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Department of Applied Social Sciences

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Individual Integrative Paper

A QUALITATIVE ANALYSIS OF A NARRATIVE THERAPY FOR SUBSTANCES ABUSE

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A QUALITATIVE ANALYSIS OF A NARRATIVE THERAPY FOR SUBSTANCES ABUSE

INTRODUCTION

Substances abuse is one of the problematic issues that concerns the public. The harm of substances misusing is undoubted and professionals in different areas such as police, psychologists and social workers have put a lot of effort in interventions. Therapies are developed and applied on substances abusers. Apart from the well-known and widely used modernist approach, postmodern therapy such as Narrative Therapy (NT) has risen in recent decade. In the practicum, the host center adopts NT as an intervention approach to help the clients with substance abusive problems. The following will be a qualitative study that illustrate the process and effectiveness of using NT to intervene a substance abused client.

BACKGROUND INFORMATION OF THE CENTER

It is a Residential detoxification and rehabilitation center that targets at male opiate or psychotropic substance abusers aged under 30. The In-patient detoxification period is 3 months to 9 months but could be longer depends on needs. 24 months' follow up counselling will be provided after detoxification.

BACKGROUND INFORMATION OF THE SUBJECT

Substance Abuse History

J was 22 years old and abused ketamine for 4 years and methamphetamine for a year. He began to use ketamine when he was 16 years old, at school, out of the influence of schoolmates and his curiosity. Yet the amount of drug for his first use was not strong enough. Without the positive stimuli of drug, J did not addict to ketamine.

But when he was 17 years old, he had his second try on ketamine due to peer influence at the bar. J was then addicted to ketamine. When he was 21 years old, J addicted to methamphetamine when he was having group sex. The sensual was obsessed by J.

Detoxification History

He had been to detoxification center twice. He was exposed by his mother for drug abuse when he was 18 years old and was then sent to a residential detoxification youth center. At the age of 19, he was sentenced to one of the minimum-security institution drug addiction treatment centers in Hong Kong due to stealing and relapsing in using drugs.
Sexual Orientation
He is a homosexual person and he came out when he was 14 years old. His parents did not agree with his sexual orientation especially for his father who was a traditional Chinese man. His father unaccepted J’s homosexuality thus once brought him to see the Chinese spirit possession (神打).

Family Relationship
His parents were divorced in 2014 and remained hostile in relationship. The relationship of J and his parents was not good as well, especially with his father. J described his father as a ‘traditional’ and ‘stubborn’ old man and blamed his father for not understanding his situation. His father usually blamed J for being homosexual, doing drugs and asking for money. As for his mother, J expressed that his once saw his mother as a role model but when his parents divorced due to mother’s affair, he was disappointed to his mother.

Reasons for Detoxification in the Host Agency
The motivation of J in coming to this lodge for detoxification was mainly due to the pressure of his father. As his father required J to detoxify in exchange for his financial and accommodation support.

LITERATURE REVIEW
Risk Factors of Adolescent Substance Abuse
Many research studies showed number of risk factors of substance abuse among young people in different levels such as individual level, family level, interpersonal level, school level and societal level.

Individual Level
Factors such as curiosity and coping ability have proven to be related with substances abuse by different studies (Shek, 2007; Shek & Lam, 2006). The relation of self-esteem and substances abuse has also been examined. Many of them show that low self-esteem contributes to adolescents’ drug abusive behavior (Lettieri, Sayers & Pearson, 1980; Torres & Fernandez, 1995; Jessor, Van Den Bos, Vanderryn, Costa & Turbin, 1995; Wu, Wong, Shek & Loke, 2014; Speakman, 2009).

Drug abusers with low self-esteem are believed to use drugs to cope with their impaired ego and address their negative feelings as the result of self-rejection due to the external negative events such as devalued by peers or parents (Lettieri et al, 1980; Jessor et al., 1995).
In the study of Wu et al. (2014), which is about the relationship of substances abuse and the multi-dimensional self-esteem of Chinese adolescents, male adolescents with drug abusive behavior tend to have a lower peer self-esteem than the male non-users. Another research also shows that substances abusers have low self-image towards themselves (Shek and Lam, 2006). They described themselves as useless/worthless and failure and therefore, tended to escape the perceived negative reality by abusing cough medicine. Moreover, a study reveals that adolescents with higher self-esteem are less likely to be affected by the influence of peer substance abuse (Uba, Yaacob, Talib, Abdullah & Mofrad, 2013). Therefore, the role of self-esteem plays an important part in predicting adolescent drug abuse.

