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## Providing effective counseling to substance abusers through the use of biopsychosocialspiritual strategies

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## Providing effective counseling to substance abusers through the use of biopsychosocialspiritual strategies

### Abstract

The field of substance abuse has had a history of relapse. Both In-Patient and Out-Patient Treatment facilities have experienced the "revolving door" effect (Walton, Blow, and Booth, 2001). D.R. Laws found in research he conducted that 80% of the patients treated, relapsed 12 months after treatment and two-thirds of the relapses were within 90 days of treatment (Laws, 1999). The federal government has begun questioning the validity of these programs in light of skyrocketing costs for substance abuse treatment (Craig, 2004). Clinicians have begun to examine the cost effectiveness of their current treatment modalities. This paper will provide an overview of some of these treatment techniques.

PROVIDING EFFECTIVE COUNSELING TO SUBSTANCE  
ABUSERS THROUGH THE USE OF BIOPSYCHOSOCIALSPIRITUAL  
STRATEGIES

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The field of substance abuse has had a history of relapse. Both In-Patient and Out-Patient Treatment facilities have experienced the "revolving door" effect (Walton, Blow, and Booth, 2001). D.R. Laws found in research he conducted that 80% of the patients treated, relapsed 12 months after treatment and two-thirds of the relapses were within 90 days of treatment (Laws, 1999). The federal government has begun questioning the validity of these programs in light of skyrocketing costs for substance abuse treatment (Craig, 2004). Clinicians have begun to examine the cost effectiveness of their current treatment modalities. This paper will provide an overview of some of these treatment techniques.

Providing Effective Counseling to Clients with  
Substance Addictions Utilizing A  
Biopsychosocialspiritual Approach

Various professionals in the field have viewed success in the area of substance abuse treatment quite differently. The meaning of relapse has been thought of in two perspectives; total abstinence or some continued short-term engagement in the addictive behavior, with many subsequent treatments (DiClemente, 2003). The traditional form of treatment has been to view all clients through the same myopic lense. The field of substance abuse treatment has been found to utilize the same interventions with each client, adopting "one-size" fits all form of treatment (DiClemente, 2003). This form of treatment has contributed to clients recycling numerous times through the system, with little or no period of time of sobriety between treatments.

The rising cost of treatment has forced clinicians to begin to examine various forms of treatment in terms of potential for success with

substance abusers and their cost effectiveness within the health care system. It has now become important for substance abuse counselors to consider taking a more eclectic approach to the treatment of their clients. This approach entails a more holistic view of their clients in order to address their issues from a needs analysis perspective. This paper will examine substance abuse treatment from this whole person perspective using a biopsychosocialspiritual model. This paper will also discuss the components of addiction and various counseling interventions that may be beneficial to clinicians as they work with their clients from this holistic framework.

#### *Biological Perspective*

Research has shown that the human brain is an electrochemical information-processing system, a virtual sea of chemicals. Alcohol and other drugs have contributed to cognitive, affective, and behavioral changes in clients when introduced into the brain's natural chemistry (Rotgers, Morgenstern, & Walters, 2003). This biological phenomenon according

to Rotgers et al. (2003), has lead to clients becoming trapped in a vicious cycle of initial drug use with positive reinforcement, leading to chronic use of drugs, resulting in eventual abnormal changes in brain chemistry, with the outcome of negative cognitive, affective, and behavioral states.

The 12-Step Oriented Treatment method has been incorporated into the treatment modality as an attempt to break this vicious cycle. Clients were strongly encouraged to abstain from all forms of substance use. Both the NA and the AA communities strongly rejected controlled intoxication because clients with alcohol and drug addictions have been shown to have little control over their substance use. Controlled intoxication has historically lead to failure and relapse (Rotgers et al., 2003). Chemical imbalance due to continued substance abuse has also caused psychological problems in many clients.



