

Core Function #6 Counseling

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IC & RC defines COUNSELING as:

The utilization of special skills to assist individuals, families, or groups in achieving objectives through exploration of a problem and its ramifications; examination of attitudes and feelings; consideration of alternative solutions; and decision making.

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TAP 21 includes the core function of Counseling in Domain V and it incorporates 3 elements: Individual Counseling; Group Counseling; and Counseling Families, Couples, and Significant Others.

Tap 21 Definition of COUNSELING: A collaborative process that facilitates the client's progress toward mutually determined treatment goals and objectives. Counseling includes methods that are sensitive to individual client characteristics and to the influence of significant others, as well as the client's cultural and social context. Competence in counseling is built on an understanding of, appreciation of, and ability to approximately use the contributions of various addiction counseling models as they apply to modalities of care for individuals, groups, families, couples, and significant others.

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The counseling function is generally viewed by people in the alcohol and drug abuse counseling field as the most important, most critical, and most frequent function of a counselor.

That's why it's imperative for a counselor to be knowledgeable and competent in counseling so as not to do harm to a client, the client's family, or other group.

Within the "helping professions" there is a distinction made between counseling and therapy. Therapy is provided by a therapist who is a doctoral level clinical psychologist, a master's level social worker or counselor, or a psychiatrist. Counseling is provided by a variety of trained professionals and includes pastoral counselors, professional counselors, addiction counselors, school counselors, and others.

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The COUNSELING process establishes a relationship between a counselor and his or her client.

Effective counseling facilitates client's problem identification, attitudes and values modification, and behavior changes.

Effective counseling moves the client through the stages of change.

The effective counselor bases his or her counseling on an examination of alternative solutions to the presenting problems of a client and the client's active involvement in decision-making.

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There are many counseling theories and methods. Some have proven to be more effective than others for specific clients or their specific problems.

It is the competent counselor's responsibility to develop expertise in a number of counseling methods in order to apply the appropriate methods to a particular client's needs.

A counselor should know a few theories and their application and know when to use what theory and techniques with each presenting problem.

Within the counseling process, more than one method may be appropriately used.

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Theories used by Counselors:

Psychotherapy is the use of psychological methods, particularly when based on regular personal interaction, to help a person change behavior and overcome problems in desired ways. It is a general term for treating mental health problems by talking with a psychiatrist, psychologist or other mental health provider. During **psychotherapy**, you learn about your condition and your moods, feelings, thoughts and behaviors.

Rational emotive behavior therapy (REBT), previously called **rational therapy** and **rational emotive therapy**, is an active-directive, philosophically and empirically based psychotherapy, the aim of which is to resolve emotional and behavioral problems and disturbances and to help people to lead happier and more fulfilling lives.

Cognitive Therapy - A relatively short-term form of psychotherapy based on the concept that the way we think about things affects how we feel emotionally. **Cognitive therapy** focuses on present thinking, behavior, and communication rather than on past experiences and is oriented toward problem solving.

Behavior Therapy - an umbrella term for types of **therapy** that treat mental health disorders. This form of **therapy** seeks to identify and help change potentially self-destructive or unhealthy **behaviors**. It functions on the idea that all **behaviors** are learned and that unhealthy **behaviors** can be changed.

Cognitive – Behavioral Therapy (CBT). Cognitive behavioral therapy is a psycho-social intervention that aims to improve mental health. CBT focuses on challenging and changing unhelpful cognitive distortions and behaviors, improving emotional regulation, and the development of personal coping strategies that target solving current problems.

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Gestalt therapy is an existential/experiential form of psychotherapy which emphasizes personal responsibility, and focuses upon the individual's experience in the present moment, the therapist–client relationship, the environmental and social contexts of a person's life, and the self-regulating adjustments people make as a result of their overall situation.

Strategic Family Therapy is a form of family therapy.

Client-Centered Therapy places significant focus on the **client**. The **client-centered therapist** refrains from asking questions, making diagnoses, providing reassurance, or assigning blame during his or her interactions with the **client**.

Solution-Focused Therapy is a goal-directed collaborative approach to psychotherapeutic change that is conducted through direct observation of clients' responses to a series of precisely constructed questions. SFBT targets clients' default **solution** patterns, evaluates them for efficacy, and modifies or replaces them with problem-solving approaches that work.

Twelve-step Facilitation Therapy (TSFT) is an active engagement strategy designed to increase the likelihood of a substance abuser becoming affiliated with and actively involved in 12-step self-help groups, thereby promoting abstinence. Three key ideas predominate: (1) acceptance, which includes the realization that drug addiction is a chronic, progressive disease over which one has no control, that life has become unmanageable because of drugs, that willpower alone is insufficient to overcome the problem, and that abstinence is the only alternative; (2) surrender, which involves giving oneself over to a higher power, accepting the fellowship and support structure of other recovering addicted individuals, and following the recovery activities laid out by the 12-step program; and (3) active involvement in 12-step meetings and related activities. While the efficacy of 12-step programs (and 12-step facilitation) in treating alcohol dependence has been established, the research on its usefulness for other forms of substance abuse is more preliminary, but the treatment appears promising for helping drug abusers sustain recovery.