Interpersonal Level

Peer influence has been proven to be the strongest factor that contributes to the adolescent drug abuse (Kandel, 1978; Elliott, Huizinga & Menard, 1985). Some research revealed that its influence is stronger than parental drug use among the Whites, Asian, African and Hispanic Americans (Newcomb & Bentler, 1986; Byram & Fly, 1984).

Despite the differences between Western and Chinese culture, the influence of drug-using peers is also significant in Hong Kong. According to Central Registry of Drug Abuse (CRDA) report, the reason of most common drug abuse among adolescents aged under 21 is ‘peer influence/to identify with peers’. It leads in the first place amongst other reasons (i.e. relief of boredom/depression/stress, curiosity, to seek euphoria or sensory satisfaction and to avoid discomfort of its absence) of abusing drugs from 2006 to 2014 (Narcotics Division, 2015).

Family Level

Studies show that family plays a vital role in adolescents’ development (Baumrind, 1983; Zimbardo, Johnson & Hamilton, 2014). Poor parenting practices, such as imbalance parenting style of parents (e.g. permissiveness or overinvolvement by one parent) (Ziegler-Driscoll, 1979), negative communication patterns (e.g. blaming, criticizing and lack of praising) between adolescents and parents (Rutter, 1979) and parental permissive attitude towards drugs (McDermott, 1984), contribute to the delinquent behavior such as drug abusing.

Family conflict, such as divorce and parental conflict, is also associated with the use of illegal drugs among adolescents. Such factor has been proven by studies such as Rutter & Giller (1983) and Baumrind (1983). A study of the situation of drug abuse in Hong Kong also states that adolescents, who are in non-intact family, are more likely to have drug abusive behavior (Shek & Yu, 2011).
School Level

Study of Shek and Yu (2011) shows that perceived academic competence associates with drug use behavior among adolescents. Adolescents who have better academic and school performance have less connection with drug use behavior. Such study is consistent with the study of Jessor (1976).

Homosexuality

There is no official statistic shows that the number of sexual minority in Hong Kong. However, studies of Kinsey in 1948 and 1953 (cited in Horizons, 2003) have shown homosexual population is estimated to have 6 to 10% of the whole population. Therefore, Hong Kong is estimated to have 600,000-700,000 homosexual people.

It is not uncommon to hear the discrimination or negative comments of sexual minority in different countries as heterosexuality is the dominant sexuality in the world. The LGBT community is often seen ‘sexual deviant’ and ‘unnatural’ (Nelson, 2012). Study shows that discrimination is one of the sources of stress among homosexual men, and such stress resulted in the vulnerability of drug-using behavior (McKirnan & Peterson, 1988).

In a research conducted by Hillier et al. (1998) shows that, among 750 same-sex attracted young people, 30% of them reported they had drug abused and 62% of them had used cannabis. And the research also shows that they were more likely to abuse drug than the general population of same age.

Homosexual young people have higher rate of substance use is due to the societal oppression, stress of coming out, internalized homophobia and particularly associating with LGBT bars or clubs (Howard & Arcuri, 2006). Regardless of difference in sexuality, substance abuse plays a role in sexual activity, such as exaggerate the sexual sensation, ease the pain of sexual activity, maintain erection or delay ejaculation. In LGBT community, however, it plays as an important function especially methamphetamine. In the study of McNall and Remafedi (1999), gay and bisexual men use meth mostly in the setting that related to sexual activity, it serves as a function to ease the social stigma of their sexuality, reduce the fear of having sex and alleviate both physical and psychological pain associated with HIV.

Youth

According to the developmental theory of Erik Erikson, there are eight psychosocial stages that an individual has to go through in his/her lifespan (Zimbardo et al., 2014). Each stage has its own challenge that individual needs to accomplish.

