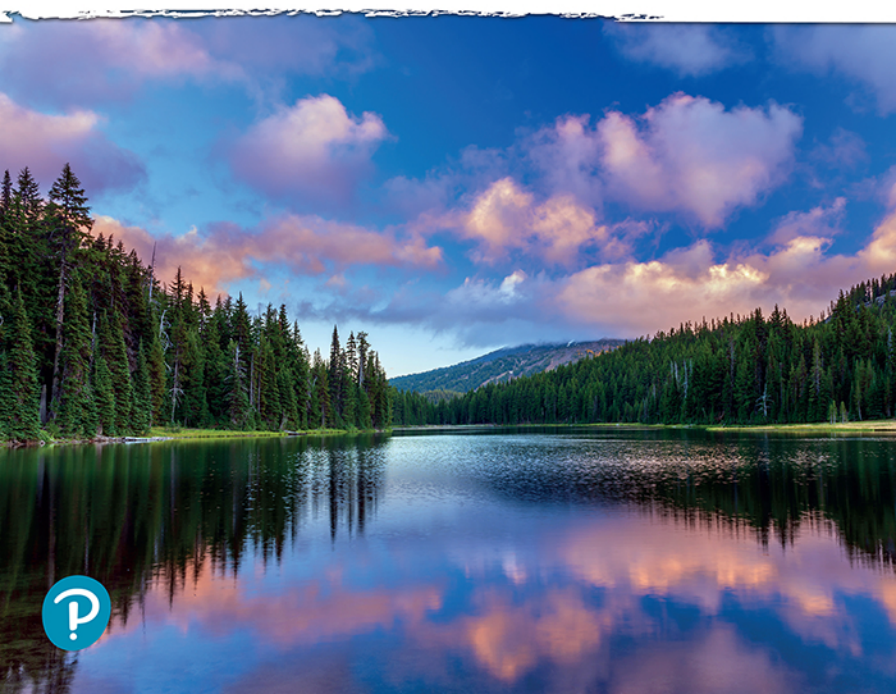


The Merrill Counseling Series

5TH EDITION

FOUNDATIONS OF ADDICTIONS COUNSELING

DAVID CAPUZZI MARK D. STAUFFER



Fifth Edition

FOUNDATIONS OF ADDICTIONS COUNSELING

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PREFACE

Whether you are entering the field of addictions counseling or are a counselor who wants to be prepared for the screening, assessment, and treatment of addiction in your practice, this text provides a foundational basis. *Foundations of Addictions Counseling* addresses real-life clinical concerns while providing the necessary information to keep up to date with trends. It also addresses the evolving standards of professional organizations, accrediting bodies, licensure boards, and graduate programs and departments. Counselors in school, mental health, rehabilitation, hospital, private practice, and a variety of other settings must be thoroughly prepared to support clients in their quest to be healthy and unimpaired. As the profession of counseling has matured, more and more emphasis has been placed on the importance of preparing counselors to work holistically and synthesize knowledge domains from mental health, developmental, and addiction perspectives. The authors provide this knowledge in support of counselors' work on behalf of various clients and diverse communities.

Counselors can expect some of their clients to want to address concerns connected with the use and misuse of substances and the development of addictive behavior. This book draws on the specialized knowledge of the writers of each contributed chapter. It is written for use in graduate-level preparation programs for counselors. Because of the clarity of the writing and the use of case studies, it may also be adopted in some undergraduate and community college courses. Requirements of the Council for the Accreditation of Counseling and Related Educational Programs (CACREP) and other certification associations have led most university programs in counselor education to require an addictions course for all students, regardless of specialization (school, community, rehabilitation, couples, marriage and family, student personnel, etc.). Addictions counseling is also being offered for CADC I and II certifications, which require undergraduate coursework related to addictions counseling.

UNIQUE TO THIS EDITION

- Major revisions of all the chapters so that each topic is even more comprehensively addressed in this edition.
- Additional case studies to further illustrate points and enliven class discussion.
- Additional informational sidebars to encourage the visual learner and precipitate reader contemplation.
- More emphasis on issues connected with diversity, equity, and inclusion.
- Integration of updated and current research from the field's peer-reviewed journals.
- Clearly stated objectives for each chapter.

It is our hope that this fifth edition of *Foundations of Addictions Counseling* will provide the emerging student counselor with the foundations needed for follow-up courses and supervised practice in the arena of addictions counseling.

Although the text addresses the history, theories, and research related to addictions counseling, at least half of the book's emphasis is on techniques and skills needed by the practitioner. In addition, guidelines for addictions counseling in family, rehabilitation, and school settings are

addressed, as are topics connected with cross-cultural counseling and addictions. Some of the topics that make the book engaging and of high interest to reader are:

- Concrete reference to assessment tools.
- Outpatient and inpatient treatment.
- Maintenance and relapse prevention.
- Counseling with recovering clients.
- Counseling couples and families that are coping with addictions issues.
- Addictions prevention programs for children, adolescents, and college students.

It is important to note that writers experienced in addictions counseling were asked to contribute so that the reader is provided with not only theory and research but also with those applications so pertinent to the role of the practicing, licensed, and certified addictions counselor. This book also reflects the view of the editors that counselors must be prepared in a holistic manner, since addiction issues are so often the reason clients seek the assistance of a professional counselor.

The book is designed for students taking a preliminary course in addictions counseling. It presents a comprehensive overview of the foundations of addictions counseling, the skills and techniques needed for addictions counseling, and addictions counseling in specific settings. As editors, we know that one text cannot adequately address all the complex and holistic factors involved in assisting clients who present with issues related to addictive behavior. We have, however, attempted to provide our readers with a broad perspective based on current professional literature and the rapidly changing world we live in at this juncture of the new millennium. The following overview highlights the major features of the text.

OVERVIEW

With a few exceptions, each chapter contains case studies illustrating practical applications of the concepts presented. Most chapters refer the reader to websites containing supplemental information. Students will find it helpful to use the study material on the website maintained by Pearson Publishing. Professors may want to make use of the PowerPoint presentations developed for each chapter, as well as the test manual that can be used to develop quizzes and exams on the book's content.

The text is divided into the following four parts, with the rehabilitation chapter capping the textbook: (1) Introduction to Addictions Counseling; (2) The Treatment of Addictions; (3) Addictions in Family Therapy, Rehabilitation, and a School Settings; and (4) Cross-Cultural Counseling in Addictions.

