Fostering client autonomy: essence of Integrative Harm Reduction Psychotherapy
促進案主的自主性：剖析「綜合緩害心理治療法」的精粹

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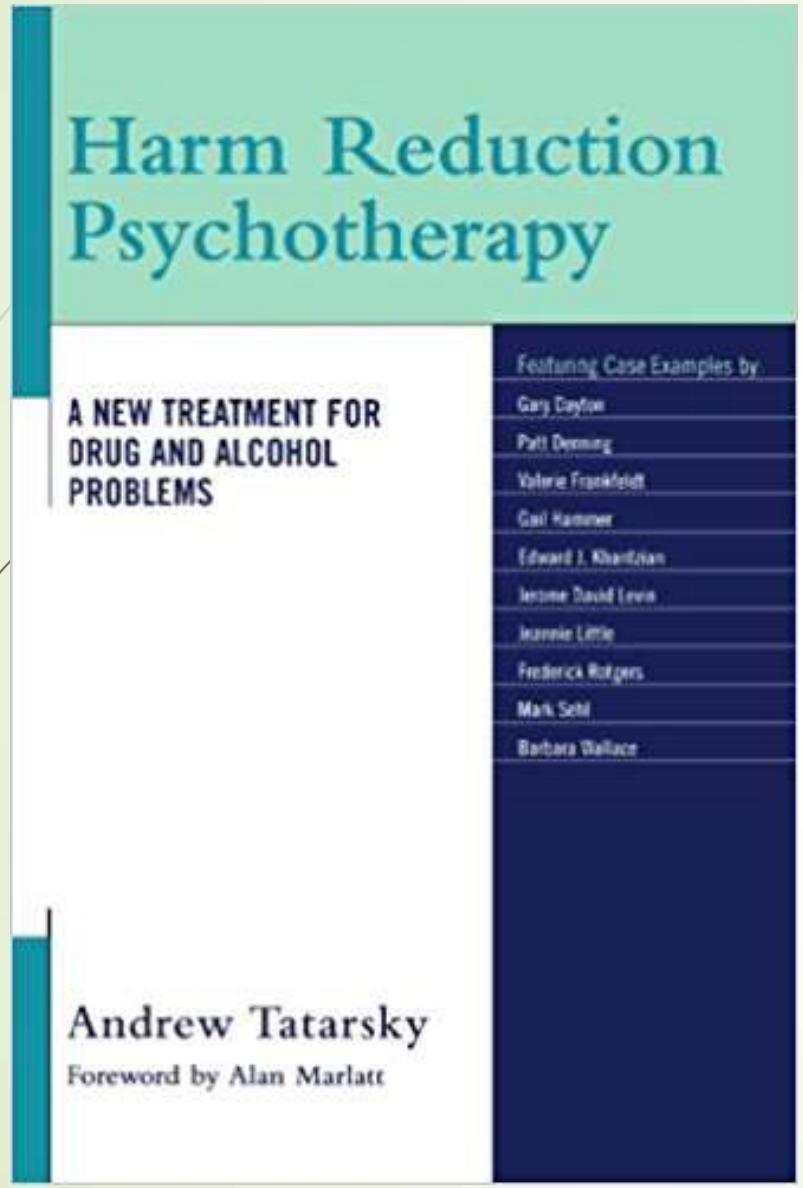
My Experience in Drug Treatment and Rehabilitation

- 1992-2019: Social Worker of SARDA
- 1997: Learned Stanton Peele's Meaning of Addiction from Professor Ng Ho Yee
- 2015: Learned ADAPT and other drug counselling methods from Professor Robert Ali & Professor John Marsden
- 2017: Developed the ADAPT Model with SARDA colleagues
- 2017: Learned IHRP from Dr. Andrew Tatarsky
- Since 2018: Promote IHRP in Hong Kong and Macau
- Since 2019: Follow Professor Cheung Yuet Wah in the study of drug policy