However, due to the complexity in modern society, the development of an individual may not occur in the prescribed order. The prolonged education, extension of marriage in
industrialized society and the openness of people in relationship building may result in an extended and integrated developmental stage. A transitional period is identified by psychologist Jeffrey Arnett (2000), called emerging adulthood. It is a period that belongs to the late teens of their 20s and have pasted the age of adolescence but not yet consider themselves as adult. Late teens at 20s are usually in the process of exploration, such as trying out different work, lifestyles and worldviews to develop their self-identity, and finding a right person to spend their life with. Such exploration takes more time in the industrialized society. Thus, the prematurity of people in this changing society should be considered.

Based on the Erikson theory, the client in this study is at the age of early adulthood, therefore, his developmental challenge would be developing an intimacy relationships with people. However, as said, the client is at the period of emerging adulthood, therefore, the previous stage of identity and interiority should also be considered.

Self-esteem

Self-esteem (SE) is defined as the extent of a person likes, values and accepts him/herself (Rogers, cited in Malanchuk & Eccles, 2005). A more detailed definition of SE is made by Deci and Ryan (1995). SE can be contingency and non-contingency. Contingent SE (also called false SE) is dependent on the external resources such as matching the certain standards or expectations of others. The sense of SE is aggrandized only when a person accomplished the task. Whereas non-contingent SE (also called true SE) is an internal resource, which is stable and secure, of the sense of self. People with true SE would not be necessary to engage in the process of self-evaluation (live up to certain expectations) and it would not be affected by the events of failure or success.

In order to have develop a contingent SE, it is important for an individual to be involved in an authentic relationship. In other words, only when a person is supported, loved and accepted as he/she behaves authentically, rather than being pressured to behave in certain ways to gain support and love, then the individual could accept himself and the contingent self can be enhanced (Deci & Ryan, 1995). Therefore, social context is vital in the development of contingent SE.

Narrative Therapy

Narrative therapy (NT) believes that each person has a multistoried of life and these stories are constructing ourselves such as how we understand, describe and perceive ourselves (Madigan, 2011; 列小慧, 2009). The stories that construct ourselves are the events that we encounter every day. We tend to choose the events that match the self-perceived identity as the remembered experience. These remembered experience will
shape our personality and become our dominant story of life and eventually become our identity conclusion (列小慧, 2009).

NT believes that usually clients are having a problem-saturated story as a dominant story of their life. Therefore, they tend to have a negative identity conclusion and neglect or deny the positive events or other alternative stories that happened in their lives (Madigan, 2011; 列小慧, 2009). Clients are described as ‘too thick in problem-saturated stories and too thin in alternative stories’. Several approaches of NT are developed to thicken the alternative stories of client.

Externalization of problem

In NT, the practitioner usually asks the client to name the problem after defining the it. Naming the problem helps client to see the problem as an object. It helps separate the problem from client and enable client to think about his/her relationship with the problem from a new perspective and how he/she would like to do with the problem (列小慧, 2009; White, 2008). A saying in NT goes ‘problem is the problem; person is not the problem’.

Re-authoring conversations

Re-authoring conversation focuses on the exploration of alternative stories that are contradicted to problem-saturated stories (Russell & Carey, 2002). NT calls this discovering the unique outcome. So that the alternative story-line can be thickened.

Re-membering conversations

Re-membering conversation provides opportunities for client to revise the influence of a specific individual in his/her life. Client can decide whether the membership of that person is being upgraded or downgraded in his/her ‘club of life’ (White, 2008; Russell & Carey, 2002). By re-organizing the membership status of the significant others in client’s life, the connections between client and the significant others could be enhanced. Most importantly, the self-recognition of client could be supported and recognized by the ‘multi-voices’ of that individual(s) when client revises the experience with him/her (White, 2008). It usually provides a great deal of support for the actions that client wishes to take and even provides a new direction in client’s future life (White, 2008; Russell & Carey, 2002).

NEEDS ASSESSMENT

There were several issues of J needed to be solved. For example, family relationship, life modification and SE. But due to the limited time in practicum and discussion with
supporting worker of agency and supervisor, worker would mainly focus on the issue of SE.