PART 1 Introduction to Addictions Counseling (Chapters 1 through 6) begins with information on the historical perspectives and etiological models that serve as the foundation for current approaches to addictions counseling, and provides the reader with the contextual background needed to assimilate subsequent chapters. Chapters focused on substance and process addictions, professional issues, an introduction to assessment, and assessment and diagnosis of addictions are included as well.

PART 2 The Treatment of Addictions (Chapters 7 through 13) presents information about motivational interviewing, psychotherapeutic approaches, comorbid disorders, group work, pharmacotherapy, 12-step programs, and maintenance and relapse prevention. All chapters provide overviews and introduce readers to the skills and techniques used in the addictions counseling process.

PART 3 Addictions in Family Therapy, Rehabilitation, and School Settings (Chapters 14 through 16) presents information relative to addiction and families; persons with disabilities; and children, adolescents, and college students. These chapters highlight information that has relevance and application to diverse contexts.

PART 4 Cross-Cultural Counseling in Addictions (Chapters 17 through 19) discusses ethnic diversity; gender and addictions; and gay, lesbian, bisexual, transgender, questioning, and queer affirmative addictions treatment.

An epilogue with a revised, final chapter on inpatient and outpatient rehabilitation provides the readership with even more information than in the fourth edition of the text. We think the additional case studies included in this fifth edition, along with the use of sidebars, enliven the content and make the text even more user-friendly and practitioner-oriented.

Every attempt has been made by the editors and contributors to provide the reader with current information in each of the 20 areas of focus. It is our hope that this fifth edition of *Foundations of Addictions Counseling* will provide the beginning student counselor with the basics needed for follow-up courses and supervised practice in the arena of addictions counseling with clients.

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PEARSON ETEXTBOOK

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- **Chapter Review Quizzes:** Chapter Quizzes are available for instructors to assign through their Learning Management System. Each quiz contains higher-order multiple choice questions that measure understanding of chapter content. Each multiple choice question includes feedback for the correct answer and for each distractor to help guide students' learning
- **Application Exercises:** Each chapter provides opportunities to apply what you have learned through Application Exercises. These exercises are usually in short-answer format

and can be based on Pearson eTextbook video examples, written cases, or scenarios modeled by pedagogical text features. A model response written by experts is provided to help guide learning.

- **Chapter Tests:** Suggested test items are provided for each chapter and include questions in multiple choice and short answer/essay formats

Instructor's Manual The Instructor's Manual is provided as a Word document and includes resources to assist professors in planning their course.

PowerPoint® Slides PowerPoint® slides are provided for each chapter. They highlight key concepts and summarize the content of the text to make it more meaningful for students.

Note: All instructor resources—LMS-compatible assessment bank, instructor's manual, and PowerPoint slides are available for instructor download at www.pearson.com. After searching for your title, be sure you have selected “I'm an educator”, then select the “Instructor resources” tab.

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We would like to thank the authors who contributed their expertise, knowledge, and experience in the development of this textbook. We would also like to thank our families, who provided us with the freedom and encouragement to make this endeavor possible. Our gratitude is also directed to members of the Pearson production team for their encouragement and assistance with copyediting and, ultimately, the publication of the book. Very special thanks are extended to our editor, Rebecca Fox-Gieg, and the developmental editor, Katie Blackburn, for their input and suggestions.

Finally, we would like to acknowledge the content reviewers including Richard W. Carroll, (Lindsey Wilson College) and Connie T. Jones (University of North Carolina at Greensboro) and our diversity, equity, and inclusion reviewer of the fourth edition of this textbook for their comments and insights that resulted in an even better fifth edition.

CONTRIBUTORS

MEET THE EDITORS

David Capuzzi, PhD, NCC, LPC, is professor emeritus of Portland State University in Portland, Oregon, and faculty emeritus of Walden University headquartered in Minneapolis. Previously, he served as an affiliate professor in the Department of Counselor Education, Counseling Psychology, and Rehabilitation Services at Pennsylvania State University and Scholar in Residence in Counselor Education at Johns Hopkins University.

He is past president of the American Counseling Association (ACA), formerly the American Association for Counseling and Development, and past chair of both the ACA Foundation and the ACA Insurance Trust. From 1980 to 1984, Dr. Capuzzi was editor of *The School Counselor*. He has authored several textbook chapters and monographs on the topic of preventing adolescent suicide and is coeditor and author with Dr. Larry Golden of *Helping Families Help Children: Family Interventions with School Related Problems* (1986) and *Preventing Adolescent Suicide* (1988). He coauthored and edited with Douglas R. Gross, 'Youth at Risk: A Prevention Resource for Counselors, Teachers, and Parents' (1989, 1996, 2000, 2004, 2008, 2014, 2019); *Introduction to the Counseling Profession* (1991, 1995, 1997, 2001, 2005, 2009, 2013, 2017); *Introduction to Group Work* (1992, 1998, 2002, 2006, 2010); and *Counseling and Psychotherapy: Theories and Interventions* (1995, 1999, 2003, 2007, 2011).

In addition to *Foundations of Addictions Counseling* (2008, 2012, 2016, 2020) and *Foundations of Group Counseling* (2019), published by Pearson with Dr. Stauffer, he and Dr. Stauffer have published: *Career Counseling: Foundations, Perspectives, and Applications* (2006, 2012, 2019); *Foundations of Couples, Marriage and Family Counseling* (2015, 2021); *Human Growth and Development Across the Life Span: Applications for Counselors* (2016); and *Counseling and Psychotherapy: Theories and Interventions* (2016, 2022). Other texts include *Approaches to Group Work: A Handbook for Practitioners* (2003); *Suicide Across the Life Span* (2006); and *Sexuality Issues in Counseling*, the last coauthored and edited with Larry Burlew. He has authored or coauthored articles in a number of ACA-related journals.

A frequent speaker and keynoter at professional conferences and institutes, Dr. Capuzzi has also consulted with a variety of school districts and community agencies interested in initiating prevention and intervention strategies for adolescents at risk for suicide. He has facilitated the development of suicide prevention, crisis management, and postvention programs in communities throughout the United States; he provides training on the topics of youth at risk and grief and loss and serves as an invited adjunct faculty member at other universities as time permits.