*Psychological Perspective**The Cognitive-Behavioral Approach*

The image of substance abusers has slowly been changed from that of being viewed as morally bankrupt individuals to substance abuse being viewed as a progressive disease or a learned behavior (Long, Langevin, and Weekes, 1998). The substance usage was thought to be the coping behaviors, which were the product of prior experiences (Long et al., 1998). The cognitive-behavioral approach to substance abuse treatment is largely the intervention that has been used by many counselors in the field. This theory postulates that substance abuse is a learned behavior, reinforced by distorted thinking about the substance and the belief that consumption of the substance has provided an effective coping mechanism for life's stressors (Finney, Noyes, Coutis, and Moos, 1997). Cognitive-behavioral therapy has been used to teach substance abuse clients new coping strategies such as impulse control, problem solving, cognitive

restructuring, and anger management (Najavits, Weiss, and Liese, 1996).

There has been a definite spiraling effect that has occurred in the client's life when distorted thinking has been mixed with substance usage on a regular basis. Cognitive behavioral therapy when used to treat clients with substance addictions, has focused on showing the client how to change their distorted thinking and their maladaptive coping skills (Ouimette, Finney, and Moos, 1997).

The purpose of most cognitive behavioral programs has been to teach the client new coping skills that will assist them in avoiding the use of drugs to handle stressful situations (Finney et al., 1997). Finney et al (1997) further described the primary outcomes of cognitive-behavioral treatment as "enhancing the sense of self-efficacy to remain abstinent in high-risk situations" (p.372). Cognitive-behavioral treatment has been incorporated to teach the individual how to change and control their addictive behavior. The key in changing a

client's behavior is to change the way they think.

The way a client thinks and feels directly contributes to their behavior (Long et al., 1998).

Counselors who have subscribed to the cognitive behavioral treatment approach have used this theory to teach their clients relationship skills, assertion, coping skills, relapse prevention, and adaptive lifestyle activities (Long et al., 1998). Clients were taught how to build relationships of trust and mutual respect between themselves and others. Clients were also taught effective interpersonal skills that they could use in high-risk situations (Long et al., 1997). The coping skills of substance usage was replaced with normalized, healthy coping strategies, such as positive self-talk and affirmations (Najavits et al., 1996). Thought-stopping and disputation were also some common cognitive coping strategies used. When clients used this method, they were given the opportunity to explore and challenge their belief system, thoughts, and attitudes (Long et al., 1998). Some of the adaptive lifestyle activities that the

clients were taught included daily activity planning and relaxation exercises (Najavits et al., 1996).

Relapse prevention has also proven to be very important in assisting clients with maintaining their sobriety. Clients were taught how to identify and maneuver around high-risk situations, then choose a strategy from their relapse prevention plan and put it into practice (Long et al., 1998). Clients were taught how to analyze both the actions and consequences of continued substance usage. Some techniques used in the development of a relapse prevention plan included the development of a hierarchy of relapse triggers and the practice of behavioral modification exercises (Najavits et al., 1996). Clients were educated on the various interventions, then given situations that allowed them to practice their newly acquired skills. Practice and repetition were key components in the development and implementation of new skills (Long et al., 1998). Role playing is sometimes a medium that was used to assist clients with practicing their skills in a

realistic environment (Najavits et al., 1996). Group treatment, which was also heavily utilized in substance abuse treatment models, is a cognitive behavioral intervention that has shown some efficacy over the years (Najavits et al., 1995). In addition to the cognitive behavioral approach to substance abuse treatment, the existentialism theory approach has also been used to treat clients with addictions.

#### *The Existentialism Theory Approach*

The existentialistic theory attempted to provide assistance to clients with finding the meaning of life (Reker, 2000). Meaning of life was defined as "attempts to understand how events in life fit into a larger context. It involves the process of creating and/or discovering meaning, which is facilitated by a sense of coherence...and a sense of purpose in life" (Reker, 2000, p.42). This theory has been used to look at life as a big picture or puzzle, with each life event being a piece of the puzzle. Attempts have been made to try to figure out how each life event fits into the overall purpose of mankind's existence

(Edwards and Holden, 2003). Viktor Frankl proposed that when an individual lacks meaning in life, an "existential vacuum" exists.

