

A Future Vision for Contemporary Professional Intervention Models with Drug Addicts

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Abstract

The current research aims to achieve a main goal of developing a future vision for contemporary professional intervention models with drug addicts. Four sub-objectives are derived from this objective, namely: (analysis of literature and academic research related to contemporary professional intervention models and addiction issues, providing theoretical visions for professional intervention models with drug addicts, identifying the challenges facing social workers in applying the cognitive-behavioral therapy model and the client-centered treatment model in professional intervention with drug addicts, and the future vision of contemporary professional intervention models with drug addicts. The current research relies on the theoretical analytical approach through deduction and extrapolation of the writings and scientific research that dealt with models of professional intervention with drug addicts.

The results revealed that one of the most important models for professional intervention with drug addicts is the cognitive-behavioral therapy model and the client-centered treatment model. The results also concluded that among the most important challenges facing professional intervention are challenges due to the client, to the social workers, the work team, the institution and the community. The results also found to build the future vision of professional intervention models with drug addicts.

Keywords: Future Vision, Professional Intervention Models, Drug Addicts.

Research problem

Drug addiction is one of the dangerous global phenomena that causes the production of many negative health, social, economic and psychological effects (Sail, 2011, 377), which negatively affects the security of the individual, the family, and society in its different categories and classes, from old, young, young, rich and poor (Abdul Rahman, 2011, 137). The number of addicts increases and decreases in all societies according to the degree of awareness of the danger of addiction, the degree of imposed control, and the security, geographic and cultural conditions of society (Abd al-Muti, 2001: 76). Given the nature of the problem of drug abuse and addiction and the high rate of relapse to drug abuse among addicts, it is difficult to know the real numbers of addicts in the world or any society due to the difficulty of inventory resulting from the nature of the problem and the surrounding circumstances, which makes it difficult to obtain accurate statistics on the number of addicts (Al-Jibreen, 2012, 951-952).

The professional practice of social work depends on the use of the knowledge, skills and values of the profession in order to provide social services to individuals, families and communities (Hamza, Ahmed, 2015). Models of professional intervention for social work have developed thanks to the academic knowledge base and the diverse and continuous field experiences of practice (Bashir, Ahmed, 2013).

The models of professional intervention differ according to the nature and type of the problem (Fatima, 2009, 1705), as well as according to the nature and characteristics of the clients they deal with, meaning that each situation

has its own requirements. The work of the social worker in the field of addiction requires many models of professional intervention that help him to carry out his job (Abdulaziz Al-Nouhi, 1983, 38, quoted from Fatima, 2009, 1705-1707).

Professional intervention models have significant roles as that they are the main guide for the professional practice of social work in helping clients solve their problems because of the strategies, methods and therapeutic tactics that it includes for professional intervention with them, their families and the environment around them. Based on the importance of professional intervention models, the importance of the current research comes to develop a future vision for the use of contemporary professional intervention models with drug addicts. Given the scarcity of academic studies, to the researcher's knowledge, that are interested in contemporary therapeutic models of professional intervention with drug addicts, researchers are interested in this issue.

The Importance of Research

- 1- The research focuses on professional intervention models as one of the pillars of professional social work practice that professional practitioners rely on in dealing with addiction and substance abuse problems.
- 2- The importance of the current research is due to the apparent shortage and scarcity of studies and academic research that dealt with contemporary professional intervention models with drug addicts, according to the researchers.
- 3- Directing the attention of researchers in social work to conduct more studies and research to develop professional practice in dealing with drug issues and problems.
- 4- The findings of the current research can guide social work professional practitioners working in the field of addiction to improve and develop the quality of use and application of professional intervention models with drug addicts.

Importance of the Research:

- 1- Analysis of literature and academic research related to contemporary models of occupational intervention and addiction issues
- 2- Providing theoretical insights into professional intervention models with drug addicts
- 3- Identifying the challenges facing social workers in applying the cognitive-behavioral therapy model
- 4- Client-centered therapy in professional intervention with drug addicts
- 5- The future vision of contemporary professional intervention models with drug addicts

Previous Studies:

First: Previous studies related to contemporary professional intervention models

Othman's study, (2014): The aim of the study was to identify the effectiveness of group Rational Emotive Behavioral Therapy in reducing test anxiety among a sample of graduate students. The results showed the effectiveness of group rational-behavioral therapy in reducing test anxiety among a group of female graduate students, which is the experimental group. The research recommended the need to take advantage of the therapeutic strategies of rational emotive behavioral therapy in reducing test anxiety among graduate students.

