment."

According to McLellan et al. ([1996](#)), expectations about effective treatment differ for individuals and their family members, employers and/or the government. Patients who willingly seek treatment may have different expectations from the treatment program as compared to those who have been forced into treatment. This study conducted three independent qualitative investigations to evaluate the effectiveness of a pre-post treatment approach including a six-month follow-up. The results showed that drug use in treatment programs was halved as compared to no treatment, where the lack of motivation or the absence of the drive to change may have contributed to no decrease in usage. However, McLellan et al. ([1996](#)) did not provide a qualitative analysis describing the effectiveness of the treatment of substance abuse patients.

Wesson et al. ([2001](#)) conducted a review of different studies on the treatment of substance abuse. They found variations in treatment because a multitude of variables influence the treatment process, such as the time consumed in treatment, commitment or motivation of patients to bring change in their life and the severity of psychopathology. Factors associated with relapse should be explicitly defined and patient motivation and commitment for recovery must be considered. The authors proposed that treatment pattern should not only be focused on bringing positive behavioral change and stopping drug use but maintaining abstinence from drug use and preventing relapse is equally important.

Another seminal research by Khalily ([2010](#)) traced the history of drug abuse treatments along with the current treatment approaches implemented in public and private institutes working collaboratively in Pakistan. Although drug abuse is a

major public health concern in Pakistan, still the conditions of treatment programs are not satisfactory. Khalily (2010) argued that treatment policies were inconsistent in Pakistan but with the rising rate of drug abuse, it is essential to introduce treatment policies that are practical and at the same time pertinent to the culture of Pakistan. Khalily (2010) found that many institutes used the method of detoxification along with some counselling sessions. A major problem was that there had been no formal training programs for the treatment of addiction. The government failed to provide financial support in this regard and a large number of public institutes and NGOs were reliant on foreign support (Khalily, 2010). According to him, an effective treatment plan needs to provide a combination of therapies and must have enough flexibility to cater the individual needs of the clients.

Fletcher (2013) showed how the stigma associated with substance abuse patients makes a significant impact on the perception of rehabilitation centers. He argued that it is important to bring into notice what measures are adopted by clinical institutes for treating substance abuse patients as society desperately needs effective care for them. To investigate rehabilitation centers, Fletcher (2013) conducted a longitudinal primary research on 15 rehabilitation centers in the United States by collecting data about the individual experiences of people who had completed treatment at these centers as well as those who were still undergoing treatment. Interviews were conducted with clients as well as with their family members to achieve a better understanding of the treatment process.

According to Fletcher, “To be effective, treatment must address the individual’s drug abuse and any associated medical, psychological, social, vocational and legal problems” (Fletcher, 2013, p. 93). This research was primarily based on a twelve-step approach. These steps proved to be effective only when the entire focus of the treatment was not limited to addiction but included socio-emotional aspects as well.

Research on substance abuse in Pakistan is mostly focused on etiological factors related to drug addiction. However, according to Masood and Sahar (2014), it is vital to study the social aspects as well. The treatments for drug abuse in Pakistan are focused on the culturally adapted rehabilitation techniques. Some rehabilitation centers use a modified version of the ‘Alcoholic Anonymous’ used in the West. Rehabilitation centers are mostly found in urban areas with very few of them located in rural areas. Since Pakistan has a collectivist culture, treatment for substance abuse must incorporate families because they are deeply impacted by this phenomenon. Recent studies by Khalid and Anjum (2019) and Furrukh and Anjum (2020) indicated that the diagnosis, management, and treatment of clinical

populations is seen as a family issue with multiple social and communal implications.

### **Rationale and Cultural Context of the Current Study**

Although mental health in Pakistan is not given due attention due to the lack of awareness and absence of related services that it deserves, it is important to create awareness about the treatment of mental illnesses commonly found in Pakistan. With increasing socioeconomic problems and an easy accessibility to drugs, there has been a considerable rise in the number of substance abuse patients. Therefore, it becomes crucial to bring it into limelight and to have knowledge about what is being done to curtail the rising rate of substance abuse patients along with how individuals suffering from substance abuse are treated. This is a culture where mental illness is still a taboo and people suffering from it are marginalized and not even provided with access to resources for treatment. This research, therefore, focuses on the treatment given by clinical institutes to substance abuse patients.

The approach towards substance abuse is greatly influenced by sociocultural beliefs. In countries like Pakistan where religious sentiments have a significant impact on the society, substance abuse patients are looked down upon and their acceptability in the society is further reduced. Culture also impacts the accessibility of treatment because sociocultural phenomenon influence the acceptance, recognition and ultimately prompting the treatment outcomes. Community involvement is a necessary step in the recovery process; however, when someone renders a threat to a religious community because of their addiction, it creates hindrances in their effective treatment. Moreover, the government's response towards the rising rate of substance abuse is minimal and very few programs are actively working for reducing it. Hence, it becomes essential that research is conducted on clinical institutes providing treatment of substance abuse and to have knowledge about whether they are contributing towards a positive outcome for their patients.

