



*Developing
Clinical Skills* for
Substance Abuse
Counseling

Daniel Yalisove



AMERICAN COUNSELING ASSOCIATION

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Developing Clinical Skills for Substance Abuse Counseling

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Dedication

To my loving wife, Valentina

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Preface

Beginning substance abuse counselors are faced with a number of practical challenges. For example, they must discern what the focus of the session should be, when to be firm and when to be flexible, how to structure a session, and how to end it. This text provides a basic framework for understanding substance abuse counseling and offers exercises for students to develop their counseling skills and to prepare them to master these and other counseling challenges. The book is practical and down to earth; it is meant to help beginning counselors and other mental health professionals quickly adapt to substance abuse and other counseling settings with a large percentage of clients with substance use disorders. Clinical issues unique to clients with substance use disorders are addressed.

The principles, theory, and skills introduced in this book are, by and large, compatible with current substance abuse counseling theories, including 12-step facilitation, cognitive-behavioral therapy, motivational interviewing, methadone maintenance, and integrated treatment. Additionally, the approach is compatible with both harm reduction and abstinence goals. Chapter 7 offers some specific suggestions about how to integrate aspects of cognitive-behavioral therapy, relapse prevention, and 12-step treatment with the approach presented in this text. Chapter 10 includes a discussion of how aspects of integrated treatment can be included in this approach. Regardless of your theoretical viewpoint, I believe that the principles and skills set out in this book will help you improve your clinical proficiency.

As we all know, the addiction field has its share of controversies. Perhaps the biggest debate today regards setting treatment goals for clients with substance abuse disorders. Traditional programs advocate an abstinence goal, whereas, more recently, some addiction professionals have seen harm reduction as an acceptable goal for certain clients. I believe that the appropriate goal for each client should be determined by a properly trained clinician on the basis of the specific circumstances of the treatment situation. Often, the appropriate goal is abstinence; sometimes it is based on harm reduction, such as reduced or safer use of substances or con-

trolled drinking. Thus, I include examples reflecting both abstinence and harm reduction goals. A comprehensive and objective overview of this issue is much needed but beyond the scope of this text.

This book presents an experientially based approach for beginning counselors to develop basic substance abuse counseling skills. Before reading this text, you should have an understanding of substance abuse counseling theory, principles, and knowledge. Two works that fit well with this book and provide the necessary knowledge are by G. Miller (2005) and Jarvis, Tebbutt, Mattick, and Shand (2005). My book *Introduction to Alcohol Research: Implications for Treatment, Prevention, and Policy* (Yalisove, 2004) will give you a good review of the current research knowledge about alcoholism.

Overview of the Book

In Part 1 of the book, the basic principles of substance abuse counseling are clearly formulated, and their rationales are spelled out in a common-sense and practical manner. Part 2 will teach you to apply these principles in clinical situations through the use of experiential exercises and role-plays, which help develop the critical thinking skills that are essential in counseling. In addition, this second part of the book serves as an introduction to the clinical method.

Throughout the text, technical terms are presented in italics and defined on their first use. At the end of this preface is an alphabetical listing of abbreviations used in the text. In addition, I often use metaphors to illustrate concepts. If you don't find them useful, ignore them; you should readily understand the material without them. At the end of most chapters is a section of recommended readings and resources for readers who would like to learn more about the concepts discussed in the chapter.

Each of the chapters includes exercises to help you understand the principles and develop the skills discussed in the chapter. Some of the exercises are to be done individually, and others are done in a role-play format. If the text is being used for a substance abuse counseling course, the role-plays can be done in class in teams or by selected students in front of the class. As you perform the exercises and role-plays, it is important to learn to *self-reflect* on your experiences. That is, try to objectively look back at what you have just done. Good counselors review their clinical work to see where they were successful, where they had difficulty, what worked, and what didn't work. They then can refine their approach to become more proficient. You can use the exercises and role-plays to develop your self-reflective capacity.

Appendix B presents a good format for performing, recording, and analyzing the role-plays. It is closely tied to the Building Session Goals and Strategies (BSGS) approach developed in the text and should help you self-reflect. If you would like to do the role-plays but are reading the text on your own, seek out a few colleagues and an experienced supervisor to help you perform and analyze them.

The following sections provide a brief description of each chapter of the book.

Chapter 1: The Substance Abuse Counselor

This chapter describes the role of the substance abuse counselor; the major tasks of his or her job; the knowledge, skills, and attitudes necessary for a counselor to do well; and the pros and cons of becoming a counselor. The clinical method is introduced, along with BSGS.

Chapter 2: Theoretical Considerations

In this chapter, I discuss the theories the text uses: motivational interviewing, the Stages of Change Model, BSGS, and the eight-stage process of counseling; the latter two are my inventions. Additionally, I discuss the common factors approach to understanding the curative aspects of counseling.

