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## ABSTRACT

This chapter discusses current issues and future perspectives in relation to substance abuse counseling. Current issues include: abstinence versus controlled use; coercive versus voluntary treatment; and career development and counseling with clients with substance abuse problems. Future perspectives include: the impact of managed care; the refusal of insurance companies to cover inpatient treatment; medical breakthroughs improving medications; cultural diversity; accreditation, credentialing, and standards of practice; and counseling and counselor education on-line. These trends test the limits of the ethical and professional beliefs and practices of counselors who work with substance abusing clients. Like clients, professional counselors, no matter what the counseling setting, must look inward to grow. With exploding change on the horizon, counselors must empower themselves. They must take risks, experiment with innovative new strategies and technologies, yet remain grounded in the experience of their pasts. Also included is a facilitator's manual which is a practical guide for teaching content through guided experiential projects. Four objectives are listed, and two student exercises are provided. (MKA)

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# Substance Abuse and Counseling: An Epilogue

*Amos Sales*

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The focus of this text as outlined in the Preface is on the identification of practical knowledge and skill needed for counseling with individuals with substance abuse problems. The text is written as a resource to assist practitioners, students, and faculty in school counseling, rehabilitation counseling, mental health counseling, or social work in recognizing, preventing, and treating individuals with substance abuse problems. The content is designed to be introductory in nature for counselors in preparation or new to the targeted counseling specialties.

Authors for the text were selected to develop chapters providing in sequence what is believed to be a natural progression of delivery of knowledge about substance abuse and counseling. An early perspective continued throughout the text is that counselors counsel individuals with substance abuse problems. They do not treat substance abuse problems. Information is first provided about substance abuse, defined as including addiction to alcohol, drugs, and process. Models of prevention, diagnosis, and treatment, both individual and group, applicable to various counseling specialty settings are then discussed. Special considerations in working with families and addressing multicultural and disability issues are presented followed by discussions of relapse prevention and program planning and evaluation. In this content delivery, the authors have met the original intent, to create an overview of the knowledge needed to counsel, within school, rehabilitation, mental health, and social work settings, individuals with substance abuse problems. Information is provided specific to substance abuse and related counseling issues.

Substance abuse as a major social problem and concern for counselors is identified early in the text. It is the most prevalent mind disorder encompassing some 40 percent of the diagnoses in the *DSM-IV* (American Psychiatric Association [APA], 1994) and is estimated to cost the United States billions of dollars yearly (Rice, Kelman, Miller & Dunmeyer, 1990). Substance abuse is also the number one health problem and number one prison problem in the United States (Inaba, Cohen, & Holstein, 1997). Yet, school, rehabilitation, and mental health counselor education programs do not require expertise in this area as a prerequisite to receiving a degree.

As indicated earlier, the text provides an introduction for counselors to the field of substance abuse, an abstract of diagnostic information on drug addictions and related addictive behavior, and an overview of prevention, assessment, and treatment, both individual and group process, issues for counselors. Special considerations in counseling with families, multicultural populations, and individuals with disabilities are identified. Relapse prevention models is discussed as was program planning and evaluation.

The following conclusions regarding counseling with individuals with substance abuse problems are highlighted within different sections of the text.

1. All counselors no matter what work setting or clientele will counsel individuals with presenting or related problems of substance abuse.
2. Counselors must demonstrate the same therapeutic core conditions in counseling individuals with substance abuse problems as they do with other client populations. Their ability to develop an effective relationship is a prerequisite in any counseling setting.
3. Counselors counsel and empower individuals with substance abuse problems versus treat the substance abuse problem.
4. Counselors serve as models of personal awareness and growth for their clients.
5. Counselors need special knowledge and sensitivity to be able to address multicultural, disability, or family issues of clients with substance abuse problems.
6. Counselors working with individuals with substance abuse problems must introspectively assess and resolve their own misbeliefs and stereotypes regarding substance abuse.
7. Counselors must understand that an individual with a substance abuse problem is unique in his/her pattern of use or abuse and treatment needs.

8. Counselors must be able to assess the extent of an individual client's contemporary substance abuse in order to identify, and refer for, appropriate and comprehensive treatment.
9. Counselors must know community resources and procedures for referral to be able to insure access of effective and appropriate support services for clients.

Evaluation of a client's problem with substance abuse can occur in a wide range of counseling settings to include schools, rehabilitation and social service, mental health, and employee assistance programs areas as well as hospital emergency rooms, jails or courtrooms. Depending on the severity of the presenting problem, the client is referred to services appropriate to his/her need. These services can include the short-term, inpatient care lasting three to seven days wherein withdrawal from substance abuse is completed; or intensive outpatient programs lasting eight to twelve weeks wherein clients maintain vocational and family responsibilities while participating in treatment. Another option is the half-way house where moderately structured supportive residential treatment is provided and lasts for three to six months. Here, successful living within the environment becomes part of the treatment plan. Other options, depending on need, include therapeutic communities where clients may remain up to two years in a structured, highly intensive residential treatment program such as Synanon and out-patient alcoholism treatment programs of two kinds, drug-free clinics with services lasting four to six months, and methadone or opiate clinics that a client may attend by medical referral for two to five years.

