THE BASICS OF ADDICTION COUNSELING: DESK REFERENCE AND STUDY GUIDE

MODULE II: ADDICTION COUNSELING THEORIES, PRACTICES AND SKILLS

- Tenth Edition -

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Theoretical Base of Addiction Counseling

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DISCLAIMER
The purpose of this Desk Reference and Study Guide is to provide a compendium of material to the addiction profession that offers a general overview of information necessary to the development of a well-rounded addiction professional. The materials contained herein are intended to orient an individual program of study, which encompasses additional research and investigation. This manual is NOT purported to be either all-inclusive or in sufficient detail to ensure success in actual certification/licensure examinations. It MUST be used in conjunction with the examination content outline provided in application brochures and the bibliography provided herein. While training courses based solely on the content of this manual should be professionally helpful, they may or may not adequately prepare one for success in actual certification/licensure examinations.
THEORETICAL BASE OF ADDICTION COUNSELING

INTRODUCTION

The purpose of this section is to provide addiction counselors and other helping professionals with a general overview of the major theories and techniques used for addiction counseling. To be effective, addiction counselors and other helping professionals require concrete methods for correctly assessing clients and conceptualizing the problems associated with each individual. With a strong theoretical base, addiction professionals can more accurately determine the needs of their clients and outline possible directions for treatment.

This section discusses the main theories and techniques used during each type of counseling dynamic, such as individual, family or group therapy. Within each of these settings, there are many different counseling theories practiced by addiction professionals; however, no one therapy or counseling approach is appropriate for all situations or clients. Depending on the school of thought of the addiction counselor or other helping professional, several theories could be equally applicable to a given situation or client. An addiction counselor or other helping professional must utilize his or her own experience and education to gauge which therapeutic approach would be the most beneficial and effective for the individual client. This part of counseling is often referred to as the “theoretical tool bag” because addiction professionals simply look for and select the best “tools” for the job at hand.

OBJECTIVES OF THIS SECTION

The objectives of this section are to provide addiction counselors and other helping professionals with basic knowledge of the major theoretical approaches to addiction counseling. During this section, the addiction counselor or other helping professional will learn the following information about each theory or technique:

- a general definition that encompasses the main concepts and distinctive qualities of the theory;
- a brief history of the therapeutic approach, including its creators and origins;
- the main principles of the theory; and
- the theoretical application to addiction counseling.


Note: The therapeutic approaches discussed in this section are not presented in any particular order of importance, popularity or validity, but rather alphabetically for quick reference.
Maria - A Case Study

To assist in applying the varying theoretical approaches to addiction counseling, the case of Maria, a hypothetical client, is outlined below. After each theoretical orientation is described in this section, Maria is revisited and discussed from the perspective of the specific theory or approach. Readers are encouraged to keep the circumstances of Maria’s psychoactive substance use disorder in mind as they read each theory and begin to conceptualize how an individual client can be treated in many different ways.

Maria has just been admitted into a residential treatment facility to receive addiction treatment for alcohol dependence. She is entering treatment at the urging of her family and friends. The following information outlines what was learned during the evaluation process:

- Maria is a 36-year-old Hispanic female who lives in the suburbs of a major metropolitan city.
- She has been married for 12 years to the same partner and has two children, aged 6 and 10; her husband is described as supportive and “carrying the family right now.”
- She reports that her marriage is stable, but they fight a lot about her drinking; she does not feel she is adequately providing for her children and wishes she could be a better mother.
- She reports that she drinks between 12 to 24 beers everyday for the past two years; she acknowledges that her drinking is out of control, but she does not believe in her ability to stop drinking; she has never received treatment for substance abuse before.
- She does not report any medical conditions or illnesses, related to her drinking or otherwise.
- She is a college graduate and always performed well in school and in her career; prior to being fired 18 months ago, Maria was a successful executive for a major car washing company; she reports that the stress and demands of the position were too great while simultaneously raising two children; she has been unemployed ever since.
- She is an only child whose father worked at a factory and whose mother was a school teacher during her childhood; her mother was dependent on alcohol for over 20 years before she died in a car accident three years ago; there is no reported history of mental illness in her family; Maria reports that her mother was very difficult to please and only showed praise when Maria performed well in school.
- Maria is a high achiever and holds herself to a high standard of performance; she becomes extremely upset when she does not perform as she would like.
- Since losing her job, she feels depressed and worthless and spends most of the day curled up on the couch drinking and watching TV.
**ADLERIAN PSYCHOLOGY**

**DEFINITION**

*Adlerian Psychology (Therapy)*, also referred to as Individual Psychology, is a model of psychotherapy that is holistic in nature. Its premise is that human beings are moving towards goals. This pattern of movement towards goals, or lifestyle, is sometimes self-defeating as a result of discouragement and inferiority feelings. The therapeutic task is to encourage clients to identify and utilize their strengths, develop social interest and a new, more satisfying lifestyle.

