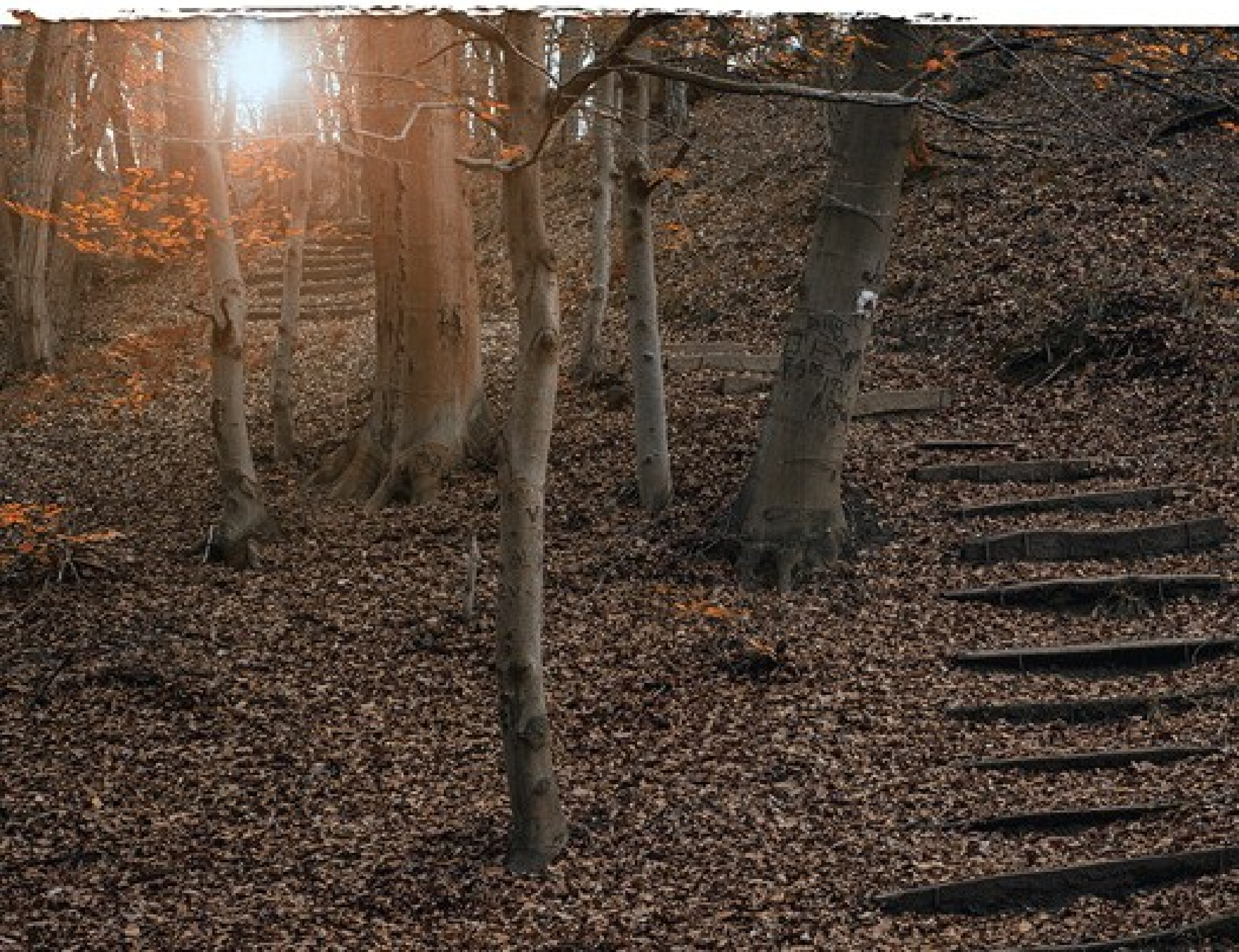
The Merrill Counseling Series

3RD EDITION

FOUNDATIONS OF ADDICTIONS COUNSELING

DAVID CAPUZZI   MARK D. STAUFFER



Third Edition

FOUNDATIONS OF ADDICTIONS COUNSELING

David Capuzzi
Walden University
Johns Hopkins University
Professor Emeritus, Portland State University

Mark D. Stauffer
Walden University

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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 field 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 addictions profession 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 your 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 of substances and the development of addictive behavior. This book draws on the specialized knowledge for 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.

