

***ADDICTION COUNSELOR: THE IMPACT OF COUNSELOR'S ATTITUDE  
TOWARDS CLIENTS WITH NUMEROUS TREATMENT ATTEMPTS –  
RECOVERY/RELAPSE***

Approved Richard W. Lopez Date: 3/10/09  
Advisor

**ADDICTION COUNSELOR: THE IMPACT OF COUNSELOR'S  
ATTITUDE TOWARDS CLIENTS WITH NUMEROUS TREATMENT  
ATTEMPTS – RECOVERY/RELAPSE.**

A Seminar Paper

Presented to

The Graduate Faculty

University of Wisconsin-Platteville

In Partial Fulfillment of the

Requirement for the Degree

Master of Science

In

Education

By

Julani K. Bayan

2008

---

## ***ABSTRACT***

*Julani K. Bayan*

*Under the supervision of Dr. Richard Rogers*

The impact that counselors have on their clients and the link to them in regard to treatment, recovery and possible relapse goes for the most part unseen and unmentioned. Regardless, this impact is present but usually has a negative effect on the clients as he/she continues to re-enter treatment for addiction. Current research suggests that it is as much the responsibility of the client as the counselor to maintain a therapeutic relationship to avoid some of the transference issues that aid the client in sabotaging one's own recovery and then placing the blame for the client relapse on the counselor. Both the counselors and clients have to take ownership of their roles in the therapeutic process in order for the responsibility of recovery to be rightfully placed with the client.

## *TABLE OF CONTENTS*

APPROVAL PAGE.....	i
TITLE PAGE.....	ii
ABSTRACT.....	iii
TABLE OF CONTENTS.....	iv

## *CHAPTERS*

I.	INTRODUCTION.....	1
	Introduction to the Problem	
	Statement of the Problem	
	Purpose of the Research	
	Significance of the Study	
	Assumption of the Study	
	Method and Procedures	
	Delimitations	
	Definitions of Terms	
II.	REVIEW OF LITERATURE.....	7
	Addiction Counselor: The impact of Counselor's attitude toward	
	Client's with numerous Treatment attempts –	
	Recovery/Relapse.	
	The Therapeutic Process	
	The Problem and Treatment Process	
	Women of Addiction	
	The Counselor's Ability to Provide Treatment	

III.	FINDINGS.....	15
IV.	IV. REFERENCES.....	18

## ***CHAPTER I***

### ***INTRODUCTION***

#### ***Introduction to the Problem***

This researcher worked in an addiction program that provided treatment to adult women and their children suffering from addiction located in Vernon Hills, Lake County, Illinois, during the years of 1999 through 2002. This researcher was exposed to women who were clients who had been in the program several times during the course of time that this researcher was employed. This researcher experienced at times emotions of anger, resentment and failure, not wanting to give the client more time than absolutely needed because “they are coming back in a few months anyway.” Now looking back, this researcher questions how that statement plays itself out through the counselor and the possible effects that it has on the counselor’s ability to deliver effective treatment to those clients who continue to repeat treatment numerous times. This study questions if those attitudes are any way correlated to the recovery or relapse of a client.

#### ***Statement of the Problem***

The ability of counselors to deliver effective treatment to clients that repeat treatment numerous times may be a difficult challenge for some counselors. This difficulty presents itself in many forms of dealing with that particular client. For example, these forms of difficulty may be displayed by actions of avoidance, easy

annoyance, less empathy and lack of listening to major concerns of that client.

This problem may exist in many different agencies and state sponsored programs throughout the addiction treatment world. If this is the case, addiction counselors and treatment programs may inadvertently cause another problem within a problem. This counselor attitude may be a contributing factor to burnout and the professional short life expectancy of an addiction counselor. Counselors may feel as if their skills are inadequate to provide assistance to the clients they serve.

Counselors come into this profession with the belief that they will assist clients with their personal battles of addiction. For new counselors in the profession, this belief is very important; but if not supported, this may be the very thing that causes a person to leave the profession.

It is upon this basis that training needs to be developed that will be a combination of better education for the counselor in regard to skill level, supervision with a seasoned counselor, and development of awareness to the clients' needs. The program content that is provided by the Lake County Women's Residential Services, Illinois Alcohol Other Drug Addiction Professional Counselor Association, is intended for an agency setting and the classroom form of instruction.

