Chapter 2

THEORIES OF COUNSELING RELATED TO ADDICTION TREATMENT

OBJECTIVES

1. To develop an understanding of the general theories of counseling
2. To apply these theories of counseling to our clinical work with the addictive process
3. To be able to facilitate the development of our theoretical framework of addiction counseling

In counseling, we may be legitimately asked by clients, colleagues, and/or supervisors: "What is your view of counseling?" This question may not be asked directly; it can be embedded in other questions such as when a client asks, "What is wrong with me?" or when a client, colleague, or supervisor says, "What is causing this problem?" As a counselor, you must remember that your theoretical perspective significantly shapes how your client, your client's problem, and your client's life are viewed.

One way of viewing the impact of your theoretical framework on your clients is to watch their story being discussed in an agency staff meeting. Your recounting of a client's story and the counselors hearing it shape their interpretations by consciously or unconsciously emphasizing or deemphasizing certain aspects of the client's narrative. These professionals make selections based on their theoretical frameworks and areas of training. For example, a counselor focused on family system dynamics may emphasize relational dynamics of a client's story. Both "storytelling counselors" and "story-listening counselors" punctuate the story by their theoretical frameworks.

Varying theories become obvious in questions asked of the storyteller and in disagreements between the professionals. Intense debates can be educational in learning about different counselors' theoretical orientations. Recommendations for treatment can vary substantially due to these varying frameworks.

DEVELOPMENT OF A THEORETICAL FRAMEWORK FOR ADDICTION COUNSELING

Rarely does any counselor adhere to only one theoretical framework. Most counselors understand that they need a large repertoire of counseling techniques to meet clients'

needs. These techniques evolve from your understanding of the theory and research. For example, using the Gestalt technique of role playing without understanding the Gestalt treatment philosophy of wholeness or the interconnectedness of an individual in terms of thoughts, feelings, and behaviors may limit the effectiveness of the technique. Treatment effectiveness and ethical principles for different schools of thought require that you understand and communicate an understanding of core counseling theories.

In addition, it is critical that you recognize how your theoretical framework shapes clinical work in terms of assessment, treatment, and aftercare. Understanding your theoretical counseling framework and its impact on counseling is as necessary in the addiction counseling field as it is in any area of counseling. The framework provides a foundation for you to manage the information you receive about a client's situation. Early treatment planning requires the ability to discern when there is enough information from the client's story to develop a treatment plan; otherwise an assessment can go on "forever." Adhering to one main theory while integrating other theories may be a wise approach for counselors.

A theoretical framework can be viewed as a tree: The trunk is the core theory of how people heal in counseling. The branches of the tree are related theories that naturally connect with and evolve from the core theory. The smaller branches and twigs are those specific techniques that emerge from your theoretical framework. Metaphors can assist in the development of a professional balance. Such a professional balance prevents you from being overwhelmed by the numerous theoretical perspectives and subsequent treatment choices required by each of these theories and techniques. This balance assists you in effectively and efficiently assessing and treating clients by matching client treatment need with the appropriate theory and techniques and by facilitating referrals for emerging needs.

To conduct effective counseling, you must have a grounding theoretical framework as well as flexibility in the use of such a framework. This allows for the unique needs of a client. For example, a counselor who mainly uses a client-centered theoretical approach in counseling may have a client who needs therapy to be more task-oriented for certain problems or during different phases of treatment. The counselor may want to rely more on a cognitive-behavioral theoretical framework that engages the client in a more task-oriented counseling process.

Flexibility with your theoretical framework is important for the preservation of an ethical counseling process. Match the theoretical aspect of the framework with what fits the client's needs in terms of assessment, treatment, and aftercare. Theoretical perspectives and techniques may vary as the client changes his or her "inner world" or contextual world. Changes in either or both pose different dilemmas for the client and the counselor in the treatment planning.

As an example of treatment planning, assume that the counselor described earlier used client-centered therapy to help establish a trusting relationship with the addicted client in order for an honest assessment to occur. To engage the client in treatment, the counselor realized the client needed a more task-oriented approach and shifted the emphasis to a cognitive-behavioral theory and technique, giving the client homework to do to examine how the client's thoughts, feelings, and behaviors were related to addiction recovery. Following treatment, aftercare issues of relapse began to emerge in terms of family dynamics, and the counselor realized that counseling now needed to focus on a systemic approach as it related to relapse-prevention needs in the client.

This example shows the necessity of a counselor having a flexible theoretical framework that matches the client's needs at different points in recovery. Such flexibility ensures that the welfare of the client is protected in the counseling process.

Dangers in Developing a Theoretical Framework and Recommendations

In the addiction counseling field, the possible influence of two factors needs to be considered in the application of theories of counseling: the grassroots history of the addictions field as discussed in Chapter 1 and the "closed system" dynamics sometimes present in the field. Both factors can influence the perspective and behavior of addiction and mental health counselors.