Qassem's study, (2014): The study aimed to identify the degree of impact of a professional intervention program using group cognitive-behavioral therapy to confront the fears of field training students while dealing with people with multiple disabilities, and to alleviate the social and psychological fears of the students. The results showed that there were significant differences between the mean scores of social fears among female students with multiple disabilities, before and after the professional intervention program. In addition to the effectiveness of the professional intervention program in alleviating the psychological fears of female students while dealing with people with multiple disabilities, the results also showed that there were significant differences between the average degrees of social and psychological fears among female trainees with multiple disabilities before and after the professional intervention program.

Osman, (2012 AD): The study aimed to prepare a professional intervention program based on theoretical foundations, methods and therapeutic techniques for client-centered therapy in the service of the individual to improve the academic self-concept of social work students. The results of the study confirmed that the professional intervention program using the client-centered treatment model in the service of the individual contributed to improving the academic self-concept associated with the student himself by helping him get rid of destructive feelings and thoughts

by restoring self-confidence and the profession to which he belongs, playing roles as a social service student in a positive way, taking responsibility and increasing self-awareness.

Qaasim, (2011): It aimed to conceptualize a proposed program of professional intervention using the client-centered treatment model to modify the self-concept and reduce some symptoms of behavioral disorders in children of unknown parentage such as hyperactivity, sleep disturbances and theft. The study came up with a proposed conceptualization of a professional intervention program using client-centered therapy, which included: making acquaintance and building a professional relationship, giving the child the opportunity to express himself and his feelings and expressing his emotions related to behavioral disorders. Techniques of encouragement, empathy, and a deep understanding of the orphan's individuality were used. The remedial methods in the proposed professional intervention program depended on: listening method, comments method, affirmation method, catharsis method and clarification method.

Abdul Qawi, Reda (2012): The study aimed to identify the training needs (knowledge-skills) of social workers related to working with individual cases in the field of addiction. It also aimed to develop a proposed vision for a training program to satisfy the training needs of social workers. The results showed that the training needs regarding the knowledge related to the process of collecting information on individual cases in the field of addiction are: acquiring knowledge related to the forms and causes of addictive resistance, then knowledge related to the areas of collecting information about the individual case of the addict. The results also showed that the most important skills needed for specialists are: training in the skill of non-verbal communication, the skill of obtaining information directly related to the problem of the addict and the skill of discovering individual cases.

Abdul Qawi, Reda (2015 AD): The study aimed to achieve a main objective, which is to test the effectiveness of a professional intervention program designed according to the model of rational emotive behavioral therapy in the service of the individual in alleviating social anxiety disorder for people with burn deformities. The results of the study showed the effectiveness of rational emotive behavioral therapy in the service of the individual in reducing social anxiety disorder for people with deformities resulting from burns in its three dimensions, by reducing withdrawal and avoiding social interaction, reducing the feeling of confusion in social situations, and reducing the feeling of fear from negative evaluation by others. The study also emphasized the importance of professional intervention with people with social anxiety in order to correct, modify and rebuild their beliefs and those who adopt irrational ideas about themselves and others.

Al-Qut, Jihan (2014 AD): The study aimed to test the practice of rational emotive behavioral therapy in the service of the individual to modify the irrational thoughts associated with school phobia among primary school students. The study extracted the cooperation of the family and teachers and the understanding of the idea of rational emotive behavioral therapy. The multiplicity of concepts, strategies and therapeutic methods of rational emotive behavioral therapy helped in modifying irrational thoughts. The study suggested finding a strategy for communication between parents and the school with the aim of solving students' problems on a regular basis to prevent their accumulation and the emergence of school phobia. It also suggested training social workers in schools on the approaches and models of professional intervention, such as the problem-solving model and the cognitive-behavioral model to solve students' problems.

El-Sherbiny, Muhammad (2011): The study aimed to identify the extent to which there is a relationship between rational emotional behavior therapy and changing negative attitudes towards integrating the disabled in ordinary schools. The results of the study found the effectiveness of rational emotional behavioral therapy in serving the individual in changing the negative attitudes of ordinary people towards integrating the disabled. The study also found that the effectiveness of professional intervention using rational emotional behavioral therapy is related to the type of treatment methods used and their suitability for the teacher. The study recommended the necessity of applying rational emotional behavioral therapy with principals in regular schools, and with the families of ordinary students because many of them refused the integration process for fear of their children.