NEW TO THIS EDITION

- A new chapter dedicated to the process of rehabilitation in both inpatient and outpatient settings
- A major revision of Chapter 16 so that prevention across the life span is addressed in this edition
- Additional case studies to further illustrate points and enliven class discussion
- Informational sidebars to encourage the visual learner and reader contemplation
- Integration of updated and current research from the field's peer-reviewed journals
- Instructor's manual that includes updated journaling exercises, group work, PowerPoints, and experiential exercises for the online as well as face-to-face classroom.
- Connection to Pearson's *MyCounselingLab* videos, assignments, and certification practice.

It is our hope that this third 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.

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 readers:

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

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 unique in both format and content. The contributing authors' format provides state-of-the-art information by experts nationally recognized for their expertise, research, and publications related to addictions counseling. The content looks at areas not always addressed in introductory texts. Examples include chapters on professional issues in addictions counseling, process addictions, and gender and addictions counseling. Chapters focused on addictions counseling with gay, lesbian, bisexual, transgender, and questioning clients; on engaging ethnic diversity; and on pharmacotherapy provide perspectives often overlooked in texts of this kind. The format and content enhance readability and interest and should engage and motivate graduate students in counseling and aligned professions as well as those enrolled in lower division courses.

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

The format for the co-edited textbook is based on the contributions of authors who are recognized for their expertise, research, and publications. With 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 PowerPoints 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 new rehabilitation chapter capping the textbook: (1) Introduction to Addictions Counseling; (2) The Treatment of Addictions; (3) Addictions in Family Therapy, Rehabilitation, and 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, other 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 affirmative addictions treatment.

An Epilogue with a new, final chapter on inpatient and outpatient rehabilitation provides the readership with even more information than in the second edition of the text. We think the additional case studies included in this third 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 19 areas of focus. It is our hope that this third 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.

ACKNOWLEDGMENTS

We would like to thank the 35 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 thanks are also directed to members of the Pearson production team for their encouragement and assistance with copyediting and, ultimately, the publication of the book.

Special thanks are extended to Cass Dykeman, professor of Counselor Education at Oregon State University, for his suggestions on content areas included in this book. Thanks to his input, readers of *Foundations of Addictions Counseling* will benefit from a more comprehensive overview of counseling with clients experiencing addictions issues.

We would like to thank the reviewers of our manuscript for their comments and insights: Edward F. Hudspeth, Henderson State University; Kimberly Tran, Fayetteville State University; and Kent B. Provost, Argosy University, Chicago.

CONTRIBUTORS

MEET THE EDITORS

David Capuzzi, PhD, NCC, LPC, is a counselor educator and member of the core faculty in clinical mental health counseling at Walden University and professor emeritus at Portland State University. 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 a number of textbook chapters and monographs on the topic of preventing adolescent suicide, and is co-editor 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, and 2014); *Introduction to the Counseling Profession* (1991, 1997, 2001, 2005, 2009, and 2013); *Introduction to Group Work* (1992, 1998, 2002, 2006, and 2010); and *Counseling and Psychotherapy: Theories and Interventions* (1995, 1999, 2003, 2007, and 2011). Other texts are *Approaches to Group Work: A Handbook for Practitioners* (2003), *Suicide Across the Life Span* (2006), *Foundations of Couples, Marriage, and Family Counseling* (2015), *Human Development Across the Life Span; Applications for Counselors* (2016), 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; 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 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.

Mark D. Stauffer, PhD, NCC, is a core faculty member in the clinical 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.

