



Second Edition

A Contemporary
Approach to
Substance Use
Disorders
and
Addiction
Counseling

Ford Brooks and Bill McHenry



AMERICAN COUNSELING
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Second Edition

A Contemporary Approach to Substance Use Disorders and Addiction Counseling

Ford Brooks and Bill McHenry



American Counseling Association

6101 Stevenson Avenue, Suite 600

Alexandria, VA 22304

www.counseling.org

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Dedication

Sarah Journey and Parker Tripp
May you never know the horrors of addiction

In Memory

Clifford W. Brooks and Alberta L. Brooks
God rest their souls





About the Authors

Ford Brooks, EdD, LPC, NCC, CADC, is a professor in the Department of Counseling and College Student Personnel at Shippensburg University of Pennsylvania. He coordinates the Clinical Mental Health Program as well as Practicum and Field Internships for the Counseling Department. Brooks provides counseling, supervision, and training services to clients, supervisees, and agencies and schools in the South Central Region of Pennsylvania.

Brooks received his doctorate in counseling from the College of William and Mary, his master of science degree in rehabilitation from Virginia Commonwealth University (with specialization in alcohol and drug rehabilitation counseling), and a bachelor of arts degree from the University of Richmond in psychology. Brooks has been a professional counselor for 30 years, working primarily with clients who suffer from addiction and co-occurring mental disorders. He has worked in hospital, inpatient and outpatient clinics, private practice, and university student affairs settings. Much of Brooks's clinical work and writing has focused on relapse prevention, spirituality issues, and surrender in addiction.

Bill McHenry, PhD, LPC, NCC, is Dean of Graduate Studies and Research at Texas A&M University (Texarkana). His doctorate is in counselor education from the University of South Dakota. McHenry has been a professional counselor for 16 years. His professional experiences include working with clients (individuals, groups, couples, and families) with substance abuse-addiction issues in schools, universities, rehabilitation programs, mental health agencies, and college counseling centers.



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Chapter 1

Drug and Alcohol Counseling: An Introduction

*To the Fish and the Owl
The Alpha and the Omega
Synchronicity at the Time of Death
Brought Forth Life and Spirit*

—Ford Brooks

A client presents during his intake evaluation that he is using three grams of cocaine four times a week and is about to lose his job, his marriage, and all of his life's savings because of his use. He is coming to you for help, yet he is resistant to inpatient drug and alcohol treatment.

A 16-year-old female student is referred to you for "behavioral problems" in the classroom and was just suspended for smoking cigarettes in the bathroom. During the session you suspect she is under the influence of drugs.

A 60-year-old male comes in for issues of depression, yet during the session you detect the faint smell of alcohol.

In each of these cases, what would you do and how might you proceed? Working with clients who suffer from

substance abuse and addiction problems is very challenging and at the same time can be very rewarding. As clinicians who have worked with this client population and counselor educators who teach this subject, we wish to convey information, suggestions, and strategies to best work with this clinical issue and population.

Our Stories

When I (Ford) started as a counselor in the drug and alcohol field, I struggled because I was a novice with only a basic understanding of the requirements to work with drug- and alcohol-addicted clients. Despite being anointed a master's-level alcohol and drug rehabilitation counselor, I toiled and labored to understand the use of "self" in effecting positive change, especially with clients experiencing significant emotional and physical pain. I could not fully envision the power of compassion; nor could I fully grasp the negative presence my frustration could have on clients. I struggled to grasp how spontaneity and hope could possibly be as important as confrontation, urine screens, and alcohol and drug education.

When I (Bill) started working with clients who had drug and alcohol issues, I struggled. My previous counseling experiences were with *other* types of clients exhibiting *other* types of problems. I labored to effectively connect and make meaning of the stories of drug and alcohol clients. As I saw clients relapse, I saw failure; as I saw clients using again, I framed it as wrong. My dichotomous thinking regarding alcohol and drug clients retarded my general nature of believing in and valuing the journey.

