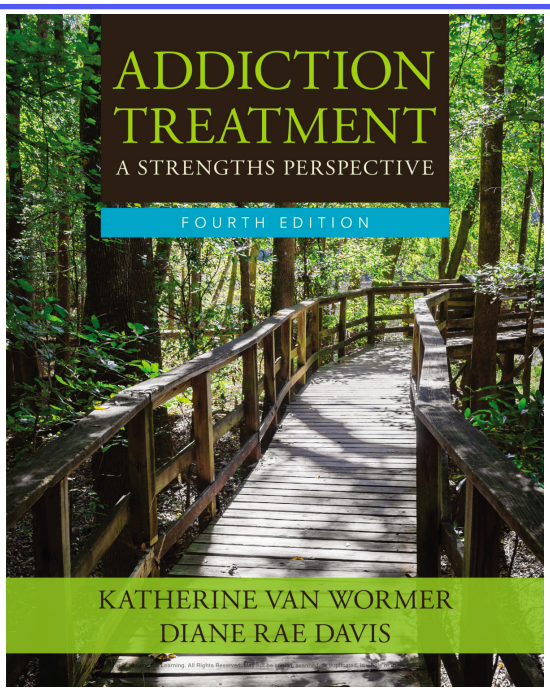


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PREFACE: ABOUT THIS TEXT

In the 13 years since the publication of the first edition of this book, the interest in the development and refinement of a strengths-based approach to work with addicted populations has continued to impact the field. Strengths-based practices increasingly are being adapted by mental health agencies and other fields of practice (see, e.g., Clark, 2013; Franklin, 2015; Rapp & Goscha, 2012; Saleebey, 2013). Even more striking is the parallel growth and heightened attention devoted to harm reduction as a goal and as a process. Books have been published, conferences held, articles written in mainstream journals, and university courses shaped to focus on or at least incorporate principles of harm reduction (Fillmore & Hohman, 2015). Workshops and lectures on the related principles of motivational interviewing and on treatment interventions tailored for the individual's stage of motivation to change have proliferated exponentially.

At the same time, and quite recently, the 12-Step approach to treatment has received a new respectability in research circles thanks to improved research findings on treatment effectiveness that can no longer be ignored. We have not gotten there yet, but the ideal arrangement would be to tailor the treatment philosophy to the special needs of the client. Note the bridge chosen for the cover design of this text. Our choice was a bridge to signify our attempt in this book to bridge the gap between the traditional 12-Step approach and the teachings of harm reduction. The bridge also symbolizes a way to cross over water (as in a "Bridge over Troubled Water") or a swamp or a steep decline, as a way of easing or expediting one's travels. In this sense, we can think of a bridge to recovery.

The response to the first edition of *Addiction Treatment:* A *Strengths Perspective,* both by readers of the book and by critics, was gratifying. In fact, the only criticism was that the theoretical framework of harm reduction was not emphasized to a greater degree than it was. Because of the consistently positive response to the book's theme of harm reduction, in the second edition we bolstered our harm reduction emphasis both in terms of policy and practice through a motivational enhancement model.

Critics of the second edition also responded highly favorably to the harm reduction approach. The major suggestion was to provide more information on assessment, especially strengths-based assessment for clients with alcohol and other drug problems. Taking this suggestion to heart, we added a chapter to focus primarily on assessment and other interventions.

Critics of the third edition again responded well to the focus on harm reduction. In response to their suggestions, we have made the following changes in the text:

- Beginning each chapter with a list of learning objectives;
- Reduction in length of the biology chapter by moving the lengthy biologically based interventions section to the strengths-based intervention chapter—Chapter 8;
- Expansion of the history chapter to include recent historical developments;
- Moving the chapter on co-occurring disorders to the section, Biology of Addiction;
- Expanding the chapter on mutual help to include spiritual and religious resources, and moving the chapter to directly follow the strengths-based intervention;

- Retitling the chapter on race, ethnicity, and culture as Social and Ethnic/Cultural Determinants of Addiction, and completely rewriting the chapter within a framework provided by the World Health Organization on the social determinants of health;
- Expanding content on working with transgender populations in the chapter on gender and sexual orientation and relocating this chapter to Part 4, The Social Aspects of Addiction.
- The addition of a section on trauma-informed care to be included in Chapter 8;
- The inclusion of more minority content in Chapter 10 on families and in Chapter 6, Addiction Across the Life Span;
- Updating the text through the addition of content from the *DSM-5*.