**Low Self-esteem**

J’s first attempt to use drug was due to the peer influence and his curiosity. However, he mentioned that the reason for him to continue in using Ketamine was because ‘ketamine helped him to make things clear’. He could not cope with the setback of being betrayed by his ex-boyfriend. He ‘could not help but thought negatively’. To escape from this miserable reality, he found drug acted as a relief.

Several years when he encountered another relationship setback, he used social app to meet homosexual friends to have group sex and therefore, he accessed to methamphetamine for the first time. Since then, he was obsessed by the exaggerated sexual sensation of having meth in sex and to ease the pain of sexual activity.

As mentioned before, J was in the period of emerging adulthood considering the complexity of today’s society. Therefore, the developmental tasks of J would be identity vs. role confusion and intimacy vs. isolation. In the stage of adolescence, J was still in the search for his own identity. For example, the career path that he wanted to dedicate to was an unsolved issue. And despite his acceptance of his homosexual identity, the environment of heterosexuality was still challenging his disclosure of homosexual identity.

Apart from identity exploration, J was also struggling with his intimate relationship. The experience of J in having setbacks in intimate relationship had challenged J’s development in this stage. He was not able to have full commitment to other as he was fear of doing so. To achieve in this stage, J must resolve the need for intimacy and the fear of vulnerability (Zimbardo et al., 2012). In an interview, J once talked about the relationship with A (his boyfriend), he ‘did not believe A love him’, he thought that he ‘was not worth being loved’ and he ‘was afraid that A was meeting others outside while I (J) was staying in the lodge’ Such expression also implied that J was lack of confidence in their relationship. And based on practitioner’s observation, J often used the phone of center to call A for company to kill time and ‘check’ his situation.

It is believed that J was lack of contingent SE so that he aggrandized the feelings of having relationship problems, which predisposed his drug abusive behavior to escape the impaired feelings and ego, or predisposed his urge for finding sexual relief in social media which exposed himself in a dangerous situation (easy access to meth, i.e. chem sex). J also described himself as ‘a failure in relationship as always’. To regain the contingent SE of J, it is important for him to be involved in an authentic relationship of which he was accepted and supported by others. So that J could accept himself truly.
Figure 1. Needs assessment and the reasons of J’s substances abusive behavior

**REASONS OF USING NT**

**Effectiveness of Narrative Therapy**

Research has found that narrative therapy is effective in both individual and group setting of drug addiction (Brown & Augusta-Scott, 2007; Clark, 2014; Gardner & Poole, 2009). Narrative therapy helps client with drug abusive behavior to see their problems in alternative way and provides them a meaningful explanation for their struggles, and that facilitates client to achieve their goals (Weegmann, 2010). It is also found that narrative approach contributes to the self-esteem of different clientele such as people with suicidal thinking and behavior (Berthold, cited in Madigan, 2011), and adolescents and adults with language-literacy deficits (Wolter, DiLollo & Apel, 2006).

**Suitable for J**

Since J needed to have a positive identity, the notions of NT are suitable for J as NT helps client to identity different stories that support a positive identity. For example, J needed to be discovered unique outcomes such as confident experience or the experience without abusing substances. Also, as said, it is important to involve social context in developing contingent SE. The re-membering technique of NT suits that requirement.

**A Required Approach**

NT is a required intervention approach of the hosted center and superintendent to work with cases.
METHODOLOGY

Dependent Variable

The dependent variables were the contingent and non-contingent SE of J. As mentioned before, drug abusers with low SE usually use drugs as a channel to cope with their negative feelings. In the case of J, his contingent self-esteem is insecure and unstable, which resulted in the aggrandized sense of failure when J experienced setbacks such as relationship problems. Such aggrandized sense of failure was the risk of resulting his substance abuse behavior.

However, contingent SE is a rather complex and difficult element in SE and it takes more time to develop as it requires social context, the influence of others and a full acceptance of self. Therefore, non-contingent SE would be strengthened at the same time. It was believed that the non-contingent SE could provide J an immediate confidence and positivity.