The Counseling Relationship

One of the main reasons we wrote this text is to encourage readers to more fully engage in the helping process with drug- and alcohol-addicted clients. In essence, we hope to help you avoid our mistakes and to provide you with informative and creative approaches to working with this unique population of clients. We consider genuine compassion and deep understanding to be the core values manifested by effective counselors. We cannot stress this enough. Although such values are appreciated by many types of clients, we suggest that they are crucial in counseling clients who use drugs and alcohol.

The amount of shame, guilt, embarrassment, and terror that drug-abusing and addicted clients feel can be beyond description. Therefore, clients need a sense of safety, understanding, and compassionate care in the counseling relationship to change and grow. My (Ford's) first supervisor described it as "loving your clients to wellness." I took her wisdom and found how clients responded and grew when I did just that, therapeutically loved them.

We want counselors reading this text to own this fact: Your way of being in the therapeutic relationship affects client growth. Counselors bring to the therapeutic relationship a *self* (e.g., compassion, genuineness, spontaneity, and creativity), which is used as an instrument of change in the counseling relationship.

Carl Rogers (1957) suggested that certain counselor characteristics were necessary in the therapeutic relationship for clients to feel supported and begin the change process. He believed the counselor's ability to be genuine, express accurate empathy, and provide unconditional positive regard were significant in the foundation of counseling relationships. We agree with Rogers. Clients are well-served when counselors are

authentic, can accurately empathize and understand their clients' worldviews, and have compassion for their clients.

What helps maintain the helping attitude is for counselors to frame client anger, blame, and dishonesty as a function of survival in a chaotic chemically induced world. By so doing, counselors can understand their clients' drug and alcohol use as an important relationship they will protect with whatever means possible. A genuine, truthful, and in-the-moment relationship allows clients to know, without question, that they are understood and cared for during their emotional pain and time of crisis. The connection that is forged between counselors and clients following a drug and alcohol crisis can be profound. In an effort to help empathize with drug- and alcohol-addicted clients, Gideon (1975) encouraged counselors to frame clients as disconnected, isolated (from self and others), and afraid. He emphasized the value of understanding clients' experiences and creating an environment of trust and safety.

One way such a relationship can transcend technique is as follows: Clients, who for years have been isolated in addiction and reveal for the first time how sad and depressed they have felt, can immediately begin to experience a sense of relief and connection after sharing their torment with an understanding human being. Genuine and authentic counselors increase the likelihood of engaging with their clients in a trusting, therapeutic relationship, which can result in clients attempting change with new behaviors (W. R. Miller & Rollnick, 2013).

Counselors who are truly with clients during these low points (perhaps to depths that many people will never approach) are privileged to hear such astonishing stories. Therefore, we suggest counselors need to both realize and appreciate the courage it takes to share such pain after so

much isolation. Please pause for a moment and consider the previous message. We encourage you to reflect on the strength, bravery, and perhaps enormous pain clients go through as they share their stories. Recognize this: You are uniquely qualified to provide your distinct gifts, talents, and compassion for the human spirit.

Mistaken Images of Drug- and Alcohol-Addicted Clients

We suggest counselors assess for and then address those biases they might have with clients who use, abuse, and are addicted to alcohol and drugs. For some counselors, the terms *substance abuser*, *alcoholic*, or *addict* may conjure strong negative images of individuals nursing inexpensive bottles of liquor wrapped in a brown paper bag; gaunt, unkempt folks with needle marks wearing bloody clothing; or maybe young students struggling in school because of their marijuana use. It should be noted, however, that the majority of drug- and alcohol-addicted individuals hide their use, are indistinguishable from nonusers most of the time, and function in society, albeit at times under the influence.