An ACA fellow, he is the first recipient of ACA's Kitty Cole Human Rights Award and a recipient of the Leona Tyler Award in Oregon. In 2010, he received ACA's Gilbert and Kathleen Wrenn Award for a Humanitarian and Caring Person. In 2011, he was named a Distinguished Alumni of the College of Education at Florida State University and, in 2016, received the Locke/Paisley Mentorship award from the Association for Counselor Education and Supervision. In 2018, he received the Mary Smith Arnold Anti-Oppression Award from the Counselors for Social Justice, a division of ACA, as well as the U.S. President's Lifetime Achievement Award. He is the 2019 recipient of the Lifetime Achievement Award from the Association for Counselor Education and Supervision.

Mark D. Stauffer, PhD, NCC, is a core faculty member in the community mental health counseling program at Walden University. He specialized in couples, marriage, and family counseling during his graduate work in the Counselor Education Program at Portland State University, where he received his master's degree. He received his doctoral degree from Oregon State University, Department of Teacher and Counselor Education.

As a clinician, Dr. Stauffer has worked in the Portland metro area in Oregon at crisis centers and other nonprofit organizations working with low-income and houseless individuals, couples, and families. He is Lay Dharma Teacher in the Soto Zen tradition. He presents locally and nationally on meditation and mindfulness as well as on mindfulness-based therapies in counseling.

Dr. Stauffer was a Chi Sigma Iota International fellow. He has served as past co-chair of the American Counseling Association International Committee and as President of the Association for Humanistic Counseling (2018–2019). He is a member of the International Association of Addiction and Offender Counseling.

In addition to this addictions counseling textbook published by Pearson (2008, 2012, 2016, 2020) with Dr. Capuzzi, he and Dr. Capuzzi have coedited several other textbooks in the counseling field: *Foundations of Group Counseling* (2019); *Career Counseling: Foundations, Perspectives, and Applications* (2006, 2012, 2019), *Counseling and Psychotherapy: Theories and Interventions* (2016, 2022), *Foundations of Couples, Marriage and Family Counseling* (2015, 2021), and *Human Growth and Development Across the Life Span: Applications for Counselors* (2016). He also coauthored *Introduction to Group Work* (2006, 2010) with David Capuzzi and Doug Gross.

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Malvika Behl, PhD, received her BA in Psychology, Sociology, and Economics from Christ University Bangalore, India, MA in Counseling from Lindenwood University, Missouri, and PhD in Counselor Education and Supervision from the University of Toledo, Ohio. Currently she is Associate Professor and Counseling Program Chair at West Texas A&M University (WTAMU), Texas teaching graduate courses in Counseling and School Counseling. Dr. Behl is a Licensed School Counselor (Ohio) and a Licensed Professional Counselor (Texas). Her research interests include international students in Counselor Education, trauma-focused cognitive-behavioral therapy, COVID-19 and its impact on counselor education, and counseling children with Learning Disabilities.

Craig R. Blum, PhD, is a Core Faculty member in Walden University's M.S. in Clinical Mental Health Counseling. He has taught in a variety of undergraduate through doctoral programs in human services and counseling programs at both traditional ground-based and online universities for more than 20 years. He has provided consultation to various behavioral healthcare programs, organizations, state governments, Native American Tribal programs and governments, and the

federal government serving or overseeing programs for those with mental health, substance abuse, and intellectual and developmental disabilities across the United States since 1996. From 1997 to 2004, he was a surveyor for the Joint Commission and reviewed over 350 programs. He worked in a private counseling practice between 1988 and 1996. Before that he worked in a variety of hospital-based and other community organizations providing outpatient and inpatient counseling, crisis intervention, rehabilitation, and career counseling. He has published a number of peer-reviewed articles, presented at many professional conferences, and has been active in local and national professional organizations.

Cynthia A. Briggs, PhD, LCHC (NC), NCC, completed her BS in Psychology at Guilford College, her MAEd in Community Counseling at Wake Forest University, and her PhD in Counseling at Oregon State University. Her first experiences as a counselor were in the addiction field. She observed gaps in treatment, particularly for women clients, that led her to become an advocate and leader in the field. She co-authored a textbook on women and addiction, and has presented on addiction issues with adolescent girls and in the veteran population. She currently serves as a core faculty member in the School of Counseling at Walden University.

Richard J. Cicchetti, LCPC, CRC, SATP-C, received his Master's Degree in Rehabilitation Counseling from Northeastern Illinois University and his PhD from Old Dominion University in Counselor Education. Dr. C. has taught as an Adjunct Faculty member at Old Dominion University, teaching undergraduate and graduate courses in the Department of Human Services and Counselor Education. Also as an Adjunct Faculty member at Adler School of Professional Psychology teaching courses in Masters Level Rehabilitation Counseling, Masters Level General Counseling, and Masters and Psy D level Social Psychology and Cultural Diversity. Currently, along with teaching at Walden, Rick and two partners work in private practice with clients who have discomfort from process addictions, veterans with discomfort from readjustment syndrome, clients with disabilities, and clients with substance abuse and relationship issues. Rick's research interests include; addictions, process addiction, readjustment issues related to people with felonies, veterans, and people with disabilities. Rick also believes in giving back to the community and spearheads clothing drives and volunteers and many community agencies. "Walk a mile in a person's shoes before you can understand them."

Pamela A. Cingel, PhD, earned her doctoral degree in psychology from the University of Toledo in 1992. Currently, she is the Vice-Provost and the SACSCOC Liaison Officer for the university. Dr. Cingel came to St. Thomas in 1996 as assistant professor in the Social Science and Counseling Department. In 2000, she became the Interim Dean for Undergraduate Studies and served for 3 years in that role and then returned to a faculty position. She served as the Dean of Biscayne College from 2016 to 2018 which included the dual enrollment program (2000 students) as well as the Community Engagement Center. Overall she has been a full-time counselor educator and psychology instructor for 28 years. She has more than 16 years of clinical experience as a counselor. Her clinical experience includes the management of an inpatient chemical dependency treatment center for adolescents and providing clinical supervision to various community agencies. She is licensed in Florida as a Mental Health Counselor. She is the creator and the director of the UNI 101 Program and has coordinated the Undergraduate Research Symposium for 17 years.