Independent Variable

In the intervention, there were two variables which were two elements of narrative therapy, re-authoring and re-membering conversations. Narrative theory believes that an individual has many alternative stories that are contradict to the problem-saturated story and are yet to be discovered. The purpose of re-authoring conversation is to help client to discover the hidden positive stories that can provide him/her a sense of competence, so that his non-contingent SE could be enhanced (see figure 2). After the description of the impact of the problem on J’s life, practitioner invited J to explore the events that contradicted to his low self-image.

As for re-membering conversation, narrative believes that revising the membership of client’s significant others could help providing multi-voices that are contradicted to the problem-saturated stories and hence discovering client’s unique outcomes and providing a sense of competence. So that his contingent SE could be enhanced (see figure 2). By doing so, practitioner invited J to explore the membership of J’s chosen significant other. A song that chosen by J and represented their experience was used for facilitating the process of re-membering.

As suggested by the literatures, an enhanced SE would become a protective factor that prevent J from relapsing when there were setbacks in life.
Qualitative Design and Implementation

9 sessions of open-ended conversational interviews with J were conducted using the interview guidelines given by the narrative therapy. Elements of narrative therapy, re-authoring and re-membering, were used during the interview sessions. At the first stage of interview, re-authoring was used after the description of problem. At the later stage of interview, re-membering was used to help J to revise the importance of his significant others. Evaluations were conducted in the middle phase and final stage of the helping process respectively.

Without using assessment tools in recording and scaling the self-esteem of J before and after intervention, the evaluation will base on the subjective comments of J and the significant others of J, the observation of practitioner.

Results

Re-authoring conversations

Unique Outcome 1

Practitioner explored the moment of J when he could withstand the temptation of substances. He mentioned an episode of him working as a salesman in a high-ended fashion store and it was the longest job he had because he worked for 9 months.
J mentioned his efforts put into this job. ‘I remember I will study the fashion of the boutique so that I can know how to dress up better with the clothes’, ‘I want to sell it better, I want to be more confident when I tell the customers how to dress up with the clothes’ His efforts were answered by the compliments of his superior and colleagues. ‘The manager and colleagues compliment me...they said I was talented in dressing up the clothes’, ‘I was very surprised...and it was amazing’, ‘I realized that this is something that other people don’t have, I don’t want to waste this gift’

Practitioner explored what such experiment provided him apart from the fashion talent. ‘I think I’m a responsible staff to the manager, but this may due to my passion on fashion. I’m surprise that I was willing to spend time on this’ J found himself interested in fashion design and fashion is one of the sources of his confidence. He later planned on studying fashion design after detoxification and making fashion industry as his career of life. Learnt from the past, J well acknowledged that substances abuse would deter him from accomplishing the goal.

**Unique Outcome 2**

During the detoxification of J, there was a crisis. J’s sexual orientation was exposed and then he was gossiped by the members of the lodge at the back. Although members did not tease J in his presence, J witnessed and heard all about it. For examples, he heard the members’ gossips and saw some members imitated the action of oral sex when they talked about J. That embarrassed J. After settling this incident, practitioner explored whether the crisis has given any implications for J. J responded ‘I never been to this kind of challenge before, if I was being treated like that in the past, I would flee’, ‘I never thought that I was able to handle this kind of pressure’, ‘I’m quite proud of myself’. It seemed that J was more resilient than he thought of himself.

The re-authoring conversation has given J a new perspective in viewing himself such as responsible staff with fashion talent and the resilience in handling stress. It also provided him a new direction of working in fashion industry in the future. It may help J to overcome the challenge at the stage of identity vs. role confusion as J found a direct to his future. These perspectives and identities could help enhancing the non-contingent SE of J and the abstinence of J.

**Re-membering conversations**

**Significant Figure in J’s life**

In the re-membering conversations, worker explored the person(s) or object(s) that were important and meaningful in J’s life. He chose A, his boyfriend as the influential individual.
Practitioner invited J to choose a song that represented J’s feelings and experience with A. J chose the song ‘Little Angel’ that performed by Joey Yung. The lyrics ‘Accompany me to go, since yesterday's swinging, to that snow grew thicker, to my little success, it’s all because of your hands, silent but behind’ reminded him the meticulous caring of A.