Dr. Andrew Tatarsky, Integrative Harm Reduction Psychotherapy

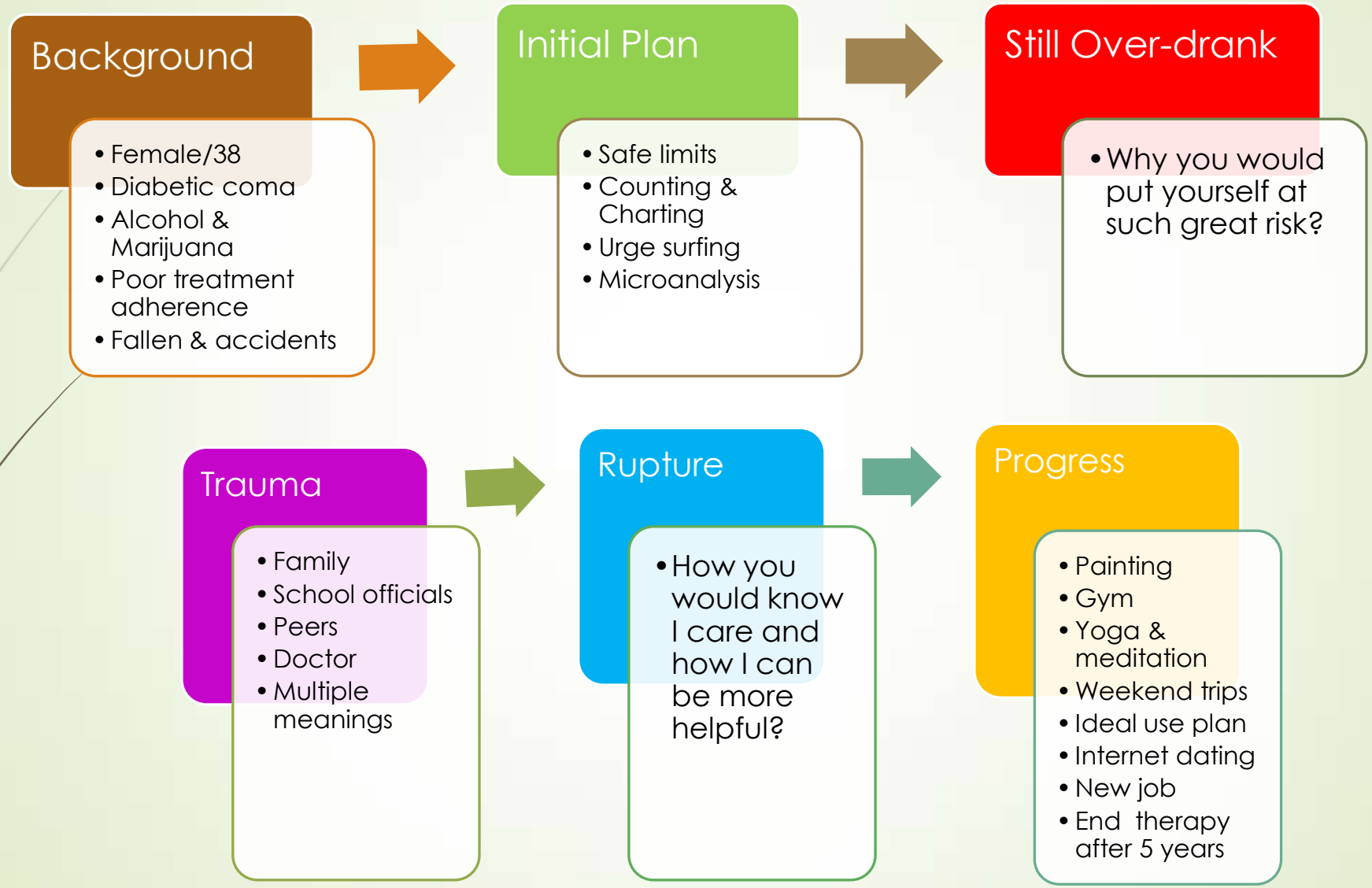
Integration of :