Within these settings, group treatment is the predominant mode of therapy with individual counseling viewed as adjunct. Counselors should be thoroughly familiar with the facilities and services in his/her community to insure proper referral for clients with substance abuse problems.

#### **Current Issues:**

1. The controversy over complete abstinence versus controlled use continues and is the result of lack of conclusive research data. Advantages of abstinence have long been espoused by AA, clinics, hospitals, and supporters of the disease model while others believe that some individuals can learn to control their use and operate at moderate levels of use (Lewis, Dana, and Blevins, 1994). This controversy highlights the issue as to whether or not substance abuse is a disease. Many now view substance abuse on a continuum from problematic to highly problematic. Treatment is related to where the individual is on the continuum and does not assume progression according to the disease model.
2. Coercive versus voluntary treatment continues to be an issue. Voluntary is often a misnomer and "court ordered" treatment is often predominant found in treatment programs. Interestingly, individuals who are court-ordered into treatment do as well or better than those who come to treatment voluntarily (Collins and Allison, 1983). Also, those "coerced" by their employer by the directive of "Either go to treatment or lose your job" do better than voluntary groups (Adelman and Weise, 1989).
3. The professional ownership of career development and its relationship to counseling with individuals with substance abuse problems is receiving much consideration. Career development, all of the psychological, sociological, educational, physical, economic and other factors that are at play in shaping one's career over the life span, is an obvious component of counseling in any setting. School counselors face career development issues with students from pre-school through high school. Agency and mental health counselors have clients who are struggling with life roles, and avocational and vocational issues (Neukrug, 1989). Rehabilitation counselors relate daily with clients whose life choices in terms of work and play have been impacted by recent or long-standing physical or mental disability. Thus, individual problems of substance abuse have singular impact on a client's career development and the career counseling process no matter what counseling setting.

#### **Future Perspectives:**

1. The impact of managed care and who and what as third-party payers they would fund continues to have a major impact on substance abuse treatment facilities and counselors. Many programs have gone out of business because of lack of insurance company support of in-patient treatment and have left counselors without employment. Many programs have found new funding but counselors find they no longer meet the requirements these programs must meet to be reimbursed for evaluation and treatment services. There will continue to be a major shift toward credentials and graduate preparation with preparation of counselors requiring the study of multiple disciplines in addition to counseling.

2. Several studies support insurance company trends to not fund in-patient treatment and identify that there is little difference between relatively longer term in-patient treatment and lower cost out-patient therapy (Yung, 1994). This trend will continue as will the even more intrusive “gate keeping” linked to managed care. Managed care gatekeepers, such as pre-authorization specialists, primary care physicians, preferred provider organizations and discharge planners, with more vigor will require counselors and treatment programs to establish precise criteria related to symptoms and behaviors a client must present to be admitted into any level of care. Additionally, they will require counselors to have greater understanding of *DSM-IV* diagnoses to insure employment and receive reimbursement from managed care and insurance companies.
3. National legislation probably will insure more funding through expanded health insurance coverage for counseling of individuals with substance abuse problems. However, as noted earlier, stricter documentation of treatment need and evidence of treatment program effectiveness will be required.
4. New medical breakthroughs will impact the counseling process by eliminating some groups of clients now seeking service by controlling their substance abuse problems through improved psychotropic medications or physical medicine procedures.
5. There will be an increased emphasis on the importance of understanding cultural diversity issues in the counseling process and on the need to recruit underrepresented groups to all the counseling specialties. The concern has been recognized and emphasized since the 1970’s; however, there still exists a relatively smaller representation of minorities in practice than on caseloads in all specialty areas.
6. In the future, there will be an expansion of emphasis on accreditation, credentialing, and standards of practice. One skill-based licensure for all counselors could evolve as a prerequisite for practice. This possibility is influenced in part by managed care and insurance companies. Mental health and school counseling specialties are already seeing themes proposed for their educational preparation which are essentially the same as the content of rehabilitation counselor education programs. These themes include diagnosis and treatment planning, medical issues, crisis intervention, case management, using biopsychosocial assessment data, interpreting assessment data, and systematic case planning.
7. There will be continued innovations in technology and the use of the information highway. This trend will see a parallel increase in the delivery of counseling as well as counselor education degrees on-line.

The above trends will test the limits of our ethical and professional beliefs and practice. Like clients, we, as professional counselors, no matter what counseling setting, must look inward to grow. With exploding change on the horizon, we must empower ourselves. We must take risks, experiment with innovative new strategies and technologies, yet remain grounded in the experience of our past. We, as professional counselors, must be ready to test our personal and professional limits as we move into this new century. I hope this text helps to some degree in that process.