J said there was a time his eyes were impaired, A took a great care of him without seeing him as a burden. ‘I remember he carried me up to the stairs without any complains, it felt so warm and amazing’ He said ‘he (A) knew that I relapsed again, I knew he was heart-broken but he didn’t give up on me. He still be kind and care for me meticulously’ Such experience brought J sense of being loved and cared. He enjoyed the love and support of A.

Practitioner explored the meaning of the word ‘success’ in the lyrics to J. J mentioned the experience of being cheated and since then, he dared not to love and open to others. ‘I thought I won’t be loved and love others again’ He described the road before meeting A was dark and heavy, he sometimes thought that he could not go along. ‘I felt like being hit by cars every day in the past’ (jat6 jat6 bei2 ce1 zong6) but the appearance of A had changed him.

‘He just like a light that sprinkles my path. His appearance is like a spotlight on me. It’s been a long time that I haven’t have this feeling...because of him, I realized that I still have the ability to love and be loved, I think this is the success that he gave me’.

The love of A warmed J and made him willing to open himself to love and be loved. The regained capacity for closeness and commitment to other allowed J to experience an authentic intimate relationship.

During the conversations, J almost cried for realizing the love and support of his boyfriend. He wrote a lyric of another song on the paper, ‘he cannot bear my pain but he will stand by my side’ which told his new perspective on their relationship.

Response of J

When asked about the response to A, J said,

‘I’m thankful that he appear in my life, I feel very lucky. I think it is a gift for me...I really wish that I can abstain from drugs this time, then I can pay him to travel or have a good meal with him...I hope that he could have a sense of worthiness after all these happened’.

Such expression implied that the influence of A positively affected and became the motivation of J to abstain from drugs.
J was shy on telling his feeling directly to A so he decided to write a letter to him. It happened to be around their one year anniversary, J decided to write a letter as a gift and an appreciation to A.

By the observation of practitioner, J put lots of effort in writing and decorating the letter despite the limited decorating materials in the lodge. For example, J drew and painted lots of hearts and a couple that held hands. J shared his letter to practitioner and said things about their experience, how J appreciated the company of A and promises that he made such as abstaining from drugs and be good.

The enhanced membership in J’s ‘cube of life’ and the self-worthiness help developing J’s contingent SE which is vital in his substance abstinence. Also, since J is at the stage of intimacy vs. isolation, the openness of J and imitate relationship with A could help J to overcome the challenge of this stage and develop well.

Comments from J

Practitioner had mid-term and final evaluations during and at the end of the helping process. J commented that worker could help him explore the inner feelings that he could not reach before. He had no hesitation in expressing his thoughts and opinions during the process because he thought worker provided a careful and comfortable environment for his expression. Also, he could sense the acceptance and genuineness of practitioner.

Moreover, he said that he felt more confident to himself after exploring the feelings and experience. A sense of relief was given, realization of the support from A and his own commitment to A were also given.

Comments from A

A mentioned that he could witness the change of J after being hospitalized. He was relief when seeing J became more stable compare with the beginning stage when J urged to leave. A was surprised and appreciated J’s letter and hoped that J could keep his promise.

LIMITATION

Credibility and Dependability
As this is qualitative study with only one case and the practice time is limited, credibility and dependability of the evaluation may not precise.

Time Limited
As said, there were several issues of J that needed to be handled. However, the practicum period was limited and worker could not resolve all concerned issues within 3 months.
DISCUSSION/ REFLECTION

The Constraint of Residential Detoxification and Rehabilitation Center

The practicum raised a concern about the residential setting of a detoxing center. Clients are staying in the lodge for at least 3 months. To promote behavioral change, workers intervene from the psychological or cognitive aspects. But how can we know if the intervention is effective during the detoxification in a residential center? In community-based detoxing center, client can practice the method provided by workers, we will know if it is effective when client comes to us next session. Adjustment and evaluation of intervention can then be made immediately. However, in most of the residential setting, client has to wait until the detoxification is over. Under the environmental influence, it is unknown whether client will relapse. The end of practicum of practitioner is during the detoxification of J, the intervention may be theoretically proofed to be work, but whether it would lead to actual change is still unknown to practitioner. But looking at both sides, residential detoxification can separate the client from a tempted environment for a while and it is helpful for some of the clients.