Dr. Stauffer is the immediate past co-chair of the American Counseling Association International Committee with Dr. Sachin Jain. He was a Chi Sigma Iota International fellow and was awarded the ACA's Emerging Leaders Training Grant. He is a member of the International Association of Marriage and Family Counseling (IAMFC).

As a clinician, Dr. Stauffer has worked in the Portland Metro Area in Oregon at crises centers and other nonprofit organizations working with low-income individuals, couples, and families. He has studied and trained in the Zen tradition, and presents locally and nationally on meditation and mindfulness-based therapies in counseling. His research focus has centered on Eastern methods and East–West collaboration. In private practice, Dr. Stauffer worked with couples and families from a family systems perspective.

He has co-edited five textbooks in the counseling field with Dr. David Capuzzi: *Introduction to Group Work* (2010); *Career Counseling: Foundations, Perspectives, and Applications* (2006, 2012), *Foundations of Addictions Counseling* (2008, 2012), *Foundations of Couples, Marriage, and Family Counseling* (2015), and *Human Development across the Life Span: Applications for Counselors* (2016).

MEET THE CONTRIBUTORS

Lisa Aasheim, PhD, is an associate professor of Counselor Education and Coordinator of the School Counseling Program and the Director of the Community Counseling Training Clinic at Portland State University. She specializes in clinical supervision and counselor development, focusing most significantly on bridging the gap between counselor training and professional practice. She is the author of the internationally adopted book, *Practical Clinical Supervision for Counselors: An Experiential Guide*, and provides trainings and consultation to supervisors around the United States.

Currently, Dr. Aasheim teaches master's-, doctoral-, and postgraduate-level courses focusing on clinical supervision, addictions counseling, and counselor education. She also provides professional-level trainings for counselors, social workers, and helping professionals throughout the Pacific Northwest in topics such as motivational interviewing, the therapeutic alliance, agency dynamics, and relational change strategies in agency work.

Kelly Aissen, PhD, earned her PhD in counselor education in mental health counseling from the University of Florida. She is a Licensed Mental Health Counselor (LMHC) in private practice and a Qualified Clinical Supervisor in Florida. Dr. Aissen is contributing faculty in the School of Counseling at Walden University, teaching Addiction Counseling, Psychopharmacology, Diagnosis & Treatment, Crisis & Trauma, and Couples counseling. She has also presented at several local, regional, and national conferences on impaired professionals, addiction treatment strategies, and communication skill development. Her current clinical, teaching, and research interests encompass women's issues, the family disease of addiction, life transitions, and interpersonal relationships.

In addition to her teaching and current practice, Dr. Aissen has worked in inpatient and outpatient psychiatric and substance abuse treatment programs and residential group homes for the developmentally disabled, taught independent living skills to foster care children and teens, and ran coping skill and relapse prevention groups for clients in recovery from addiction.

Malvika Behl, MA, is a licensed school counselor in Missouri, a counselor trainee in Ohio, and a chemical dependency counselor assistant in Ohio. She has experience in working at a college setting as a counseling intern in an individual, couple, and group setting. She currently provides counseling service at the University Counseling Center as an extern with undergraduate and graduate students. She is interested in working as a chemical dependency counselor. She also has an interest in working with children and adolescents who have suffered trauma.

Malvika is a first-year doctoral student at the University of Toledo in Counselor Education where she teaches undergraduate counseling courses on substance abuse like models of substance abuse treatment and substance abuse prevention. Her research interests include behavioral supervision, substance abuse counseling in school systems, diagnosing qualification for school counselors, embedded therapy, and trauma focused cognitive behavioral therapy.

Malachy Bishop, PhD, CRC, is Professor of Rehabilitation Counseling and Rehabilitation Counseling and Doctoral Program Coordinator with the Department of Early Childhood, Special Education, and Rehabilitation Counseling at the University of Kentucky. He obtained his master's in rehabilitation counseling at Portland State University and his PhD in rehabilitation psychology from the University of Wisconsin—Madison. He conducts research in employment and psychosocial aspects of chronic neurological conditions, including epilepsy, multiple sclerosis, and brain injury, and adaptation to chronic illness and disability.