### ***Purpose of the Study***

The specific objectives of the project are the following:

1. To identify underlying factors within the addiction counselor that interferes with the delivery treatment to repetitive clients.
2. To design training for addiction counselors that adheres to the mandates of the Lake County Women's Residential Services.
3. To study the code of ethics surrounding Illinois Alcohol Other Drug Addiction Professional Counselor Association certification.
4. To retain information that will assist the addiction counselor understand his/her role in the client's recovery process.
5. To assist the addiction counselor improve his/her skill level to help retain employment in the field of addiction counseling.

### ***Significance of the Study***

Addiction Counselors will benefit from the development of this training to improve skill level and the delivery of treatment. The training program will allow addiction counselors the accessibility to additional training material that are not now readily available.

Local and state run agencies with addiction programs will benefit from the development of this training. It will provide them with addiction counselors who are more skilled and more aware of their roles and the clients whom they serve.



Also, some positive changes are expected in regard to the professional life expectancy of an addiction counselor who undergoes this training.

The clients will benefit from having better trained and self-aware counselors providing treatment. The number of clients returning to treatment numerous times may be reduced due to the level of treatment that was provided during their initial treatment stay.

Lake County Women's Residential Services will benefit as well. This additional training will assist the program to meet its standards in regard to the level of treatment provided to the clients. Also, the training will assist the program to foster a better relationship with the surrounding communities in regard to clients served and develop more support for the program.

### ***Assumptions of the Study***

It is assumed that there is an impact on the repetitive clients in treatment due to the attitudes displayed by the counselor. It is also assumed that counselors want this type of training and continuing education in regard to their attitudes and the impact that it may have on the clients whom they serve. It is further assumed that counselors will enroll in the training program.

### ***Method and Procedures***

This researcher will research literature to evaluate the most effective means for developing course content in a training format. The information gained

from the research will be applied to the professional training curriculum outlined by Illinois Alcohol Other Drug Addiction Professional Counselor Association to guide the training design. Subsequent modification will be the basis for development of one training session, which will be divided into two days.

Evaluations will be designed for the instructor of the training courses. This researcher will develop course evaluations to measure course effectiveness during the Program Planning course. Peers of this researcher will determine content validity by reviewing these evaluations. These evaluations will provide feedback to the instructor regarding the effectiveness of the course content and quality of the training.

### ***Delimitations***

This study is limited to the development of a training program in Addiction Counseling Awareness for the Lake County Women's Residential Services.

### ***Definitions of Terms***

The Training Program for Addiction Counseling Awareness: This program offers the opportunity for addiction counselors to enhance skill levels as well as develop an understanding of self and the clients that they serve.

Lake County Women's Residential Services: A facility that runs an addiction program on both the local and state levels.

Addiction Counselor: An individual that has studied the area of substance abuse, who speaks with individuals who are suffering and attempting to cope with their issues related to substances.

## ***CHAPTER II***

### ***REVIEW OF LITERATURE***

#### ***The Therapeutic Process***

The counselor and client both have a great responsibility when it comes to counseling and the therapeutic process. In the world of addiction counseling, it is very important for the counselor to be very aware of his or her values. This self-awareness doesn't just hold true for addiction counselors but for all counselors alike. If this awareness of values were not present, the difficulties of decision making would be overwhelming. Ethical decision making is an on going process with no easy answers. In order to promote the well being of the client, the counselor must constantly balance his or her own values and life experiences with professional codes of ethics to make choices about how to help clients effectively (Moleski and Kiselica, 2005).

It is also up to the client as well to understand his/her choices in regard to the therapeutic process. It is not solely up to the counselor to govern this process. An underlying assumption has been that clients and counselors bring to the therapeutic relationship expectations of what counseling will be like and how each role will be enacted (June and Smith, 1983). Initially, the counselor is supposed to be more equipped to set parameters for the therapeutic relationship. However, although professional codes of conduct provide guidelines for how

counselors should behave with clients, they do not furnish absolute answers for how counselors must act in every situation (Moleski and Kesilica, 2005). For this reason, it is very important that the guidelines for the therapeutic process be established immediately upon contact with a client. If not, some of the most difficult situations in a counselor-client relationship can result from the lack of understanding on either part.