Chapter 3: Some Basic Principles of Substance Abuse Counseling

In this chapter, I review some fundamental principles that are common to all kinds of counseling. First, counselors must educate their clients about what counseling is and what role both counselor and client should play. Counselors need to know their role and their limits. They should understand the diagnosis of substance use disorders and know how to skillfully use this information to motivate the client. Counselors should develop a sense of timing in sessions with clients, and they should be able to determine what goals are most essential to work on in each stage of treatment.

Chapter 4: Applying the Principles of Building Session Goals and Strategies (BSGS) to Prepare for a Session With a Client

This chapter focuses on how to use BSGS principles to organize and focus sessions with clients. You will learn how to determine a specific goal for the session, how to choose techniques to achieve the goal, and how to evaluate whether you were successful. Included in the chapter is an extensive list of techniques you can use, along with brief descriptions. At the end of the chapter is an important discussion about the challenge of being flexible as a counselor while maintaining the goals that you feel are appropriate.

Chapter 5: Building Session Goals and Strategies (BSGS) and the First Session

The focus of this chapter is on how to apply the principles of BSGS to the first session. Appropriate goals and strategies are discussed, and the concepts of empathy, operational empathy, and reflection are introduced.

Chapter 6: Beyond the First Session: The Beginning Phase of Treatment

In this chapter, the focus is on getting started to help the client. The first phase of counseling includes a “getting to know you” aspect; the counselor’s goals are to evaluate the client’s motivation to change and build his or her motivation. This chapter also includes a discussion of two important issues in substance abuse treatment: keeping track of the client’s drug use with routine queries and toxicology tests, and considerations in treating mandated clients.

Chapter 7: The Middle Phase of Treatment

If the client has made good progress, in the middle phase of treatment the counselor can introduce new goals and use different techniques from the opening phase of treatment. The following techniques are discussed: relapse prevention; coping skills training; the 12-step facilitation approach to the middle phase of treatment and the use of other self-help; examination of clients’ lifestyle, goals, and career; exploration of factors associated with substance abuse; and early discussions about termination.

Chapter 8: Moving Toward Termination

The termination phase is a dynamic and important aspect of treatment. This process is complicated by the fact that most substance abuse treatment ends before all goals are achieved. The chapter discusses the following topics related to termination: the emotional factors experienced by both client and counselor in termination, criteria for successful termination, circumstances of termination, the stages of change and termination, how to prepare clients to continue on their own, and how to say goodbye.

Chapter 9: Group Counseling for Clients With Substance Use Disorders

This chapter focuses on interactional group counseling for substance abusers. The basic elements, guidelines for leadership, the basic processes of change, and special techniques of group counseling are discussed. The chapter emphasizes the importance of recognizing the highly emotional aspects of group process and dealing with them therapeutically.

Chapter 10: The Role of the Substance Abuse Counselor in the Treatment of Clients With Both Substance Use Disorders and Mental Disorders

This chapter discusses the specific role that the substance abuse counselor can play in the treatment of clients with dual disorders. Topics include monitoring psychiatric symptoms, medication compliance, and mental health treatment compliance as well as educating the client about psychi-

atric symptoms as a trigger of substance abuse relapse. The chapter also gives an introduction to integrated treatment, an empirically supported approach for treating clients with substance abuse disorders and severe mental illness. Harm reduction as a treatment goal is also discussed.

Chapter 11: Working With the Significant Others of Clients With Substance Use Disorders

The basic principles of working with the significant others of clients with substance use disorders are discussed in this chapter. Therapeutic goals include reducing the maladaptive behavior of the significant other, increasing the significant other's self-care capacity, and encouraging the partner with the substance use disorder to accept treatment. The chapter also outlines how to assess the potential for violence in the family and create a safety plan when necessary. Community reinforcement and family training, a systematic approach for helping the significant others of people with substance use disorders, is summarized in the chapter.

Chapter 12: Considerations of Diversity in Substance Abuse Counseling

The basic principles developed in the book are complementary to an enlightened view of diversity. In multicultural counseling, one's awareness of one's own feelings, beliefs, and thought processes is an important ingredient in the provision of effective interventions for clients whose background is different from one's own. After a brief review of ethical considerations, the concept of multicultural competence is addressed, and its relationship to empathy and the therapeutic relationship is developed. The following specific populations of substance abusers are discussed: women; African Americans; Latino/as; Native Americans; Asian Americans; clients with a disability, an unusual physical appearance, or a serious illness; gay, lesbian, bisexual, and transgendered clients; and recent immigrants.

Chapter 13: Treatment Plans and Clinical Writing

In this chapter, clinical writing is discussed. Substance abuse counselors must write a number of reports; this chapter describes the major kinds, including psychosocial narratives, admission and discharge summaries, treatment plans, and progress notes. Detailed examples of each kind of report are provided.

I have also adapted BSGS, a basic approach for planning a counseling session, to the task of creating client treatment plans. In BSGS, students learn to determine the appropriate goal for a session, develop techniques for achieving it, and evaluate the session's outcome. This approach can help students develop client treatment plans, which involves formulating longer term goals.