Qassem, Amani (2011 AD): The study aimed to identify the behavioral problems of children of unknown parentage in residential institutions and to develop a proposed program for professional intervention using The Client-Centered Treatment Model to modify the self-concept and reduce some symptoms of behavioral disorders in children of

unknown parentage such as hyperactivity, sleep disorders and theft. The study reached many results, the most important of which is the development of the proposed vision for a professional intervention program using client-centered therapy to intervene with children of unknown parentage to strengthen self-concept and confront behavioral disorders. The study also suggested that the most important therapeutic methods are: the listening method, the comments method, the affirmation method, the catharsis method and the clarification method.

The study of Idris, Ibtisam (2010 AD): The study aimed to test the use of Client-Centered Therapy in the service of the individual to alleviate behavioral disorders of children in residential institutions. The study found many important results, including: The presence of statistically significant differences in the pre and post measurements on the behavioral disorder scale for children of residential institutions in favor of the post measurement, which indicates that the use of client-centered therapy in the service of the individual leads to alleviating behavioral disorders for children of residential institutions.

Atman study, Marwa (2012 AD): The study aimed to prepare a professional intervention program based on the theoretical foundations, methods and therapeutic techniques of client-centered therapy in the service of the individual to improve the academic self-concept of social work students, in addition to testing the effectiveness of the Client-Centered Treatment Model. The results of the study concluded that the professional intervention program using the client-centered treatment model contributed to improving the academic self-concept associated with the student himself by helping him get rid of destructive feelings and thoughts, by restoring self-confidence and the profession to which he belongs, playing roles as a social service student in a positive way, assuming responsibility and increasing self-awareness.

Research Terms:

The current research depends on three basic concepts: the Concept of Future Vision, Professional Intervention Models, and Drug Addicts:

1- The Concept of Future Vision

The future vision in this research is defined procedurally as:

A future vision of practicing contemporary professional intervention models with drug addicts (such as the Rational Emotional Behavioral Therapy model and the Client-Centered Therapy Model) through the roles, skills, strategies and tactics of those models.

2- The concept of Professional Intervention Models

The word "model" is used as an analytical tool and a latent format through which people perceive their reality, deal with it and listen to this reality (Khidir, Ahmed, 2013). The model is defined as the sub-application of the theory in a specific field or time. It is an explanation of a theory and its application according to special observations. It is an integrated framework that determines how to apply one of the theories (Marei, Ibrahim, 2008, 13-14). The model is considered as an abstract mental framework consisting of a group of interlocking and interacting concepts, which has the ability to explain trends that can be generalized (Khidir, Ahmed, 2013).

The model represents a problem-solving tool and serves as the practical aspect of theory in the framework of the social worker's work. It may depend on one or more theories in dealing with specific problems (Abdul-Majid, Hisham, 2006, 77-78). Hence, the model describes and identifies the methods and how of professional intervention to bring about certain changes. The model helps in social work practice to enable professionals to study and understand the various situations in our social life, and the factors and causes that underlie most situations, which leads to an understanding of the professional roles required by these different situations (Afifi, 1996, 128: 131). Professional intervention is a set of methods, means and skills based on a variety of knowledge derived from the theoretical heritage of social work. It is applied by social workers to help the population of the community of different age groups or class affiliations, and this is done through community institutions (GAROLH.1986)). It is also defined as "all forms and methods of professional intervention and the consequent procedures, such as identifying problems, work tasks and responsibilities, whether at the individual, collective or community level, and the availability of some requirements, resources and capabilities" (Khalifa and Abdel Aziz, 1987, 77).

In the current research, Professional Intervention Models can be defined procedurally as:

- A- They are those theoretical frameworks associated with the Rational Emotional Behavioral Therapy model and the client-centered therapy model that guide the professional intervention of social workers with drug addicts.
- B- It includes the concepts, assumptions, principles and foundations, tactics, roles, steps and therapeutic methods included in professional models in professional intervention with drug addicts.

3- The Concept of Drug Addicts

The World Health Organization defines drug addiction as a psychological or organic condition that results from the interaction of drugs in the human body, and results from the addiction process. It also results in different behavioral patterns and responses, including the desire to use and increase the dose to feel the desired psychological effects (Barakat and Hallaq, 2011, 163). Addiction is also defined as a behavioral disorder that affects the physical, mental and emotional health of the individual in particular, and is characterized by an urgent desire to obtain the drug, and it disrupts the balance of family and social life (Sail, 2011, 384-385). Narcotic substance abuse is defined as the repeated use of a psychoactive substance whose effects lead to harm to its users, or the harm results from the social or economic consequences of abuse (Barakat and Hallaq, 2011, 163).