**HISTORY**

Alfred Adler (1870-1937) was the first to develop a comprehensive theory of personality, psychopathology and psychotherapy, as an alternative to the views of Freud. It is a holistic perspective i.e. behavior is understood in its unity or pattern. Each person creates a lifestyle based upon conclusions s/he has drawn. Adler was invited to the United States in 1926. He divided his time between the United States and Australia. He introduced family therapy in 1922. Rudolf Dreikurs (1897-1972) continued to develop the theory and contributed to its spread in the United States. He is credited with the first use of group psychotherapy in private practice.

**MAIN PRINCIPLES**

Adlerian therapy is a humanistic model of counseling and maintains that everyone is striving toward superiority and perfection and must learn how to cope appropriately with inevitable inferiority feelings. Essentially, individuals remember the times when they were dissatisfied with themselves and try to rise above those times to reach a higher level of functioning. These levels of dissatisfaction are normal conditions of all people and serve as motivation to continue to strive for mastery. The unique way an individual copes with inferiority and strives for excellence is what constitutes individuality. To help with this journey, Adlerian Psychology utilizes encouragement and a focus on strengths to guide interventions.

Further, Adlerian therapists believe that all behavior is purposeful and self-determined and works to accomplish the central goal of an individual’s life, referred to as the client’s fictional finalism. This central goal is not always positive, and it is easy to imagine how a negative fictional finalism can result in psychoactive substance use. All behavior is meant to serve this fictional finalism and indicates that each individual is in control of his or her own fate and not a victim of it. An individual’s fictional finalism is a result of the client’s past experiences, present situation, the direction he or
she is moving towards for the future and the lifestyle he or she has chosen. **Lifestyle** is the concept that refers to how the client “moves through life.” It includes the client’s view of him or herself, others and the world. It also reflects the client’s goal or theme and how the client goes about achieving the goal. Assessment of the client’s lifestyle is critical to understanding the client.

To use Adlerian therapy effectively, an addiction counselor or other helping professional must attempt to view the world from the perspective of the client through a process called **phenomenology**. In other words, the client can only be understood in terms of his or her family, social and cultural contexts, perceptions and **private logic**. Private logic is reality as we perceive it; it is subjective, and the behavior that results from it can change if the client’s perceptions change. Addiction counselors and other helping professionals must recognize the client’s perspective and work to create change within it.

Further, an addiction professional should attempt to ascertain the client’s level of **social interest**, which is the individual’s awareness of being a part of the human community and how one interacts with the social world. Social interest is associated with a sense of identification and acceptance of a group and empathy to others. This concept is often practiced in the fellowship of 12-step groups. The goal of therapy is to further develop the client’s social interest and help him or her connect with the social world in a more meaningful way. This can be accomplished by looking for patterns and themes in a client’s life and identifying what behaviors are leading to the repetition. Then, a counselor must re-educate the client with healthy assumptions of the world and fictional finalism.

### APPLICATION TO ADDICTION COUNSELING

The appropriate use of Adlerian Psychology can identify and help correct misguided beliefs. These beliefs directly influence how a person becomes an addict. The use of substances gives those with an overwhelming feeling of discouragement a false sense of belonging and social interest. The most often reported positive intents for substance use are to socialize better, talk more, and feel a part of the crowd. Many substance abusers have a strong feeling of inferiority and the use of substances is reported by clients to help them feel like Superman, have confidence, courage, or feel macho. Adlerian Psychology is a therapeutic approach for empowering addicts to develop a positive, sober life style, a sense of belonging and to learn how to change current behaviors to those that are more useful and productive.
Maria’s fictional finalism is to achieve at all costs so she may receive praise, presumably from her mother. Now that her mother has passed away and Maria’s drinking has increased, her performance has decreased, and Maria is no longer able to gain pride from her accomplishments. An Adlerian therapist could best serve Maria by helping her understand the root of her purposeful behaviors and the power she has to control her own life. Maria most likely has associated her performance with her self-worth and the lack of both continues to drive her drinking habits. During therapy, Maria must realign her fictional finalism and increase her social interest, beginning with her immediate family.
**Behavioral Therapy**

**Definition**

*Behavioral therapy*, also referred to as behavioral modification, is a general approach to counseling where a client modifies his or her learned behaviors that are negatively affecting his or her life.