Counselors who work in the addiction counseling field enter it from a variety of avenues and experiences. Those who come from the grassroots history—for example, they are recovering addicts themselves or they are recovering from the impact of a significant other's addiction on their lives—may be wedded to their own view of recovery. This frame of reference may limit their theoretical perspective or cause them to believe there is no need to understand other theories of counseling. This is one danger for counselors who are intimately acquainted with their own wounds from addiction; such a narrow focus can prevent a counselor from meeting the individual needs of the client in the most effective manner. Conversely, a danger for counselors not from the grassroots movement of addiction recovery is that they may not have examined any wounds connected to their use history or that of the significant others in their lives. Therefore, they run the risk of haphazardly applying their theoretical framework to the addiction problem due to issues such as denial of the addiction problem or enabling behavior that encourages the addiction to continue.

It is rare for any counselor not to have been impacted by addiction. You need to examine your personal and professional life with regard to any negative effects addiction may have had. Also, professional vulnerability to these dangers needs to be viewed on a continuum. In order to act in the best interest of the client, understand various theoretical counseling frameworks and their techniques beyond a grassroots one, such as "alcoholism/drug addiction is a disease" or "my client just needs to go to self-help groups." Rather, competent counselors need to possess information about specific theories and the related techniques for use with clients struggling with an addiction problem. In addition, they must be able to explain and demonstrate how these theories and techniques are appropriate with a particular client.

The addiction counseling field, at times, appears to be a "closed system" to mental health counselors outside the field. These "outsiders" may view addiction counselors as closed to feedback or suggestions from counselors who are not designated experts in the addiction counseling field. When asking questions of, or giving feedback to, addiction counselors regarding a client case, they may have found the addiction counselor to be unwilling to hear different theoretical perspectives in terms of assessment and treatment. This closed system attitude may stem from various sources. First, the addiction counselor may feel threatened or inadequate in comparison to the educational level of the mental health counselor and be unwilling to admit to such feelings. Second, the addiction counselor may have observed well-intentioned mental health counselors err in treating addiction problems, who encouraged the addiction through denial or enabling behavior. Experiencing these responses may convey a "hard-headedness" to counselors outside the addictions field.

The grassroots addiction counselor needs to recognize the need to have a broadly based theoretical framework in order to help the client. The counselor also needs to be open to various perspectives because the focus of counseling is to act in the best interests of the client, not to protect the ego needs of the counselor.

Mental health counselors need to be wary of intimidating addiction counselors with their extensive credentials and educational levels, understanding and respecting that addiction counseling is a specialty area of counseling. "Educating" an addiction counselor colleague on different theoretical approaches and techniques must be done thoughtfully and respectfully. Additionally, the mental health counselor needs to make a commitment to develop a "sniffer for addiction."

A "sniffer for addiction" allows a counselor to hear a client's story and, like a dog, intuitively pick up the "scent of addiction." This "scent" needs to be explored as a tentative hypothesis by asking questions related to aspects of the client's life. An addiction "sniffer" can be developed by:

1. Obtaining information and education on the dynamics of addiction.
2. Exploring your own use of alcohol/drugs and the impact of significant others' use of alcohol/drugs on your life.
3. Engaging in ongoing dialogue with addiction professionals about client cases.
4. Being mentored into the field by an experienced addiction counseling professional.

These four tasks fuse to form an effective systematic framework of addiction counseling. It assists you in developing a way of thinking that enhances the effectiveness of addiction assessment and treatment by integrating theory, techniques, and research.

The same four-part framework can help addiction counselors develop a "mental health sniffer" to assist in the assessment and treatment of mental health problems. These mental health problems may coexist with the addiction problem or be solely present in the client (alcohol/drug use masks the real problem, which is a mental health diagnosis). These four aspects are slightly altered as follows:

1. Obtain information and education on general, common mental health diagnoses, particularly those that frequently coexist with an addiction problem.
2. Explore your own biases with regard to mental health problems as they relate to addiction.
3. Engage in ongoing dialogue with mental health professionals about client cases.
4. Be mentored into the mental health counseling field by an experienced mental health professional.

The addiction counselor who develops a "mental health sniffer" then has an effective systematic framework that enhances the assessment and treatment of the mental health needs of the client.

There are some cautions for counselors who want to develop a "sniffer" as it relates to these four aspects. Overall, both addiction and mental health counselors need to take into account realistic, personal limits with regard to time, energy, and money that impact their professional development choices. They need to approach developing a "sniffer" carefully, as if they are a critical consumer. Interested counselors can turn to state counselor licensure or certification boards for information on training that has

received board approval. They can also check informally with counselors whom they respect in the unknown field for insider information on who is an effective trainer.