Narcotics are defined as any substance (raw or prepared) that contains stimulant or analgesic substances that, if used for purposes other than medical or industrial, would lead to a state of habituation or addiction to it, which would harm the individual physically and psychologically (Zain al-Abidin Salim, 1989, citing Abd al-Rahman, Miftah, 2011, 139-140). The addict is also defined as every individual who uses a drug, whatever it is, and his abuse turns into a psychological or physical dependence or both, and this results in antisocial and immoral behaviors and behaviors on the part of the addict (Abdul Latif, 1999, 38).

Drug addicts can be defined procedurally in the current research as:

Every person who abuses one of the types of natural and synthetic drugs and depends on it psychologically or physically, or both.

Theoretical Framework of the Research:

The theoretical framework of the research is based on contemporary therapeutic models in the service of the individual (the Client-Centered Therapy Model and the Rational Emotional Behavioral Therapy Model in the service of the individual), which we will address as follows:

First, The Client-Centered Treatment Model:

The Client-Centered Model of therapy is a form of psychotherapy developed by Carl Rogers. This approach is based on the premise that the customer is best able to handle his personal problems. Therefore, we find that the therapist in this model does not direct, but rather meditates and encourages the client to clarify the points (Al-Sharqawi, Mona, 2009AD, 351). This model is based on the fact that the individual has the ability to make decisions on his own, but after alleviating the tensions that he suffers from and resulting from the problems he is going through. Through this model, the specialist seeks to form a professional relationship with the client, create a psychological atmosphere that allows the client to express his emotions and feelings, and get rid of tension, which makes him able to see his problems and overcome them (Abbas, Faisal, 1983 AD, 217-218).

The Client-Centered Model of therapy belongs to the phenomenological school and the humanistic school of psychology. The Client-Centered Treatment Model focuses on raising awareness of the individual's insight into himself and the experiences that have distorted, distorted or denied them in an attempt to integrate them or bring them closer together, which gives the opportunity for personal growth and the realization of a new self (Al-Shinnawi, Muhammad, 1996 AD, 301, Al-Amiri, Muna, 2000 AD, 38, quoted from Al-Sharqawi, Muna, 2009 AD, 351). The self occupies a central position in client-centered therapy, and the Carl Rogers method of psychotherapy has gained great fame due to its clarity and the short time it takes for treatment (Zahran, Hamed, 1977, 280). Self-concept plays a pivotal role in shaping an individual's personality and behavior. Client-centered therapy is a form of psychotherapy developed by Carl Rogers. It is an indirect method of treatment and its goal is to create a degree of acceptance and sympathy through which the client becomes a starting point in gaining insight within himself to enable him to move his capabilities towards solving his problems (Taha, Faraj and others, 1989 AD, 3002). The self-concept consists of four components: the real self, which means what the customer really is (2) the perceived self, which means how the

customer sees himself (3) The social self, which means how others see it. (4) The ideal self, which represents the ambition and goals of clients that they aspire to achieve (Abdul Aziz, Muftah, 2001 AD, 161). The client-centered therapy model relies on the components of self-theory as one of the main components of the model. The theory of the self includes four postulates: (1) The experience that the individual possesses as a result of many practices for long periods. (2) The individual and his motives for self-realization (3) Behavior and it represents the set of actions and physical and mental activities that the individual performs to satisfy his needs (4) Phenomenological domain: It represents the emotional perceptions of the individual in his environment (Al-Amri, Mona, 2000 AD, 40).

Among the basic assumptions of client-centered therapy: The client has an internal incentive to develop and change. The client can solve his problems if he has an atmosphere of care and empathy provided by the therapist (Idris, Ibtisam, 2010 AD, 1874). Client-centered therapy is based on the premise that the growth potential of any individual will proceed within the framework of a relationship in which the person assisting the client tells the reality, conveys this reality to the client, and expresses his interest and understanding without judgment (Abdul Aziz, Muftah, 2001 AD, 155-158). The Client-Centered Treatment Model focuses on the individual's insight into himself and the experiences that he distorted, distorted, or denied in an attempt to integrate or bring them closer (that is, between the individual's self and his experiences), which gives an opportunity for personal growth, or becoming into a new self (Al-Shennawi, Muhammad, 1996 AD, 301).