Cass Dykeman, PhD, NCC, NCSC, MAC, is a Professor of Counseling at Oregon State University. Dykeman received a master's in counseling from the University of Washington and a doctorate in counselor education from the University of Virginia. Dykeman has also studied at Louvain,

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Abbe A. Finn, PhD, earned a doctoral degree in Counselor Education in 1998 from the University of New Orleans, an M.S. in Counseling from Loyola University in New Orleans, an M.Ed. in Early Childhood Education and a BA in Audiology and Speech Pathology from Tulane University. She came to FGCU in 2003 and served as the Program Director/Program Leader in Counseling from September 2011 to May 2020. She also served as Faculty Senate Secretary for three years, and Associate Dean of the College of Education from 2008 until 2011. While faculty at FGCU, Dr. Finn deployed with the Fed Cross in response to Hurricane Katrina and Rita, The Earth Quake in Haiti, and the Mass Shooting and Marjorie Stoneman Douglass High School. Before becoming faculty, Abbe Finn was the employee assistance counselor at the US Postal Service in Louisiana. Dr. Finn has published in several area of counseling including Jungian Theory, School Violence Prediction and Prevention, Group Counseling for Clients with Addiction, Evidence Based Addiction Prevention Programs Across the Life Span, and Suicide Prevention.

Megan A. Flinn, MA, LMHC, is a licensed mental health counselor in the states of Indiana and North Carolina. She is the clinical director of Fountain Square Counseling and adjunct faculty at the University of Indianapolis. She is completing her PhD in Counselor Education and Supervision at Walden University, where her research is focused on the role that culture plays in identification and response to traumatic events. Her clinical work focuses on survivors of complex trauma, including young adults who have experienced homelessness and survived trafficking. She is also the vice president of the Indiana Crisis Response Team (I-CART).

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Scott E. Gillig, PhD, LMHC, Psychologist, NCC, CAP, has over 20 years of clinical experience working as a licensed mental health counselor and licensed psychologist and supervisor including working with depressed, anxious, and certified addictions professional working with chemically dependent individuals. Dr. Gillig has been a full-time professor for 32 years and with an additional five years of part-time university teaching and is currently Director of M.S. in Educational Leadership in Education and M.S. in Psychology programs. His research interests include integrating psychology with photography for self-discovery, counseling outcomes, depression, chemical dependency, treatment planning, and student mentoring.

Frank B. Gorritz FitzSimons, PHD, LPC, earned his doctoral degree in Counselor Education and Supervision at the University of Georgia, with a cognate in Expressive Arts in Counseling and certificates in Diversity, Equity, and Inclusion and in Interdisciplinary Qualitative Studies.

Dr. Gorritz FitzSimons is a member of the American Counseling Association (ACA), International Association of Addictions and Offender Counselors (IAAOC), Counselors For Social Justice (CSJ), Association for Counselor Education and Supervision (ACES), and the Florida Counseling Association (FCA). He has presented nationally on topics including providing affirmative counseling care to queer and transgender communities of color, providing multicultural supervision, utilizing diverse approaches to counseling work, as well as addressing and disrupting white supremacy in counselor education. His research interests include enhancing an understanding of minority stress, improving social justice counseling competencies, and promoting affirming approaches to substance use counseling practice. He has also received the Counselors for Social Justice 'Ohana Award in 2022 for his dedication to social justice across communities in both counseling and advocacy work. As an Assistant Clinical Professor at Florida Gulf Coast University, Dr. Gorritz FitzSimons utilizes his teaching andragogy to empower students as they develop counseling experience and diverse counseling perspectives.

Melinda Haley, PhD, received her Master's in Counselor Education at Portland State University (Portland OR) and her Doctorate in Counseling Psychology from New Mexico State University (Las Cruces, NM) and was an Assistant Professor at the University of Texas, El Paso in the Counseling and Guidance program for five years. Dr. Haley currently works as a core faculty member in the Counselor Education and Supervision Doctoral program at Walden. She has written numerous book chapters and journal articles on diverse topics related to counseling. She has extensive applied experience working with adults, adolescents, children, inmates, domestic violence offenders, and culturally diverse populations in the areas of assessment, diagnosis, treatment planning, crisis management, and intervention. Dr. Haley's research interests include multicultural issues in teaching and counseling, personality development over the lifespan, personality disorders, the psychology of criminal and serial offenders, trauma and posttraumatic stress disorder, bias and racism, and social justice issues.

Debra A. Harley, PhD, CRC, LPCC-S, is a professor and coordinator of the Counselor Education and Supervision doctoral program at the University of Kentucky. She has published on topics in addiction, LGBTQ populations, aging, sexuality, rural rehabilitation, marginalization and mental health, diversity, disability, cultural competence, veterans, intimate partner violence, and gender issues. Her books include *Disability Studies for Human Services: An Interdisciplinary and Intersectionality Approach*, *Cultural Diversity in Mental Health and Disability Counseling for Marginalized Groups*, *Disability and Vocational Rehabilitation in Rural Settings*, *Handbook of LGBT Elders*, and *Contemporary Mental Health Issues Among African Americans*. She is the 2022 recipient of the Vernon Hawkins Pioneer and Leadership Award and the 2021 Bobbie Atkins Researcher of the Year Award from the National Association of Multicultural Rehabilitation Concerns.

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Adrienne L. Johnson, PhD, earned her doctorate in Counselor Education from the University of Arkansas-Fayetteville in 2007. She is an Associate Professor in the Clinical Mental Health Counseling program at Wright State University in Dayton, Ohio. She has published and internationally presented on Dr. Johnson has over 15 years of professional experience as a clinical mental health counselor and educator. She has published and internationally presented on various topics related to best practices and approaches in clinical mental health counseling, higher education, addictions, and diversity, equity, and inclusion. Scholarly interests include counselor training, mental health advocacy, and social justice in the field of counseling.

Mita M. Johnson, EdD, NCC, LPC, LMFT, ACS, LMFT-S, LAC, MAC, SAP, BCTHP, and EMDR trained has been practicing in the world of mental health, marriage and family, and addictions counseling for over 30 years. She earned her Doctorate in Counselor Education and Supervision and is a core faculty member in the School of Counseling program at Walden University. In addition, she has a thriving private practice where she provides clinical supervision, counseling services to our military members, and addiction-specific training and education. Her specializations include complex trauma, addictions, and co-occurring disorders. She is part of Crisalida, Inc., which provides services to those struggling with interpersonal violence or who have been victims of crime. Mita is involved in regulatory and credentialing activities in Colorado and regional workforce recruitment and retention initiatives. She has been an active member of NAADAC for over 17 years, serving on the Ethics Committee. Mita began her two-year term as NAADAC's Immediate Past-President in October 2022.