As to your personal use history, you may want to instigate a formal assessment of your alcohol/drug use by a certified/licensed addiction counselor, particularly if there is any history of abusive use and/or negative consequences related to your alcohol and drug usage. This assessor needs to be chosen carefully so a dual relationship is avoided and an accurate, neutral assessment is done of your use. In addition, if your experiences involve a significant other, that is, parent or intimate partner, you need to have the resulting "wounds" assessed by a professional to determine if therapy, self-help groups, or information would be helpful. This healing is necessary to be effective.

Biases about mental health problems also need to be explored. As stated previously, you need to recognize that a client may appear to be actively addicted, when in fact the usage is masking a mental health problem that, once treated, naturally results in nonproblematic alcohol/drug use. This is an extremely sensitive assessment and treatment issue because the client may have developed an addiction problem in addition to the mental health problem. However, if you are willing and able to assess this situation competently, without bias, you can more effectively treat clients.

In terms of dialogue with colleagues, create opportunities in agency staff meetings or informal gatherings with counselors in the respective field for mutually safe, respectful discussions of client cases. Discussions can also occur spontaneously at training, workshops, or conferences that focus on that particular field of counseling.

Finally, having a mentor in the respective field can assist in the development of a "sniffer." Watching an experienced, licensed/certified counselor review cases with a focus on a specialty area can help you learn the factors/dynamics of this area at a deeper level. This mentor, however, needs to be someone you trust, someone with whom you feel safe to "not know."

Theoretical Choice for Case Presentations

A case presentation may occur before a board of examiners. In this section, we address a few points related to the integration of a theoretical framework. For more complete overall suggestions on preparing for licensure and certification in the addiction counseling field, see Chapter 12. The suggestions that follow are broad, and you need to work with the material in a flexible manner since licensure and certification requirements for addiction specialists vary from state to state and for different mental health professions.

First, choose theories that are considered standard in the field of counseling. When presenting a case, the issue of time constraints is always a reality. There is not time to educate the evaluators on a particular counseling theory. Therefore, choosing standard theories such as those discussed later in this chapter increases your efficiency in the presentation. Choosing a standard theory provides you and the evaluators with a common language, making it more likely that the evaluators will understand the main concepts and techniques discussed in the case. Second, by choosing a standard theory and related techniques, you are choosing a *proven* effective form of therapy, thereby enhancing the ethics of applying the theory to your clinical case. Should you choose to work with a theory that is not standard, be prepared to provide a succinct summary of the theory and evidence of the effectiveness of related therapeutic techniques.

Do not attempt to dazzle the evaluators with a fancy, complicated theoretical framework of addiction counseling. Rather, show competence by having a core theory, with a few related theories, and an explanation for how these theories and techniques

assisted your client in addressing an addiction problem. Finally, make sure to choose a theory that matches your clinical work.

GENERAL COUNSELING THEORIES

Addiction specialists or mental health specialists may not adhere to these specific theories rigorously. However, it is important for you, no matter what the specialty in counseling, to be able to communicate with other professionals in these theoretical languages to facilitate cross talk between professions. Through the use of a common language, general counseling theories provide professionals with a bridge across their differences.

There are excellent books that review counseling theories in general (see Corey, 2005). This overview selects main points of theories and discusses how they apply to addiction counseling. Psychoanalytic/Adlerian, Existential/Person-centered/Gestalt, Reality, Behavior, and Cognitive-behavior theories and their goals and techniques are summarized in Tables 2.1 and 2.2.

Psychoanalytic/Adlerian

In psychoanalytic theory, the core philosophy is that clients' early experiences shape them in terms of their personality. The psychosexual development stages (oral [0 to 1], anal [1 to 3], phallic [3 to 6], latency [6 to 12], and genital [12 to 18]) need to be resolved for a person to have proper personality development. Problems in the personality are considered a result of being "stuck" at a developmental stage (Corey, 2001). Typically, this model has viewed alcoholics and addicts as stuck at the oral stage of development (McHugh et al., 1979).

Applying this model to clinical work with addicts can pose a problem because many addiction counselors will not work from a "pure" psychoanalytic model. For example, a client's addiction is seen as the result of conflicts and motives that are unconsciously expressed. Therapy is an attempt to make individuals' unconscious conscious, by helping them work through their conflicts and relive early childhood experiences. In therapy, the therapist uses transference and countertransference with the client to discover any unconscious dynamics. With the reality of financial constraints and the practical emphasis on helping clients get and stay sober, addiction counselors may be tempted to avoid the use of this theory. However, some authors provide excellent suggestions on merging psychoanalytic theory with addiction work. For example, S. Goodman and Levy (2003) describe core psychological vulnerabilities (e.g., o deficits), defensive structures, and the secondary gain from a psychodynamic perspective within the context of addiction counseling work. Some specific aspects of the psychodynamic model can be used in clinical work with addicted clients—personality structure, defense mechanisms, and transference/countertransference.