For many counselors, the field of drug and alcohol counseling harbors a challenging and perplexing population. Such a frame on the part of a counselor can mitigate the development of both a helping attitude and an open, compassionate heart. Remaining open and compassionate can be particularly difficult when clients become angry, minimize their alcohol and drug use, or seemingly lack motivation in treatment-goal follow-through. Without counselors developing a well-thoughtout helping attitude, clients are many times blamed and labeled as *resistant*. Paradoxically, such reactions by counselors typically yield an increased defensiveness from the client,

where the resistance is in response to both the counselor and the counseling approach (here we suggest to the reader that this is similar to a self-fulfilling prophecy by the counselor). What counselors want to create is a helping attitude, which includes the following seemingly paradoxical attitudes: to be supportive yet questioning, to be unconditionally present yet at times direct, and to possess an overall attitude of realistic optimism.

Establishing a Genuine Helping Relationship

A starting point may be for counselors to foster a helping attitude when working with clients who use and are addicted to alcohol and drugs. This is evident when the counselor's personal exploration of bias has entered the therapeutic process. One example is a counselor who is angry and disgusted by a heroin-using client. This counselor, with all the desire to be helpful and effective, will have substantial difficulty in developing a helping attitude. However, if this same counselor comes to understand and respect the nature of abuse and addiction and can empathize with the client's emotional suffering, a helping attitude is possible. Counselors need to maintain this respectful and helpful attitude. One way to do this is to continue to develop knowledge and understanding in the area of use of drugs and alcohol. For example, as counselors realize the powerful effects of narcotics coupled with an understanding of the client's life in relation to heroin, empathy and ongoing support on behalf of the counselor is possible (through both the good times and bad moments).

Another effective procedure is to unlearn previous lessons, notions, and knowledge. Start fresh with *Zen Mind, Beginner's Mind* (Suzuki, 2006). This approach views each

client interaction as new and interesting. For counselors to see with fresh eyes each day, the mental approach of the beginner's mind can also be effective in maintaining a helping attitude and demonstrating empathy. How many times are counselors handed a case file 3 inches thick only to be told sarcastically by the staff, "Good luck"?

Counselors want to approach clients as if it were their first time in counseling, otherwise counselor bias and prejudice ensure this assuming failure. The beginner's mind is curious and open to all client messages and pieces of the story yet to be told. This curiosity and open-minded attitude staves off counselor apathy or fatigue while facilitating the development of new strategies to increase therapeutic effectiveness.

First, we hope you find our writing style comfortable and that you benefit from the book's construction. We've approached writing this text the way in which we work with clients: as genuine and as clear as possible. We've found that counselors in training and counselors tend to be intimidated and fearful of working with clients who abuse and are addicted to alcohol and drugs. Counselors in training sometimes discount their own skills and assets in effecting change when they are not recovering themselves. This finding is very unfortunate. In response to such concerns, we believe we've created a body of information that will increase awareness and knowledge while reducing the amount of apprehension in working with this population.

Significant Aspects of This Book

Relapse prevention, developmental issues, spirituality, and ecological aspects of life are significant aspects of this book. Because addiction is relapse prone, we have devoted an entire chapter to relapse prevention. Included are

methods of working with developmental “stuck points” during the clients’ process of getting sober and clean. For example, approaching clients who have relapsed for the third time is clinically different from working with clients who have entered treatment for the first time. The work of Terence Gorski (1989b) has significantly contributed to relapse-prevention treatment with addicted clients. In addition to his model, our text also takes into consideration co-occurring disorders (both emotional and physical), environment (family and community), gender-cultural-diversity issues, and spiritual-faith-support issues. Relapse prevention focuses on connecting patterns of behavior that can lead to the use of drugs and alcohol after a period of abstinence. Identification of patterns helps clients examine their developmental deficits, which contribute to relapse.

Because of the significant changes in the *Diagnostic and Statistical Manual of Mental Disorders-Fifth Edition (DSM-5)* regarding substance abuse and addiction, we’ve rewritten the criteria in [Chapter 4](#) to explain the differences between *DSM-IV-TR* and *DSM-5*.