Narrative Therapy and Cognitive-Behavior Therapy

During the helping process, practitioner realized that there were some beliefs of him could be categorized as ‘permission-giving thoughts’. For examples, he once said, ‘I can’t stop doing things once I started, just like taking drugs, once I took drugs, I would keep taking’. This was the type of ‘all or nothing’ thinking in cognitive-behavior therapy (CBT) (Allan, 2014). When dealing with this kind of statements, practitioner replied by asking, for examples, ‘why do you think that you cannot stop once you abuse?’, ‘But didn’t you stop abusing for a while in the past? And now you are detoxing, right?’, ‘You said you want to abstain from drugs, but how does it help you to abstain from drugs if you keep thinking about it?’. Such replies were some techniques in CBT such as addressing illogicality, emphasizing reality and questioning the value of distorted thoughts (Allan, 2014).

This is an issue that worth discussing as practitioner used some techniques of CBT while practicing NT. These two approach theoretically are totally different. CBT is a modernist therapy and believes that there is an object reality whereas NT is a post-modernist approach which believes that our world is constructed. There is no objective but subject world (Bishop, 2011). Hence, CBT purposes on adjusting false thoughts of client but NT aims at choosing an adaptive narration.
However, these two distinctive approaches are integrated by different practitioners in recent years and they called this Narrative Cognitive-Behavioral Therapy (NCBT) (Rhodes, 2014; Prasko et al., 2010; Lucas and Soares, 2014). NCBT is said to help practitioner to understand more on the past of client rather than only focuses on a distorted explanation, especially when most of our clients are disturbing by the past events (Rhodes, 2014). Even some deep similarities between NT and CBT have been noticed. For examples, both therapies emphasize function of conscious meaning and both emphasize the relationship of behavior and ‘interaction in real-world contexts’ (Rhodes, 2014, p.7). And they both involve behavioral change (Rhodes, 2014). NCBT is said to offer more flexibility to practitioner compare to the traditional CBT (Rhodes, 2014; Lucas and Soares, 2014).

For example, an intervention implemented by Lucas and Soares (2014) combined NT with CBT to help teenager with anxiety and hypochondriac. They used NT to deconstruct the narrations of the dysfunction of the client, such as externalizing the dysfunction, and co-construct effective narrations that help the client to deal with anxiety, for instance, explore the exceptions to the problem-saturated story. After that, they co-develop adaptive steps and ways for the teen to handle the externalized problem by elements of CBT (e.g. pay attention to the body, feel whether the fear has conquered him and practice the breathing and anxiety management exercise).

It seems that NT and CBT have been proven to be integrative. When working with J, I also found that although NT was useful in reminding the history of J’s strengths and ways of coping (which is needed for his low self-concept), the effectiveness of J’s positive experience may not able to create a strong influence if he continues his distorted thoughts. Therefore, techniques in CBT could help in this aspect. One thing that draw attention is the role of practitioner when integrating NT and CBT. The former is indirective and the latter is directive. The studies or previous interventions did not mention this tension, but based on the practice with J and the above-mentioned intervention, a proper choose of language may help. When challenging the distorted thoughts, externalizing the problem should help client to think of the influence of the problem to himself and figure out ways to combat it. So that he could set plans and practice them. The practice could then become the new alternative narration. It also leaves worker to remind an indirective role as the plans are co-developed and worker’s role is more facilitating.

CONCLUSION

This paper illustrates the effectiveness of using NT as an intervention approach on substances abuser. It shows that it is effective in enhancing the SE by using two of the conversation maps of NT and that are re-authoring and re-membering. However, credibility and dependability of the evaluation are concerned. And due to the limited time,
some areas that needed intervention may not be tackled. Follow ups in areas such as family conflict and life modification should be given by the supporting worker. One intervention approach may not suit a client completely well. Techniques of CBT may be more effective when it comes to facing J’s distorted thoughts. The integration of NT and CBT is proven to be possible in this and other therapeutic studies if the practitioner is aware of the language used.

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