- Relational Psychoanalysis;
- Cognitive Behavioral Therapy;
- Body-mind interventions;
- Medical interventions;
- Social interventions; and
- Community approaches



- **A critique of the abstinence-only model**
- **Compassionate pragmatism**
  - ❖ Continuum of goals
  - ❖ Broad range of substance-using clients
  - ❖ "Right fit" between client and treatment
  - ❖ Psycho-bio-social perspective
  - ❖ Whole person perspective
  - ❖ Multiple meanings perspective
  - ❖ Individually tailored treatment

The Case of L (handled by Dr. Andrew Tatarsky)



Seven Therapeutic Tasks of IHRP (綜合緩害心理治療法的七項任務)

- Therapeutic Alliance (建立治療聯盟)
- The therapeutic relationship heals (透過關係療癒)
- Assessment as treatment (寓治療於評估)
- Embracing ambivalence (修通矛盾)
- Harm reduction goal setting (設定緩害目標)
- Enhancing self-management skills for positive change (提高自我管理能力)
- Action strategies for positive change (學習積極改變策略)

Integrative Harm Reduction Psychotherapy: A Case of Substance Use, Multiple Trauma, and Suicidality

Andrew Tatarsky
Harm Reduction Psychotherapy and Training Associates

Scott Kellogg
New York University

Harm reduction is a new paradigm that seeks to reduce the harmful consequences of substance use and other risky behaviors without requiring abstinence. This article discusses integrative harm reduction psychotherapy, one application of harm reduction principles to psychotherapy. Seven therapeutic tasks are described with attention to clinical process, skills, and strategies. A case is presented that illustrates the application of this approach with life-threatening substance use that was related to multiple trauma and suicidal depression. © 2010 Wiley Periodicals, Inc. J Clin Psychol: In Session 66:123–135, 2010.

Keywords: harm reduction; substance abuse; integrative psychotherapy; trauma; co-occurring disorders

Harm reduction is a philosophy and set of interventions that seek to reduce the harmful consequences of substance use and other risky behaviors without requiring abstinence (Marlatt, 1998). Harm reduction has been successfully applied to public health, substance use treatment, and psychotherapy. In this article, we discuss the therapeutic process of integrative harm reduction psychotherapy, our approach to the application of harm reduction principles to psychotherapy.

Integrative harm reduction psychotherapy is based on the assumption that substance abuse and other potentially risky behavior are best understood in the context of the whole person in his or her sociocultural context. Integrative harm reduction psychotherapy has the goals of identifying the psychological, biological, and social currents that contribute to the addictive process, clarifying the multiple meanings of the substance abuse, and individually tailoring psychotherapy to the unique needs of each patient. Integrative harm reduction psychotherapy can facilitate the delivery of other modalities, such as syringe exchange and substitution