Treatment opportunities for substance abuse patients are minimal in Pakistan and the abuse rate is as high as 6.7 million users in a single year (2012) who used illicit substance, while 4.25 million users were drug dependent (UNODC, [2013](#)). According to this report, there is an overwhelming need for drug abuse treatment including care facilities and interventions. This is evident of the fact that the scarcity of treatment opportunities can make conditions even worse in the future considering the rising rate of substance abuse. The need of time is not only to curtail the rising rate of substance abuse but, at the same time, to provide adequate treatment opportunities for those who are suffering from it. Hence, what is required

to ensure minimal costs to the society is the evaluation of the treatment prospects and how these options can be made better in order to ensure the minimization of substance abuse in Pakistan.

Due to the pressing needs and missing work about the experiences of counseling psychologists, there is a dire need to have this discourse on the phenomenology of the experiences of professional counseling psychologists regarding substance abuse. The significance of this study is enhanced in the mega city of Karachi which houses much anxiety and access to drugs. This research therefore bridges the existing gap in literature by focusing on phenomenology through the eyes of the experts to delineate what are the prevalent practices and services and how effective they are. Furthermore, this research focused on the measures taken by counseling psychologists for treating substance abuse patients in Karachi.

Hence, this research was aimed at answering two key questions:

- 1) What are the experiences, services and effective strategies used by counseling psychologists for treating substance abuse patients in Karachi?
- 2) What measures are adopted by counseling psychologists to fulfill the expectations of patients seeking treatment?

### **Method**

To answer the key questions raised in this study, a mixed methods research design was used. It was based on a combination of phenomenology and metacognitive phenomenology. The aim was to explore experiences, effectiveness, and expectations related to counseling services employed in treating substance abuse patients in Karachi.

### **Participants**

Our participants were professional counseling psychologists working with substance abuse patients in Karachi. We did our best to reach out to multiple institutes. At the end, 10 professionals were selected through purposive sampling. We used the criterion of minimum work experience comprising at least two years of practice as a substance abuse counselor or as a practicing clinical psychologist to select the participants. Those who did not qualify this criterion were not included in the interviews. Our final sample consisted of ten psychologists who were interviewed. The sample included four psychologists serving at the primary care unit and two psychologists serving at the secondary care unit and also included four recovery counselors. The professional experience of the participants varied between 3-15 years. Interviews were conducted in Urdu and English languages because all counselors had higher education and counseling certificates. Moreover,



the local language of the metropolitan area is Urdu. Although due to their professional training in English some participants felt more comfortable using English. The minimum qualification for psychologists was MPhil in clinical psychology and MA in psychology with clinical certification and practice. The highest qualification of counselors was PhD in clinical psychology. The identity of the participants was kept confidential. Psychologists from two clinical institutes, that is, Alleviate Addiction Suffering Trust (AAST) and Therapy Works (TW) allowed us to use their institutional information with the condition of keeping personal anonymity, so we will not use any other institute's or psychologist's information in the following sections.

### **Sources of Data**

Interviews were designed based on the expert advice of a senior clinical psychologist and internal review team's recommendations. Using literature review, phenomenological questions were designed which tapped into the metacognitive experiences of counselors. To this end, we used culturally apt phenomenological guidelines and triangulation guidelines provided by Anjum et al. (2019b). Our interviews focused on socio-demographics, counseling services and experiences about the expectations of counselors and substance abuse patients. The interviews were semi-structured in their design to keep them flexible enough to accommodate the experiences of all participants. They were conducted based on interview guidelines. Questions were divided according to the themes based on interpretive phenomenology to gain an in-depth understanding of the treatment process. Moreover, the identities of the participants were also kept confidential and the information provided was solely used for research purposes. Recordings were deleted after the completion of the research.

### **Data Analysis**

After conducting the interviews, each interview was transcribed. The transcription was categorized according to the themes. Significant aspects of each theme were analyzed and relevant, non-repetitive statements were thoroughly evaluated (Creswell, 2007). Researcher's bias was eliminated through the process of analyzing data, while ensuring that the transcribed data was reviewed and coded by a researcher who was not part of the fieldwork. Furthermore, in order to control for any additional biases, an independent research associate reviewed and amended several subthemes of the coded data. Moreover, the culture and society where the research was conducted were accounted for while analyzing the themes. Differences in the perspectives of psychologists and psychiatrists and the variations in treatment procedures were also taken into consideration. The interviews were



also analyzed with reference to the major differences found in the treatment process of the two clinical institutes.

## Results

The results were categorized into two broader themes which included *Clinical Institute Services* and *Expectations of Patients*. These broader themes were further subdivided into subthemes (see Table 1). Based on the analysis of data, a theoretical model was formulated incorporating all significant aspects of the treatment process (see Figure 1).