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Ashley L. Keaton, PHD, LPC, NCC, ACS, received her Bachelor of Science in Psychology from Georgia State University in 2008, her MBA in Organizational Psychology and Development from American Intercontinental University in 2009, her Master of Arts in Community Counseling from Argosy University in 2012, and her PhD in Counselor Education & Supervision from Walden University in 2022. Her dissertation research created a grounded theory of Cross-cultural mentoring for racially and ethnically diverse counselor educators. Her clinical expertise includes individual, group, and family therapy in child-adolescent sexual and physical abuse, severe and persistently mentally ill populations, substance use disorder treatment, crisis intervention/suicide prevention, and hospice grief/end-of-life counseling. Dr. Keaton currently works at the United States Department of Veteran's Affairs as a Social Science Program Specialist and has a private consulting practice ARA Professional Counseling Services, LLC. Dr. Keaton is a Licensed Professional Counselor in the State of Georgia. She has a Center for Credentialing & Education (CCE) sponsored Approved Clinical Supervisor (ACS) and is a National Certified Counselor (NCC). She has clinical supervision experience with social work interns and masters-level clinical mental health counselors.

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CHAPTER

1

History and Etiological Models of Addiction

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LEARNING OBJECTIVES

At the conclusion of this chapter readers will be able to:

- 1.1 Understand the events connected with the temperance movement and the passage of the Volstead Act and Prohibition.
- 1.2 Gain knowledge of the history of substance use prevention and policies in the United States.
- 1.3 Understand the most common models for explaining the etiology (causes) of addiction.
- 1.4 Summarize and relate the discussion of the history of prevention and the models for understanding the etiology of addiction to the content of this textbook.

The history of addictions counseling, a specialization within the profession of counseling, follows a pattern of evolution similar to that witnessed in many of the helping professions (social work, psychology, nursing, medicine). Early practitioners had more limited education and supervision (Astromovich & Hoskins, 2013; Iarussi et al., 2013; Stolberg, 2006; White, 2014), were not licensed by regulatory boards, did not have well-defined codes of ethics upon which to base professional judgments, may not have been aware of the values and needs of diverse populations, and did not have access to a body of research that helped define best practices and treatment plans (Hogan et al., 2003; Nathan et al., 2016). Current standards, which have been developed since the 1970s (Council for Accreditation of Counseling and Related Educational Programs (2022 a, Council for Accreditation of Counseling and Related Educational Programs (2022b), have dramatically upgraded educational requirements for licensing and credentialing counselors in various settings and specializations, including counselors who work with clients with substance use issues. In addition, all states now have licensing laws that govern the practice of counseling.

As noted by Fisher and Harrison (2000), in earlier times, barbers who also did bloodletting practiced medicine, individuals who were skilled at listening to others and making suggestions for problem resolution became known as healers, and



Catching Up with the Competition

It is interesting to watch the evolution of a profession and specializations within a profession. For example, in the late 1950s, the profession of counseling was energized by the availability of federal funds to prepare counselors. The impetus for the U.S. government to provide funds for both graduate students and university departments was Russia's launching of *Sputnik*. School counselors were needed to help prepare students for academic success, especially in math and science, so the United States could catch up with its competitors. As a result of this funding, universities eligible for funding to create programs to prepare counselors and students enrolled in those programs often received stipends to help allay the cost of course and degree enrollment. Government funds may also encourage training in non-federal entity (NFE) programs outside of universities, which help train counselors as well as other health practitioners through grants such as the Integrated Substance Use Disorder Training Grant.

Questions for Consideration

1. Why is it important to fund graduate programs in addiction training and counselor education?
2. What could precipitate such a return of funding?
3. Currently, what is the best way for students to obtain funding?

those who could read and write and were skilled at helping others do so became teachers with very little formal education or preparation to work with others in such a capacity. Sixty years ago, nursing degrees were conferred without completing a baccalaureate (today a baccalaureate is minimal and a master's degree is rapidly becoming the standard), a teacher could become a school counselor with 12–18 credits of coursework (today a two-year master's is the norm), and 20 or more years ago an addictions counselor could well have been someone recovering from substance abuse who used his or her prior experience with substances as the basis for the addictions counseling done with clients.

The purpose of this chapter is: first, to respond to some of the post-publication reviewer comments connected with the fourth edition, suggesting that readers might like more information about the temperance movement and legislation resulting in the passage of the Volstead Act and Prohibition (this information is presented first, since it provides the background information for how the use of substances in the United States developed); second, to provide an overview of the history of substance use prevention and policies in the United States; third, to describe the most common models for explaining the etiology (causes) of addiction; fourth, to offer an overview and relate the discussion of the history of prevention and the models for understanding the etiology of addiction to the content of this textbook.

It is important to note that since the publication of the fourth edition of this textbook, more and more data points to the escalating use of drugs, both prescription and illicit, in the United States. The National Center for Drug Abuse Statistics (2020) estimated that half of the U.S. population, age 12 and older, used illicit drugs at least once, that drug overdose deaths in the United States are nearing one million a year, and that, because of statistics such as these, the federal budget for drug control in 2020 was \$35 billion, and the proposed budget for 2023 is even higher.



The State of Virginia Passed the First Licensure Law

Until the mid-1970s, there was no such thing as licensure for counselors, and, as noted above, those wishing to become counselors could often do so with less than a master's degree. In 1976, Virginia became the first state to license counselors and outline a set of requirements that had to be met to obtain a license as a counselor. It took 33 years for all 50 states to pass licensure laws for counselors; this achievement took place in 2009 when the state of California passed its licensure law for counselors (Bohecker & Eissenstat, 2020).

In the 47 years since Virginia passed the first licensure law for counselors, all 50 states, the District of Columbia, Guam, and Puerto Rico have passed legislation regulating licensure and credentialing. To many, this might seem like a slow rate of progress; however, counseling was recognized as a profession much later than social work and psychology. Such recognition was not established until 1952, when the American Personnel and Guidance Association, the forerunner to what is currently the American Counseling Association, was founded.