Personality Structure

Personality structure is made up of the id (biological), ego (psychological), and superego (social). The id is based on instincts and operates on the pleasure principle. It wants to avoid pain and have the person experience reduced tension. The ego is thought of as the aspect of personality that regulates it; it is the mediator between the instincts and the environment. The rational aspect of self operates in the reality principle. The

Table 2.1 Goals of Therapy

Psychoanalytic therapy	To make the unconscious conscious. To reconstruct the basic personality. To assist clients in reliving earlier experiences and working through repressed conflicts. To achieve intellectual awareness.
Adlerian therapy	To challenge client's basic premises and life goals. To offer encouragement so individuals can develop socially useful goals. To develop the client's sense of belonging.
Existential therapy	To help people see that they are free and become aware of their possibilities. To challenge them to recognize that they are responsible for events that they formerly thought were happening to them. To identify factors that block freedom.
Person-centered therapy	To provide a safe climate conducive to clients' self-exploration, so that they can recognize blocks to growth and can experience aspects of self that were formerly denied or distorted. To enable them to move toward openness, greater trust in self, willingness to be a process, and increased spontaneity and aliveness.
Gestalt therapy	To assist clients in gaining awareness of moment-to-moment experiencing and to expand the capacity to make choices. Aims not at analysis but at integration.
Reality therapy	To help people become more effective in meeting their needs. To enable clients to get reconnected with the people they have chosen to put into their quality worlds and teach clients choice theory.
Behavior therapy	Generally, to eliminate maladaptive behaviors and learn more effective behaviors. To focus on factors influencing behavior and find what can be done about problematic behavior. Clients have an active role in setting treatment goals and evaluating how well these goals are being met.
Cognitive behavior therapy	To challenge clients to confront faulty beliefs with contradictory evidence that they gather and evaluate. Helping clients seek out their dogmatic beliefs and vigorously minimize them. To become aware of automatic thoughts and to change them.

Source: Adapted from *Theory and Practice of Counseling and Psychotherapy,* sixth edition by G. Corey, 2001. Reprinted with permission of Wadsworth, a division of Thompson Learning: www .thompsonrights.com, Fax: (800) 730-2215.

superego is the part of ourselves that judges what we do (Corey, 2001). Anxiety comes from conflict among these three areas.

In terms of personality structure, the addicted client may have an overactive id, that is, a tendency toward poor impulse control and a drive for pleasure. The client may also have an overactive superego, where criticism and judgment are too harsh. You can assist the client in developing a stronger ego by helping the client become aware of what is realistic. A referral to self-help groups may assist in the development of what is realistic for the client, thereby complementing therapy work.

Defense Mechanisms

Defense mechanisms help repress anxiety so the ego can function. Corey (2001) outlines these defense mechanisms as repression (unaware of experiences), denial (do not

Table 2.2 Techniques of Therapy

Psychoanalytic therapy	The key techniques are interpretation, dream analysis, free association, analysis of resistance, and analysis of transference. All are designed to help clients gain access to their unconscious conflicts, which leads to insight and eventual assimilation of new material by the ego. Diagnosis and testing are often used. Questions are used to develop a case history.
Adlerian therapy	Adlerians pay more attention to the subjective experiences of clients than to using techniques. Some techniques include gathering life-history data (family constellation, early recollections, personal priorities), sharing interpretations with clients, offering encouragement, and assisting clients in searching for new possibilities.
Existential therapy	Few techniques flow from this approach, because it stresses understanding first and technique second. The therapist can borrow techniques from other approaches and incorporate them in an existential framework. Diagnosis, testing, and external measurements are not deemed important. The approach can be very confontive.
Person-centered therapy	This approach uses few techniques but stresses the attitudes of the therapist. Basic techniques include active listening and hearing, reflection of feelings, clarification, and "being there" for the client. This model does not include diagnostic testing, interpretation, taking a case history, or questioning or probing for information.
Gestalt therapy	A wide range of experiments are designed to intensify experiencing and to integrate conflicting feelings. Experiments are co-created by therapist and client through an I/Thou dialogue. Therapists have latitude to invent their own experiments. Formal diagnosis and testing are not a required part of therapy.
Reality therapy	An active, directive, and didactic therapy. Various techniques may be used to get clients to evaluate what they are presently doing to see if they are willing to change. If they decide that their present behavior is not effective, they develop a specific plan for change and make a commitment to follow through.
Behavior therapy	The main techniques are systematic desensitization, relaxation methods, flooding, eye movement and desensitization reprocessing, reinforcement techniques, modeling, cognitive restructuring, assertion and social skills training, self-management programs, behavioral rehearsal, coaching, and various multimodal therapy techniques. Diagnosis or assessment is done at the outset to determine a treatment plan. Questions are used, such as "what," "how," and "when" (but not "why"). Contracts and homework assignments are also typically used.
Cognitive behavior therapy	Therapists use a variety of cognitive, emotive, and behavioral techniques; diverse methods are tailored to suit individual clients. An active, directive, time-limited, present-centered, structured therapy. Some techniques include engaging in Socratic dialogue, debating irrational beliefs, carrying out homework assignments, gathering data on assumptions one has made, keeping a record of activities, forming alternative interpretations, learning new coping skills, changing one's language and thinking patterns, role playing, imagery, and confronting faulty beliefs.