Developmental life-pattern analysis, a rarely identified and explored aspect to recovery work, can contribute significantly to therapeutic planning. Clients’ life patterns originate from developmental deficits within the first years of life. From such origins, clients create methods of coping, which may include isolation and disconnection. In adult life, these same coping skills impede client success in the recovery process by blocking connection with others and maintaining the disconnection from feelings.

Also in this text is the intertwining of spirituality in the recovery process. Although there is some debate and disagreement by helping professionals on the issue of spirituality in the treatment of addiction, the majority of treatment centers in the United States continue to use the

Twelve Steps of Alcoholics Anonymous (AA), a spiritually oriented program of recovery. The debate has led to the creation of various and varied support groups, which are highlighted in this text.

In addition to relapse prevention, developmental perspectives, and spirituality, we present a community counseling approach based on the ecological model of Bronfenbrenner (1976, 1988). His approach offers a multicultural and community perspective that can be blended with treatment and prevention planning. Whether those reading this text are working in schools, colleges, community-outpatient centers, companies, or hospital settings, the information available here can be applied and used in these settings. Because counselors work in a variety of clinical venues and with all age groups, we've provided information that is specific to each counseling genre.

For Whom This Book Is Written

- *For counselors in training.* For those new to the profession and still in the process of obtaining a degree, we cover alcohol and drug clients and options for treatment. We have provided the necessary information to effectively work in a variety of settings with clients who have addiction or substance abuse problems.
- *For counselors and counselors in training looking for employment in the addiction treatment continuum.* Many students, undergraduate and graduate alike, who want to work in the alcohol and drug treatment field are not necessarily clear where on the substance-abuse-helping continuum they would like to work. The continuum of substance abuse care includes detoxification, intensive outpatient treatment, inpatient care, as well as halfway house and long-term residential treatment. Students may also find themselves working in school-based assistance programs in which prevention, intervention, and education are vital components of client care. This book outlines and describes the variety of treatment modalities in existence today and explores the specific tasks and responsibilities of each modality.
- *For counselors currently working in drug and alcohol treatment.* Current drug and alcohol counselors will find the models of recovery, approaches to relapse prevention, and information on spirituality helpful in treating clients from a holistic perspective. Because group counseling is a primary modality of alcohol and drug treatment, group counseling and the therapeutic factors that occur in group are presented.
- *For counselors currently working in school, mental health, and college settings.* In some cases, clients may arrive for counseling services in these settings as the

result of a precipitating event not necessarily labeled drug or alcohol related. In other cases, clients may seek help specifically to discuss their drug and alcohol use. The latter group may not necessarily be motivated in discontinuing their use, but rather, they would like to cut back or control their consumption of drugs and alcohol. In either case, counselors need to understand both the assessment process and how to work effectively with clients who are ambivalent about their alcohol and drug usage. Referring alcohol and drug clients to structured treatment may not be appropriate, feasible, or possible. So what might counselors do?

In this text, we explore questions counselors need to be asking in such instances and provide information on drug terminology. Furthermore, we present interviewing techniques to increase client motivation and change.

Overview of the Book

The remaining pages of this chapter outline the topics and information found in [Chapters 2-14](#). Brief in description, they provide counselors in training and counselors an understanding of each chapter and are constructed to be used as a quick reference.

[Chapter 2](#): Diversity Issues in Substance Abuse Treatment

This chapter explores cultural and gender issues, including issues faced by lesbian, gay, bisexual, and transgender (LGBT) clients as they relate to alcohol and drug treatment and relapse prevention. Historically, addiction treatment did not address issues of race-culture, gender, or diversity. Notably, AA was co-founded and developed by two White, European American males, which resulted in the use of the

male pronoun in much of AA's initial writings. Because significantly high proportions of women entering alcohol and drug treatment have been sexually, emotionally, or physically abused, a section on women's issues is included in this chapter. These issues are reviewed, and options to facilitate effective planning with substance-abusing and addicted women are addressed. Additionally, cultural awareness and race issues with alcohol and drug clients are explored. LGBT clients find difficulty in discussing their lives in alcohol and drug treatment as well as in support meetings; therefore, methods and strategies on how to help these clients in treatment are addressed. In addition, clinical work with older clients and those clients with physical disabilities are explored in this chapter. This second edition includes an overview of treatment issues in other countries and how addiction is treated.