**History**

Many psychologists were instrumental in advancing behavioral therapy as an important method of counseling, with the first being Ivan Petrovich Pavlov in the early 20th century. Pavlov identified the process of *classical conditioning*, leading the way for B.F. Skinner’s *operant conditioning* in 1938 and Albert Bandura’s *social learning approach* in 1974. All three of these models are specific techniques used under the behavioral therapy banner. Behaviorists are keenly interested in empirical evidence to support their models, so this school of study has been built upon a more founded science than many other approaches.

**Main Principles**

Generally, behavioral therapy confines itself to an action orientation that is directed at helping people change what they do and think. Behaviorists believe that most human behavior is learned and can, subsequently, be unlearned if it is not beneficial to the individual. The common link among all behavioral therapy models is the belief that there are certain laws or processes that govern the initiation, maintenance and cessation of behavior. The difference among models lies in how the model proposes how the behavior is learned and solidified.

When practicing behavioral therapy, an addiction counselor or other helping professional analyzes the observable and measurable behaviors of a client and identifies the processes that allow the behavior to continue. Behavioral therapists are not interested in constructs, such as self-esteem, thoughts, values, the unconscious or defense mechanisms, but more about the adaptive and maladaptive behaviors that lead to discomfort in a client’s life. Behavioral therapy is extremely effective for clients suffering from a psychoactive substance use disorder, since there are often specific, individual learned behaviors or triggers associated with the behavior of using psychoactive substances. The following descriptions outline the differences between the three major learning models that are thought to contribute to the etiology, maintenance and modification of behavior:
**Classical conditioning** begins when an event or **unconditioned stimulus (UCS)** that elicits a natural response from a individual, called an **unconditioned response (UCR)**. Over time, any individual or object associated with an unconditioned stimulus can start to elicit the same response as if he or she were truly experiencing the unconditioned stimulus. Therefore, the individual or object that causes this secondary reaction is called the **conditioned stimulus (CS)**, and the reaction to it is called the **conditioned response (CR)**.

The most recognized example of classical conditioning is where Pavlov conditioned his dog to salivate by the sound of a bell because it had been associated with the smell of his dinner. To do this, Pavlov noticed that his dog salivated once he could smell his dinner. The dog’s salivation is the UCR to the UCS of the smell of his dinner. To experiment, Pavlov would ring a bell, the CS, as the dog’s dinner was presented. Over time, the dog began to salivate when he heard the bell ring, even when there was no dinner, the CR, in sight.

**Operant conditioning** explains how a behavior’s likelihood of being repeated increases or decreases, depending on the type of **reinforcement** the individual receives as a result of that behavior. Reinforcement is the act of adding something to or removing something from the situation to affect the likelihood of it occurring again, called **positive reinforcement** and **negative reinforcement**, respectively. The best examples of operant conditioning are illustrated through typical child-rearing techniques. A mother can reinforce improper behavior if she gives candy to her young child who is screaming. The boy just learned that screaming loudly in a public place will get him something positive.

The **social learning approach**, also called modeling, is where people naturally learn behavior by watching what happens to someone else in a given situation. If an individual finds the consequences of an observed behavior favorable, then he or she is more likely to mirror the behavior; however, if the observed behavior does not produce a favorable result, he or she will most likely not repeat that behavior in his or her own life. Modeling illustrates how one does not have to experience a behavior personally to learn it. An example of modeling is where a boy sees his friend steal an item...
from the grocery store without getting caught. Subsequently, because of the lack of significant consequences, the boy also steals an item from the grocery store.

**APPLICATION TO ADDICTION COUNSELING**

Since behavioral therapy is grounded in established theory and research, it is quite effective at helping clients discontinue their psychoactive substance use. Behavioral therapy offers clear guidelines for evaluating treatment progress and emphasizes empowerment of clients to make their own behavioral changes, producing more client acceptance of treatment.