### ***The Problem and Treatment Process***

It is hard enough to maintain the counselor-client relationship under “normal” therapeutic conditions, but to add confusion and mistrust to the process causes both the counselor and client relationship to be at risk for failure. Further in developing a positive therapeutic relationship, the other challenge is to get and keep a client in treatment. One of the initial difficulties for prospective clients is the amount of time that will be needed to deal adequately with the problem (June and Smith, 1983). In addition, people often see counseling as a last resort, one to consider only after all other options of support have been exhausted (Vogel and Wester, 2003). There exist also the implications of culture that surrounds an individual that may promote or discourage counseling as an option for the person. Choices of seeking psychological assistance may come from an elder in the family, pastor of their church or from the idea that if one doesn’t speak about it, the problem would dissipate on its own. On the other hand, according to Vogel and Wester, “Individuals seek counseling when they perceive their problems as more severe than the problems of others.” In either case, counseling individuals

with an alcohol or substance addiction at times can be very difficult for the counselor. One critical factor for addiction counselors working in such an environment is the ability to be effective when clients are resistant to or ambivalent about changing their substance-abusing behavior (Toriello and Strohmer, 2004).

The identity of the problem is not present for the most part with individuals suffering from an addiction. This is likely due to the addictions, which in a majority of cases have both physical and mental impairments on the individual, therefore, making it more difficult to identify with a culture or any perception of the problem to determine how severe the addiction may actually be. Hence, these circumstances make clients with an addiction problem difficult to counsel and remain in treatment for the duration.

### ***Women of Addiction***

Women with small children face real difficulties about seeking/remaining in treatment. Women of addiction tend to use the excuse of not wanting to bring their children and subject them to any more problems from other women and other children. Other reasons used by women in need of counseling include no treatment facilities available, loss of benefits if on public assistance or losing their children to the state. Although these reasons may be true, without treatment the mother's addiction often times is enough by itself to produce a negative influence on the child's worldview. The mother's addiction alone can produce many maladaptive behaviors that play out in physical, mental, emotional and sexual

abuse towards the child. These behaviors can result in a shame factor, which then leads to another excuse for why the mother does not want to receive treatment. The harsh reality in regard to treatment for women with children is that it is not readily available. Residential treatment programs are difficult for women with dependent children to participate in because there have been no wide-scale provisions for children while mothers go into treatment (Goldberg, 1995).

It is also a common practice of individuals with addiction to associate the reasons for why they cannot stay in treatment or continue to relapse in the recovery process with the lack of taking personal responsibility. They perceive their relapse is because of someone or something else other than themselves; the addiction counselor is not immune to this thought process of the client. “Moreover, creditability of the addiction counselor is also premium because influencing clients to enter and remain in counseling is one of the more salient challenges that these counselors face.” (Toriello and Strohmer, 2004).

It is not up to the counselor alone to hold the importance of recovery, but it appears to be the case with the frame of mind that the clients initially have. For example clients comments often reflect this viewpoint, “I don’t have a problem, so I don’t need anyone’s help; let alone a counselor – a complete stranger.” When clients reveal their problems to someone, they want to feel a sense that the person they are sharing with cares about their problems and won’t disregard what is being said. Individuals with addiction problems especially start to develop a sense that no one cares or will care about them, and the sense of not mattering sets in. When clients feel the sense of mattering to others, they start to matter to

themselves. It is suggested that mattering to others is actually essential to one's sense of self (all human beings want to matter to others) and to society (as an element of social bonding) (Rayle, 2006). Now take the perception of mattering and place that ideology in a client with an addiction problem. The idea of mattering is now broken up by endless and countless events surrounded by people that at one point mattered but now no longer do. The sense of self is impaired by a cloudy and vague memory caused by numerous occasions of substance and alcohol abuse that lead to blackouts and hallucinations. The initial introduction to treatment may have given some sense of self back to the client. The client begins to open up and identify with others similar to themselves and a person (counselor) that is genuinely concerned about his or her well being; the client "matters" again. Then comes the harshness of a relapse and all that mattered is gone again. The ugly reality is that the client may find existence in that reality and go in and out of treatment to get a "fix" of mattering either from other clients or the counselor within the treatment program. This existence causes the client to sabotage and blame others for yet another part of the vicious cycle in addiction.