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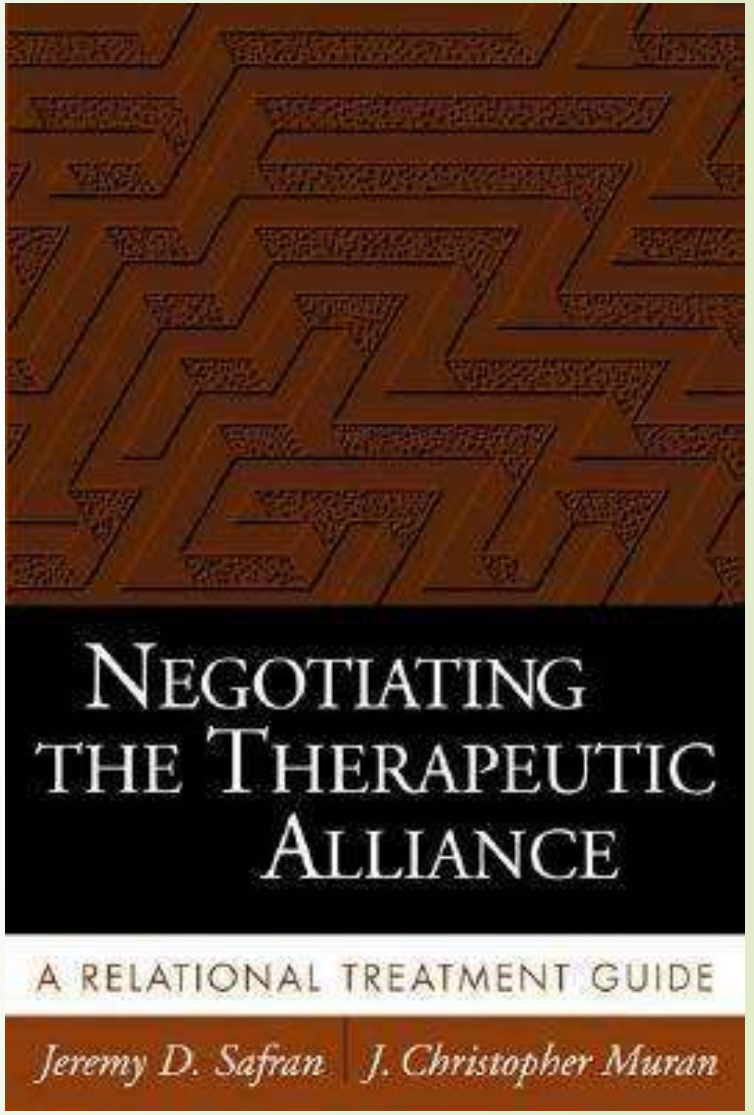
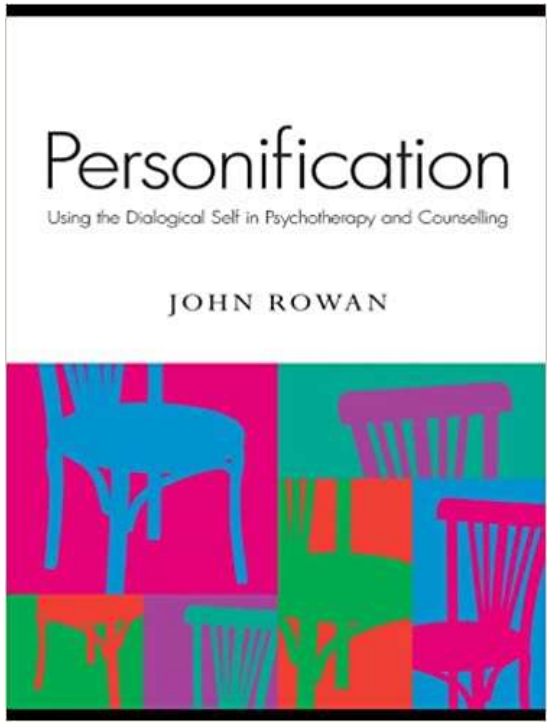
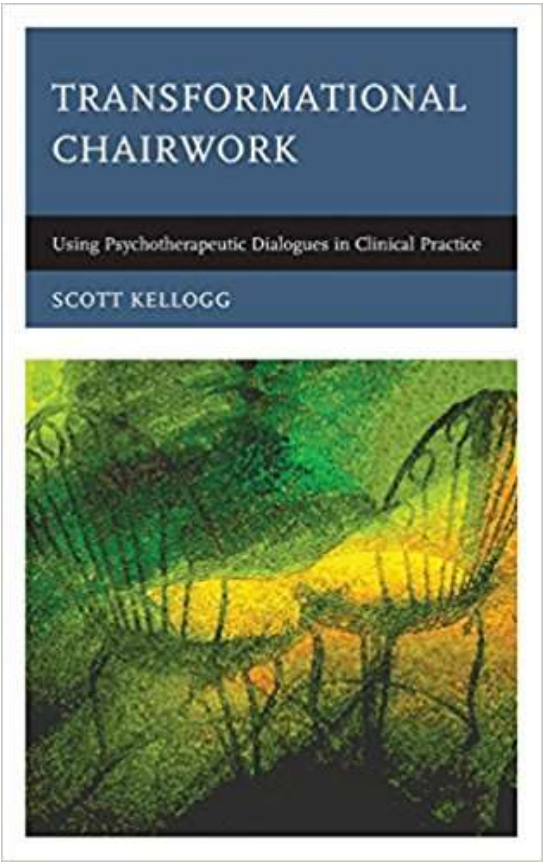
Therapeutic Alliance: Goals-Tasks-Bonds-Rupture Management



