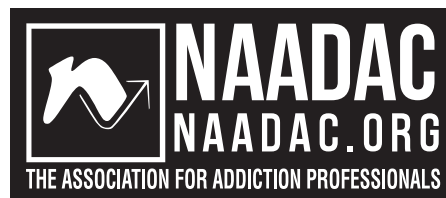# THE BASICS OF ADDICTION COUNSELING: DESK REFERENCE

MODULE II: ADDICTION COUNSELING THEORIES, PRACTICES AND SKILLS

- Eleventh Edition -
January 2017

NAADAC, the Association for Addiction Professionals

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A SPECIAL THANK YOU

NAADAC, the Association for Addiction Professionals, understands the need for continuous education and strives to help addiction professionals remain knowledgeable and to pursue best practices for the clients we serve. The addiction profession is constantly changing to reflect new research and understanding of the connection between the brain and addiction, and new approaches to treatment are continually being developed. As a result, the need to remain current of advancements in research and the profession grows increasingly important. This edition of the *Basics of Addiction Counseling: Desk Reference* reflects these advancements and serves as a valuable reference tool for addiction professionals and other helping professionals at all experience levels.

Many writers and consultants volunteered their time and knowledge during the development of this, as well as previous, editions of the *Basics of Addiction Counseling: Desk Reference*. NAADAC would like to extend its sincerest appreciation to the contributors to this manual: Kathryn Benson, Thomas Durham, Arthur Freeman, Sharon Morgillo Freeman, Lindsay Freese, Jim Holder, Rosalie Holder, Donovan Kuehn, Shirley Beckett Mikell, Frances Patterson, Misti Storie, Roberta Taggart, Diane Thompson, Sarah Toenes and Cynthia Moreno Tuohy.

The *Basics of Addiction Counseling: Desk Reference* is only one of many planned educational projects geared at providing comprehensive and unbiased education to the addiction and other helping professions. NAADAC recognizes professionals have a choice in education providers, and we are delighted you have chosen to take part in this educational opportunity and build your toolbox of clinical resources. For more resources, continuing education opportunities and information regarding the addiction profession, please visit the NAADAC website at www.naadac.org. Thank you for your dedication to the addiction profession!

Together, we can and are making a difference!

Sincerely,

Kirk Bowden, PhD, MAC
President of NAADAC, the Association for Addiction Professionals

National Certification Commission for Addiction Professionals (NCC AP) – Examination Guidelines

Studying any of the NAADAC *Basics of Addiction* does not guarantee that the person taking the NCC AP examinations will pass the test. Each level of testing has specific percentages from content areas and these are listed below. There are eight Skill Groups that the test taker must be educated and skilled at in order to pass any one of the examinations. The NAADAC *Basics of Addiction* series will support your overall education. Please find below the eight Skill Groups and the specific percentages of test questions per content area and level of testing. If you are planning to take one of the NCC AP tests, we wish you the best!

The written national credentialing examination is tailored to test the applicant on his or her projected knowledge based on experience, education, and training. The following skill groups are evaluated in the examination, and an applicant for national certification should be well versed in each of these topic areas:

1. treatment admission (screening, intake and orientation);
2. clinical assessment;
3. ongoing treatment planning;
4. counseling services (individual, group, family, crisis intervention and client education);
5. documentation;
6. case management;
7. discharge and continuing care;
8. legal, ethical and professional growth issues;

The National Certified Addiction Counselor, Level I (NCAC I) written examination consists of 200 multiple-choice, objective questions with a total testing time of three hours. The examination tests candidates' knowledge in the areas of counseling practice (40%), pharmacology of psychoactive substances (30%), the theoretical base of counseling (15%) and professional issues related to Substance Use Disorder treatment (15%).

The National Certified Addiction Counselor, Level II (NCAC II) written examination consists of 200 multiple-choice, objective questions with a total testing time of three hours. The examination tests candidates' knowledge in the areas of counseling practice (25%), pharmacology of psychoactive substances (25%), the theoretical base of counseling (25%) and professional issues related to Substance Use Disorder treatment (25%).

The Master Addiction Counselor (MAC) written examination consists of 200 multiple-choice, objective questions with a total testing time of three hours. The examination tests candidates' knowledge in the areas of pharmacology of psychoactive substances (28%), professional issues related to Substance Use Disorder treatment (28%), counseling practice (24%), and co-occurring disorders (20%).

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DISCLAIMER

The purpose of this Desk Reference is to provide a compendium of material that offers a general overview of information necessary to the development of a well-rounded addiction or other helping professional. The materials contained herein are intended to orient an individual program of study, which encompasses additional research and investigation.

This manual is NOT intended 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, by themselves, adequately prepare one for success in actual certification/licensure examinations.

THEORETICALLY-BASED APPROACHES TO ADDICTION COUNSELING

INTRODUCTION

The purpose of this section is to provide addiction counselors and other helping professionals 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 conditions associated with each individual. With a strong theoretical base, addiction and other helping professionals can more effectively individualize treatment as a means of assisting each client in gaining intrinsic motivation in order to effectively follow a path toward successful recovery.

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 and other helping 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 applied 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 or their family member. This part of counseling is often referred to as the "theoretical tool bag" because addiction professionals and other helping professionals simply look for and select the best "tools" for the job at hand. On a final note, it is important to emphasize that very few skilled counselors can be adept at all of these therapeutic approaches. However, by developing skills with several of these that best fit the counselor's philosophy and level of comfort, one can develop an integrative approach to counseling, thus enabling him or her to adjust the approaches (or blending of approaches) that best fit the situation and client.

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 and general 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.

For further education, it is suggested that users of this section read Corey, G. (2012). *Theory and practice of counseling and psychotherapy* (9th ed.). Belmont, CA: Thomson Brooks/Cole.