An existential vacuum is when an individual experiences a sense of hopelessness and emptiness in relationship to their purpose in life (Edwards et al., 2003). This vast hole in an individual's consciousness has led to immense emotional and psychological pain. This intense, never ending pain oftentimes has resulted in the client self-medicating through the excessive use of alcohol and the illegal use of various prescription and non-prescription drugs (Nakken, 1996).

In order to alleviate this sense of despair, an individual must have some concept of self and an idea of their destiny. This step of actualization is important in order for clients to fully understand the purpose of their life (Langle, 2004). This means that an individual should have obtained a certain level of self-actualization. Existential Analytic and Logotherapy have expressed meaning as a connection

between what people think or feel and who they are (Langle, 2004).

According to Craig (2004), many people have been found to have not reached this level of self-actualization due to circumstances of incest, child abuse, introduction of substances at early ages, and the origination from families of parents who abused substances (Craig, 2004). Therefore, these clients have been stripped of their identity and their sense of purpose. An empty shell with a bottomless vacuum has been left (Nakken, 1996). Clients found that while they were trapped in the cycle of addiction, their existence consisted of a dark, bottomless pit of hopelessness and depression (Nakken, 1996). Many clients reported that they experienced pain and suffering at the hands of their loved ones. It is this pain that became so overwhelming that the desire to numb the pain outweighed the individual's choice to remain drug-free (Nakken, 1996).

Clients who experienced substance abuse treatment, were indoctrinated to believe that their treatment was

individualized. However, they were also told that they had to establish a community with the other clients in order to facilitate the necessary changes that needed to occur in their treatment (Nakken, 1996). It has been this sense of connectedness that has allowed the clients to understand how their lives have been interwoven into the lives of others, thus resulting in the clients having a better understanding of their purpose and the meaning of their life (Langle, 2004). Once alcoholics and addicts have found the meaning and purpose of their lives through the connectedness with others, they have begun to trust again and to form social bonds.

#### *A Social Perspective*

As alcoholics and drug addicts continued to engage in drinking and using, their social problems increased and expanded beyond their control (Rotgers et al., 2003). Their social structures became a vast wasteland of deteriorated relationships. Everything around them became infected with the poisonous venom



of years of substance abuse. Marriages became cancerous with mistrust, resentment, guilt, fear, hopelessness and helplessness (Rotgers et al., 2003). There have been many other difficulties that alcoholics and addicts experienced, such as: employment and financial problems, arrests and incarcerations, and also public humiliation and social rejection (Rotgers et al., 2003). This set of unfortunate circumstances has then lead the alcoholic and addict to seek relief through the continued use of their chosen substance, thus resulting in the client's downward spiral at a significantly increased velocity.

The AA/NA community has stepped up in an attempt to fill this social void that alcoholics and addicts experience. These organizations have expressed the importance of active involvement with their 12-step fellowships (Rotgers et al., 2003). The clients who became involved with the 12-step program were strongly encouraged to attend 90 meetings in 90 days. This is primarily due to research showing that the relapse of the majority of clients occurs within the first 90

days of treatment discharge (Rotgers et al., 2003).

The participants were then encouraged to choose a home group and a sponsor. This group resembled a family and the sponsor was the person that the participant could lean on for moral support when the urge to use or drink hit them the hardest. This process assisted the participants with the rebuilding of the trust and support they desperately needed in order to begin their life of sobriety. The connection of having a sponsor gave the participants someone they could answer to for the choices they made in their lives, someone who could help them clear up and analyze their distorted thinking about the various situations in their lives that at one time would lead them to the use of drugs or alcohol as a coping mechanism (Rotgers et al., 2003).

In addition to assisting clients with rebuilding their social community, clinicians have found it increasingly important to address the spiritual needs of their clients.