As in the previous edition, all of the content of the text has been carefully updated to reflect scientific advances in the field and in research as well as advances in the conceptualization of the nature of addiction itself.

In this fourth as in the third edition, we continue to stress the prominence of co-occurring disorders in the substance use disorder population as in the population of persons with mental illness. Hence, this edition continues to infuse content throughout the chapters on the treatment needs of substance using persons with mental health disorders.

The favorable mass media coverage of moderation efforts, the volume of professional critiques of the disease-model premises, and the slew of harm reduction workshops are all signals of impending change and a paradigm shift of sorts. Central to this shift is the realization that so many people in desperate need of treatment—with binge drinking, compulsive cocaine use, and other high-risk behaviors—will never seek help under present circumstances and that many literally will die as a result.

Hence, this book: a new book for a new day. Consistent with the strengths approach, this is not a book that lambastes, denigrates, or ridicules contributions of pioneers who have charted the course in substance abuse treatment. Indeed, many thought-provoking and volatile critiques of the addiction-as-disease model have already been written. Much that needed to be said has been said. It is our belief that now is the time to move forward, to reconcile differences, and to get on with the task of helping people in the throes of addiction. So, no, this is not a book to tear down methods that have a history of success, methods in the promotion of which both authors have been personally involved. In our fascination in determining which faction is correct and who owns the soul of chemical dependence treatment—the abstinence or individual responsibility folk—we lose sight of the complete picture.

The primary task of *Addiction Treatment* is to shape a text grounded in a strengths or empowerment perspective, a theoretical framework that is inclusive and holistic. We hope to achieve this task by providing a digest of the theory, facts, and guidelines necessary for direct practice in a field whose practitioners and administrators have been traditionally resistant to change.

The basic organizing framework of this textbook—harm reduction—is closely aligned with the National Association of Social Work's (NASW's) (2015) policy statement – "The harm reduction approach is consistent with the social work value of self-determination and meeting the client where the client is. Harm reduction principles are applied in the interests of promoting public health" (p. 296). With respect to treatment, NASW further supports "the use of a holistic approach considering all treatment options to determine the best course of treatment for the individual, including, but not limited to clinical intervention, medication therapy, harm reduction approaches, and alternatives to

incarceration" (p. 297). Adopting such a comprehensive public health approach should enable social workers to focus on the prevention and treatment of alcohol, tobacco, and other drug problems.

ORGANIZATION AND FRAMEWORK

In common with the disease model, this text puts an emphasis on biology as a key factor in understanding the nature of addiction. It is our belief that human behavior can be understood only in terms of its biological, psychological, social, and spiritual components. The biopsychosocial framework, accordingly, has been chosen as the organizing framework for this book. *Biologically,* we will be looking at recent developments in neurobiological and pharmaceutical research related to addictive behavior. From a *psychological* standpoint, we will want to consider motivational and cognitive-based treatment innovations and evidence-based research on treatment effectiveness. And *sociologically,* we always consider the fact that any specific individual who enters into treatment does not live in a vacuum but is both shaped by and a shaper of his or her social and political environment.

Divided into four parts, the first of which is introductory, *Addiction Treatment* includes three core sections that cover the biology, psychology, and social aspects of addiction, respectively. The spiritual dimension is included in the psychological and social parts of the book.

STRENGTHS-BASED THERAPY

The terminology, ideology, and conceptual framework for this undertaking derive from the strengths perspective. This client-centered approach is compatible with the harm reduction model in that the overriding purpose is to help the client reduce the harm to himself or herself or others. Harm reduction therapy allows for creativity in the design of treatment strategies. Total abstinence from dangerous drug use is certainly not discouraged, nor is total abstinence from alcoholic beverages by those with a genetic predisposition to get "hooked." But starting with "where the client is" rather than where we think the client should be is the basic principle underlying harm reduction. Placing faith in the client's ability to make choices is a related concept.

BASIC ASSUMPTIONS OF THE TEXT

Congruent with the biopsychosocial, ecosystems configuration, the perspective advanced in this book is that addiction, to be a viable concept, must be viewed interactionally. Each component of the system, in other words, is seen in constant and dynamic interaction with every other component; reality is rarely linear; cause and effect are intertwined. Related to addiction, the nature versus nurture controversy is resolved through an understanding that steers away from a dichotomized "either–or" type of logic, as seen in the pointless is it nature or nurture arguments, for example. Our preference is for logic of the "both–and" variety. Consistent with this perspective, addiction is viewed as both a biological and a psychosocial phenomenon. There is, further, a spiritual dimension as well. The simplistic, adversarial view of human phenomena leaves us with only partial truths and fierce loyalties that hinder us in our understanding of complexity. To advance knowledge,

we need to hear from a multiplicity of voices. That the nature of addiction is infinitely complex will be revealed in the pages of this book. Essential to the study of addiction is a theoretical approach that is eclectic; such an approach is inclusive and broadening. One might even say that it is friendly rather than antagonistic toward diverse models.