This chapter prepares counselors to understand the worldview of all clients in the counseling process. Throughout the text, multicultural, gender, and diversity vignettes with questions for discussion are presented.

Chapter 3: Types of Drugs and Their Effects

An overview of the varied drug classifications is provided in this chapter along with possible clinical interventions. Alcohol, stimulants and other amphetamines, marijuana, barbiturates, benzodiazepines, opiates, hallucinogens, inhalants, steroids, over-the-counter drugs, and sedative-hypnotics are addressed. The signs and symptoms of intoxication and withdrawal risks and factors are also included. The concept of synergism (the impact of multiple drugs and how they potentiate one another), cross-addiction (addiction to drugs in different categories), and cross-tolerance (tolerance to drugs in the same category) are outlined. Included are descriptions of the psychotropic medications used in treating other mental disorders and

the interplay with addiction treatment. Professional literature and information on each category is presented, with emphasis on application to the counseling setting. Counselors will be informed on the many classifications and the drugs in each category and the implications for treatment and referral. An expansion of treatment protocols and medications used with opiates has been added in this second edition.

Chapter 4: Assessment, Diagnosis, and Interview Techniques

This chapter presents information on various alcohol and drug assessment instruments that can be used during the substance abuse-dependency assessment. The use of motivational interviewing (MI) techniques, as developed by W. R. Miller and Rollnick (2013) are included to help counselors work with initial client resistance and ambivalence to counseling. In this second edition, we've expanded the informational aspects of MI. Also in this chapter we thoroughly describe the new diagnostic criteria stated in the *Diagnostic and Statistical Manual of Mental Disorders (DSM-V; American Psychiatric Association, 2013)* and the changes from the fourth to the fifth edition.

Of significance is a description of how to effectively and accurately diagnose clients suffering from a co-occurring diagnosis, including suggestions for working with a variety of personality-disordered substance abusers. Because clients rarely have a single substance abuse-dependency diagnosis, a general understanding of the various mental disorders along with knowledge of substance abuse-dependency criteria is necessary for accurate treatment planning. Depending on the counselor's work setting, accurate diagnosis can be a challenge. More specifically, we discuss the issue of how to develop an effective treatment team even if the psychiatric resources are not in

the counselor's setting. We will explore issues such as when and where to refer, how to use drug testing and Breathalyzers, and the use of external data and therapeutic leverage in the counseling process.

After reading this chapter, the counselor will be able to understand resistance, have a clear understanding of the diagnostic criteria in differentiating between abuse and dependency, and will be familiar with approaches to improving an accurate psychiatric diagnosis. In this second edition, a review of the literature surrounding suicide and self-harm has been included because of the rise in overdoses and fatalities involving alcohol and drugs, particularly with adolescents and young adults.

Chapter 5: Continuum of Nonuse to Addiction: A Biopsychosocial Understanding

This chapter reviews the biopsychosocial approach to addiction and helps readers understand more clearly the process of how clients move from nonuse to addiction. Additionally, information on genetics, as well as environmental-social and cultural perspectives, is explored and why some individuals appear more susceptible to addiction than others. Counselors will begin to understand the unique challenges that counselors face when working with this population. Building on [Chapter 4](#), we apply MI techniques to case scenarios for the reader to understand the application of MI in the continuum.

Prevention models are described in terms of their application on or along the continuum of substance use or abuse (i.e., clients who have not yet used alcohol or drugs, clients who have used alcohol or drugs on occasion but are not yet dependent [at risk], and those clients presenting multiple consequences and a history of alcohol or drug problems with or without symptoms of addiction).