**Table 1**

*Counseling Services, Expectation of Patients and their associated meanings*

Themes	Subthemes
Counseling Service: Treatment Types/Processes	<ul style="list-style-type: none"> <li>Effective approach to treatment</li> <li>Fulfil individual needs of client</li> <li>Treatment according to ethical principles</li> <li>Efficient assessment tools</li> <li>Effective detoxification process</li> <li>Opportunities for leisure and recreation</li> <li>Rules and regulations for patients</li> <li>Drug testing</li> </ul>
Counseling Service: Culture	Incorporating culture into treatment
Counseling Service: Recovery	<ul style="list-style-type: none"> <li>Criteria of releasing someone from the institute</li> <li>Proportion of client completing the Program</li> </ul>
Counseling Service: Relapse	<ul style="list-style-type: none"> <li>Definition of relapse</li> <li>Consequences of slip or relapse during treatment</li> <li>Prevention of relapse</li> <li>Treatment of relapse patients</li> </ul>

Themes	Subthemes
Counseling Service: Family Counselling	Involvement of families in treatment Counselling of families
Counseling Service: Individual Counselling	Time spent in individual therapy Catering to individual needs Matching clients to their preferred treatment Individual progress in treatment
Counseling Service: Group Counselling	Time spent in group counselling Catering to individual needs in group Active individual participation in Group
Counseling Service: Prognosis	Follow-up with patient post treatment Follow up with families of patients Preparing clients for relapse possibility
Psychiatric institute service: Counselors	Qualification of counselors Medical and psychiatric care provided by counselors Client to staff ratio Training of counselors Percentage of staff consisting of Recovered individuals Client counselor interaction
Patient's Expectations: Adequate treatment opportunity	Effective treatment opportunity Individual requirements met Ethical treatment service
Patient's Expectations: Alleviated from cultural stigma	Help deal with cultural stigma
Patient's Expectations: Successful recovery	Integrate back to society Elimination of their addiction

Themes	Subthemes
Patient's Expectations: Minimum chances of relapse	Guided with relapse prevention strategies Opportunity of being treated again in case of relapse
Patient's Expectations: Involvement of their families into treatment	Family meetings during treatment Education of families to learn about the illness Independent family counselling to help them deal with stress
Patient's Expectations: Fulfilment of individual needs	Discuss personal issues with Counselors Individual rights granted Options to choose their preferred treatment
Patient's Expectations: Sense of belonging to groups	A sense of membership to a group Individual expectation fulfilled
Patient's Expectations: Being followed up after Treatment	Kept in touch post treatment Openly welcomed to discuss their problems
Patient's Expectations: Significant interaction with Counselors	Build a good rapport with counselors Openly discuss problems without being judged to be treated by qualified counselors

### **Counseling Service: Treatment Types and Process**

Overall, the study found that the counselors' approach towards treatment was integrative. Their treatment was not based on a single psychotherapeutic approach. Rather, they used a combination of approaches in the treatment process. Substance abuse patients were expected to follow certain rules and regulations and in case of their violation, certain consequences were established. Alleviate Addiction Suffering Trust (AAS Trust) only treated males, whereas Therapy Works catered

both genders. There were no differences between males and females in the treatment process. Moreover, AAS Trust only provided treatment to inpatients. Whereas Therapy Works catered to both inpatients and outpatients. With outpatients, treatment was primarily based on individual counselling sessions. Therapy Works followed the ethical code of *BACP (British Association of Counselling and Psychotherapy)*. Moreover, providing basic human rights and maintaining the confidentiality of patients were their primary concerns.

Each and every patient went through the process of detoxification where the medication used for detoxification varied based on the drug of choice. Clients were given opportunities for recreation while they were living in rehabilitation centers.

*There is a system of help to facilitate behavioral modification. Goals are set up for every individual in relation to their behavior which must be accomplished in a specific time period. If goals are fulfilled then the treatment process continues smoothly, otherwise a penalty is given. For housekeeping, rules and regulations are in place such as the use of abusive language or banging chairs loudly is prohibited. Effectiveness of rules and regulations is evaluated on a weekly basis by a personal evaluation group. (Senior Clinical Psychologist)*

### **Counseling Service: Culture**

The clinical institutes incorporated cultural stigma into the treatment process by associating substance abuse with a disease and using a ‘disease concept’ to exclude the stigmatization. They also helped families deal with the stigma attached with substance abuse. Moreover, the institutes also incorporated cultural aspects into treatment so they could serve as motivating factors for the clients.

*As experts we take substance abuse as a form of physical disease. It is not something that is bad or should be labeled as such. We have school awareness programs where we educate children about addicts as not inherently bad individuals and with our efforts, our institute strives to change the mindset of hatred built against them. We associate it with other illnesses such as diabetes and we don't consider it as a separate or a sick illness. We take it as a disease concept. (AAS Trust Psychologist)*

### **Counseling Service: Recovery**

Once the treatment duration of three months is complete, the patient is set to release from the institute irrespective of the stage of recovery. AAS Trust operates with the support of secondary care which means that if a patient needs further help, there is an established secondary care unit which patients are encouraged to

join after completing treatment at the primary care unit. The secondary care unit has an outpatient facility which is not available at the primary care unit.