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 maybe treated in many different methods.

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 maybe treated in many different methods.

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 every day 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 use disorders before.*

- *She does not report any medical conditions or illnesses, related to her drinking or otherwise.*

- *She is a college graduate and has 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/ INDIVIDUAL PSYCHOLOGY
(Source: Corey, 2012)

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 behavior is goal-directed and purposeful and that behavior is understood as the pattern of movement towards a life goal, determined at a young age. Human behavior is understood through one's desire to overcome inferiority. This also helps determine one's life style, which is sometimes self- defeating and a result of discouragement and feelings of inferiority. 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 life style 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 Austria. 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

Adlerian Psychology: A method of counseling, which is also called Individual Psychology, where all behavior is believed to be purposive and goal directed

Fictional Finalism: A component of Adlerian therapy is an imagined central goal that gives a client purpose and guides his or her behavior

goes about achieving the goal. Assessment of the client's life style 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 mutual support 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 may directly influence how a person becomes addicted to a substance. 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 learn to socialize better, talk more, and to feel accepted by others. Many persons with substance use disorders have a strong feeling of inferiority and use alcohol or drugs to gain confidence and courage.

Examples of faulty assumptions about the world:

"No one will ever be able to love me."

"No matter how hard I try, nothing will ever work out for me."

"I feel like no matter what I do, I am still letting someone down."

This invariably presents a challenge in recovery. Adlerian Psychology is a therapeutic approach for empowering persons with substance use disorders to develop a positive, sober life style, a sense of belonging and to learn how to change current behaviors to those that are more healthy, and productive.

Maria's fictional finalism (as defined above) is to achieve at all costs so she could 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 will help Maria gain insight to her life goal and help her utilize it as she makes changes to support long term recovery. During therapy, Maria must realign her fictional finalism and increase her social interest, beginning with her immediate family.

Lifestyle: A component of Adlerian therapy that refers to the client's chosen method of moving through life.

Phenomenology: Where an addiction counselor or other helping professional attempts to view the world from the same frame of reference as the client to better understand the behavior of the client.

Private Logic: The subjective reality as we perceive it.

Social Interest: A component of Adlerian therapy that is an awareness of being a part of the human community and how one interacts with the social world.

BEHAVIOR THERAPY
(Source: Corey, 2012)

DEFINITION

Behavior therapy is an action-oriented form of counseling to promote behavioral change through techniques of conditioning. It evolved from behaviorism as an alternative to traditional psychotherapy.

HISTORY

Behavior therapy originated in the 1950s, not only as a departure from the dominant psychoanalytic perspective, but as a more complex approach than the somewhat simplistic approaches of behaviorism that applied principles of classic and operant conditioning, from which it evolved. Bandura's social learning approach is a type of behavior therapy that combined classical and operant conditioning with observational learning. The roots of behaviorism involve the work of researcher such as Ivan Petrovich Pavlov, John B. Watson, and B.F. Skinner. Their experimental work in classical conditioning, environmental influence on behavior, and operant conditioning laid the groundwork for modern-day behavior therapy, a counseling technique that is based on more empirical evidence than many other approaches.

MAIN PRINCIPLES

Generally, behavior therapy involves an action orientation that is directed at helping people change what they do and think. Behavior therapists 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 behavior 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. Behavior 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.   Behavior therapy is extremely effective for clients in recovery 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 several 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)* elicits a natural response from an individual, called an

> **Behavior Therapy:** A method of counseling that focuses on modifying the client's learned behaviors that are negatively affecting one's life.
>
> **Classical Conditioning:** A model of behavior therapy developed by Ivan Petrovich Pavlov where a particular response to a stimuli can be elicited over time by association with a related stimulus.
>
> **Unconditioned Stimulus (UCS):** A component of classical conditioning; an event that produces an unconditioned response when present.

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 a reward.

- 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.

- In addiction treatment, an example of _**positive reinforcement**_, is _**contingency management**_, a process that involves a desired response followed by a stimulus (such as praise or some type of a "prize"). An example of positive reinforcement that has gained empirical support through research is a process called "motivational incentives." An example is rewarding clients in a methadone maintenance program to attend group sessions with other clients. When they show up for the group, each person has a chance of winning a prize by drawing a winning number out of a "hat." Most participants win a prize but some are more valuable than others. The chance of winning a valuable prize motivates members to continue coming to group and hence provides support for their recovery (NIDA, 2012).

Operant Conditioning: A model of behavior therapy developed by B.F. Skinner where behavior is reinforced and learned, based on the consequences of the behavior.

Social Learning Approach: A method of behavior therapy developed by Albert Bandura where behavior is learned by observing the consequences of someone else's experience.

Unconditioned Response (UCR): A component of classical conditioning; a natural reaction to an unconditioned stimulus.

Conditioned Stimulus (CS): A component of classical conditioning; a related person or action to the unconditioned stimulus that causes a conditioned response.

Conditioned Response (CR): A component of classical conditioning; a response that is identical to an unconditioned response, yet it is elicited by the conditioned stimulus, not the unconditioned stimulus.

Reinforcement: A component of operant conditioning where something is added or removed from a given situation that increases or decreases the likelihood of that behavior occurring again.

Positive Reinforcement: A component of operant conditioning where something is added to the situation that increases or decreases the likelihood of the behavior occurring again.

Negative Reinforcement: A component of operant conditioning where an unpleasant stimulus is removed from the situation that increases or decreases the likelihood of the behavior occurring again.

APPLICATION TO ADDICTION COUNSELING

Since behavior therapy is grounded in established theory and research, it is quite effective at helping clients in long term recovery from 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 behavior 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 and is also used in treatment programs where it is known as motivational incentives.

- 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.

- 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.