Along with counseling licensure, nonprofit organizations such as the National Certification Commission for Addiction Professionals (NCCAP), established in 1989, helped to create meaningful career and addiction certification pathways at the undergraduate, graduate, and doctoral levels (NAADAC, the Association for Addiction Professionals, 2023) through certification programs such as the National Certified Addiction Counselor (CADCI and II), the Masters of Addiction Counseling (MAC) and the National Clinical Supervision Endorsement (NCSE). See the SAMHSA/NAADAC education and career ladder at https://www.naadac.org/assets/2416/samhsa-naadac_career_education_ladder_03-2018.pdf.

Questions for Consideration

1. Why do you think it took 47 years to obtain licensure in all 50 states, the District of Columbia, Guam, and Puerto Rico?
2. Why is it important for addictions professionals to advocate for licensure and certification standards?
3. How do licensure requirements help and/or hinder a professional on their path?

SUBSTANCE USE IN THE UNITED STATES: THE TEMPERANCE MOVEMENT AND PROHIBITION

Learning Objective 1.1 Understand the events connected with the temperance movement and the passage of the Volstead Act and Prohibition.

Alcoholic beverages have been a part of this nation's past since European settlers arrived. Early colonists had a high regard for alcoholic beverages because alcohol was considered a healthy substance with preventive and curative capabilities rather than as an intoxicant. Alcohol played a central role in promoting a sense of conviviality and community (Adrian, 2015; Lozano & Charles River, 2022) until, as time passed, the production and consumption of alcohol caused enough concern to precipitate several versions of the temperance movement (Center for Substance Abuse Prevention, 1993; Freed, 2012). The first of these began in the early 1800s, when clergymen took the position that alcohol could corrupt both mind and body and asked people to take a pledge to refrain from the use of distilled spirits.

The temperance movement's initial goal was the replacement of excessive drinking with more moderate and socially approved levels of drinking. Between 1825 and 1850, thinking about the use of alcohol began to change from temperance-as-moderation to temperance-as-abstinence (White, 1998, 2014). Six artisans and workingmen started the Washingtonian Total Abstinence Society in a Baltimore tavern on April 2, 1840. Members went to taverns to



Benjamin Rush and the Temperance Movement

In 1784, Dr. Benjamin Rush argued that alcoholism was a disease, and his writings marked the initial development of the temperance movement. It is interesting to note that, although Rush was a proponent of the temperance movement, he did not believe in abstinence. By 1810, Rush called for the creation of a “sober house” for the care of what he called the “confirmed drunkard.”

In 1805, he published an essay entitled “The Effects of Ardent Spirits Upon Man” (Vazquez-Lozano & Charles River (2022)). This essay is said to have had a major impact on attitudes toward the consumption of distilled alcohol even though, by 1830, it is estimated a historic consumption level of 7.5 gallons of alcohol per adult per year was reached. Given the fact that most women did not drink, the figure for each adult male nearly doubles.

Questions for Consideration

1. What have you heard about the disease model and the use of substances?
2. Given what you have observed about alcohol consumption, does the 1830 consumption level seem high or low to you? Why or why not?
3. What terminology other than “confirmed drunkard” could be used when describing another person’s consumption of alcohol?



The Role of Taverns and Saloons

Saloons had become an important part of American culture by the 1800s. They were one of the major forms of entertainment for the working class after a hard day of work (there were no movies, radios, and televisions for entertainment), and saloons, especially in the West, served a variety of other purposes such as in dance halls, stage shows, brothels, post offices, and funeral parlors (not to mention being a venue to settle grudges and debts via shoot-out). It should be noted that not all the women who worked in saloons were connected with the brothels. Dance hall “girls” were paid to flirt and dance with the men and encourage them to purchase more alcohol and drink. This was because some young women viewed being on a payroll, wearing fancy clothes, and saving money was better than being unemployed, responsible for taking care of a house and children, and dependent on a husband for financial support.

The reader is referred to one of the currently streaming series, *Walker Independence*, which depicts this role better than any available written description. Historians estimate that the first saloon was in Wyoming in 1822, and the aforementioned series presents a colorful and likely rendition of what it probably was like. The first author of this chapter once lived in Wyoming and saw the bullet holes in the walls of some of the saloons that claimed credit for shoot-outs between infamous outlaws such as Jesse James.

The popularity and cultural significance of taverns and saloons continued to play an important role so that, between the middle of the 19th century and the 1880s, there was one saloon for every 150 people (Vazquez-Lozano & Charles River (2022)).

Questions for Consideration

1. How do you think the popularity of saloons, especially in the West, impacted attitudes about the use of substances in the United States?
2. Did you know that there are still saloons in some western states (Jackson Hole, Wyoming, for example), although most are more genteel versions. Would you visit, or have you ever visited, such an establishment? If you have, what did you think?
3. How would you view a saloon if you lived in a very small town and it was the only source of socialization and entertainment?

recruit members and, in just a few years, precipitated a movement that inducted several hundred thousand members.

As noted earlier, there were several versions of the temperance movement in America. The Washingtonian group that began in Baltimore was key in shaping future self-help groups, because they introduced the concept of sharing experiences in closed meetings with those who used alcohol (a precursor to modern-day Alcoholics Anonymous [AA] groups). Another version of the temperance movement occurred later in the 1800s with the emergence of the Women's Christian Temperance Movement and the mobilization of efforts to close down saloons. Societies such as the Daughters of Rechab, the Daughters of Temperance, and the Sisters of Sumaria are examples of such groups. (Readers are referred to White's [1998, 2014] discussion of religious conversion as a remedy for alcoholism for more details about the influence of religion in America on the temperance movement.) Crusades and protests at public drinking locations spread across the country in grassroots fashion along railway routes (Richardson, 2018). These movements contributed to the growing momentum to curtail alcohol consumption and the passage of the Volstead Act and Prohibition in 1920 (Hall, 2010; Lee et al., 2010). (One of the most interesting and colorful descriptions of the temperance movement was written by Victor Stolberg in 2006; he described details of the movement through the 19th century and into the first part of the 20th century, and readers are referred to the 2006 article.)