Significant to this chapter is information on how to appropriately match prevention strategies in helping clients at various points in the continuum. After reading this chapter, the counselor should be able to understand the continuum of use to addiction and the appropriate application of prevention ideology. A graph is provided for readers to understand the continuum and how the stages of change (Prochaska & DiClemente, 1982; Prochaska, DiClemente, & Norcross, 1992), along with the work of Bronfenbrenner (1976, 1988), can be woven into a conceptual framework to work with clients.

Chapter 6: Treatment and Treatment Settings

Although many readers may not be alcohol and drug counselors specifically, this chapter helps counselors understand their role in the treatment process. A variety of work settings are discussed (e.g., secondary schools, college, and adult populations) as well as the implications for treatment and making the appropriate referral. An in-depth description of detoxification and inpatient treatment as well as outpatient and partial hospitalization programs are included. This understanding of the varied levels of treatment along the continuum (detoxification, outpatient, inpatient, partial hospitalization, halfway house) provides counselors with an in-depth view of what occurs in treatment. For many counselors, the alcohol and drug treatment process is misunderstood, and because of this a description of what occurs in treatment is presented. This understanding in turn will aid counselors in making accurate referrals and helping families and clients understand what to expect from treatment.

Additionally, this chapter focuses on how alcohol and drug treatment (external process) affects the internal process of clients. A description of how counselors work with client defenses, denial and resistance, and how counselors help

clients move from isolation to connection with others is provided. This chapter also provides counselors with an understanding of how they can help clients to verbalize their feelings, which is an important aspect of the healing process. After reading this chapter, counselors should understand what occurs in treatment, how treatment affects clients, and what potentially unfolds internally for clients. From this chapter, counselors may be able to create an approach unique to their settings and at the same time be aware of when to refer clients to a more intensive level of treatment, depending on their needs.

Included in this edition is use of treatment for incarcerated individuals. Significant numbers of inmates are arrested each year for alcohol, drug, or both types of related charges and are in need of treatment rather than incarceration. Therapeutic communities (TCs) provide both structure and treatment while at the same time providing consequences for the offense. Review of how the legal system and treatment services can best help patients is explored.

Chapter 7: Developmental Approaches in Treating Addiction

Helping clients move from denial to awareness generally takes a great deal of facilitation and patience on the part of the counselor, as well as a tremendous amount of pain and suffering for the client. This chapter specifically addresses that internal client development from denial to awareness. The developmental model of recovery developed by Gorski (1989b) and Stephanie Brown's (1985) model of recovery are presented, along with William Gideon's (1975) approach from isolation to connectedness. In this chapter, we identify the stage goals in helping clients move, for instance, from the "drinking stage" to the "transition stage" in recovery. Counselors will understand the process

for clients as they potentially move from use to nonuse and all the aspects of developmental surfacing that occur in recovery. Suggestions for counselors on how to help clients move from isolation to connectedness are also an aspect of the chapter.

Chapter 8: Family and Addiction

This chapter focuses on family development, the roles that are created in the family, the issues of family denial, and the systemic problems that arise from active addiction in the family. A connection between the cognitive framework of the addicted person and the denial of the family is made, as well as how to approach the family system. Suggestions are made on how to join with family members at their systemic level of development and how to appropriately address enabling behaviors. Counselors reading this chapter will be able to assess where clients may be in the recovery models presented and how to best approach and work with clients and their families.

Chapter 9: Grief and Loss in Addiction

This chapter describes the connection between clients' grief and loss issues and their use-abuse-addiction to substances. Models of grief and loss are reviewed, focusing on the direct and indirect mergers with substances. Special attention is paid to the synergistic relationship that feeds both the use patterns and reactions to loss for individuals. Potential proactive and therapeutic responses are provided to aid in working with the complications that grief and loss issues can have with clients who are abusing, addicted, or in recovery. Additional discussion in this second edition focuses on trauma in the recovery and treatment process.