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see what is real), reaction formation (express the opposite of the impulse we experience that threatens us), projection (put desires onto others), displacement (express impulses in a safer place), rationalization (use of reasons to justify our behavior), sublimation (put energy into socially acceptable arenas), regression (go back to old behavior we had outgrown), introjection (taking in others' values), identification (identify with others in order to feel better about self), and compensation (hide weaknesses or develop traits so weaknesses are not seen).

Helping the client determine how defense mechanisms can be used in detrimental ways can lead to recovery. For example, it is typical for someone to deny an alcohol or drug problem or to have repressed memories of trauma. Helping a client determine a "favorite" type of defense mechanism can help you and your client develop a clinical focus and a treatment intervention plan. Both of you can then discern how the defense mechanism is inhibiting recovery.

Transference/Countertransference

Transference is what the client projects on to the counselor. By being aware of the impact of your gender on counseling, for instance, you may be able to understand and work more effectively with the projections of the client in terms of issues with his or her mother or father. In terms of countertransference, be aware of personal issues the client raises so that you can work with any projections as a part of the process.

Object Relations Theory

Object relations theory is probably one of the most current psychoanalytic models helpful in understanding addiction. While there are a number of theories on object relations (St. Clair, 2000), there are some common aspects that may be especially applicable to addicted populations. Here the object is the "being" that meets one's needs: "the significant person or thing that is the object or target of another's feelings or drives" (p. 1). The relationships that the addicted client has in the present are reflective as "leftovers" of past relationships. It emphasizes the relation the client has with childhood objects in the present. Using this orientation, both you and the client can become aware of projections made onto the world in terms of people and events so that the client has choices about how to act rather than being driven into automatic responses based on projections.

CASE STUDY 2.1

The client is a bright, well-educated individual who does not believe he has an alcohol/drug problem but is in treatment because of a DWI. He reports having a highly critical, alcoholic father who is retired from the military. His mother is described as a very passive individual who simply followed his father's wishes. Think of this case in terms of the following questions:

1. What are your hunches about the client's personality development issues as they relate to id, ego, and superego?
2. What defense mechanisms do you think he might use?
3. How might your gender play out in terms of transference with this client?
4. What countertransference issues may you have with him?
5. What tentative clinical interventions would you make based on the information you have written in response to the four previous questions?

Adler emphasized a more positive view of human nature from the psychoanalytic perspective: While the past influenced a client, he believed that how the person viewed the past was what influenced current behavior (Corey, 2001). In their lives, people make choices motivated by social interest and obtainable goals. Therapy becomes a place where clients can have their views challenged about themselves and their lives, and they can develop goals that are helpful to society. In therapy, you and the client work together. Three techniques from this theory may be especially beneficial: confrontation, family constellations, and early recollections.

Addicted clients may have some views about the past that strongly weigh them down in the present. For example, early abusive relationships with parents may result in the client seeing himself or herself negatively, and life choices are made out of that perspective: "My parents always thought I was a failure so I will be one. What is the point of trying to change?" The cycle of alcohol/drug addiction may also have caused the client to develop a very narrow, self-centered life perspective resulting in self-centered choices and behaviors. This reduces social interest with an emphasis on narcissistic goals.

You can work collaboratively with the client by confronting his or her negative perspectives on self, others, and the world and by developing goals that are meaningful to the client and beneficial to society. One way to heighten self-awareness and clarify necessary intervention strategies is to have the client draw out a family constellation or discuss early childhood recollections. Such an exercise can challenge the client's awareness of self and clarify how this self-perspective, in combination with other perspectives, is controlling the client's choice to use alcohol/drugs and act in a self-destructive manner. This confrontation may lead to a discussion of early recollections for the client that feed this self-perception and lifestyle. With increased awareness, the counselor can help the client find goals meaningful to self and others. Some self-help groups, such as Alcoholics Anonymous (AA), have this emphasis. For example, in Chapter 8, the twelfth step of AA discusses reaching out to others who still suffer from alcoholism. By addressing his or her own addiction, the client may choose to help others recover, a goal that provides meaning to the client's life.

Referring to the previous case study, answer the following questions:

1. Which Adlerian technique (confrontation, family constellation, early recollection) might you use with this client?
2. With the techniques chosen, what would be your rationale for each in terms of addressing the addiction problem?
3. How would you use social interest and personal goals to help motivate this client with regard to addiction recovery?

