

## **Chapter One: Introduction**

### **Learning Objectives**

1. Understand the importance of counseling theories and how they have been under-utilized in substance abuse counseling.
2. Identify which theories are appropriate for early recovery and which are better suited for ongoing recovery.
3. Define evidenced-based treatments (EBTs) and understand their limitations.
4. Identify how EBTs can be incorporated into substance abuse counseling effectively.
5. Recognize the role and importance of professional ethics related to substance abuse counseling.
6. Explain the case of Michael as preparation for the running case study throughout the text.

<b>CACREP Standards Addressed within this Chapter 2009 CACREP Standard</b>	<b>Student Learning Outcome</b>
Addictions Counseling: Standard A.1	Understands the history, philosophy, and trends in addiction counseling.

### **Chapter Summary**

This chapter is essentially an introduction to the text and nicely sets up the rest of the chapters. The author briefly discusses his rationale for why counseling theory provides a comprehensive way to conceptualize clients as well as how they can provide a bevy of counseling strategies from which to intervene. A brief review of each theory covered in the text is provided. The reader will find the discussion about which theory best matches which stage of recovery particularly useful. As such, readers are provided a roadmap for when to implement particular theories in order to maximize effectiveness.

The author appropriately addresses the issues of evidence-based treatments (EBTs), their connection to theory, and the plethora of research suggesting that common factors play a large role in behavioral change. Indeed, it is important to remember that these findings do not render EBTs useless; rather, the author reminds us that each client is unique and a theoretical approach for one may not be the best option for another. If theories are going to be used in counseling, the clinician needs actively seek out client feedback and show flexibility if a new direction in counseling is warranted. The competent, skillful, and flexible use of theory can enhance the therapeutic alliance.

### **Supplemental Readings**

Brown, S. (1995). A developmental model of alcoholism and recovery. In I. D. Yalom (General Ed.), *Treating Alcoholism*, pp. 27–53. San Francisco: Jossey-Bass.

Hubble, M. A., Duncan, B. L., Miller, S. D., & Wampold, B. E. (2010). *The heart and soul of change: Delivering what works in therapy* (2nd ed.). In B. L. Duncan, S. D. Miller, B. E. Wampold, & M. A. Hubble (Eds.), pp. 23–47. Washington, DC: American Psychological Association.

Mee-Lee, D. A., McLellan, A., Miller, S. D. (2011). What works in substance abuse and dependence treatment. In B. L. Duncan, S. D. Miller, B. E. Wampold, M. A. Hubble (Eds.), *The heart and soul of change: Delivering what works in therapy*, pp. 393–417. Washington, DC: American Psychological Association.

Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (2009). *The N-SSATS Report: Clinical or Therapeutic Approaches Used by Substance Abuse Treatment Facilities*. Rockville, MD. Retrieved from <http://www.oas.samhsa.gov/2k10/238/238ClinicalAp2k10.htm>.