The Client-Centered Treatment Model is based on a set of foundations and principles that can be addressed as follows: (1) the virtual field is the sum of experience (2) the client is the center of the treatment and guidance process (3) the self consists of cognitions and emotional comprehensions (4) The human being is an integrated whole with positives and innovations (5) The therapist should create an atmosphere of acceptance and tolerance (6) Attention to the emotional experience of the client (7) Respect for human dignity (8) One of the most important elements of the therapeutic relationship is the emotional aspect, not the study and diagnosis (Al-Amri, Mona, 2000 AD, 39), (9) The client's problem is what he presents, even if it is a mistake (10) Its interpretation depends on the client's logic, as it is he who acknowledges and thinks (11) The remedial steps are suggested by the client and he has to try those steps himself, provided that he clarifies the importance of each step and its effectiveness (Azzam, Shaaban, 2014AD, 4210-4211).

The Client-Centered Therapy Model aims to achieve the following objectives: (1) Forming and building the client's positive self-concept (2) Develop the client's desire for self-awareness (3) helping the client accept himself (4) Strengthening the client's self-confidence (5) Develop the client's awareness and insight into himself (6) Helping the client to confront and get rid of negative feelings (7) Directing the client's abilities to get rid of negative feelings (Shukair, Zainab, 2002 AD, 236). (8) Helping the client to clarify his ideas about the problems he suffers and gain insight about them and realize the strengths and weaknesses, and this is often accompanied by an increase in self-esteem and a clear understanding of decision-making (Idris, Ibtisam, 2010 AD, 1874), (9) Helping the client release an existing energy he already has for self-realization by enabling him to reveal his true self (10) Helping the client to open up to experiences and visualizing reality as it is without distortion (11) Helping the client to use his internal abilities to know himself and modify his behavior and attitudes towards others (12) Helping the client to reach a degree of efficiency in performing his social functions (14) Developing the client's sense of responsibility and increasing his acceptance of himself and others (Azzam, Shaaban, 2014 AD, 2212-2213).

The client-centered therapy model is characterized by a set of characteristics that distinguish it from other models, which are represented in the following: (1) Full attention to the client and the specialist's appreciation for him and working to understand the client's frame of reference (2) Helping the client to discover and accept himself (3) Holding the customer fully responsible for solving his problems himself (4) Defining the relationship for a specific period of time and mobilizing the customer's effort to take advantage of the specified time (5) Focusing on the customer, not the problem. The goal is not to solve the problem as much as it is to help him overcome it in the best way (6) Focusing on the client's present and current circumstances without researching and paying attention to the past (7) The specialist does not need to make a diagnosis before initiating the professional intervention process (8) It is the client who determines the topic of discussion in the interviews (9) Focusing on the emotional elements in the

therapeutic process more than the cognitive elements (Hussain, Taha, 2011 AD, 102-103). In order for the client-centered treatment to succeed, a set of conditions must be met, which we list as follows: (1) The therapist prepares the psychological climate in which the client feels fully accepted, understood, and familiar with the therapist (2) The client expresses his problems freely and without restriction. (3) The customer is able to solve his problems with the strength he possesses, and the treatment cares about the customer, his feelings, thoughts, experiences and abilities to achieve himself (4) It is not suitable with customers who do not have motivation to change or who do not recognize that they have a problem (5) When the client feels that the specialist accepts him, he proceeds to deal with the experiences without distortion or denial (6) When the customer becomes able to understand himself and identify experiences he previously denied (7) The existence of a strong professional relationship between the social worker and the client. (8) The social worker should show unlimited interest in the client to ensure positive interaction with him (Qassem, Amani, 2011 AD, 2101-2102, Al-Sharqawi, Mona, 2009 AD, 352).

Rogers has developed a set of therapeutic methods and techniques for Client-Centered Therapy, which are represented in: reflecting on feelings, clarifying and enlightening the client with his feelings and accepting feelings (Idris, Ibtisam, 2010, 1877), and reversing feelings, which means repeating the last syllables that the client says or repeating the content of what the client says or repeating it in a tone of voice that shows the client the understanding of the therapist without disapproval (Qassem, Amani, 2011 AD, 2103), and the technicality of non-directiveness, which means the lack of guidance, advice, interpretation and direct guidance on the part of the therapist to the client (Al-Sharqawi, Mona, 2009, 352). Therapeutic methods can be achieved through a range of techniques: such as listening, affirmation, venting, consolidation, clarification, empathy, encouragement, discussion and meditation (Idris, Ibtisam, 2010, 1877), as well as matching, that is, therapists revealing the personal problems of clients in the therapeutic sessions, positive, empathy and advice (Al-Sharqawi, Mona, 2009, 352-353). There are some therapeutic tactics from other theories in the service of the individual that can be relied upon within the framework of the client-centered therapy model such as: building connections, logical discussion, humor, reinforcement, avoiding punishment, listening and mental interaction to discuss the client and his argument with the argument (Jabal, Abdel Nasser, 2011 AD, 94-100).