Existential/Person-Centered/Gestalt

These three theoretical frameworks are grouped together because of some common philosophical perspectives, namely, the belief that becoming more aware of self, others, and the world allows a person to make more aware choices for which he or she can be responsible. This increased awareness occurs by focusing on experiencing feelings in the moment. The differences among the three theories are primarily in emphasis. Existential therapy responds to the human condition of anxiety being a part of living by encouraging self-awareness and experiencing of our common struggles of existence

(being alone, meaninglessness, and death). Person-centered therapy also encourages clients to become more aware so that their potential is enhanced, that is, there is less difference between what a person is and what he or she wants to be. Gestalt therapy encourages the client to integrate thoughts, feelings, and behaviors so that the client is more whole.

All three theories emphasize the importance of the therapeutic relationship. In the existential approach, the counselor is attempting to be authentic and human. In the client-centered approach, the counselor uses genuineness, empathy, and positive regard to facilitate the relationship. In the Gestalt approach, the counselor helps the client experience feelings more intensely in order to integrate them.

To assist a client in becoming sober, a strong therapeutic alliance must be developed. Setting up this alliance is discussed in Chapter 5, including the necessary components for working with an addicted client such as honesty, genuineness, and collaboration. Therefore, one critical therapeutic technique from these theories is establishing a trusting relationship with a client by being very human, authentic, genuine, empathic, and respectful. By exposing the client to such a relationship, you can assist the client in developing a "taste" for this type of relationship so the client can begin to recognize these healing dynamics in relationships outside the clinical setting.

Another core technique that can be very effective in addiction counseling is the focus in all three therapies on being in the present moment. For example, when a client looks at sobering up, it can be an overwhelming perspective. You can help with that sense of being overwhelmed by focusing the client on the present. Staying sober for the rest of your life can be broken into more reasonable time segments of a moment, an hour, a day. Also, staying in the present can help the client manage staying sober in the face of difficult memories from the past, stress of the present, or fear of the future. Working in the present moment can also be helpful with emotional intensity. Many alcoholics and addicts report high sensitivity and intense emotional reactions to situations. By focusing on the present, you help the addicted person learn how to cope with such sensitivity and intense emotional reactions. Within the context of a nonjudgmental relationship, being aware of intense emotions and learning to experience them without acting on them can assist the client in developing heightened self-awareness, thereby increasing a sense of choice and tools of self-control that can be very effective in terms of addiction recovery.

Specific Gestalt techniques that may be helpful with addicted clients are confrontation, role playing, and experiencing feelings (in an exaggerated manner). These can assist the client in developing increased self-awareness and self-control tools through an awareness of their polarities (extremes in personality that need to be balanced). An example of this theoretical application to addicted clients is Ramey's (1998) three interventions for use with an alcoholic's resistance to treatment. These are the double chair experiment (play out the ambivalence around recovery), exploring polarities through sentence fragments ("If I continue to drink/choose not drink . . ."), and homework (list reasons to not quit and be ready to explain them in session).

Another example is with the client who presents a "tough" persona; you can help the client learn about the polar opposite in self that is so very vulnerable through the process of a role play where the client talks with the abusive parent. This can be adapted so that the client talks with the abusive parent in the empty chair or switches chairs and exchanges a dialogue between self and the absent parent.

CASE STUDY 2.2

The client is in her fourth treatment for alcohol and drug abuse. She is a former prostitute who was severely traumatized as a child. She has little trust or faith in treatment or treatment counselors. Answer the following questions:

1. How might you establish a rapport with this client?
2. How would you work with her in terms of the present moment?
3. Which Gestalt techniques might be most helpful and why?

Control Theory/Reality Therapy

Control theory/reality therapy (CT/RT) is similar to the three previous theories of existential/person-centered/Gestalt in that it focuses on the client's perception of how the world influences his or her behavior in terms of freedom, choices, and responsibility (Corey, 2001). However, it is different because of the emphasis on total behavior: Clients are responsible for doing, thinking, feeling, and physical reactions (physiology). Like existential and person-centered, this theory advocates a supportive relationship with the counselor so the client feels comfortable evaluating his or her lifestyle. The focus is on helping people evaluate what they are doing and decide if the choices they are making meet their needs.

In this approach, you must be very active and direct, focusing on what needs are not being met and establishing a plan and a commitment to realistically meet those needs through different choices. Use any techniques that assist the client in seeing discrepancies between what is needed and what is currently happening. There is also an emphasis on helping the person form a success identity (view self as significant and powerful, having self-worth, able to meet own needs, and able to exchange love). This helps them be strong and thereby develop greater satisfaction with their life.