*The patients are discharged on slow discharge to monitor their performance before they are fully discharged. Families are kept in touch to see how they spend their day. Family members also observe their related client so they can give follow-up on the client. (TW Psychologist)*

*After completing the treatment at the primary care unit, there is a secondary care unit or a half-way house where patients can stay for up to 6 months. The recovery ratio is 50-60%, which means that those who complete treatment at secondary care have a 60% chance to sustain recovery. (AAS Trust Psychologist)*

### **Counseling Service: Relapse**

Relapse is a significant problem of substance abuse patients. Unless appropriate measures are taken to ensure minimal chances of relapse, relapse rates remain very high. It is important to differentiate between slip and relapse. The treatment process for relapsed patients varies in terms of its duration.

*Relapse is a part of the treatment and we cannot say that it will never happen. Most clients relapse. Treatment procedure is the same for relapsed patients but its duration is cut down to one month because relapsed clients are already aware of the rules and regulations of the place and so they grasp things fast. The consequence for patients who relapse during treatment at secondary care is that they are sent back to primary care for 15 days to complete their detoxification. (AAS Trust Psychologist)*

*There is a difference between relapse and reuse. If somebody slips once and has a drink and feels very guilty and stops altogether; this is not relapse. Relapse is when a person goes back to the style and level of chronic use they were doing before they were stopped and came to us. Relapse is when you have started taking the drug again. (TW Psychologist)*

### **Counseling Service: Counselors**

The qualification of counselors at AAS Trust was MPhil and MA in clinical psychology. There were five clinical psychologists and three recovery counselors but there were no psychiatrists at the primary care unit. Recovery counselors played a very substantial role in the treatment process and they were involved in all aspects of the treatment process except individual counselling. At Therapy Works, there were two counselors for every individual and psychiatrists were a part of the team.

*There are two types of counselors: recovery counselors and clinical psychologists. Most counselors have an MPhil degree and some are doing PhD. The training of recovery counselors is according to their qualification. Recovery counselors have their own experience and they are more productive than professionals. (AAST Psychologist)*

### **Counseling Service: Individual Counselling**

Individual counselling was a significant part of the treatment process and it was conducted regularly along with group sessions. Patients were encouraged to openly discuss their personal issues with counselors. We found that some clinical institutes were quite conservative in their treatment process. It was practically the same for all patients, although limited changes could be brought about for certain patients with diverse needs. However, at other institutes, clinicians did not pertain to a predetermined treatment plan but focused more on designing a treatment plan to provide for individual needs.

*Our system is not fixed. We work with human beings and every client is different. We may have to change things according to the situation or the treatment. Needs are highlighted throughout the treatment. (Recovery Psychologist)*

*The treatment process remains the same throughout the treatment duration but once in a session if we realize that the client is a little more intellectual, then we can use Cognitive Behavioral Therapy approach with such clients. We give clients homework for things they are struggling with. (Senior Psychologist)*

### **Counseling Service: Group Counselling**

Only one professional group organized group sessions for patients comprising multiple activities. These sessions included lectures on various topics based on the twelve-step approach and were conducted by recovery counselors. Other activities such as art therapy and music therapy were also conducted in groups to encourage collaboration among patients. Community groups were an integral part of the treatment process to encourage understanding and mutual support among patients.

*The idea behind community groups is to make patients feel at home. If there are conflicts between clients, they are open to discuss these conflicts with each other and sort them out. Patients are openly welcome to discuss any housekeeping issues and changes are brought in through consensus. Lectures are based on different topics such as relapse prevention program, denial, defense mechanism, and disease model. (AAST Psychologist)*

### **Counseling Service: Family Counselling**

The involvement of families remained an essential part of the treatment process. Clinical institutes allowed families to play an intervening role in the treatment process. Awareness sessions were organized to educate them about the illness. Individual sessions with families were conducted to help them deal with their individual stressors and cope with the stress or trauma that may come about with their loved one being addicted.

*Every Sunday is a family day. There is a process group that happens with families. Sometimes one to one session is needed for families for their catharsis. (AAST Psychologist)*

*Families are involved in therapy after undergoing the acute process of staying away from the client. The family is not allowed to meet the patient at the start of treatment because this may lead to patient showing tantrums and family members may become disturbed. (TW Psychologist)*

### **Counseling Service: Prognosis**

Counselors maintained follow-up of a minimum of six months with patients and their families once they left treatment. They were openly welcomed to discuss their personal issues anytime with their counselors even after completing their treatment. Once a patient is known to have relapsed, their files are closed and they are encouraged to join again.

*After completing treatment at primary care, the clients are encouraged to go to the half-way house where they can join a day care program and take up their jobs. Follow-up with clients is based on keeping track of how many clients have recovered and how many have relapsed. It initially starts off thrice a month and then becomes once a month. There is also a reunion that happens every year. (AAST Psychologist)*

*The patients are discharged on a slow release within certain boundaries set up for them. During that slow release process, we surprise them with urine toxicology or blood tests to see if the person has slipped or not. After total discharge, they come twice a week as outpatients and see the therapist here (TW Psychologist).*

### **Expectations of Patients: Adequate Treatment Opportunities**

Patients expect clinical institutes to treat them with the most effective approaches available for treatment. They expect that institutes take ethics into consideration by maintaining confidentiality and also provide opportunities for



recreation to live a normal life at rehabilitation centers. The opportunities for recreation varied in both institutes because they catered to patients from different socioeconomic backgrounds. Moreover, clinical institutes incorporated the findings of the most recent studies which were more effective in treatment and were suitable for our culture as well.