Other scientifically proven techniques of behavioral therapy that stem from the basic ideas of classical conditioning, operant conditioning or modeling include:

- **contingency management** or **behavioral contracting**, where there are tokens or rewards given for periods of abstinence. This practice is commonly used in twelve-step programs;
- **community reinforcement**, where the client’s vocation, social ties, recreational activities and family play a role in reinforcing healthy behavior;
- **assertion training**, where the client learns the skills necessary to resist negative influences and behaviors in his or her life;
- **cue exposure treatment**, where the client is constantly exposed to the triggers and cues that are known to result in psychoactive substance use;
- **covert sensitization**, where the client imagines him or herself abusing a psychoactive substance, then immediately visualizes a horrible consequence because of the use; and
- **aversion therapy**, where psychoactive substance use is paired with a very unpleasant feeling, such as electric shock or nausea, in hopes that the client will associate the unpleasant feeling with the psychoactive substance use.

Maria’s drinking habits have resulted in the loss of her job. Because Maria gains pride from her performance level, she feels depressed and worthless; drinking more only exacerbates these feelings. From a behaviorist perspective, Maria needs to set the goals of obtaining a job and reducing her alcohol intake. Once these tasks have been accomplished, Maria will build confidence in her performance and move toward maintaining a healthy lifestyle. Basic principles of operant conditioning show that if Maria is able to reduce her drinking, she is more likely to be productive in her parenting, which will make her children happier and therefore will make Maria feel more accomplished.
**DEFINITION**

Brief therapy does not point to any specific therapy or theoretical approach but rather is a relative set of therapies that include a shorter time period and fewer sessions than “traditional” therapy.

**HISTORY**

Interestingly, brief therapy found its beginnings with the founder of Psychoanalytic theory, Sigmund Freud. Freud expressed frustration about the limited benefits of psychoanalysis and called for the development of new methods due to the limited usefulness of long-term treatment models and the large number of post-World War II soldiers suffering from post-traumatic stress disorder (PTSD). New treatment models began to move towards brief therapy in the 1950s and 1960s.

**MAIN PRINCIPLES**

Regardless of which theoretical model an addiction counselor or other helping professional chooses when using a brief therapy structure, it is important to maintain a certain framework for the stages of therapy. The stages related to the temporal structure of the therapy are as follows:

- **Induction Phase:** The client makes the decision to seek therapy, and the addiction counselor or other helping professional assesses whether the client is willing to change. The addiction professional also evaluates the client’s Stage of Change and structures the therapy session to match the client’s motivation level. (Please refer to the Stages of Change model developed by Prochaska and DiClemente later in this section for more information about assessing a client’s level of motivation to change.)

- **Alliance (pretreatment):** The addiction counselor or other helping professional forms an alliance with the client. The addiction professional assesses impediments to change, motivation for change, sets achievable goals and forms a treatment plan and contract. All of these tasks must be accomplished in collaboration with the client.

- **Refocus/Change:** This is the working phase of therapy. In this phase, every session is an “on task” session. Focus is on homework, goal setting, applying lessons, increasing understanding, reinforcing progress, maintaining the alliance and reinforcing the client’s goals.

- **Termination/Homework:** This phase may arouse anxiety in both the client and the addiction professional, but it is very important because it assists with relapse prevention. It is imperative that the addiction counselor or other helping professional does not reinforce the psychoactive substance use disorder just to maintain the relationship. Long-term goals are set, along with long-term homework assignments and planning.
Continuation/Follow-up: Check-in or follow-up appointments should be scheduled for as long as homework is planned. The addiction counselor or other helping professional and the client should also determine a plan for emergencies and relapse. Change beyond the formal end of the counselor/client relationship is negotiated. This is where the client internalizes treatment aspects and makes them consistent with life goals. Integrating a chosen community support system, such as Rational Recovery (RR) or a twelve-step group, is an example of establishing the ongoing system into life goals.

APPLICATION TO ADDICTION COUNSELING

Given that funding for psychoactive substance use disorder treatment is becoming scarcer, brief therapies have grown in popularity. Many clients cannot afford nor wish to participate in lengthy treatment programs. Brief therapies are an alternative to traditional therapy because they are directed, short and goal-oriented.

Maria could potentially benefit from brief therapy if her finances do not allow her to continue in residential addiction treatment. In this instance, Maria’s addiction counselor or other helping professional will use his or her own theoretical orientation to help Maria devise treatment goals and objectives for what can be accomplished during this short time. The addiction professional must take care to develop achievable goals with Maria since many of her insecurities stem from her lack of performance.