There is another issue present - the ability to self-disclose. The importance of self-disclosure as a factor influencing whether a person would ever seek counseling, however, has only recently been examined, despite the fact that receiving psychological services has been acknowledge as basically the act of deciding to self-disclose a problem to someone else (Toriello and Strohmer, 2004). Here lies a dilemma for the client because, on one hand, he or she denies having a problem; but, on the other hand, something is contradicting that denial



and having him or her seek services. There is no wonder why an individual in treatment may enter/leave treatment on numerous occasions. As obvious as that may seem, the client will still somehow associate the leaving treatment/relapse to the fault of something or someone else – the counselor.

### ***The Counselor's Ability to Provide Treatment***

The addiction counselor not only receives the consistent blame for their clients relapse, but the counselor is also under the gun to deliver positive outcomes. Studies have suggested a lapse – relapse learning curve in which there is a higher likelihood of a lapse immediate after/early termination of treatment, but incremental changes in coping skills lead to a decreased probability of relapse over time (Witkiewitz and Marlatt, 2004). In some cases this allowance of time is not perceived by the counselor due to many factors which all lead up to the counselor no longer having the ability to remain objective and non-biased when it comes to that particular client. This is possible for many reasons such as the following: the counselor has seen this client over and over again for numerous treatment attempts, the client continues to lapse/relapse regardless of the different counseling styles and approaches the counselor takes, and/or even the counselor begins to blame him/herself for the client's lapse/relapse in recovery. Regardless of the reasons, the counselor has become ineffective with that client. If that is the case, both the counselor and the client, as stated earlier, have to take responsibility for their part in the therapeutic/recovery process. Counselors need to be aware of

trained for and educated about all of the pitfalls when it comes to counseling clients with an addiction problem.

Counselors with an understanding of relapse prevention, human behavior and cognitive-based learning can possibly weather the short life expectancy that addiction counselors face. Relapse prevention is a cognitive – behavioral approach with the goal of identifying and preventing high risk situations for relapse (Witkiewitz and Marlatt, 2004). If these high risk situations are not made clear to both the client and counselor, the initial relapse can be very surprising and difficult to process. Both have to be made aware that recovery is a long process at times and the commitment has to be there by the client to endure treatment setbacks. It is up to the counselor to portray a clear picture of treatment and the obstacles that may come.

The client's ability to make the needed changes for recovery depends highly on understanding the recovery process and on the counselor's not skill and proper education; the counselor could be indirectly sending off unclear messages in regard to the entire therapeutic process of recovery. This misunderstanding after numerous attempts at treatment becomes frustrating for the client as well as the counselor. If this misunderstanding is not identified and acknowledged, the possibilities for positive change appear to decrease and counseling appears to be a futile attempt. This perception is discouraging at the least for remaining free of alcohol and substances over an extended period of time.

Individuals engaged in behavior changing are confronted with urges, cues and automatic thoughts regarding maladaptive behaviors that they are attempting

to modify (Witkiewitz and Marlatt, 2004). It is very important that both the client and counselor begin the attempt to modify the behavior of alcohol and substance abuse with clear eyes on a goal of abstinence or moderation. A clear goal can lead to positive progress and this progress can lead to the ability to recognize the problem. Once the client can see progress, recognize the problem and have a set goal to change; then maybe recovery is possible.

### **CHAPTER III FINDINGS**

Counselors have a great deal of responsibility when it comes to their clients and themselves in the therapeutic process. Counselors have the ability to influence, make life changes and assess multiple situations when it comes to their clients. This ability is something that needs to be governed and respected because if not, the damage can be more profound than the actual cause for seeking counseling initially. A client's and counselor's relationship is a sensitive relationship with many facets and conditions, especially if impaired by the influence of an addiction. "In the addiction counseling milieu, where time with clients is limited, the credibility of addiction counselor and their ability to influence clients to willingly engage in the counseling process are critical." (Toriello and Strohmer, 2004).

Clients with addictions are a separate population altogether in the counseling arena. If a counselor is unaware, less experienced or biased about these issues, counseling this population is not in the best interest of the counselor or the client. "In order to promote the well-being of clients, counselors must constantly balance their own values and life experiences with professional codes of ethics as they make choices about how to help their clients effectively." (Moleski and Kesilica, 2005).