The United States was not alone during the first quarter of the 20th century as the temperance movement spread internationally (e.g., Japan; Tomoko, 2017) in adopting prohibition on a large scale; other countries enacting similar legislation included Iceland, Finland, Norway, both czarist Russia and the Soviet Union, the Canadian provinces, and Canada's federal government. The majority of New

The Role of Women in the Temperance Movement

Women were the most active change agents in the fight against the consumption of alcohol because they became united around the cause of killing the enemy housed in each bottle of alcohol. These were usually the same women who fought for the right to vote and to own property and were sometimes called suffragettes (Vazquez-Lozano & Charles River, 2022). Women were defending themselves against physical abuse and the loss of income due to their husbands' drunkenness and gambling, and they wanted the right to divorce such men. One of the most publicized leaders of the temperance movement was Carrie Nation, who smashed saloons with rocks before she started using a hatchet. In just a few months' time, she and her followers managed to end alcohol-related businesses in 250 locations.

We recommend that you take some time to watch the program entitled "1923" (the prequel to the very popular *Yellowstone* series). In one of the episodes, two of the main characters, Jacob and Cara Dutton, spend a day in Bozeman, Montana, and encounter the turmoil caused by the women doing all they could to discourage anyone from entering a saloon.

Questions for Consideration

1. What is your opinion about whether protests that resulted in the damaging of property promoted or discouraged support for the temperance movement?
2. How do you think people (men in particular) felt about the condemnation of sites they were used to frequenting to visit with their cronies after the workday ended?



Zealand voters approved national prohibition referendums two times but never got the legislation passed because of 60% thresholds (Benoit & Ruth, 2016; Blocker, 2006). Even though Prohibition in the United States (via the Volstead Act, 1919) was successful in reducing per capita consumption of alcohol, the law created such social turmoil and defiance that it was repealed in 1933. This turmoil was also shared in Canada with its own regional prohibitions and in dealing with the violence of border bootlegging (Wilson, 2016).

Following the repeal of Prohibition, all states restricted the sale of alcoholic beverages in some way or another to prevent or reduce alcohol-related problems. In general, however, public policies and the alcoholic beverage industry took the position that the problems connected with the use of alcohol existed because of the people who used it and not because of the beverage itself (Nathan et al., 2016). This view of alcoholism became the dominant view and force for quite some time and influenced, until recently, many of the prevention and early treatment approaches used in this country (Haldipur, 2018).



Speakeasies Defy Prohibition After the Passage of the Volstead Act

The full impact of the temperance movement and its versions was not realized until the Volstead Act was passed prohibiting the manufacturing, sale, and importing or exporting of intoxicating beverages and precipitating the Prohibition era. Shortly after its passage in 1919, which added provisions for Treasury Department enforcement of the 18th Amendment, *speakeasies* sprang up all over the country in defiance of Prohibition (Pearson, 2017). The locations of these establishments were spread by word of mouth, and people were admitted to imbibe and party only if they knew the password. As you might surmise, the speakeasies replaced major parts of the role of taverns and saloons in the American culture. There was music and dancing in addition to imbibing, and people loved the intrigue of identifying locations and passwords and being bold enough to defy the law.

Local police departments were kept busy identifying the locations of such speakeasies and made raids and arrests whenever possible. Often the police were paid so that raids did not take place, so patrons would feel more comfortable in such establishments.

The Volstead Act remained in effect for 13 years and transformed those who liked or needed alcohol into lawbreakers; many Americans produced liquor in attics, sheds, the woods, basements, and so on, and concealed the liquor in hollow canes, false books, and other innocent-looking containers. In addition, gangsters, such as Al Capone and Bugs Moran competed for control of the illegal distribution of liquor. Speakeasies shortly became glamorous party settings in which patrons wore flamboyant attire that actually ushered in the Roaring Twenties and supported the development of the jazz age. It should be noted, however, that despite the negative effects of the attempt of government to control people's behavior, Prohibition did initially lower the consumption of alcohol in America. On the other hand, Americans resented government telling them they could not have or use something that they had become accustomed to, and the legislation that went into effect divided the country and created a culture war between permissive and less permissive members of society.

Questions for Consideration

1. Do you see any parallels between what happened in the era of Prohibition and speakeasies and current cultural wars?
2. Do you think making the possession or use of certain substances illegal is the best way to curtail the negative impacts of drugs in the United States at this time?
3. What are your views and recommendations related to the preceding question?

Paralleling the development of attitudes and laws for the use of alcohol, the nonmedical use of drugs other than alcohol can be traced back to the early colonization and settlement of the United States. Like alcohol, attitudes toward the use of certain drugs (Carroll, J. J., 2021) and the laws passed declaring them legal or illegal have changed over time and have often had racial/ethnic or class associations based on prejudice and less-than-accurate information (Netherland & Hansen, 2016).

It was not until the end of the 19th century (Center for Substance Abuse Prevention, 1993) that concern arose with respect to the use of drugs in patent medicines and products sold over the counter, and cocaine, opium, and morphine were common ingredients in many potions (Stolberg, 2006). Until 1903, believe it or not, cocaine was an ingredient in some soft drinks. Heroin was even used in the 19th century as a treatment for morphine addiction and alcoholism. Gradually, states began to pass control and prescription laws and, in 1906, the U.S. Congress passed the Pure Food and Drug Act, designed to control the use of substances by requiring labels on drugs contained in products, including opium, morphine, and heroin.

Marginalization Promoted by Members of the Upper Class

Finally, it should be noted that Prohibition was in part a response to the drinking patterns of European immigrants, who became viewed as the lower class; these views were promoted by those who considered themselves upper or middle class and changed as time passed. For example, cocaine and opium were legal during the 19th century and favored by the middle and upper class, but cocaine became illegal when it was associated with Black Americans, following the Reconstruction era in the United States. The use of opium was first restricted in California during the latter part of the 19th century when it became associated with Chinese immigrant workers. Marijuana was legal until the 1930s when it became pejoratively associated by white society with Mexican immigrants. LSD, legal in the 1950s, was illegal in 1967 when it became associated with counterculture. Oval Office tapes from the Nixon presidency demonstrate verbally how the administration wanted to connect hippies and Black Americans with the ills of marijuana (Clark, T. W., 2021; Hudak, 2016). In addition, it should be noted that the indigenous populations in this country have been marginalized and associated with the use of alcohol for many years (Woods et al., 2022). The 1923 series mentioned earlier in this chapter depicts how young Native Americans have often been forcibly placed in private schools focused on erasing their values, traditions, and beliefs and converting them to Christianity under the assumption that their new religious and spiritual beliefs would make them more like middle- and upper-class White people and, by implication, deter them from using alcohol or other substances. Another interesting series that depicts marginalization is *Alaska Daily*, starring Hillary Swank. This series is focused on the present and almost every episode focuses on how Indigenous women in Alaska are kidnapped, mistreated, and killed because of the lack of means and will to track and bring perpetrators to justice. Watching this series is likely better at creating awareness of the problem connected with marginalization than any written description could provide.