*There are outdoor activities such as going to park, playing cricket, etc. There are indoor games such as carom and foosball table which they can play during their free time. Every Sunday, clients are shown a therapeutic movie. On Saturdays, clients participate in different music competitions. (AAST Psychologist)*

*The inpatient is residential and stays for a minimum of 90 days. In these 90 days, the patients are treated completely, holistically, in mind, body and spirit. The important thing is eco- psychology. We take them to northern areas and we take them for trekking in Islamabad. We take them out for dinners. (TW Psychologist)*

### **Expectation of Patients: Alleviated from Cultural Stigma**

Clients expect clinical institutes to help them deal with the stigma attached to addiction, so that they may not consider themselves as a neglected segment of the society. Counselors also reinforced the idea that they should not consider themselves as a marginalized segment of the society because it is the disease that has caused problems in their lives and they should focus on effectively dealing with it.

*Addiction is not the client's problem only. Their family, relatives and in some ways the whole society is involved. Addicts are seen with a certain stigma and they are viewed in a negative light by people around them. Keeping in mind their reality and how they can become effective members of the society, motivational lectures are conducted to boost their self-esteem. (Recovery Psychologist)*

### **Expectations of Patients: Successful Recovery**

Patients who seek treatment for substance abuse do not just seek a refuge from their mental illness but they also expect to become functional human beings. Their recovery also depends on what they consider as a 'successful recovery'. Their definition of successful recovery reflected on the treatment process and their response to the treatment.

Substance abuse is a complex disease. Hence, there are variations in how counselors define recovery. Recovery may be considered a lifelong process in which the individual may never be regarded as a fully recovered person. Others consider relapsed patients coming back for treatment as success. Some provide an optimal image of a successful recovery where patients become functional human beings who completely alleviate themselves from their addiction. However, others are unable to provide any proper definition of successful recovery at all.

*Successful recovery is when a person becomes abstinence based, lives a functional lifestyle and in that functional lifestyle a person can maintain a job, a business, has a functional day, exercise and can maintain a meaningful relationship with other significant people such as family and friends. Slowly and gradually, from the isolation and withdrawal of addiction they come out as functioning human beings. (TW Psychologist)*

*AAST recovery rate is 48% and no institute in Karachi has this recovery rate. The treatment process somehow touches people. We consider it a success if a relapsed patient comes to us again after relapsing. In the case of relapse, if a patient has an insight into the fact that he has done something wrong, we consider it as our success. In drug addiction 80% to 90% of patients go through relapse, so the relapse rate is very high. (AAST Psychologist)*

### **Expectations of Patients: Minimum Chances of Relapse**

Patients also learn relapse prevention strategies so that when they enter the outside world, they have minimum chances of relapse. Moreover, patients also want their personal triggers to be tackled, so they can effectively deal with those triggers in the future. Group sessions were organized by the institutes to help patients tackle the risks of relapse that may occur once they leave the institute.

*There is a relapse prevention plan (RPP) for every individual depending on their triggers. Educational lectures as well as individual therapies are conducted to help them deal with the triggers, whether they are emotional or psychological. The primary reason for sending them home during treatment is to help them deal with those triggers such as the old places where they would use drugs or old friends. (TW Psychologist)*

### **Expectation of Patients: Significant Interaction with Counselors**

Patients expect to build a good bond with counselors and that the counselors maintain an unconditional positive regard for them, so they may feel that they are being cared for. Patients also want to build a good rapport with their counselors, so

that they can openly discuss their personal issues with them. The counselors in the institutes ensured that there were no restrictions on meeting with them and the patients were openly welcomed to discuss their problems with them.

*There are no restrictions for clients to meet the counselors. There are restrictions in primary care but in secondary care the client himself is much better, so he does not need too much of counselling sessions. However, on a weekly basis, the client can meet the counselors for individual therapy. Every week we have one to one session for 45 minutes. Apart from that we give them lectures, workshops, art therapy. (AAST Psychologist)*

### **Expectation of Patients: Fulfillment of Individual Needs**

Patients expect that their feedback is taken into consideration and incorporated into the treatment process. Moreover, their individual progress must be measured. They should have the opportunity to choose their own treatment plan. The counselors acknowledged the significance of the client's feedback and claimed that their feedback was incorporated in the treatment process and individual progress was measured through active participation in sessions and by monitoring the client's behavior.