The counselor can use the WDEP acronym (Glasser & Wubbolding, 1995; Wubbolding, 1991, 1994) to guide their clinical work. **W** stands for Wants ("What do you want?"), **D** is for Direction/Doing ("What are you doing?"), **E** means Evaluation ("Is what you are doing getting you what you want?"), and **P** is for Planning ("What can you do now to start a chain reaction of change in your life?"). Note that the **P** section can be easily paired with motivational interviewing approaches discussed in Chapter 9.

Because the general approach in addiction counseling is often a very practical one focused on an individual stopping the use of alcohol/drugs, CT/RT is often a good match. The counselor can use the WDEP model to help the client assess the impact of alcohol/drug usage on his or her life. You can help clients become aware of what they are doing, thinking, feeling, and experiencing in terms of physical reactions. Clients can become aware of choices they make that lead them to using or sobriety as well as general life choices. Examining these choices within a supportive therapeutic relationship enhances the chances of a client making a commitment to recovery and to important life goals. You can also assist the client in forming a success identity that will help make him or her stronger in the recovery process. Providing the client with opportunities in counseling to feel empowered and loved, as well as respecting the impact of the usage on the client's life and a commitment to a new lifestyle, can facilitate the positive choices in the client's world outside of counseling. Also, encourage the client to develop positive addictions that provide the client with a sense of strength

such as self-help group attendance, physical exercise, meditation, spiritual beliefs, and so on. The counselor might use the concept of positive addiction as it applies to the client's drug of choice. For example, your client uses drugs to help relax; you can help the client learn some relaxation techniques that the client becomes "addicted" to, and thereby have a replacement to the drugs, reducing the chance of relapse. Finally, the counselor can use the WDEP model to help the client assess the impact of the alcohol/drug use.

CASE STUDY 2.3

The client is an adolescent who has come to treatment because of pressure from his parents and the legal system. The client is very angry, rebellious, and has made it clear that he is not interested in treatment. Answer the following questions with regard to this scenario:

1. How might it be beneficial to teach the client to be aware of the four reactions (doing, thinking, feeling, and physical reactions) in terms of chemical use?
2. How would you phrase the WDEP questions to fit this client and situation?
3. How would you work with the concept of a success identity with this client?
4. How might you encourage positive addictions with this client?

Behavior Therapy

Behavior therapy's focus is the impact of learning on a person's behavior. Based on learning theory, it views normal behavior as a result of a person experiencing reinforcement for his or her behavior and imitating others' behavior (Corey, 2001). Clients are encouraged to get rid of their problem behaviors and learn and practice more adaptive behaviors through treatment goals and plans.

In this approach, counselors and clients work as a team to establish goals and plans for change as well as to evaluate the treatment process and outcome. The counselor is quite active in the counseling process, although the relationship is not emphasized in the same humanistic orientation as some of the theories previously discussed. Techniques that can be used with addicted clients are relaxation, reinforcement, modeling, assertiveness and social-skills training, contracts, and homework assignments.

This theory of counseling is very amenable to addiction counseling. Because an addiction is behavioral in nature, the concepts of learning and reinforcement are critical in the development of an addiction and the recovery process. You help the client learn what reinforces the addictive behavior, who the client has been imitating in this process, and what faulty learning has occurred in the development of the addiction. Gather this information through the assessment, treatment, and aftercare process as the client continues to learn about his or her addiction. These same areas (reinforcement, imitation, learning) can be applied to the recovery process. You help the client find new reinforcers for staying sober, new individuals (e.g., sponsor) to imitate (model), and new skills that increase the chances of recovery such as relaxation, assertiveness, and social skills. You can also employ the use of behavioral contracts and homework assignments with the client to enhance active participation in making the necessary life changes. Some additional examples are cue exposure (being exposed to cues to use, but not using, resulting in an extinction of use behavior), and counterconditioning (giving negative consequences for using behavior).

CASE STUDY 2.4

The client grew up in an alcoholic home where she had to focus on simply surviving. She basically raised herself physically and psychologically. Answer the following questions:

1. Based on this short description, what dynamics of learning theory (reinforcers, role models, skill deficits) do you believe might be present for this client?
2. What types of reinforcers, role models, and skills would you incorporate into her recovery process?

Cognitive-Behavior Therapy

This form of therapy focuses on the client's faulty thinking. It is this faulty thinking that impacts feelings and behaviors negatively. Here the client is encouraged to examine his or her thinking and learn to respond to negative thoughts and assumptions. One form of this therapy is rational emotive behavior therapy (REBT), previously called rational emotive therapy (RET), where you teach the client in a very active and directive manner. This form uses an ABC model to intervene on the client's cognitive distortions that result in upset feelings and maladaptive behaviors: A is the activating event, B is the belief, C is the emotional and behavioral consequence, and D is the disputing intervention that results in E (effect) and F (new feeling). It is B that is seen as primarily causing the reactions in the individual. Focus on the beliefs of the individual to determine the cause of the individual's problems and therein the solution for the problem. Examining irrational beliefs, doing homework, keeping a record of thoughts and behaviors, and role playing are some techniques used in this approach.