*Spirituality in Substance Abuse Treatment*

Spirituality for many clients has been found to be a very important aspect of their substance abuse treatment (Poll and Smith, 2003). Addressing the spiritual issues that clients present with has been shown by research to enhance the provision of effective therapeutic interventions (Poll and Smith, 2003). Both the fields of psychology and substance abuse treatment have reported a recognition of the importance that clients have placed on their spiritual lives (Poll and Smith, 2003). Some research has shown that professionals in these fields have found a higher success rate of working effectively with their clients when the importance of their spiritual life was addressed (Poll and Smith, 2003).

Religion has been defined as "an organized system of beliefs, practices, rituals and symbols designed to facilitate closeness to the sacred or transcendent (God, Higher Power, or ultimate truth/reality), and foster an understanding of one's relation and responsibility to others in living together in a

community" (Koenig, McCullough, & Larson, 2000, p.18). Spirituality has been defined as "the personal quest for understanding answers to ultimate questions about life, about meaning, and about relationship to the sacred or transcendent, which may (or may not) lead to or arise from the development of religious rituals and the formation of community" (Koenig et al., 2000, p.18). For the purpose of this discussion, spirituality was referred to as one's personal relationship with God as their Higher Power.

Psychological health has been reported to be restored effectively when the connectedness and oneness that one has felt with God was addressed (Poll and Smith, 2003). For many clients this was the beginning of the development of their spiritual identity or as William James (1902) calls it "the spiritual self; the core sanctuary of our life" (p.43). The spiritual self was shaped by those closest to the client in their life space. Initially these were their parents, then their impression of God. According to Erikson (1996), the parent-child

relationship was supposed to mirror the God-spiritual child relationship. Poll and Smith (2003) found that we were thought to be the children of God (Acts 17:28), and He is our heavenly father (Hebrews 12:9), who communicates with us through our spirit (Romans 8:16).

According to steps 1-3 of the Twelve Steps program, the client had to recognize their own powerlessness in the face of their addiction (Green, Fullilove, and Fullilove, 1998). The client then had to believe in and trust that there was an entity outside of them who was powerful enough to assist the client in fighting the demons of their disease, and finally the client had to make a conscious decision to surrender their addiction to God or their Higher Power (A.A., 2001). The idea of the acknowledgement of a Higher Power, then the complete surrender to this supernatural being, was found to be difficult for clients who had not developed a healthy spiritual identity at this point in their lives (Poll & Smith, 2003). The 12-Step program has been reported to encourage clients to seek assistance with their

addiction from a source outside of themselves. This has been criticized and said to have taught clients a sense of learned helplessness (Li, Feifer, & Strohm, 2000). Proponents of this "powerlessness" philosophy have explained it in this way: as clients were actively using drugs or drinking, they were powerless to the substance that had complete control over their lives. AA/NA is not a dogma, but they have suggested over the years that participants "get out of the driver's seat" of their lives and allow a force greater than themselves to intervene and take control (Rotgers et al., p. 22). This philosophy has also been used to help alcoholics and addicts deal with their extreme sense of grandiosity and self-centeredness, their inability to delay gratification, and their distorted thinking which has lead them time and time again to faulty decision making. This has helped them to examine their inner conversations of "me first, I want what I want when I want it, I want it my way, and it's all about me" (Rotgers et al., 2003, p.22). These were proven to be self-destructive

thoughts and were considered the biggest trigger in their relapse (Rotgers et al., 2003).

### *Implications For Counselors*

#### *The Addictive Process*

In order to understand how to provide substance abuse treatment, the counselor must have obtained a clear understanding of the addictive process. Addiction has three major points; addiction is a progressive illness, addiction is a relationship, and the addictive process will alter a person's personality (Nakken, 1996). The addiction is perpetuated by the addict's constant efforts to get their emotional and intimacy needs met through their continued usage of the substance (Nakken, 1996). According to Nakken(1996), the addictive process is reported to be a three stage process. Stage one is the Internal Change Stage. This is the stage in which the addict has begun to believe more in the pleasure of the addictive process than in human fellowship and relationships (Nakken, 1996). Stage two is the Lifestyle Change Stage. In this stage, the addict has

become stronger and the addiction has begun to take over and control the lifestyle of the addict (Nakken, 1996). Stage three is the final stage of the addictive process. This is the Life Breakdown Stage. This is the stage in which the addict realizes that they are fully out of control and are stuck in a vicious cycle of pain and substance usage (Nakken, 1996).