Among the concepts associated with the customer focus model are: the concept of experience, the concept of the individual, behavior, the apparent domain, mismatch, anxiety and threat, the need for positive self-consideration and the concept of appreciation conditions (Azzam, Shaaban, 2014AD, 2213-2214). The role of the social worker in the therapeutic process is represented in: (1) directing the client to invest his abilities (2) Investing the freedom of conscious thinking of the client (3) listening and listening well to the client (4) Feeling the self-image of the client (5) Knowing where, how and when to intervene to help the client (Azzam, Shaaban, 2014 AD, 2216).

The steps of client-centered therapy are defined in the following steps: (1) experiencing responsibility (2) Practicing exploration: the client explores his attitudes and feelings (3) Discovering the excluded trends. The trends and feelings experienced by the client but removed from awareness are discovered and become in awareness (4) The practice of self-reorganization where there is a change in the client's perception of himself, his attitudes and feelings in a positive manner, which increases his self-acceptance. 5) The experience of improvement, which represents the feeling of improvement by facing some of his problems, which gives him confidence to continue to discover himself (6) The experience of termination, in which the client himself determines when the treatment ends and is preceded by a period of spacing between treatment interviews (Miftah, Abdul Aziz, 2001 AD, 170-172, Atman, Marwa, 2012 AD, 4087-4088).

Second: Rational Emotional Behavior Therapy Model:

The pioneer of rational emotional behavior therapy is Albert Ellis, who is credited with the emergence of this model in the mid-1950s under the name rational therapy. This model emerged when Alice sensed that clients were progressing slowly, noting that clients made better progress when they changed their ways of thinking about themselves and their problems. He also developed it and changed its name to Rational Emotive Therapy in 1955 AD, then changed to Rational Emotive Behavioral Therapy in 1993, which includes the close interaction between cognitive mental thinking, emotional feelings and daily behaviors of the individual. Rational emotional behavioral therapy is

based on the concept of emotions and behaviors and is one of the forms of treatment that falls under cognitive behavioral therapy (Omar, Maher, 2003 AD, 13-14), (Ellis, A., 2001, 29, Jones, 2000, 181, Froggatt, 2005, 12).

Rational Emotional Behavioral Therapy aims to achieve a set of goals, which are as follows: (1) Helping the client to identify his irrational thoughts (2) Identifying the causes of disturbance in thoughts and their being rational or irrational (3) Minimizing self-defeat (4) Helping the client to eliminate and remove irrational thoughts and replace them with logical and rational thoughts (5) Assisting the client in reducing anxiety and blaming self and others (6) Encouraging the client to object, doubt and refute these ideas (7) Encouraging the client to modify his erroneous thoughts and liberation from them and replace them with rational thoughts (8) Reducing the client's self-suffering, by increasing his self-interest, self-acceptance and logical thinking (Mahmoud, Hamdi, 2002 AD, 268-271 AD, Abdel Aziz, Muftah, 2001 AD, 45 AD, Shukair, Zainab, 2000 AD, 285 AD, Abdul Qawi, Reda, 2015 AD, 1917-1918).

Rational-emotive-behavioral therapy is based on a set of the following foundations and assumptions: (1) The patterns of irrational thinking and disordered behavior contribute significantly to the emotional and behavioral disturbance and self-social conflict of the individual (2) There is an interactive influence relationship between the behavioral, cognitive and emotional aspect, and that any change that occurs in any of them is followed by a change in the rest of the other aspects. (3) Irrational mental thoughts towards oneself and others are the cornerstone of neurotic disorders. (4) A change in thinking contributes to changing behavior and emotions, considering that thinking is responsible for behavior and feelings (5) The processes of perception and imagination affect the individual's emotion and behavior. (6) Most of the emotions and behaviors are caused by what the individual believes about the situations he faces, and that these situations determine what we feel and how he behaves. (7) The individual's anticipation of the threat affects his emotion and behavior, which leads to the occurrence of emotional disorder (Jan, R. 2005, 2, Ellis, A, 1996, 200) (Wale, R, & Dryden, 1992, 15-17).