Dr. Bishop serves on the editorial board of several professional rehabilitation journals. He has authored over 85 articles and book chapters on rehabilitation counseling and health care, edited three books, and made research and training presentations throughout the United States and internationally. He served on the Institute of Medicine's Committee on Public Health dimensions of the Epilepsies. Dr. Bishop has received the American Rehabilitation Counseling Association's Research Award five times and was the 2005 recipient of the National Council on Rehabilitation Education's New Career Award.

Cynthia A. Briggs, PhD, LPC (NC), NCC, is a core faculty member in clinical mental health counseling at Walden University. In addition to her primary teaching role, she maintains a small counseling and coaching private practice, provides corporate training on interpersonal dynamics and leadership, and is a published author of creative nonfiction essays. In the past, she served as an adjunct professor for Wake Forest University, University of North Carolina—Charlotte, and Guilford College. She also served as the Addiction Counseling Program Coordinator at Winona State University, developing and implementing a certificate program for graduate students of addiction counseling.

She is the coauthor of the landmark text *Women, Girls, and Addiction: Celebrating the Feminine in Addiction Treatment and Recovery*, published in 2009 by Routledge. Her current research interests include qualitative methodology (oral history and autoethnography). She is in the process of collecting oral histories and retrospectives of World War II veterans.

Stephanie A. Calmes, PhD, received her doctorate in counselor education and supervision from the University of Toledo. She is a Licensed Professional Clinical Counselor with Supervisory endorsement (PCC-S) in the state of Ohio and a Licensed Independent Chemical Dependency Counselor—Clinical Supervisor (LICDC-CS). Her research interests include chemical dependency counseling and supervision, dual diagnosis, trauma, and resiliency.

Dr. Calmes has experience working in dual diagnosis treatment, as well as in both outpatient and residential chemical dependency treatment programs. She is the current Director of Clinical Services and Professional Development at COMPASS Corporation for Recovery Services in Toledo, Ohio.

Richard Cicchetti, PhD, LPC, CRC, SATP-C, is a core faculty member in the clinical mental health counseling program at Walden University. He graduated from Old Dominion University with a doctorate in counselor education and supervision, and holds a master's degree in rehabilitation

counseling from Northeastern Illinois University and a certification for treatment of sexual addictions from Mid America Nazarene University. He is a member of the Association for Humanistic Counseling, the Illinois Counseling Association, and the American Counseling Association. He serves on committees for the ACA, AHA, and ICA and maintains a private practice with ex-felons and veterans who experience issues with readjustment, clients who experience issues with substance abuse, compulsive gambling, sexual addictions, shoplifting, hoarding, and marital issues.

Dr. Cicchetti has published a book chapter on sexual addictions, articles related to grief and disability, and has conducted presentations and seminars to ex-felons and ex-military members about readjustment issues, jobs skills and training, and process addictions. He has held positions at Old Dominion University and Adler School of Professional Psychology.

Pamela A. Cingel, PhD, earned her doctorate from the University of Toledo in 1992. She has been a full-time counselor educator and psychology instructor for 24 years and has taught courses at the undergraduate, master's, and doctoral levels. She has over 16 years of clinical experience as a counselor. She was the manager of an inpatient chemical dependency unit for adolescents and provided clinical supervision to various community agencies and currently serves as the faculty advisor for Psi Chi.

Dr. Cingel is currently a professor and director of the Psychology Program at St. Thomas University in Miami, Florida. She is working on the establishment of a new psychology program, Psychology Fellows, with the emphasis Change the Brain, Change the World. She is the director of the Student and Faculty Research Center, which is currently celebrating the 13th Annual Undergraduate Research Symposium. Her research interests include emotional intelligence, adolescents, change in faculty expectations, and gender studies.