Along with a working knowledge of the addictive process, it has been reported that the counselor should have an understanding of the stages of change which are as follows; precontemplation, contemplation, preparation, action, and maintenance (DiClemente, 2003). Knowing these stages has assisted counselors with determining the readiness of their clients for participation in treatment. Clients who have been reported to be in the precontemplation and



the contemplation stage of change, had not made a commitment to treatment (DiClemente, 2003).

#### *Relapse Prevention and Substance Abuse Treatment*

Relapse prevention has been reported to be an important intervention to incorporate into substance abuse treatment. Relapse prevention primarily focused on changing maladaptive behaviors that served as a catalyst for continued substance usage (Irvin, Bowers, Dunn, and Wang, 1999). New coping strategies were taught in relapse prevention groups, in order to replace the coping strategy of substance usage (Irvin et al., 1999). The client was also taught how to identify high-risk situations that could lead to relapse (Witkiewitz & Marlatt, 2004). Some of the high-risk situations identified, involved people, places, and things that could tempt an individual to begin addictive behaviors again (Witkiewitz et al., 2004). Relapse prevention was based on cognitive-behavioral principles. This intervention focused on an individual's perception of a situation and the behavioral outcome of these perceptions (Carroll,

Rounsaville, and Keller, 1991). The client was the primary change agent in the cognitive-behavioral approach to relapse prevention. Clients were taught how to identify cues and triggers that could induce substance use (Goldstein, Bigelow, McCusker, Lewis, Mundt, and Powers, 2001).

The cognitive-behavioral approach to substance abuse treatment, the Twelve Step program and relapse prevention are traditional forms of substance abuse treatment. In addition to these interventions, counselors also need to examine dual-diagnosis treatment and eclectic treatment approaches. Over the past several years, there has been a significant increase in the number of clients who have been diagnosed with a mental health issue along with their substance addiction (Craig, 2004). Many substance abuse clients have not been treated because they presented with severe mental health issues that were thought to be the most important issue to address before their substance abuse issue. Likewise, many mental health clients have not receive treatment

because they presented with a significant substance abuse problem that was thought to be the most important issue to address before their mental health issues. Thus when dual-diagnosis treatment was not present, these clients fell through the cracks of treatment (Craig, 2004).

The eclectic treatment approach has been reported as a series of interventions that counselors have used. These interventions have provided a variety of treatment options in which counselors could pick and choose the ones that match the current stage of change that a client finds appropriate for their needs.

The stages of change have been found to be an important aspect of the counselor's knowledge base in regards to substance abuse treatment. Counselors need to actively teach their clients the stages of change and the relatedness of their treatment plan to these stages (DiClemente, 2003).

#### *Conclusion*

Due to the soaring financial burden of substance abuse treatment tax payers are paying and the

significantly high numbers of clients who are relapsing, the federal government has begun to investigate and perform studies on substance abuse treatment programs in order to determine the validity of these programs (Craig, 2004). The traditional treatment modalities of the Twelve Step program, the cognitive-behavioral approach, and relapse prevention, have experienced limited success. However, as substance abuse clients become more complex in the nature of illnesses they present, there has become a need for a dual-diagnosis based treatment plan that will address both their mental health and their substance abuse treatment needs. Effective treatment programs should also address aspects of a client's life that serve some importance to them, such as spirituality. Also for some clients an existentialist approach to treatment may prove to be effective. Counselors must realize that each client is unique and should have a treatment plan that is directly related to all their areas of concern, a more eclectic approach to treatment planning may be more effective

than the traditional approach to substance abuse treatment.

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