*If the client's feedback about the treatment process is not satisfactory, the planned session will not take place for them. Clients having suicidal thoughts are called into individual sessions to discuss their personal issues. (Senior Psychologist)*

*Feedback is given by the one on one therapist to the supervisor who meets the client every week and he also takes the feedback related to whatever help or improvement they need in the treatment process. (Recovery Psychologist)*

### **Expectations of Patients: Sense of Belonging to a Group**

When patients are put into groups, they expect that their individual needs are fulfilled so that they may feel the sense of belonging to a group. Moreover, there might be certain topics which can invoke certain feelings or thoughts for an individual. Clinical institutes ensured that every individual was asked about the expectations from the group. Moreover, individual triggers were discussed with the patients in individual counselling sessions.

*Within a group, if a certain topic or idea triggers something in an individual, then they are asked to discuss the same aspect that triggered them in an individual counselling session. At the start of group sessions, clients are asked about their feelings and encouraged to express those*

*feelings. At the end of the sessions, clients are asked about what they have learned. (AAST Psychologist)*

### **Expectations of Patients: Involvement of their Families in Treatment**

Families must play an active role in the treatment process to ensure that treatment yields positive results. Patients expect that the clinical institute provides their families with the necessary support to deal with stress and to become equally involved in the treatment process.

*Family involvement is very crucial. We consider addiction treatment as a triangle that involves the client, treatment center and the family. Without the collaborative effort of the three groups, treatment cannot be completed. Family needs awareness related to addiction. It also needs counselling sessions and we feel it is very important for the family to be involved in the treatment process. (Recovery Psychologist)*

### **Expectation of Patients: Follow-up after Treatment**

All patients expect that the institute will maintain a relationship with them post-treatment to ensure that they are in good health and to discuss their issues after completing treatment. The counselors ensured that there was a separate unit that maintained follow-up with clients as well as their families and kept tabs on them for a considerable period of time.

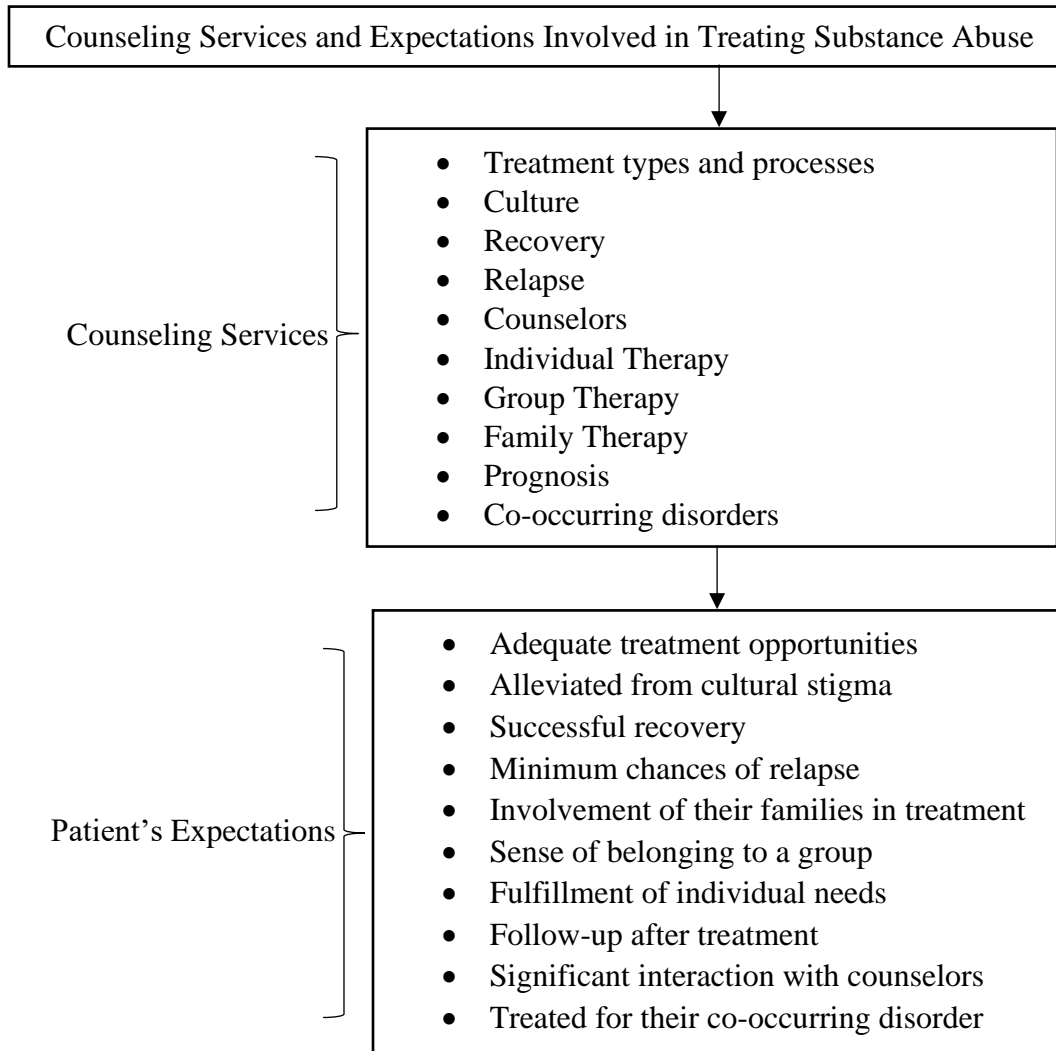
*Any patient discharged from primary care is contacted on a weekly basis in the first month. We contact the family and the individual and ask them about how they are doing. After the first month, we contact them once or twice a month. Once they relapse, their file is closed and we offer them to come back and join the treatment program once again. (AAST Psychologist)*

*A minimum of six months' follow-up is maintained where patients are encouraged to address the issues they are facing. However, there remains still a risk of relapse because of psychosocial stressors. (TW Psychologist)*

Figure 1 indicates the overall summary of results with 'counseling services' and 'patient's expectations' as the key drivers involved in treating substance abuse patients.