Another approach in this therapy is cognitive therapy (CT). While there are a number of similarities between these two approaches, CT emphasizes the concept of automatic thoughts and assisting the individual in learning how to identify these negative automatic thoughts, gather evidence as if their existence can be supported, and respond to them in a rational manner. Cognitive distortions (arbitrary inferences, selective abstractions, overgeneralizations, magnification/minimization, personalization, labeling/mislabeling, polarized thinking) need to be identified and addressed. Help the client by assigning homework that may include keeping a record of the experiences.

This theory of counseling also fits well with the addiction field because many clients deal with negative thinking in terms of themselves and their recovery process. You can readily use homework, record keeping, and role playing to help the client learn to identify negative thoughts and respond to them differently. Assisting clients in identifying their commonly held irrational beliefs or distortions and identifying their defense mechanisms helps identify a clinical focus and treatment intervention plan.

CASE STUDY 2.5

The client is a very negative person who might be described as someone who would describe a glass as half empty and the water as dirty, too. This negativity is strongly evidenced in how the client talks about himself, others, and his general perception of the world. These beliefs are consistent, whether the client talks about the past, present, or future. Based on this information, answer the following questions.

1. How might you use this theory to address the client's negativity in terms of:
   - The ABC model
   - Irrational beliefs
   - Cognitive distortions
2. Are there any specific homework assignments you might give the client that could be helpful treatment interventions?

SUMMARY

These five groupings of theoretical frameworks provide the counselor with a broad overview of basic philosophies. They also provide suggestions on how the techniques of these theoretical frameworks can be applied specifically to addiction counseling.

A knowledgeable counselor can find the best theoretical fit for the counselor, client, and problem, thus developing an assessment approach and treatment plan that truly operates in the best interest of the client. Blending these theories and techniques in a balanced manner allows the counselor to operate therapeutically out of a flexible framework readily adjustable to the client's needs and problems.

QUESTIONS

1. What is the purpose of a theoretical framework for counseling?
2. What are some dangers in developing an addiction counseling framework? What are accompanying recommendations?
3. How can you develop a "sniffer" for addiction? For mental health problems?
4. How do some of the main concepts for these theories fit in addiction counseling?
   - Psychoanalytic/Adlerian
   - Existential/Person-centered/Gestalt
   - Control theory/reality therapy
   - Behavior therapy
   - Cognitive-behavior therapy

CASE STUDY 2.6

A mental health counselor is in a staff meeting where an addiction counselor is presenting the case of a client. The addiction counselor asks for feedback on possible interventions because of a recent relapse to alcohol/drugs by the client. The counselor views the addiction counselor as becoming increasingly defensive as the other mental health counselors make suggestions. The mental health counselor believes that the counselor is too wedded to the disease model of addiction and unwilling to examine the impact of family-of-origin dynamics on the client's recovery.

1. What can this counselor do to intervene?
2. What suggestions would you make to the counselor on how to approach the addiction counselor?
3. How could this counselor assist the addiction counselor both inside and outside staff meetings in expanding his or her theoretical framework?

4. Now flip the roles. Have a mental health counselor tell the client story. The addiction counselor perceives that the mental health counselor is missing an aspect of addiction in the client's story. Answer the same three questions from this perspective.

EXERCISES

EXERCISE 2.1

Discuss your theoretical framework of counseling with a colleague in answer to this question: "What helps someone heal from addiction?" Ask your colleague to assist you in determining your answer to this question:

1. Your core theory of counseling.
2. Related theories of counseling and how they connect to your core theory.
3. Techniques you use in addiction counseling and how they are connected to the theory from which they evolve.

EXERCISE 2.2

With this theoretical framework in mind, think of a case with an addicted person with whom you used this theoretical framework. Pretend that you are presenting your theory of addiction counseling within this framework and answer the following questions:

1. What theory/theories most influenced your work?
2. Which techniques did you use and why?
3. How did you find these theories and techniques helpful in addressing the problem with addiction?

EXERCISE 2.3

Rate yourself in terms of developing an effective "addiction sniffer."

Yes	No	
_____	_____	I have received training in the addictive process.
_____	_____	I continue to receive ongoing training in the addictions field.
_____	_____	I have carefully examined my own alcohol/drug use and that of significant others in my life.
_____	_____	I engage in ongoing dialogue with addiction professionals about cases.
_____	_____	I have been mentored into the addiction counseling field by an experienced professional.

Use this checklist to determine if you want or need to expand your "addiction sniffer." Examine barriers of time, money, or energy that inhibit your development of a "sniffer" and how you may work around these barriers.

SUGGESTED READINGS

Corey, G. (2001). *Theories and practice of counseling and psychotherapy* (6th ed.). Belmont, CA: Wadsworth.

This book provides a thorough, excellent overview of general counseling theories.