Chris Cook, FRC Psych, is a professor in the Department of Theology & Religion at Durham University, England, and an Honorary Consultant Psychiatrist with Tees, Esk & Wear Valleys NHS Foundation Trust. He trained at St. George's Hospital Medical School, London, and has worked in the psychiatry of substance misuse for over 25 years. He was professor of the Psychiatry of Alcohol Misuse at the University of Kent from 1997 to 2003. He was ordained as an Anglican priest in Canterbury Cathedral in 2001 and is now an Honorary Minor Canon at Durham Cathedral.

Dr. Cook is interested in spirituality, theology, and health, and his publications include *Alcohol, Addiction and Christian Ethics* (Cook, CCH, Cambridge University Press, 2006) and *Spirituality, Theology & Mental Health* (Ed Cook CCH, SCM, 2013). He was chair of the Special Interest Group in Spirituality and Psychiatry at the Royal College of Psychiatrists from 2009 to 2013.

Cass Dykeman, PhD, is an associate professor of counselor education at Oregon State University. He is a Master Addictions Counselor (MAC), National Certified Counselor (NCC), and National Certified School Counselor (NCSC). Dr. Dykeman received a master's in counseling from the University of Washington and a doctorate in counselor education from the University of Virginia. He served as principal investigator for a $1.5 million federal school-to-work research project. In addition, he is the author of numerous books, book chapters, and scholarly journal articles.

Dr. Dykeman is past president of both the Washington State Association for Counselor Education and Supervision and the Western Association for Counselor Education and Supervision. He is also past chairperson of the School Counseling Interest Network of the Association for Counselor Education and Supervision. His current research interests include psychopharmacology and addiction counseling.

Ellyn Joan Essic, PhD, LPC (retired), was the 2009–2010 president of the International Association of Addiction and Offender Counselors (IAAOC) Division of ACA. She received a master's degree in 1987 from Wake Forest University and a doctorate from University of North Carolina—Greensboro in 1999 in counselor education. She is a practitioner with more than 25 years of counseling experience in addictions, interpersonal violence, trauma, gender issues, and stress management.

Dr. Essic served from 2000 to 2007 as program director and then clinical director of a large alcohol and drug treatment program located in rural Alaska for a Native Health Consortium. She taught counselor educators and others over the years in a number of university settings, and has presented nationally and internationally on native issues, domestic violence, and addiction, as well as other topics. She currently lives in Lewisville, North Carolina, and is trained as a Disaster Relief worker for the American Red Cross and as an Air Disaster Counselor.

Abbe' Finn, PhD, is the program coordinator for the School and Mental Health Counseling Programs in the College of Health Professions and Social Work at Florida Gulf Coast University.

She received her doctorate from the University of New Orleans Counselor Education Program, has an MA from Loyola University in New Orleans, an MEd from Tulane University in early childhood education, and a bachelor's degree in speech pathology and audiology from Tulane University.

She has worked extensively in the mental health field with individuals as well as groups in counseling. Before joining the university faculty full-time, she was an employee assistance counselor with United States Postal Service Employees Assistance Program and worked at a residential treatment facility. Dr. Finn specialized in working with groups in crisis response, survivors of childhood sexual trauma, and clients in addiction recovery. Her areas of research include group counseling with people with addictions, suicide prevention, violence prevention, and addiction prevention.

Scott E. Gillig, PhD, earned his doctorate from the University of Toledo in 1988. He has been a full-time university professor for 24 years with an additional five years of part-time university teaching. He has over 20 years of clinical experience as a counselor. He has worked with chemically dependent adolescents and adults in a dual diagnosis chemical dependency treatment residential unit. He is currently a professor and coordinator of the Educational Leadership Master's Program at St. Thomas University in Miami, Florida. He teaches both master's and doctoral courses. He has successfully chaired numerous dissertation committees. His research interests include counseling outcomes, depression, chemical dependency, treatment planning, and student mentoring.

Dr. Gillig is the founding faculty advisor for the St. Thomas University chapter of Phi Delta Kappa, Educational Academic & Professional Society International. Dr. Gillig has an interest in the psychology of photography and photographs wildlife, sports, weddings, people, and events. He has won several photography awards, has had his photographs displayed at art exhibits, and hosts a website with over 6,000 St. Thomas University sporting event photos. He has photographed every class he has taught since coming to St. Thomas University in 2006.