**Figure 1**

Summary Model



### Discussion

The purpose of the study was to understand the treatment process and experiences of counseling psychologists working with substance abuse patients in Karachi, Pakistan. All psychologists treated patients from different socioeconomic backgrounds. Professionals working at Alleviate Addiction Suffering (AAS Trust) primary care unit only dealt with males from the lower middle class, whereas

Therapy Works treated both males and females from an upper class background. Ten counseling and recovery psychologists were interviewed who worked directly with substance abuse patients. The study revealed that considerable measures were taken by these institutes to provide adequate treatment opportunities for substance abuse patients. Many of the treatment practices used were consistent with what previous research proved to be effective treatment procedures for substance abuse patients. Although some aspects of treatment were problematic in the sense that they did not fulfill individual needs and were, therefore, not as effective resulting in a higher relapse rate.

All clinicians provided a detailed account of the treatment procedure followed and various themes were discussed including recovery, relapse, family, individual and group counselling in order to determine their significance for a better treatment approach. Both the institutes used an integrative or an eclectic treatment approach comprising motivational, cognitive behavioral, humanistic and gestalt approaches. No single therapy was regarded as yielding better results than other therapies. This was consistent with the findings of the previous studies which showed that when different approaches were tested and compared, such as the comparison of clients treated with CBT with those who received treatment with the twelve-based approach, the outcome remained pretty much the same (Fletcher, 2013). Moreover, research by Khalily (2010) also showed that treatment programs are most constructive when a combination of therapies are used rather than a single approach. The use of a combination of approaches leads to the fulfilment of individual needs.

Furthermore, the three-month treatment duration was also consistent with the duration which previous studies showed to yield positive outcomes. According to the National Institute of Drug Abuse, ‘research indicates that most addicted individuals need at least three months in treatment to significantly reduce or stop their drug use and the best outcomes occur with longer durations of treatment’ (Khalid & Anjum, 2019). Similarly, according to Fletcher (2013, p.74), “those who stay for ninety days have a 50 percent greater likelihood of being sober at the end of one year than clients who leave after thirty days.” A significant problem with the treatment approach was the inability of the institute to provide treatment opportunities based on the drug of choice and the difference was only visible in the process of detoxification. This became problematic because some people may feel different, isolated or marginalized especially in groups resulting from either the severity of their addiction or from their drug of choice. According to Fletcher (2013), a treatment program may simply fail for an individual because it may not deal with the individual needs of the clients pertaining to their drug of choice.

Counseling psychologists also gave considerable attention to what patients expected from the treatment. A key expectation of patients was to be able to live their lives independently after completing treatment. This required them to learn relapse prevention strategies and to deal with their individual stressors successfully. By independently looking at triggers for each individual, the clinical institutes helped them learn to cope with these stressors, so that they could effectively deal with them. According to Wesson et al. (2001), it is essential to consider factors associated with relapse and to focus on every individual's triggers for relapse which clinical institutes claimed they worked upon.

In Pakistan, the stigma attached with mental illness is persistently high and culture must be incorporated within the treatment process to help patients deal with the stigma. At AAS Trust, an effective method proven by previous studies was used and substance abuse was regarded as a disease. The disease concept was seemingly useful in helping patients to absolve the shame and guilt associated with substance abuse (Fletcher, 2013). This concept works better with patients who are in denial. However, the outcome may vary for different people because some people are aware and have a greater insight into their problems.

Ensuring successful recovery may not necessitate getting rid of their addiction but because addiction impacts the social, psychological, and emotional aspects of an individual's life, it is essential that treatment programs fulfill all the needs of the clients (McLellan et al., 1996). The idea of slow release or even secondary care helps cater those needs. This approach seems to be effective because according to Wesson et al. (2001), patients should not completely drift away from treatment once they have recovered but they should continue to interact with clinical institutes even after they have been released.

Since we live in a collectivist culture, family must play a key role in the treatment process to yield the best outcome for the clients (Masood & Sahar, 2014). Less emphasis was placed on understanding dysfunction in families and/or the causes which led to addiction. They were mainly considered when patients were taught relapse prevention strategies. However, this was not the same for both institutes because Therapy Works did place more emphasis on understanding the aspects of an individual's life that may have caused addiction.