Men, women and children having to deal with the effects of an addiction directly or indirectly have developed ways of coping and tolerating addiction. If not empathetic to these coping skills, a counselor will lose any chance of assisting

the client. Substance abuse is so widespread among both men and women of all socioeconomic and ethnic groups; it would be naïve to say that having this ability to be empathetic would eliminate this problem. (Goldberg, 1995). At such time the counselor may have turned a chance to assist into a reason for the client to continue in the cycle of addiction.

Counseling and addiction are two different worldviews; it is the responsibility of both the counselor and the client to come together or meet on a common ground for some form of recovery in order for the therapeutic process to begin correctly. If that goal is not shared and understood by all involved in this process, the client will not obtain a sense that a change is needed. Then again, the ultimate decision to make that change is the client and the client alone. The job of the counselor is to bring this ability to choose back to the client, something that the addiction took away and instead left the client with few options to regain self, a sense of belonging (mattering). “All individuals need others to pay attention to them, take interest in them, and consider them important, it is not surprising that counselors and clients in counseling relationships want to experience mattering.” (Rayle, 2006).

Through this research many common factors in regard to clients’ repeating treatment and the attitude of the counselor were made clear. Both client and counselor have to share a common goal in recovery. What that exactly means and the roles that are needed to see this goal through must be defined within each counseling relationship. Recovery means and is different for each client and a

counselor must keep that in the forefront of the therapeutic process in order to ensure individualized treatment for the client being served.

Regardless of the treatment attempts, a counselor must remain unbiased and deliver the same level of care to the client. This ability to maintain adequate treatment for the same client numerous times can be very frustrating for both the client and the counselor and may even result in relapse, which the client by nature of the addiction will place blame on all others rather than themselves. If a counselor is not aware of these areas of difficulty that arise in treatment, the likelihood of negative feelings being felt due to an misunderstanding of the client's needs or actions could easily arise. Therefore causing the counselor to deliver a different level of care and attitude toward the client then the counselor him or her self has now become another obstacle in treating addiction rather than the solution.

## REFERENCES

- Constantine, M. (2002) Predictor of Satisfaction with Counseling: Racial and ethnic minority clients' attitudes toward counseling and ratings of their counselors' general and multicultural counseling competence. *Journal of Counseling Psychology*, 49, 255-263.
- Goldberg, M. (1995) Substance-Abusing Women: False stereotypes and real needs. *Social Work*, 40(6), 789-797.
- Henkelman, J. & Paulson, B. (2006) The client as expert: Researching hindering experiences in counseling. *Counseling Psychology Quarterly*, 19(2), 139-150.
- June, L. & Smith, E. (1983) Brief Reports: A comparison of client and counselor expectancies regarding the duration of counseling. *Journal of Counseling Psychology*, 30, 596-599.
- Lent, R., Hoffman, M., Hill, C., Treistman, D., Mount, M., and Singley, D. (2006) Client-Specific Counselor Self-Efficacy in Novice Counselors: Relation to perceptions of session quality. *Journal of Counseling Psychology*, 53, 453-463.
- Moleski, S. & Kiselica, M. (2005) Dual Relationships: A continuum ranging from the destructive to the therapeutic. *Journal of Counseling & Development*, 83, 3-11.
- Rayle, A. (2006) Mattering to Others: Implications for the counseling relationship. *Journal of Counseling & Development*, 84, 483-487.
- Richardson, T & Molinaro, K. (1996) White Counselor Self-Awareness: A prerequisite for developing multicultural competence. *Journal of Counseling & Development*, 74, 238-241.

- Toriello, J. & Strohmer, D. (2004) Addiction Counselors' Credibility: The impact of interactional style, recovery status and nonverbal behavior. *Journal of Addiction and Offender Counseling*, 25, 43-57.
- Vogel, D. & Wester, S. (2003) To Seek Help or Not to Seek Help: The risks of self-disclosure. *Journal of Counseling Psychology*, 50, 351-361.
- Witkiewitz, K. & Marlatt, G. (2004) Relapse Prevention for Alcohol and Drug Problems. *American Psychologist*, 59, 224-235.