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Emotionally Focused Therapy and emotion-focused therapy are a family of related approaches to psychotherapy with individuals, couples, or families. EFT approaches include elements of experiential therapy, systemic therapy, and attachment theory. EFT is usually a short-term treatment. It is grounded in research while focusing on negative communication patterns and love as an attachment bond.

Dialectical Behavior Therapy is an evidence-based psychotherapy that began with efforts to treat borderline personality disorder. DBT has been proven useful in treating mood disorders, suicidal ideation, and for change in behavioral patterns such as self-harm, and substance abuse. Its main goals are to teach people how to live in the moment, cope healthily with stress, regulate emotions, and improve relationships with others.

Reality Therapy (RT) is a **therapeutic** approach that focuses on problem-solving and making better choices in order to achieve specific goals. Developed by Dr. William Glasser, **reality therapy** is focused on the here and now rather than the past.

Transactional analysis (TA) is a psychoanalytic theory and method of **therapy** wherein social transactions are analyzed to determine the ego state of the patient (whether parent-like, childlike, or adult-like) as a basis for understanding behavior.

Eye Movement Desensitization and Reprocessing (EMDR) therapy is an interactive psychotherapy technique used to relieve psychological stress. It is an effective **treatment** for trauma and post-traumatic stress disorder (PTSD).

Rapid Resolution Therapy(RRT) is a relatively new type of treatment for healing from trauma. **RRT** is designed to help individuals permanently overcome the negative effects of trauma with a fast and relatively painless approach.

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Motivational Enhancement Therapy (MET) is a counseling approach that helps individuals resolve their ambivalence about engaging in treatment and stopping their drug use. This approach aims to evoke rapid and internally motivated change, rather than guide the patient stepwise through the recovery process. The primary goal of MET is to help individuals overcome their ambivalence or resistance to behavior change. MET focuses on increasing intrinsic motivation by raising awareness of a problem, adjusting any self-defeating thoughts regarding the problem, and increasing confidence in one's ability to change. Instead of identifying a problem and telling a person in therapy what to do about it, the therapist encourages a person in therapy to make self-motivating statements that display a clear understanding of the problem and a resolve to change.

Within each theoretical orientation there are methods/intervention/techniques to use for a client's presenting issues.

For example:

Anger Resolution Blueprint is a method/intervention/technique used under the umbrella of the Cognitive - Behavioral Theory.

Example of techniques for Behavior Therapy are:

Relaxation training, systematic desensitization, virtual reality exposure, exposure and response prevention techniques,

social skills training, modeling, behavioral rehearsal and homework, and aversion therapy and punishment.

Hypnosis and NLP (Neurolinguistic Programming) are techniques for psychotherapy.

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Counseling is the “heart and soul” for many counselors. It is their personal choice, their passion, their career. It is what they do for a living. They did not just become counselors; they made serious choices in order to be counselors. Many come from a background of their own addiction. Many have reasons that range from idealism, wanting to help others, to being in recovery and deciding to give something back.

In beginning a training program to become a counselor, counselor trainees are often somewhat overwhelmed with all the theories and techniques of counseling that they are expected to learn. Some approaches such as psychoanalysis, take years of professional study. Yet all approaches take time to learn. All approaches require a strong foundation in personality theory and human development.

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The IC and RC standards required for certification as an alcohol and drug abuse counselor specify the particular aspects of this required foundation. It is a foundation that is knowledge, skill, and experience based. A college degree, even a doctorate, is not enough. To meet the standards to be an alcohol and drug abuse counselor one needs to complete the requirements of the applicant’s certification or licensing board.

In other words, counseling is a well-developed professional field.

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STAGES OF CHANGE

1) PRECONTEMPLATION STAGE

“It isn’t that we cannot see the solution. It’s that we cannot see the problem.”

Precontemplators usually show up in therapy because of pressures from others... spouses, employers, parents, and courts... Resist change. When their problem comes up, they change the topic of conversation. They place responsibility for their problems on factors such as genetic makeup, addition, family, society, destiny, the police, etc. They feel the situation is HOPELESS.

2) CONTEMPLATION STAGE

“I want to stop feeling so stuck!”

Contemplators acknowledge that they have a problem and begin to think about solving it. Contemplators struggle to understand their problems, to see its causes, and wonder about possible solutions. Many contemplators have indefinite plans to take action within the next few months.

“You know your destination, and even how to get there, but you’re not ready to go.”

