



Report on Recovery Supports using Zoom during COVID-19 Lockdown in Vietnam

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Ngan Ha Vu¹, Jody A.F. Goodwin²

¹Student, Hanoi - Amsterdam High School for the Gifted, Hanoi, Vietnam, email: nganmivu@gmail.com

²Bachelor of Science Addiction Counseling, City Vision University, Kansas, Missouri, USA, Email: jodygoodwin77@gmail.com

Abstract

Background: The Vietnam's Methadone program initiated in 2008 has been a success in treating and helping more than 52 thousand individuals who used heroin recover and be productive members of family and community. The COVID-19 pandemic caused significant disruptions in accessing all services due to strict lockdowns and interventions to improve treatment outcomes are needed. **Methods:** We teamed up with the clinic counselor to do clinical counseling and supervision using a Zoom application. Our work was among the six months that social distancing was intensified in Vietnam due to the 4th wave of the COVID-19 pandemic, restricting all in person activities. **Results:** Dai Dong methadone clinic is dispensing methadone for 267 patients daily, contributing to 14% of all methadone patients (n=1,945) of the Nam Dinh Province. We observed counseling sessions by the counselor for a total of 30 patients, scheduling three days per week in June of the year 2021. Each session lasted for at least two hours, from 8.30-10.30AM, on Monday, Wednesday or Friday. Preparation with clinic leader, staff and patients were crucial in the success of our work. **Conclusion:** Our summer experience confirms the benefits of and how to use Zoom technology effectively for supporting the work counselor to improve treatment and recovery for patients. Given the busy schedule and challenges often occur when using technology, careful preparation would be critical.

Key words: Addiction, Methadone, Recovery Supports, COVID-19 lockdown, Zoom

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1. Introduction

Recovery in addiction has been defined as a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential (NIDA, 2014). There have been many paths to recovery, using assistance from medications such as methadone and counseling. Assistance from medications is the use of approved medicines, in combination with counseling and behavioral therapies, to provide a "whole-patient" approach to the treatment of disorders. Medications used in addiction treatment are clinically driven and tailored to meet each patient's needs. Research shows that a combination of medication and therapy can successfully treat these disorders, and for some people struggling with addiction, MAT can help sustain recovery. MAT is also used to prevent or reduce opioid overdose. Telehealth or distance technical assistance is the use of telecommunication technologies and electronic information to provide care and facilitate client-provider interactions (SAMHSA, 2021). This distance assistance form has been introduced in Vietnam for recent years and increasingly used during the COVID-19 context. In short it can be described below as the central level and experts to any settings, in clinics or homes of clients.



The Government of Vietnam has seen Methadone very cost effective in improving all aspects of life of individuals addict to heroin (Nguyen, 2012). The Vietnam's methadone maintenance treatment program, including the dispensing medication and psychosocial supports, has been seen as a great success to control HIV/AIDS among people who use and inject opioid or heroin. Vietnam has one of Asia's fastest growing HIV rates. By the end of 2015, the number of people living with HIV was approximately 250,000. To date, the HIV epidemic has been concentrated among people who inject drugs (PWID), primarily heroin and those using amphetamine type stimulants (ATS). Piloted in 2008, initially as an harm reduction approach, as of July 2021, approximately 52 thousands patients are on treatment at 361 specialized methadone clinics in all 63 provinces of Vietnam.

In recent years, Vietnam along with other countries are experiencing a pro-longed and serious wave of COVID-19. COVID cases in Vietnam up to December 9 surpassed 1.3 million. Many programs, including addiction treatment in healthcare settings and clients, are facing serious health and employment disruptions and challenges. In-person counseling at methadone clinics has been less encouraged to reduce exposures for infecting COVID-19. As such, sharing and scaling up technology-based supports, such as effective use of Zoom for addiction treatment and recovery are critical.

Methodology

We share our summer experience our summer work in a Methadone clinic and suggest few solutions for improving treatment and recovery efforts using Zoom technology.