Chapter 10: Group Counseling and Addiction

This chapter outlines and reviews numerous aspects of group work with alcohol- and drug-abusing and addicted clients. The appropriate use of confrontation and support and the importance of bringing the group into the here and now are explored. The use of process comments in a group and the integration of other skills are presented. Emphasis is placed on describing a variety of counseling group scenarios and how counselors can effectively intervene. Of particular note is the presentation of Yalom's (2005) therapeutic factors in a group. A discussion revisits a previous chapter concerning the various levels of care and how group approaches in these various settings can be different. As a result of reading this chapter, counselors should understand group development, process-content, the integration of Twelve Step recovery into groups, how to address denial, and the use of self as a counselor in the group counseling process.

Chapter 11: Relapse Prevention and Recovery

There is a significant difference between alcohol and drug treatment and relapse prevention treatment. Alcohol and drug treatment is structured for clients who have not previously entered a treatment program. Relapse prevention treatment, however, works with clients who have been through multiple alcohol and drug treatment experiences and who are admitting their addiction, yet are unable to stay sober-clean for any length of time without relapsing. This chapter reviews models of relapse prevention and the difficulties counselors face when treating this special population within a special population. This chapter introduces readers to the relapse dynamic and describes how to approach this population through mental, emotional, behavioral, and spiritual counseling techniques.

Cognitive therapeutic approaches are central in understanding the core beliefs of clients that contribute to

relapse. Relapsing clients tend to be impulsive and compulsive and as a result need attention to daily decision-making skills. Time is spent in this chapter outlining effective ways clients can avoid making poor decisions, which ultimately lead to relapse. When clients relapse, the emotional issues that surface (e.g., depression, the shame of the relapse, self-hatred, and suicidal issues) need to be addressed.

In this chapter, counselors are informed on how to best help clients cope with a relapse in relation to trauma and the importance of treating trauma concurrently with addiction recovery. Also covered in this chapter is the importance of support meetings, identification of leisure activities, use of homework, and application of the Twelve Steps, as well as an overall examination of physical well-being.

Chapter 12: Spirituality and Support Groups in Recovery

This chapter explores spirituality and how it factors into recovery. The Twelve Steps of AA and the literature on spirituality are examined to help the clinician understand this aspect of recovery. This chapter brings together the Twelve Step philosophy of AA and the significant and vital impact that support groups factor into the recovery process. In addition to AA, other support groups such as Women for Sobriety and the Secular Organization for Sobriety are explored to provide counselors with information when they have clients looking for alternatives to the Twelve Step program. Ideas on how to explore spirituality with clients as well as questions for counselors on this topic are brought forth for discussion. As a result, counselors reading this chapter will understand the integration of mind, emotion, behavior, and spirit into a comprehensive recovery plan.

Chapter 13: Addictions Training, Certification, and Ethics

In [Chapter 13](#), various ethics codes, both from an association and a certification viewpoint and from the viewpoint of the federal–state regulations regarding confidential records, are compared and contrasted. Also included are discussions concerning the recovering counselor and the issues of countertransference. Ethical issues concerning dual relationships, burnout prevention, and boundary setting are also explored. Ethical decision making with respect to appropriate treatment interventions is important for counselors to review. The revision of the Council for Accreditation of Counseling and Related Educational Programs *Standards for Addiction Counseling* will be available (see <http://www.cacrep.org>).

Chapter 14: The Importance of Counselor Self-Care

Counselors working with this population truly need personal plans of self-care. Time is spent in this important chapter on the development and maintenance of counselor well-being through the use of personal counseling, supervision, and other suggested activities.

Summary

At the end of each chapter, we've provided exploration questions that can be used in classes and suggested activities that can help the reader experientially understand the concepts presented in each chapter.