Rational emotive-behavioral therapy focuses on the individual thinking, feeling and acting in turn, thinking becomes emotion and emotion becomes thinking, and this thinking and emotion takes the form of self-talk that directs the behavior of the individual, either desirable or undesirable. Rational emotive-behavioral therapy relies on the concepts of talking to oneself, which are ideas based on experiences that generate emotions and behaviors, the concept of self-assessment where the individual after each situation evaluates his thoughts, emotions and behaviors, and the concept of self-support where the individual tends to support himself in life situations (Amin, Suhair, 2010 AD, 60-61, quoting from the cat, Jihan, 2014 AD, 3659-3660). Its characteristics are that it is: applied, behavioral, analytical, technical and effective (Hamed, Ahmed, 2014 AD, 2873-2874). There are many therapeutic methods used in the rational emotional behavioral therapy model, which are cognitive methods (refutation of irrational thoughts, cognitive duties style, changing vocabulary, fun), affective methods (rational emotional imagining, role playing, use of force) and finally behavioral methods (positive and negative reinforcement, etc.) (Al-Qarni, Muhammad and Rashwan, Abdel-Monsef, 2004 AD, 116-121). Maher Omar, as well as Nabil Saleh Sufyani, present some behavioral methods, represented in: (1) Home assignment provided to the client for training and to be discussed in the following interview (2) Correcting misconceptions among clients (3) The method of gradual desensitization to alleviate anxiety, tension and emotional disturbances in the client (4) Skills training to help the client improve his functions and roles, change negative events and how to deal with his problems (Omar, Maher, 2003 AD, 138, Sufyan, Nabil, 2004 AD, 299).

Marlen, G. & Cooper and Jan, Ridgway also present the affective and emotional methods as follows: (1) Rational emotional imagining, where the client is asked to imagine himself in situations that cause him disturbance in order to identify the extent to which irrational beliefs are replaced by rational ones. (2) Facing the fear of shyness, (3) Role playing to train and teach the client to perform aspects of the behavior (4) Relaxation and exercise (5) The method of dealing with stress and training in resilience (Marlen, G. & Cooper, J, 2005: 155, Jan, Ridgway, 2005, 9).

The therapeutic methods used in the Rational Emotional Behavioral Therapy model can also be classified as: (1) Cognitive methods: (refutation of irrational thoughts, cognitive duties style, use of fun, logical discussion, clarification and persuasion) (2) Affective methods: rational emotional imagination, role playing, the use of giving power, positive reinforcement and encouragement (3) Behavioral methods: reinforcement, methods of withdrawal behavior (gradual dullness, intensification of stimulus), modeling (Al-Sherbiny, Muhammad, 2011 AD, 1213-1215).

Rational-Emotive-Behavioral Therapy is based on therapeutic strategies represented in (1) discovering irrational thoughts and separating them from rational thoughts (2) Maintaining a measure of emotional disturbances to push the individual towards thinking that irrational thoughts are responsible for emotional disturbances (3) modifying irrational thoughts that make him blame himself and others (4) confronting irrational thoughts and adopting rational thoughts as a continuous way of life (Al-Qatt, Jihan, 2014AD, 3660). The specialist can play many roles in it: the teacher, the defender, the helper, the mediator, the enabler, the behavior changer, the planner, the observer, and the evaluator (Al-Qatt, Jihan, 2014 AD, 3669).

Challenges facing social workers in applying the Cognitive-Behavioral Therapy Model and Client-Centered Therapy Model in professional intervention with drug addicts.

- 1- The lack of professional training for social workers working with drug addicts on contemporary professional intervention models, and this has been shown by many studies and academic research (Abu El-Ela, 2018AD, Abdul-Qawi, 2012AD and Abul-Ela 1441 AH).
- 2- Lack of skills of social workers on the use and application of professional intervention models, Abdul Qawi (2012).
- 3- The administrative burdens placed on the shoulders of social workers in addicted care institutions, which lead to wasting a lot of social workers' time and impede their professional intervention.
- 4- The large number of residents in addiction care institutions compared to the number of social workers, which leads to an increase in the burdens on social workers in institutions and hinders their professional intervention with addicts.
- 5- The lack of specialized training courses in contemporary therapeutic models provided through addiction care institutions, which would lead to a lack of knowledge and skills about the application and practice of these models in addiction care institutions.

Towards a Future Vision of Contemporary Professional Intervention Models with Drug Addicts:

First: The Principles and Sources of Building the Vision:

The pillars and sources from which the vision was built are determined as follows:

- Theoretical basis for research related to contemporary professional intervention models (the cognitive-behavioral therapy model and the client-centered therapy model).
- Research concepts (the concept of professional intervention models and the concept of drug addicts).
- Theoretical guidelines for research (the cognitive-behavioral therapy model and the client-centered therapy model).
- International and Arab scientific writings, research and studies related to the research topic.
- The heritage and the theoretical basis of social service in general and the way of serving the individual in particular.
- The results of the current research
- The researchers' vision and perception of contemporary professional intervention models and their role with drug addicts.