Embracing Ambivalence: Multiplicity of Self & Transformational Chairwork





Harm Reduction Goal Setting: Ideal Use Plan

- "If you were to create a plan for using your substances of choice that would provide the greatest amount of benefit with the lowest level of risk, what might it look like?"

Spirit of IHRP: Foster client's self-understanding & self-management through a positive relational base

Therapeutic Tasks	Relational base	Self Understanding	Self Management
1. Therapeutic Alliance	✓		
2. The therapeutic relationship heal	✓		
3. Assessment as treatment		✓	
4. Embracing ambivalence		✓	
5. Harm reduction goal setting			✓
6. Enhancing self-management skills for positive change			✓
7. Action strategies for positive change			✓

Essence of IHRP: Fostering client autonomy

- Humanity's essential conflicts about pleasure and autonomy can get played out in problematic ways around drug use.（意譯：物質濫用行為的核心，是一個人內心在享樂和自主之間的掙扎和衝突。）

(2016). Bridging the worlds of harm reduction and addiction treatment: An intervi
drew Tatarsky. Posted at www.williamwhitepapers.com.

Bridging the Worlds of Harm Reduction and Addiction Treatment
An Interview with Dr. Andrew Tatarsky

William L. White

on

more than three decades, Dr. Andrew Tatarsky has championed the integration of
tion principles and practices within the treatment of substance use disorders. Thro
e has promoted understanding of the full spectrum of substance use problems and
harm reduction psychotherapy approach to their treatment. His book, *Harm*
Psychotherapy: A New Treatment for Drug and Alcohol Problems and its further
in subsequent papers and presentations have been particularly influential in the
es and in other countries. Dr. Tatarsky founded and directs the Center for Optimal
ew York City. I recently (January 2016) had the opportunity to interview Dr.
out his work and its impact on the practice of addiction treatment. Please join us
gaging conversation.

d

: Dr. Tatarsky, you entered the addiction field through your doctoral work in the l
at level of addictions training was provided through the doctoral programs during

w Tatarsky: My doctoral coursework in clinical psychology spanned the late 197
80, and I then did a clinical internship in 1981 at Kings County Hospital Downstat
nter. There was no training in addictions in my undergraduate training, my docto
clinical psychology, or in my clinical internship. All of my early training was on-t
; and I think that was pretty typical for psychologists trained in that era.
ly, this trend has continued as psychologists are not required to take courses on
r receive clinical training on how to work with people with substance use disorder

: What led to your specialization in the treatment of addictions at a time few
sts were choosing that specialty?

w Tatarsky: Well, it seems like a simple question, but the answer is a very comp
were conscious, and, I think, unconscious motivations operating within that choic
eresting set of coincidences led me to see a number of patients struggling with dr
problems throughout my graduate training. I saw such patients at the Psychologi

Autonomy & Addiction (Levy and Martin, 2006)

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Autonomy and Addiction

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Whatever its implications for the other features of human agency at its best — for moral responsibility, reasons-responsiveness, self-realization, flourishing, and so on — addiction is universally recognized as impairing autonomy. But philosophers have frequently misunderstood the nature of addiction, and therefore have not adequately explained the manner in which it impairs autonomy. Once we recognize that addiction is not incompatible with choice or volition, it becomes clear that none of the standard accounts of autonomy can satisfactorily explain the way in which it undermines fully autonomous agency. In order to understand to what extent and in what ways the addicted are autonomy-impaired, we need to understand autonomy as consisting, essentially, in the exercise of the capacity for *extended agency*. It is because addiction undermines extended agency, so that addicts are not able to integrate their lives and pursue a single conception of the good, that it impairs autonomy.