Chapter 14: Closing Perspective

In this chapter, I provide some practical advice for the new counselor, including tips on how to survive at one's first job and information about obtaining the substance abuse counseling credential. I also discuss some resources to continue your education in the areas of professional ethics, work with adolescents, research knowledge in substance abuse, and theories of substance abuse counseling.

Answer Guide

The answer guide provides answers to some of the exercises.

Appendixes

This text includes three appendixes. Appendix A lists the Technical Assistance Publication Series 21 counseling competencies (Center for Substance Abuse Treatment, 2006) covered in the text and in which chapter each is discussed. Appendix B presents the role-play recording form for students whose instructors are using the workbook log. Appendix C consists of the Alcohol Use Disorders Identification Test (Babor, Biddle, Saunders, & Monteiro, 2001) and Drug Abuse Screening Test (Skinner, 1982).

List of Abbreviations Used in the Text

- AA: Alcoholics Anonymous
- AUDIT: Alcohol Use Disorders Identification Test (Babor et al., 2001)
- BSGS: Building Session Goals and Strategies
- CBT: Cognitive-behavioral therapy
- CRAFT: Community Reinforcement and Family Training
- CSO: Concerned significant other
- DAST-20: Drug Abuse Screening Test (Skinner, 1982)
- *DSM-IV-TR: Diagnostic and Statistical Manual of Mental Disorders* (4th ed., text rev.; American Psychiatric Association, 2000)
- GLBT: Gay, lesbian, bisexual, and transgendered
- MI: Motivational interviewing
- NA: Narcotics Anonymous
- PTSD: Posttraumatic stress disorder
- SMI: Serious mental illness
- SUD SO: Significant other with a substance use disorder
- TAP 21: Technical Assistance Publication Series 21 (Center for Substance Abuse Treatment, 2006)
- TAU: Treatment as usual

Readings and Resources

Jarvis, T. J., Tebbutt, J., Mattick, R. P., & Shand, F. (2005). *Treatment approaches for alcohol and drug dependence: An introductory guide*. Hoboken, NJ: Wiley.

This excellent advanced text on substance abuse counseling discusses all of the current substance abuse counseling theories.

Miller, G. (2005). *Learning the language of addiction counseling* (2nd ed.). Hoboken, NJ: Wiley.

This is a basic text on substance abuse counseling.

Yalisove, D. L. (2004). *Introduction to alcohol research: Implications for treatment, prevention, and policy*. Boston: Allyn & Bacon.

This book provides a good review of relevant research pertaining to substance abuse treatment, prevention, and policy.

Acknowledgments

The approach presented in this text evolved from my efforts to teach substance abuse counseling skills in an advanced course for addiction studies students over the past decade at John Jay College. I am grateful to those students who were enthusiastic and persistent, tolerated my missteps, and provided vital feedback for the text. The 2007–2008 research fellowship leave granted by John Jay College afforded me the time to write the text.

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About the Author

Daniel Yalisove, PhD, is an associate professor of psychology at John Jay College of Criminal Justice. He has been the coordinator of the addiction studies program since 1993 and has taught a variety of addiction studies courses during this time. He created and developed the curriculum for the program, which both is evidence based and provides skills training for its students. His current interest is improving pedagogy in addiction studies, and he has published several papers on this topic. He is active in the International Coalition for Addiction Studies Education and currently serves as its secretary.

Dr. Yalisove received his doctorate in clinical psychology at New York University in 1975. He completed advanced training in psychoanalysis at the New York University Postdoctoral Program and graduated in 1983. He earned the credential in substance abuse counseling in 1980.

Dr. Yalisove has worked in the substance abuse field since 1976, when he began his association with Cabrini Medical Center in New York City. He was the program director of the Cabrini Alcoholism Program from 1980 to 1992. During this period, he supervised substance abuse counselors, provided education on substance abuse to psychiatric residents, and offered direct service to clients with substance use disorders. He also implemented an innovative acupuncture outpatient detoxification program modeled after Dr. Michael Smith's program at Lincoln Hospital in the Bronx.

In addition, Dr. Yalisove edited the *Essential Papers on Addiction*, published in 1997. This volume draws together the clinically relevant psychoanalytic writings on addiction. His second book was *Introduction to Alcohol Research: Implications for Treatment, Prevention, and Policy*, which reviews the relevant research for treatment, prevention, and policy regarding alcohol problems and disorders.

Dr. Yalisove is married and lives in New York City and Pushkin, Russia. He is an amateur jazz clarinet player and plays occasional gigs around town.

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Richard Kempter, PhD, received his doctorate in educational psychology from the University of Michigan. He worked for 15 years as a prison psychologist in the Michigan Department of Corrections and has extensive training and experience in running counseling groups. He was a trainer for T-Groups and a family systems therapist at the University of Michigan. He is currently the psychologist and manager for a therapeutic community treating substance abuse, homelessness, and mental illness at Bellevue Hospital in New York City and an adjunct instructor at John Jay College of Criminal Justice, teaching in the addiction studies program.

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