To summarize, a major theoretical assumption of this book is that in our pursuit of knowledge concerning addiction and its treatment, our goal is to build upon the professional literature in the United States, Canada, and abroad and from old models and new models, whether psychodynamic or sociological, abstinence-based or experimental in nature. Some other basic assumptions that underlie this presentation are:

- Addiction exists along a continuum; many people may be addicted to one substance or product; one person may be addicted to multiple substances or activities involving risk (in relationships).
- Much of the criticism concerning various models of addiction (e.g., the disease model and individual responsibility theory) is valid; these models do tend to be unidimensional and narrow, but then, much of the criticism itself is unidimensional and narrow.
- There are hereditary tendencies toward addiction, but with work, these tendencies can usually be controlled.
- Socioeconomic determinants greatly influence the path into addiction and the possibilities for recovery.
- Better than forbidding adolescents from drinking is to have them learn moderate drinking from parents who drink moderately in the home.
- Whether alcoholism or addiction is regarded as a disease depends on the definition of disease; that addiction can be regarded as *like* a disease is a fact to which we can all agree.
- Involvement in mutual-help groups such as Alcoholics Anonymous can be invaluable in enhancing recovery and providing support to family members.
- When the focus is on promoting healthy lifestyles and on becoming motivated to change rather than on the substance misuse per se, many clients can be reached who would otherwise stay away.
- The war on drugs is politically and ethically misguided; issues of race, class, and gender define the parameters of this "war."
- Because there will never be a drug-free society, the only pragmatic approach is a public health or harm reduction approach.
- Addiction counselors who are themselves recovering have some advantages over counselors who "have not been there"; however, this kind of personal involvement is no more essential in this field than in related fields such as health and mental health. A continuously self-reflective stance is necessary for all counselors to be effective.
- Addictive behaviors are highly destructive to the family as a system and to each family member within that system; treatment, therefore, needs to include strong family counseling components.
- Professional training in counseling skills and neurobiological and psychosocial knowledge is just as essential for work in this field as it is for comparable fields of practice.
- Specialized training in substance misuse and the various addictions should be a requirement for practitioners in this field; such training should take place outside the treatment center and be scientifically based.

- Treatment must be tailored to the needs of the individual seeking help and include family and community support for recovery.
- Treatment ideally should be offered in all systems across health and human services and juvenile justice systems, not only in specialized substance abuse treatment centers.
- Treatment effectiveness is most accurately measured in terms of the reduction of harmful health-related practices rather than by total abstinence from drinking and drug use.

Addiction Treatment: A Strengths Perspective is intended for use as a primary text in courses related to substance misuse or as a secondary text in courses, graduate or undergraduate, related to health, social work, mental health, offender rehabilitation, and family counseling. Suffused with case examples and summaries of the latest scientific research, this book is directed to many types of practitioners in the addictions or related fields—from those who work with addicts and their families on a day-to-day basis to those who rarely see an addict but who are in positions of supervision, management, and policymaking related to addiction issues.

In the same way that hope is offered by counselors to even the most down-and-out addicts, we wish to offer hope (and appreciation) to the practitioners who dedicate their lives to work with those for whom other practitioners have little empathy or use. The hope that we would offer is ingrained in the strengths perspective itself. An approach that seeks resilience in clients and encourages workers to focus on possibilities rather than problems should go a long way toward preventing exhaustion and burnout in a field that is often characterized by both. The strengths perspective is not new to the chemical dependence field; in fact, as we argue in Chapter 1, empowerment has been inadvertently used by caring counselors for years. What we are providing here is its formulation and, ideally, reinforcement. In any case, working with addicts on the verge of self-destruction is a tough assignment. We constantly have to remember that the phoenix rose from a pyre of ashes, not a soft pillow, and that it is in those ashes that we find the embers of hope and change. That is what this book is about.