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# Substance Abuse and Counseling: An Epilogue

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## Rationale

The overall purpose of this chapter is to provide a summary of the content as presented in the text, to discuss current issues, and future perspectives related to substance abuse and counseling. Substance abuse as a major problem and concern for counselors is identified early in the text with models of prevention, diagnosis and treatment applicable across various counseling specialties provided. The information creates an overview of the knowledge needed to counsel individuals with substance abuse problems, within school, rehabilitation, mental health, and social work settings.

## Overview

This chapter provides a summary of the text content related to prevention, diagnosis, and treatment considerations of substance abuse and counseling. Conclusions regarding counseling with individuals with substance abuse problems are highlighted and current issues are addressed. Future perspectives are provided and identified as challenges that will test ethical and professional beliefs and practices.

## Objectives

1. To review in summary the content of the textbook.
2. To review conclusions regarding counseling individuals with substance abuse problems.
3. To highlight current issues related to counseling and substance abuse.
4. To identify future perspectives regarding substance abuse and counseling.

### *Activity I for Objectives 1-4*

1. Ask males to raise hands; have them count out in sequence; 1-2-3-4; then have females follow the same sequence to identify four groups.
2. Convene the four groups in the four corners of the room.
3. Instruct the group members to brainstorm the content listed in either one of Objectives 1-4, with one member serving as recorder.
4. After ten minutes, ask that they a) individually identify what they view as the top five identified and then b) have the group reach consensus on the top five, with recorder again keeping the list.
5. After ten minutes, have recorders from each group report to the full group their top five. After each group reports, discuss consensus and agreement or variance and disagreement.

### *Activity II for Objective 2*

#### **Facilitator's note:**

The following exercises provide opportunity for students to practice basic skills in counseling and communication. It should be stressed that communication is a process that occurs constantly, so these skills can be reinforced consistently throughout any training or classroom experience regardless of the content. Trainees can be encouraged to reflect on their communication patterns and make conscious decisions to use these skills to enhance their relationships with others. Facilitators need to remind themselves to model the skills they are asking students to practice.

### *Exercise A: Observation/Inference*

1. Ask students to pair up, preferably with someone they do not know (or with whom they are least familiar).
2. Instruct them to *silently* make three observations and three inferences about their partners based on the observations. This is to be done without talking.
3. After several minutes, instruct them to share their observations with their partners and check out the accuracy of their inferences.

Example of an observation/inference:

(*Observation*) I notice that you are wearing bright colors.

(*Inference*) My guess is that you enjoy getting attention from others.

#### **Facilitator's note:**

You may choose not to give an example at the beginning. Frequently, individuals confuse inferences with observations. This point can be made after the exercise with examples of how easily our inferences become what we believe to be true about others.

4. Process the activity through discussion in the large group. Possible questions for discussion.
  - What did you notice about your observations and inferences?
  - What situations can you think of where failure to check out impressions would present obstacles to the counselor-student?
  - What did you learn about yourself and others during this exercise?

### *Exercise B: Listening*

1. Ask students to work in groups of threes: a speaker, a listener, and an observer.
2. The first student (speaker) talks about whatever he chooses.
3. The listener, using the skills of paraphrasing, clarifying, and summarizing, reflects the thoughts and feelings of the speaker.
4. The speaker shares with the listener whatever he felt, heard, and understood.
5. The observer gives feedback to each person regarding their use of listening and empathy skills.
6. Repeat this exercise three times so that each student has an opportunity to play each role.
7. Process the exercise in the larger group. Suggested questions.
  - What did you learn about listening, giving, and receiving feedback?
  - How do you see these skills impacting counseling interactions?
  - How do these skills relate to prevention of substance abuse?
  - How do these skills relate to treatment of substance abuse?

### *Exercise C: Group Facilitation*

#### **Facilitator's note:**

This exercise allows students to increase their awareness of group process and practice communication skills that facilitate group interaction. It requires an integration of skills and a sense of which skill is most useful to use at any given time.

1. With student input, review the communication skills that have been discussed, including: observation/inference/checking impressions; empathy (paraphrasing, clarifying, summarizing); self-disclosure; "I" statements; feedback, genuineness; and respect.
2. Ask for eight to ten volunteers to form a circle within a circle of observers. Ask those in the inner circle to interact, while those in the outer circle observe and keep track of skills they notice.
3. At the end of the discussion, ask observers to provide feedback to volunteers in the inner circle regarding their demonstration of specific communication skills.
4. After the feedback, process the activity as a group. It is important to keep the discussion focused on skills. This may be difficult, as participants often will want to rehash the content instead.

Suggested questions for discussion:

- What is my role in the group process?
- What is my role in prevention of substance abuse?
- How might these skills help me in working with clients?



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