The findings of this study have implications for providing awareness about the contributions towards the mental health sector in Pakistan. This may contradict the popular narrative about mental illness in Pakistan which constantly resides in the fact that we live in a pre-emptive society where the government neglects the mental health sector and, therefore, there are limited opportunities for treatment. However,



we cannot deny the efforts of the clinical institutes who fill in the gap created due to the government's failure by providing substantial treatment opportunities for mental illnesses such as substance abuse.

There is still a need for better opportunities to increase the recovery rate, reduce the relapse rate and provide for individual needs which must be worked upon in the future. This study may also serve as a guideline for individuals who wish to seek treatment for substance abuse but hesitate because of inadequate knowledge about the best treatment program or the best treatment practices. Cultural stigma is a significant factor which prevents many people from seeking treatment in Pakistan and the guilt and shame that may come about with it. However, knowing how these clinical institutes may help them deal with the cultural stigma could be a motivating factor for many individuals to opt for treatment.

Moreover, the institutes did not treat women from a lower socioeconomic status because of limited accommodation. Therefore, providing treatment opportunities to people from a lower socioeconomic background is limited in terms of giving individual attention to clients. When clinical institutes such as Therapy Works provide treatment to clients from the privileged classes of the society, it gives them the opportunity to introduce variations in their treatment programs to best fit the needs of the individual client. This process is more effective because research suggests that one-size-fits-all approach to treatment is a failure (Khalid & Anjum, [2019](#)).

As various services in Pakistan are gradually commercialized, treatment for mental illness has been impacted as well, especially in the case of opportunities for recreation and exercise. There were major differences in recreational opportunities and the clients from the upper class had better recreational opportunities. However, this does not mean that better recreational opportunities are automatically translated into positive treatment outcomes, although it certainly creates a gap in the provision of resources to patients from different socioeconomic backgrounds.

### **Limitations**

There were some limitations of the study. Firstly, this study was based only on the views of psychologists from institutes located in Karachi. So, the findings of the study cannot be generalized to other clinical institutes because the study was limited to a sample of 10 counselors. Although questions were structured in a way to avoid the inclusion of any personal biases of the members of clinical institutes, there is a reasonable chance that they might have overstated certain aspects of the treatment process to provide a more positive image of their institutes. Furthermore,

all counselors had an MA or MPhil degree in clinical psychology and/or the degree of BS psychology with professional certifications for working with substance abuse patients. So, the findings cannot be generalized to other clinical populations.

Another limitation of the study was that it was limited only to interviewing counselors about the experiences of clients. However, clients who had been a part of the treatment programs at these clinical institutes were not interviewed. Including patients would have helped in gaining an even deeper understanding about the effectiveness of the treatment approaches.

### **Future Research**

Future research should focus on studying a greater number of institutes and interviewing clients treated in those institutes in order to gain another perspective on the treatment process. This could help to better evaluate the effectiveness of the treatment process. Future research should also focus on looking at the rehabilitation centers for children, adolescents and adults to understand how the treatment process varies for them. Moreover, research should also be directed towards examining treatment opportunities for marginalized men and women and learning about their experiences in the rehabilitation centers because in the Pakistani society, women are further pressurized due to gender roles and social norms (Anjum et al., [2019b](#); Anjum et al., [2019a](#)). It is important to understand how clinical institutes cater to the different needs of women and help them deal with the pressures exerted by the society including gendered religious and political orientations (Furrukh & Anjum, [2020](#)). Furthermore, future research should also examine how clinical institutes are coping with the changing expectations of clients and what measures are taken to fulfill those expectations.

### **Conclusion**

Substance abuse is one of the most prevalent chronic mental illnesses found in Pakistan. The significant increase in the number of addicts has resulted from various underlying causes such as an easy accessibility to drugs, harsh family environment and economic problems. The increasing number of drug addicts is a constant threat to this country. Cultural and religious stigma attached to mental illness in Pakistan further intensifies the problem because it prevents many people from seeking treatment. Individuals who are willing to acquire treatment are unaware of the appropriate treatment opportunities best suited for them. Moreover, many people cannot afford treatment because the government has been unable to provide affordable treatment opportunities in the mental health sector. This research was conducted to explore the possibilities of treatment for those who are

suffering from substance abuse so that they get timely help to become healthy individuals of the society.

Contrary to the popular narrative of the inability of satisfactory treatment options, the data obtained through this research established that clinical institutes are making a considerable effort to provide substantial treatment opportunities for individuals suffering from substance abuse. The provision of treatment opportunities is not restricted to those few individuals who can afford expensive treatments. Indeed, clinical institutes such as Alleviate Addiction Suffering (AAS Trust) also cater to the needs of the clients from a lower socioeconomic background. Neglect still exists on the behalf of the government but it appears to be a responsibility strongly taken on by clinical institutes to fill the gap arising from the government's neglect.

There is still room for substantial development of the mental health sector to maximize the prospects for people suffering from mental illnesses, so that they may become a part of the mainstream society rather than being relegated to the periphery as insignificant members of the society. There is still a considerable scope for growth in terms of the quality of services provided before we are able to claim that treatment for mental health has made substantial gains comparable to the provision of treatment opportunities for physical diseases.

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