Agreed by the director of Dai Dong Methadone Clinic, we teamed up with a counseling expert and the clinic counselor to do clinical counseling and supervision using a Zoom application. We observed counseling sessions by the counselor for a total of 30 patients, scheduling three days per week in June of the year 2021. This month, among the 6 month duration that social distancing has been applied due to the 4th wave of the COVID-19 pandemic, restricting all travel back and forth to Hanoi and Nam Dinh, as well as many other clinics and locations in Vietnam.

Dai Dong Methadone clinic is one of very few private facilities in Vietnam allowed to treat opioid dependence using methadone. The clinic has been authorized by the Department of Health of Nam Dinh Province since 2015 and is among five clinics in the whole province. Ngan Ha Vu and Jody A.F Goodwin worked on the summer project and did literature review and graphics. We strictly

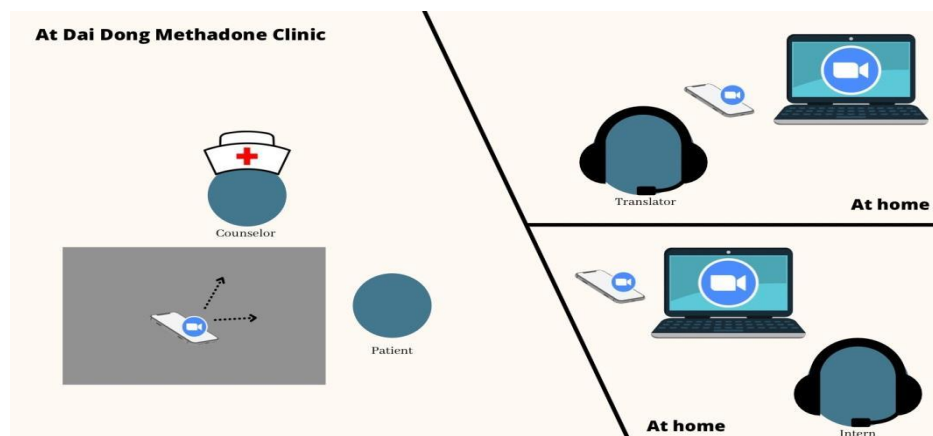
followed ethics requirements set out in the Methadone treatment guidance by the Ministry of Health of Vietnam and the methadone clinic. Our work and reports were approved by the clinic director.



Results and Discussion

Dai Dong Methadone clinic is one of very few private facilities in Vietnam allowed to treat opioid dependence using methadone (Tran, 2014). The clinic has been authorized by the Department of Health of Nam Dinh Province since 2015 and is among five clinics in the whole province. Located in Giao Thuy district, lying within the rural north-east Ocean coastline and the mouth of Red River, Dai Dong clinic currently dispenses methadone for 267 patients daily, contributing to 14% of all methadone patients (n=1,945) of the Nam Dinh Province (Le, 2018). The running costs for operation, salary for staff and medications for patients are subsidized by the central government. Patients only pay about 13 US dollars per month to cover some administrative expenditures as required nationally.

We spent 24 hours in 20 counseling sessions at the methadone clinic. Each session lasted for at least two hours, from 8.30-10.30AM, on Monday, Wednesday or Friday. It is important to note that the counselor and staff were busy as they have had various clinic tasks (MOH, 2021). Plus they were deployed for COVID-19 responses by the clinic and the community authorities in ad-hoc basis. The motivation and commitment of our team to this work are critical. We seek to advocate for the availability and integration of services so patients can best access. As described below, we understood disruptions due to COVID-19 or economic challenges would break the three key sources for recovery. Breaking the recovery resources would make the patients come back to the use of heroine and that effects their health, life and even deaths. The session settings can be described as following figure, involving clinic counselor, patient, counseling intern expat and translator:



Given the busy schedule of staff, we planned carefully for summer work by making sure each of us understand clear roles and responsibilities. The following table outlined some of our roles:

Position	Responsible for
Clinic counselor/staff	<ul style="list-style-type: none"> - Get patients ready - Set up Zoom at the clinic - Provide individual counseling for patients - Arrange a small gift as incentive for patients to promote positive behaviors.
Translator/assistance	<ul style="list-style-type: none"> - Translate conversation of:

	<ul style="list-style-type: none"> ○ Counselor and patients for expat counselor ○ Expat counselor for staff and patients - Translate reports and patients records - Assist before and during the use of Zoom.
Expat counselor	<ul style="list-style-type: none"> - Observe and provide feedback during the staff-patient meeting - Provide weekly report to clinic lead and group.