Accounts of Autonomy

Available accounts of autonomy fall into two broad classes: *procedural* and *substantive* (Mackenzie and Stoljar, 2000). Substantive accounts place restrictions on the kinds of preferences compatible with autonomy, whereas procedural accounts are neutral with respect to the content of preferences. Substantive and procedural accounts further divide into *structural* and *historical* procedural accounts, on the one hand, and *strong*

Addiction & Autonomy (Koopmans and Sremac, 2011)

Addiction and Autonomy: are Addicts Autonomous?

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Prihvaćeno: 30. travnja 2011.

Abstract

In the article, the authors deal with how addiction can be related to autonomy. First, they provide a definition of substance addiction and the way various theories have interpreted this phenomenon. Further, they give a general description of the concept of autonomy and relate this to the phenomenon of addiction. Subsequently, the authors deal with the way some explanatory models of addiction (the disease model, disorder of choice model, and existential disorder model) see the relationship of autonomy and addiction and focus on the following questions: How does addiction relate to autonomy? Does addiction make volitional choice impossible, i.e. are addicts out of control? Is addictive behavior a rational activity?

Key words: Addiction, autonomy, disease model, disorder of choice model, existential disorder model, spirituality.

Promote & Evaluate Autonomy (Johansen, Darnell, Franzen, 2013)

Constructing a Theory and Evidence-Based Approach to Promote and Evaluate Autonomy in Addiction

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(Received 15 May 2013)

ABSTRACT *In this article we use theory and empirical evidence to synthesize a model for the analysis of autonomy in people with addictions. We review research on motivation and denial as accepted addiction constructs that need to be replaced with non-stigmatizing and autonomy-supportive language when seeking to 'treat' addicts. We present three main factors involved in relational autonomy in addiction (mentalizing, positive self-concept, and stigma), and illustrate our model by examining variations on these parameters in two case studies of heroin addicts. We conclude that a growth perspective is needed to assess functioning in populations believed to be 'addicted' and make suggestions for assessment.*

I. Introduction

We need increased insight into the ways that addiction impacts the autonomy and mental health of addicts to improve our understanding of ethical issues involved in public policy, practice and treatment. In this article we present an approach to assess and promote autonomy in addiction. By using a rela- nal view of autonomy, we consider the autonomy of a person addicted to to be undermined not only as a direct consequence of their use of drugs, as a result of disruption in their need to belong. We operationalize parameters for measurement using the synthesized elements of self- rmination theory, a psychological autonomy model, and the relational

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Therapeutic Presence and Client Autonomy (Kinsella, 2017)

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Fostering Client Autonomy in Addiction Rehabilitative Practice: The Role of Therapeutic "Presence"

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Addiction is a pathology that progressively and insidiously undermines one's autonomy—manifested, among other ways, in the experience of a sense of alienation from oneself and others. Therefore, in seeking to overcome addiction, the rehabilitative journey must facilitate the fostering of autonomy. Here, in as much as autonomy is a socially embedded capacity, so must the therapeutic process—within this context, the client–counselor relationship—be grounded in an attentiveness to and facilitation of autonomy's dialogical antecedents. One such means of achieving this is through the counselor attending to and expressing their "presence," in which they are engaged in a "person-to-person" therapeutic alliance underpinned by a collaborative dynamic. Here, the healthy interpersonal dyad between client and counselor can provide an environment through which the client may more fully recognize their autonomous resources and exercise such resources in a way that enables them to embark on the rehabilitative journey, and, attendant to this, autonomous living.