Second: The postulates from which the vision is based:

- The professional practice of social work is based on professional intervention models, strategies and tactics in dealing with issues and problems of drug users and drug addicts.
- Professional intervention models are used to deal with many school, health, social and other problems, as well as with drug addicts.
- Professional intervention models provide a theoretical and conceptual framework for social workers working in addiction treatment institutions that includes roles, skills, therapeutic approaches, strategies and tactics that allow them to engage in professional intervention to treat drug addicts problems.

Third: The importance of the need to form a future vision for contemporary professional intervention models with drug addicts

- What the writings, research and academic studies have shown that there are many challenges to the use and application of professional intervention models in the process of providing assistance and social services, such as the weakness of the professional expertise and competencies of social workers on professional intervention models, the lack of skills of social workers on the use of professional intervention models in dealing with drug addicts.
- What was confirmed by writings, research and scientific studies of the urgent need to develop the knowledge and skills of social workers on contemporary professional intervention models such as the cognitive behavioral therapy model and the client-centered model ... and others when dealing with drug addicts.
- The clear scarcity of research and academic studies related to models of professional intervention in dealing with drug addicts

Fourth: The target groups of the vision:

- Institutions concerned with addiction treatment to develop their ability to direct their activities, programs and services to help drug addicts get rid of their problems.
- The work team and employees of addiction treatment institutions to develop their knowledge, skills and experience on professional intervention models through training, lectures, seminars and workshops to be more knowledgeable in dealing with drug addicts.
- Social workers in addiction treatment institutions in order to put it into practice and practice.

Fifth: The Future Vision of Professional Intervention Models with Drug Addicts:

Model	Professional Roles	Technical Skills	Therapeutic Methods and Tactics
<p>First</p> <p>Introduction to Rational Emotional Behavioral Therapy</p>	<p><u>The role of the teacher:</u> the specialist transfers the correct knowledge to addicts about the harms of drugs, their negative effects, and their health, psychological and social dangers.</p> <p><u>The role of the assistant:</u> he helps the addict to get rid of the misconceptions and ideas associated with drugs, and provides a helping hand to the patient's family to help him get rid of drugs and provide him with psychological and moral support.</p> <p><u>The role of the mediator:</u> where the specialist mediates between the client and the institution to help him benefit to the maximum extent possible from the services provided by the institution.</p> <p><u>The role of the behavior changer:</u> The specialist focuses on the negative behavior associated with drug addiction</p>	<p>The social worker needs a set of technical skills in dealing with addicts, such as observation, listening, gradual questioning, respecting moments of silence, appropriate comment, directing the interview and others.</p>	<p>First: Cognitive methods such as discovering irrational thoughts and separating them from rational thoughts, refuting irrational thoughts and modifying irrational thoughts, changing vocabulary, and having fun. Second: Emotional methods such as rational emotional imagination, role playing, facing fear of shyness, relaxation and exercise, method of dealing with stress and training in resilience. Third: Behavioral methods such as positive and negative reinforcement and skills training to help the client improve his jobs and roles, change negative events and how to deal with his problems</p>

	and turns it into a positive one. The role of the planner: The Social Worker sets programs and activities in light of the available possibilities to help addicts get rid of their problems.		
Second The client-centered treatment model	The social worker performs a set of roles: such as helping the client to form and build a positive concept of himself, directing the client to invest his abilities, investing the client’s freedom of conscious thinking, helping the client to accept himself, strengthening the client's self-confidence, developing the client's awareness and insight into himself, helping the client to confront and get rid of negative feelings, directing the client's abilities to get rid of negative feelings.	The social worker needs a set of technical skills in dealing with addicts, such as the skill of interpretation and clarification, appreciation, self-expression, expressive regression, direct counseling,summarizing, careful observation and others.	Client-centered therapy relies on a range of techniques such as helping the client to reflect on feelings, clarify and enlighten the client about his feelings and accept the feelings that can be achieved through the use of a range of techniques:Listening, emphasizing, venting, reinforcement, clarification, empathy, encouragement, discussion and positive reflection, empathy, logical discussion, humor, reinforcement, avoidance of punishment, listening and mental interaction for client discussion and argument.

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