The benefits we experienced with online services include convenience and increased access of counseling for clients. Technical assistance for counseling using Zoom gave us ability to overcome geographical distances, minimized covid transmission, saved transportation time and cost. This made scheduling more convenient for individuals involved. We also had an opportunity to save transcripts of interactions with the staff and patients. Furthermore, the online sessions provided quick and easy access to relevant supplementary materials.

A few concerns have included technological failures, the time delay, diagnostic limitations, crisis intervention, ability to observe body language, and ensuring client confidentiality. We also learned that changes that counselor wishes to see within the clinic is to increase resources to help promote the client's well-being. More specifically, the counselor wanted to increase the time dedicated to counseling new clients, training options for clients looking for employment, and skills to use to equip them in their recovery journey.

Familiarity with technology was also critical. There are numerous sites for online counseling, such as Talkspace, Online-Therapy.com, Betterhelp, and other platforms. We chose Zoom Counseling as it was a friendly form for online counseling (or [e-counseling](#)) for us all and many others in Vietnam. We need a basic level of technical skills to coordinate. However, we experienced technology issues while studying and communicating, especially for rural locations and some special groups of people, such as busy staff and patients in recovery. With that understanding our team prepared carefully by checking all aspects and scenarios to make sure our sessions run as smoothly as possible.

Here are some key lessons we learned in effective online counseling:

- Evaluate the needs on whether or not the client demands for online counseling. For example older patients preferred meeting and counseling in-office.
- Find a suitable technology platform for the local staff. For example, Zoom has been convenient and easy to use by all staff.
- Ensure client's privacy and confidentiality by using secure and encrypted forms, password-protected pages, and secure web meeting programs.
- Keep in mind of not recording videos or taking pictures during the online sessions, so note-taking is important to provide feedback after online counseling sessions.
- Inform and prepare patients for counseling sessions as careful as possible. Staff should inform scheduling and use phone to text or call to remind patients. Small gifts might be considered to motivate patients for any positive behaviors.
- Build trust with the clinic leader and staff, show empathy, professionalism and supports to the staff and patients, particularly during social distancing due to pandemics or crisis. Find at least one time in person to get to know people, context and flow of relevant work.



Beside describing the use of Zoom, we had many important observations and interactions with the clinic. We obtained consensus from patients to observe and interpret all communication and dialogs they have with the lead therapist. We also asked questions for further understanding and added inputs only with the counselor aimed at improving the future counseling sessions. We noticed that many different methods of therapy were being used. The counselor used cognitive-behavioral therapy to instill healthy, productive coping behaviors for dealing with life's daily challenges. Counselors are trained by the Ministry of Health to work on strengthening the client's sense of self while replacing unhealthy coping skills with healthy ones (MOH, 2010). The most common challenges the clients were facing were difficulties getting to the clinic daily for their medication, finding stable work, prejudices out of the workplace, relapse because of social pressures, and coping with the side effects of the methadone treatment. These challenges shall be minimized by utilizing technology for continued interventions, including counseling, education and peer recovery support.

Conclusion

Our summer experience at the Dai Dong Methadone clinic affirms the benefits of and how to use Zoom technology effectively for supporting the work counselor to improve treatment and recovery for patients. Given the busy schedule and challenges often occur when using technology, careful preparation would be critical. This might include close collaboration within the group of people involved, including counselors and patients to ensure maximizing session quality and interactions. Finally, we have planned to expand this model to reach more clinics and patients with a focus on recovery, including supporting children of those in treatment to better study, particularly in crisis, such as COVID-19 pandemic.

Disclosure and statements of the authors

Authors' contributions and declaration of interest: Ha Ngan connected the collaboration and provided all logistic supports related to this summer work. Jody Goodwin was the expat intern counselor and Ha Ngan was the translator for all communications. They both documented and wrote this report. The authors have no financial, personal, or other conflicts of interest that could potentially influence this work and report.

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