Keywords: autonomy, presence, addiction, rehabilitation, client–counselor relationship

This paper examines the nature and role of the client–counselor therapeutic alliance (in particular in the context of addiction rehabilitative practice) and addresses how this relationship may be used as a tool through which to foster clients' autonomy. It is argued that we may more fully comprehend what it means to be an autonomous agent, and therefore most successfully endeavor to provide the conditions within which it can be fostered, when we understand autonomy as an embedded phenomenon. This stance requires us to recognize autonomy's status as a personal capacity nurtured (or indeed, as is so often the case, impeded) through the nature of our interpersonal relationships. Consequently, a substantive outcome of this analysis is the generation of philosophically rooted insights into the constitutive facets comprising the therapeutic relationship and its significance to the experience of autonomy, which may serve as a reflective device for clinical practitioners working within this field.

From the outset, we may understand personal autonomy—broadly—as a form of self-law, the iterative realization of the capacity to govern one's own life in accordance with justifications and motivations that are authentically one's own (Christman, 2015). Here, the experience of addiction serves as a lens through which we may refract and elucidate the prominent features constituting undermined autonomy—in particular, within this context, a sense of alienation both from oneself and others. Thus, addiction's pervasiveness in terms of the depth and scope of heteronomy it engenders—observable in its antecedents, manifestations, and consequences—provides a socially relevant, and experientially grounded, means of addressing not only the specific ways in which autonomy appears vulnerable, but its inherent value to individuals' well-being. In this regard, we find that fostering autonomy is a therapeutic imperative around which the client–counselor alliance, and the rehabilitative process more broadly, orbits. For many whose autonomy has been undermined through addiction, the process of reacquaintance with themselves and the aligned reengage-

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Reference

- Johansen, A.B., Darnell, FJ. and Franzen, E. (2013). Constructing a Theory and Evidence-Based Approach to Promote and Evaluate Autonomy in Addiction. *Inquiry: An Interdisciplinary Journal of Philosophy,* 56 (5): 539-57.
- Kinsella, M. (2017). Fostering Client Autonomy in Addiction Rehabilitative Practice: The Role of Therapeutic "Presence". *Journal of Theoretical and Philosophical Psychology,* 37(2): 91-108.
- Koopmans, F. and Sremac, S. (2011). Addiction and autonomy: are addicts autonomous? *Nova prisutnost*, 9 (1): 171-188.
- Levy, N. (2006). Autonomy and Addiction. *Canadian Journal of Philosophy,* 36(3): 427-47.
- Tatarsky, A. 2002/2007. *Harm Reduction Psychotherapy: a new treatment for drug and alcohol problems*. NY: Rowan & Littlefield.
- Tatarsky, A. and Kellogg, s. (2011). Harm reduction psychotherapy. Marlatt, G.A., Larimer, M.E. & Witkiewitz, K. (ed.) *Harm reduction: pragmatic strategies for managing high-risk behaviors*. New York: Guilford Press. 2nd edition. Pp.36-60
- Tatarsky, A.& Kellogg, S. 2010. Integrative Harm Reduction Psychotherapy: a case of substance use, multiple trauma, and suicidality. *Journal of Clinical Psychology: In session,* 66(2), 123-135.
- Tatarsky, A. & Marlatt, G.A. 2010. State of the art in Harm Reduction Psychotherapy: an emerging treatment for substance misuse. *Journal of Clinical Psychology: In session,* 66(2), 117-122.
- White, W. (2016). Bridging the worlds of harm reduction and addiction treatment: An interview with Dr. Andrew Tatarsky. Posted at www.williamwhitepapers.com.
- 李景輝、李昌誠、林詩、吳彬彬〈減低傷害心理治療在華人戒毒康復輔導工作的應用〉於澳門特別行政區政府社會工作局《**2013**全國藥物濫用防治研討會論文集》
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- 李景輝、張力珩〈綜合緩害心理治療法初探〉於澳門特別行政區政府社會工作局《**2019**年全國藥物濫用防治研討會論文集》