It is not uncommon for contemplators to tell themselves that some day they are going to change. When contemplators transition to the preparation stage of change, their thinking is clearly marked by two changes. First, they begin to think more about the future than the past. The end of contemplation stage is a time of ANTICIPATION, ACTIVITY, ANXIETY, and EXCITEMENT.

3) PREPARATION STAGE

Most people in the preparation stage are planning to take action and are making the final adjustments before they begin to change their behavior. Have not yet resolved their AMBIVALENCE. Still need a little convincing.

4) ACTION STAGE

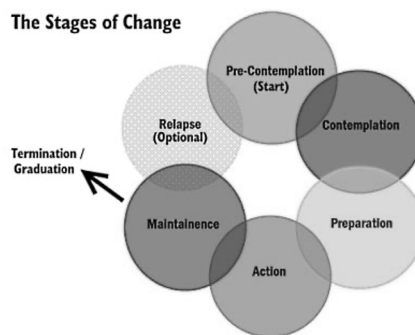
Stage where people overtly modify their behavior and their surroundings. Make the move for which they have been preparing. Requires the greatest commitment of time and energy.

CHANGE IS MORE VISIBLE TO OTHERS.

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5) MAINTENANCE STAGE

Change never ends with action. Without a strong commitment to maintenance, there will surely be relapse, usually to precontemplation or contemplation stage.



Most successful self-changers go through the stages three or four times before they make it through the cycle of change without at least one slip. Most will return to the contemplation stage of change. Slips give us the opportunity to learn.

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COUNSELING SKILLS

- ATTENTIVE/ACTIVE LISTENING: To truly hear and understand the speaker, to help the speaker feel valued and open up more
- MINIMAL ENCOURAGERS: Understanding is communicated via small verbal cues such as “yes, I see, and ok”
- REPEAT BACK: Repeating in whole or part the speaker's own words
- PARAPHRASING: Reflecting back the gist of what was said in the listener’s own words with no interpretations
- REFLECTING WITH INTERPRETATIONS: Reflecting on what was said and not said, and picking up on feelings and attitudes
- CONFRONTING: The gentle yet clear pointing out of noted discrepancies
- COMMUNICATING FEELINGS: Identify the feelings

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Global Criteria:

21. Select the counseling theory (or theories) that apply.

To be minimally competent in this criterion, a counselor would need to:

- *Know at least one counseling theory that is applicable to a client and the client’s presenting problem.*

Courses on counseling theories and techniques build a counselor’s competence. CBT (Cognitive Behavioral Theory) is the theory with the most promising efficacy in the field of substance abuse and treatment; however, that does not mean other theories are not. Many techniques/methods/ and interventions fall under the umbrella of CBT.

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Global Criteria:

22. Apply techniques to assist the client, group, and/or family in exploring problems and ramifications.

To be competent in this criterion, a counselor would need to:

- *Be able to describe multiple examples of counseling techniques, hopefully related to his or her chosen counseling theory.*

The counselor should know how the client's presenting problems are explored and what the ramifications of the presenting problems are.

A competent counselor is fully aware of the client's readiness for change. Techniques in this criterion are especially helpful for clients who are in the pre-contemplation stage of change. Likewise, these techniques would not be appropriate for a client already in the action stage of change. It is amazing that some counselors use a technique to help the client identify a problem when the client enters treatment already knowing the problem and is actively working on change. It is a waste of time and unprofessional.

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Global Criteria:

23. Apply technique(s) to assist the client, group, and/or family in examining the client's behavior, attitudes, and/or feelings if appropriate in the treatment setting.

To be competent in this criterion, a counselor would need to:

- *Again know multiple examples of techniques. The counselor should be able to explain the rationale for the technique, how it is used with a client, and what the expected results of using the technique are.*

Techniques in this criterion focus on the action stage of change. These techniques are not appropriate for a client in the pre-contemplation stage of change.

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Global Criteria:

24. Individualize counseling in accordance with cultural, gender, and lifestyle differences.

To be competent in this criterion, a counselor would need to:

- *Be knowledgeable about how counseling is individualized to take into account the client's culture, gender, and lifestyle.*

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Global Criteria:

25. Interact with the client in an appropriate therapeutic manner.

To be competent in this criterion, a counselor would need to:

- *Be knowledgeable of the ethical standards of behavior. The counselor must practice appropriate boundaries in all contact with clients.*

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Global Criteria:

26. Elicit alternative solutions and decisions from the client.

To be competent in this criterion, a counselor would need to:

- *Again know multiple techniques to elicit alternative solutions for the client's presenting problem from the client.*

The Counselor engages the client in problem-solving and decision-making processes.

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Global Criteria:

27. Implement the treatment plan.

To be competent in this criterion, a counselor would need to:

- *Understand that the counseling core function directly relates to the treatment plan developed for each client.*

There should be a logical connection between treatment goals, objectives, and activities detailed in the treatment plan and what is done during counseling.

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