Questions for Consideration

1. What is your best guess about the next group or groups to be marginalized and, perhaps, connected with the use of substances in the United States?
2. As a counselor interested in addictions counseling, what do you think your role in countering unfounded marginalization should be?
3. If you are a graduate student and have not yet worked as a practicing counselor, how will you make sure you do not have views or beliefs that marginalize certain clients in connection with substance use?





The Marijuana Controversy

Noting the earlier “ills of marijuana” statement, it is interesting to witness the varying attitudes (Zhang et al., 2021) and laws concerning the use of marijuana. Many view marijuana as a gateway drug and disapprove of the medical use of marijuana; others think that the use of marijuana should be legalized and that access should be unlimited and use monitored only by the individual consumer. During the past few years, the sale of marijuana has been approved in several states, and the jury is out as the impact of its use is being tracked.

Questions for Consideration

1. In states in which the use of marijuana is legal, there are often numerous shops in towns and cities that sell and promote the use of marijuana. What do you think about this development?
2. Could you work in an unbiased way with a client who uses marijuana?
3. Do you approve of recommended medical use of marijuana, and what would you say to a client who asked for your views on this topic?

The Harrison Act of 1914 resulted in the taxation of opium and coca products with registration and record-keeping requirements. It is interesting to note that control of substances through legislation or law occurred internationally, as well as of illegal transport and trade (Peter, 2017).

Current drug laws in the United States are derived from the 1970 Controlled Substance Act (Center for Substance Abuse Prevention, 1993), under which drugs are classified according to their medical use, potential for misuse, and possibility of creating dependence. Increases in per capita consumption of alcohol and illegal drugs raised public concern so that by 1971 the National Institute on Alcohol Abuse and Alcoholism (NIAAA) was established as President Richard Nixon initiated the War on Drugs; by 1974, the National Institute on Drug Abuse (NIDA) had also been created. Both of these institutes conducted research and had strong prevention components as part of their mission. To further prevention efforts, the Anti-Drug Abuse Prevention Act of 1986 created the U.S. Office for Substance Abuse Prevention (OSAP); this office consolidated alcohol and other drug prevention initiatives under the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA). ADAMHA mandated that states set aside 20% of their alcohol and drug funds for prevention efforts, while the remaining 80% could be used for treatment programs. In 1992, OSAP was changed to the Center for Substance Abuse Prevention (CSAP) and became part of the new Substance Abuse and Mental Health Services Administration (SAMHSA) and retained its major program areas. The research institutes of NIAAA and NIDA were then transferred to the National Institutes of Health (NIH). The Office of National Drug Control Policy (ONDCP) was also a significant development when it was established through the passage of the Anti-Drug Abuse Act of 1988. It focused on dismantling drug-trafficking organizations, on helping people stop using drugs, on preventing the use of drugs in the first place, and on preventing minors from abusing drugs.

Time passed, and Congress declared that the United States would be drug free by 1995; that declaration has not been fulfilled. Since the mid-1990s, there have been efforts to control the recreational and nonmedical use of prescription drugs and restrict the flow of drugs into the country. Over time, less attention has been

given to prevention, education, and treatment related to drug use and misuse and more attention given to incarcerating offenders (Bowen & Redmond, 2016).

In 2005, Congress budgeted \$6.63 billion for U.S. government agencies directly focused on the restriction of illicit drug use. However, as noted later in this text, 13–18 metric tons of heroin are consumed yearly in the United States (U.S. Department of Health and Human Services [DHHS], 2004). In addition, there has been a dramatic increase in the abuse of prescription opioids since the mid-1990s, largely due to initiation by adolescents and young adults. As noted by Rigg and Murphy (2013), the incidence of prescription painkiller abuse increased by more than 400%, from 628,000 initiates in 1990 to 2.7 million in 2000.

There has been an attempt to restrict importation by strengthening the borders and confiscating illegal substances before they enter the United States, as emphasized by President Donald Trump during 2017 and 2018. There has also been an attempt to reduce importation. As of June 2022, Dr. Rahul Gupta, Director of National Drug Control Policy emphasized that the Biden–Harris administration is taking aggressive action to address the importance of seizing illicit drugs before they enter the United States and disrupting drug trafficking across the United States. The U.S. government uses foreign aid to pressure drug-producing countries to stop cultivating, producing, and processing illegal substances. Some of the foreign aid is tied to judicial reforms, antidrug programs, and agricultural subsidies to grow legal produce (U.S. DHHS, 2004).

In an attempt to reduce drug supplies, the government has incarcerated drug suppliers. Legislators have mandated strict enforcement of mandatory sentences, resulting in a great increase in prison populations. As a result, the arrest rate of juveniles for drug-related crimes has doubled in the past 10 years while arrest rates for other crimes have declined by 13%. A small minority of these offenders (2 out of every 1000) will be offered Juvenile Drug Court (JDC) diversionary programs as an option to prison sentences (National Center on Addiction and Substance Abuse at Columbia University, 2004).

As recently noted, the budget for 2023 reflects the Biden–Harris commitment to a historically high amount focused on the amelioration of the drug problem in America. “A core component of President Biden’s Unity Agenda is beating the opioid and overdose epidemic that claims an American life every five minutes,” said Dr. Rahul Gupta, Director of the White House Office of National Drug Control

Drug Cartels

During the past few decades, much media attention has been focused on the drug cartels in Mexico and the drug wars adjacent to the U.S. border near El Paso, Texas. In April 2010, the governor of Arizona signed into law legislation authorizing the police to stop anyone suspected of being an undocumented person and demand proof of citizenship.

Questions for Consideration

1. What have you heard about or experienced about members of marginalized groups being stopped, unnecessarily, by police?
2. Do you think this legislation is equitable and deters drug cartels?