A word from Katherine van Wormer, MSSW, Ph.D., Professor of Social Work, University of Northern Iowa, Cedar Falls. Website: www.katherine-vanwormer.com

Being from an alcoholic background (my father) and an alcoholic city (New Orleans), I had no desire to do substance abuse counseling initially. But then in the 1980s, equipped with a brand new degree in social work, I ventured to Washington State in search of scenery and a job. After an inauspicious beginning in community home health and hospice, I found myself working at the community alcohol center in Longview, Washington. This treatment center was fairly laid back as far as substance abuse treatment centers go. Unlike my previous job, the work was fun and highly creative, and the clients got progressively better instead of progressively worse. The two-year outpatient program brought palpable results that were gratifying to see.

About five years later, I found myself in another scenic part of the world, Norway. As part of a mini-migration of Americans to Norway and Sweden to bring the Minnesota Model or 12-Step-based treatment, I trained counselors in group skills and actually learned the rudiments of the American disease model from a fellow American in Norway. Although the inevitable personnel crises abounded in a program that was run by ex-clients with limited periods of sobriety, I again witnessed the miracles of recovery and experienced the joy of seeing lives on the mend. In my public relations capacity, I spoke through translators to various community groups about alcoholism as a personal disease and as a family disease. Today, I coordinate the substance abuse certificate for social work students at the University of Northern Iowa. Relevant books I have written include *Alcoholism Treatment: A Social Work Perspective* (1995; Cengage) and *Working with Female Offenders: A Gender-Sensitive Approach* (2010), published by Wiley & Sons.

I have coauthored Restorative Justice Today: Practical Applications (2013, SAGE) and *Women and the Criminal Justice System* (4th ed.) (2014; Pearson). My most recent book is a two-volume set, *Human Behavior and the Social Environment: Micro Level* and *Macro Level,* (3rd ed.) published by Oxford University Press (in press).

A Word from Diane Rae Davis, MSW, Ph.D., Professor Emerita of Social Work, Eastern Washington University, Cheney

It seems that my entire life has been intertwined with one addiction or another. If you looked at my genogram, you would see addiction all over it and the subsequent deaths, illnesses, and divorces that follow. You would also see pockets of recovery. My own recovery from alcoholism was a terrible struggle. It took 3 years to get clean and sober from the time I was absolutely convinced I was an alcoholic. When I finally did, I had no job, no husband, no home to live in, and a son in my care. Yet my middle-class background had protected me from many of the consequences that women who are addicted face: jail or prison, prostitution, bankruptcy, infectious disease, and so on.

During the years of my own recovery, I have witnessed hundreds of men and women recover from the direst circumstances, and I have also witnessed the death or suicide of others who didn't make it. The effect of all this history may seem contradictory. On the one hand, I have a strong conviction to "never to give up" on even the worst scenarios—I have seen way too many miracles to ever "close the case" on anyone. On the other hand, I have learned the hard way the futility of hanging on to my own agenda regarding someone else's recovery. People make changes on their own timing, doing the best they can and surviving how they can. Behaviors that look like "resistance" and "noncompliance" from the outside may have completely different meanings when viewed from the inside. I have learned about "letting go." And finally, I've learned that there are many paths to recovery and that "recovery" means different things to different people. It took a while for me to give up the idea that what saved *my* life is the path for everyone. Having given that up, I find I have increased my capacity to help others. I have a profound belief in the strengths perspective and the possibilities of change. Similarly, I support the harm reduction model because of its many paths to sobriety, including abstinence, and because it honors a person's dignity by offering choices over and over again, no matter what.

Professionally, I have stayed close to the addiction field in social work practice and academic teaching, publishing, and research. In 1992, I received my Ph.D. at the University of Texas at Austin under the mentorship of Dr. Diana DiNitto. Until recently, I taught a variety of courses at the School of Social Work and Human Services at Eastern Washington University, including Addiction Treatment and Motivational Interviewing for MSW students. The publication of my article (with Golie Jansen) "Making Meaning of Alcoholics Anonymous" in *Social Work* (1998) allowed me to fulfill a personal mission to address the massive misunderstandings about mutual-help organizations among professional helpers. One of my most interesting research projects was "Women Who Have Taken Their Lives Back from Compulsive Gambling." This project involved an online research survey and qualitative interviews from women around the United States who are recovering from compulsive gambling. The result of this effort was several scholarly articles and the book *Taking back Your Life: Women and Problem Gambling* (2009), which was written for women who are currently experiencing gambling as a problem. My current mission is to help bring the problems of compulsive gambling to the attention of social workers and other helping professionals.

My other areas of research and publications include women's addiction and recovery, rural substance abuse treatment, ropes course treatment, harm reduction, alternative "sobriety" schools, and methadone maintenance.