The Language of Addiction Counseling

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The Language of Addiction Counseling

The session begins with an overview of the “language” of addiction counseling followed by an in-depth exploration of this “language.” A core component of the addiction counseling “language” is the approach of “compassionate accountability.” This component is presented within the specific formats of addiction counseling (crisis, individual, group, family). Participants have an opportunity to explore the application of this concept to clinical examples and case studies that are provided in the session.

Miller, G. (May 11, 2017). Breakout Session Speaker on The Language of Addiction Counseling, ICAAD, Boise, ID
Assessment/Treatment Suggestions (Miller, 2015)

A suggestion for both counselors and clients:

“Do the best you can with the mess you have.”

(Miller, 2017)
Top 10 Assessment/Treatment Suggestions (Miller, 2017)

For the Professional

1. Practice **HALT**: Don’t get too **H**ungry, **A**ngry, **L**onely, **T**ired.

2. Be **HOW**: **H**onest, **O**pen, **W**illing. [Addicted clients have good “baloney sniffers”.

3. Watch countertransference: Know your own personal and professional experiences with addicts. [Develop compassion for addiction by trying to change a habitual pattern of behavior each day with the long term goal to never return to it.]

4. Learn how to manage the reality that you may be conned by the client.

5. Know your own limitations personally/professionally as well as within your role (i.e. assessor, counselor, consultant).
Top 10 Assessment/Treatment Suggestions (Miller, 2017)

For the Professional

6. Practice “Compassionate Accountability”: Have compassion for their story while holding them accountable for their behavior. [When confused, switch the addiction to another disease (heart, cancer, diabetes, etc.) for clarification on approaches.]

7. Focus on the short term goal(s) in the context of long term treatment.

8. Slow it down and take time to assess problems. [“There’s always more to the story.” (R. Hood, personal communication, May 1, 2017)]

9. Work on a team of professionals that show mutual respect and engage in dialogue between recovering addicted professionals and addiction professionals not recovering from an addiction.

10. Check trustworthy sources for addiction information: NIDA, NIAAA, SAMHSA.
Top 10 Assessment/Treatment Suggestions (Miller, 2017)

With Clients

1. Ask “What does the client know about addiction?” “What are different people telling them about addiction?” “What is the client’s understanding of the information they receive about addiction?”

2. Remember addicted clients are both similar and unique in terms of their addiction, motivation to change, and treatment options.

3. Be aware they may have problems trusting authority figures and others.

4. Look for what is “right” (strengths) in the client.

5. Encourage them to practice **HALT**: Don’t get too Hungry, Angry, Lonely, Tired.

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Top 10 Assessment/Treatment Suggestions
(Miller, 2017)

With Clients

6. Help them learn how to “Live life on life’s terms”.
7. Collaborate with them by giving the client a choice of options [i.e. use Motivational Interviewing approaches].
8. Challenge the client's tendency to have a self-centered perspective (“I want what I want when I want it.”). [Help them learn to delay gratification and teach communication and social interaction skills.]
9. Encourage establishing/returning to a routine that supports recovery ASAP.
10. Encourage play/fun/humor ASAP remembering some clients can use this as an unhealthy defense mechanism and/or some clients may adapt more quickly/comfortably to it than others.
Case Studies (Miller, 2015)

Crisis

John is a 26 year old, single man. He was divorced 4 years ago and since that time has dated a number of women. He has been in private practice therapy (with the same counselor) since his divorce. He sobered up at the time of his divorce and has remained alcohol/drug-free. He attends a weekly 12-step group (Narcotics Anonymous) and has a sponsor whom he contacts frequently. Two years ago, John tried to kill himself: He had a gun to his head and called his therapist for help. He was committed to a psychiatric hospital. This attempt followed the breakup of a relationship. He has little contact with his family and few friends. Today, John is calling his counselor because he does not want to live anymore. His most recent relationship ended earlier today because of his overcontrolling, demanding nature.

1. How would you practice "Compassionate Accountability" with John (#6 under Professional Tips above) considering:

- the crisis he is experiencing?

- the treatment options you can offer him?

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Speaker on The Language of Addiction
Counseling, ICAAD, Boise, ID
Case Studies (Miller, 2015)

**Individual**

Jerry has been in individual counseling for his addiction because he has been unable to attend any group sessions due to his work schedule. Whenever he meets with his counselor he appears angry and belligerent. He has told his counselor he feels miserable being sober and angry that he cannot drink. He said he cannot believe that his counselor is in this "racket" for anything other than the money. When Jerry gets upset in an individual session, he simply gets up and leaves the session.

1. How would you practice "Compassionate Accountability" with Jerry (#6 under Professional Tips above) considering:
   - the facilitation of his treatment engagement?
   - his history of resistance to counseling/to you?
You have taken over an aftercare group from a female counselor. You have no control over the size of the group (the agency simply places people in the group by the night they can attend), and there are 16 members. You sat in on the group once before, taking over facilitation of the group alone. You noticed that the former leader did not allow the group members to go into their feelings very deeply. You sensed a lot of frustration in the group toward the leader and other group members.

1. How would you practice "Compassionate Accountability" with individual group members and the group as a whole (#6 under Professional Tips above) considering:
   - the group norms already set and those you plan to establish?
   - the group's development stage?
Case Studies (Miller, 2015)

Family
The Jones family has an alcoholic/prescription-addicted mother who has been brought to addiction treatment by her husband. She has been a successful treatment client in that she has examined her addiction and has been attending self-help groups during her short time of recovery. Shortly before discharge from the treatment program, her family has been brought in for a counseling session. Her husband and her two teenage daughters do not see why they needed to come in, because now that Mrs. Jones is sober, they do not anticipate any more family problems.

1. How would you practice "Compassionate Accountability" with individual family members and the family as a whole (#6 under Professional Tips above) considering:
- the family's denial and resistance
- treatment options to offer
- the family's refusal to consider treatment