Sarah H. Golden, MA, received her master's degree in counselor education from Western Michigan University and completed her undergraduate work at Hope College. She is currently working on her doctorate in counselor education and supervision with a concentration in consultation from Walden University. Golden is a Limited Licensed Professional Counselor in Michigan and a credentialed school counselor in California. She is presently working in Los Angeles with

diverse populations at University of Southern California Hybrid High School, an urban college preparatory charter high school that emphasizes positive multigenerational change. She has also been the consulting counselor for an online/onsite blended learning charter school, where she saw a need for a counseling program so developed and implemented counseling services. In addition to the school roles, Golden is also a Disaster Mental Health Volunteer for the American Red Cross. Her other professional interests include working with marginalized populations, consultation, crisis intervention, program development, and multicultural counseling.

In addition to her career, Golden is an enthusiast for volunteer work and giving back to the community. She is passionate about international work and has done short-term volunteering with youth in Rwanda, Africa. These projects included working with youth from preschool to high school ages in various capacities. She is striving to develop counseling programs for youth through platforms of athletics or creative outlets in order to promote physical and mental health, positive personal growth, empowerment, and team building. Dr. Golden is an avid runner and marathoner, and has been a cross country and track coach. She has also taught marathon classes. Dr. Golden is passionate about utilizing her education, passions, and skills to create and promote change.

Laura R. Haddock, PhD, received her doctorate in counselor education from the University of Mississippi and currently serves as Core Faculty and Coordinator of the PhD program in Counselor Education and Supervision at Walden University. Dr. Haddock has been a counselor educator since 2005, supported by more than 20 years as a mental health counselor. Her clinical practice includes work with a variety of populations, with particular interest in adults with serious mental illness. She is a licensed professional counselor, national certified counselor, and approved clinical supervisor.

Dr. Haddock is an active counseling professional and has served on the Mississippi Licensed Professional Counselors Board of Examiners and the executive boards for Mississippi Counseling Association and Mississippi Licensed Professional Counselors Association. Dr. Haddock routinely presents research on the state, national, and international levels as well as publishing scholarly writings for professional counseling journals and textbooks. She serves as an editorial board member for multiple professional counseling journals and is a two-time winner of outstanding research awards by state counseling organizations. Her research interests include counselor wellness and secondary trauma, sexuality, cultural diversity, and supervision.

Melinda Haley, PhD, received her master's in counselor education at Portland State University (Portland, Oregon) and her doctorate in counseling psychology from New Mexico State University (Las Cruces, New Mexico) and was an assistant professor at the University of Texas, El Paso, in the Counseling and Guidance program for 5years. 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 post-traumatic stress disorder, bias and racism, and social justice issues.

Debra A. Harley, PhD, CRC, is a Provost's Distinguished Service Professor in the Department of Early Childhood, Special Education and Rehabilitation Counseling at the University of

Kentucky. She completed her doctoral study at Southern Illinois University—Carbondale in special education and rehabilitation. She is past editor of the *Journal of Applied Rehabilitation Counseling* and the *Journal of Rehabilitation Administration*. She is co-editor of a book on contemporary mental health issues among African Americans. Her research interests include substance abuse, cultural diversity, and gender issues.

Misty K. Hook, PhD, received her master's degree in counseling psychology from the University of Kansas. Her doctorate is in counseling psychology from Ball State University with special emphasis on couples and family counseling. Dr. Hook was a professor of psychology for 5 years at Texas Woman's University where she taught counseling and family psychology courses. During that time, she cofounded the Mothering Caucus for the Association for Women in Psychology and participated in organizations dedicated to the study and service of women and families.

Dr. Hook is currently a psychologist in private practice where she sees families, couples, and individuals. In addition to her clinical work, Dr. Hook writes extensively about psychology, public policy, popular culture, gender, and issues concerning families. She has written many book chapters and columns; for two years she wrote a weekly column and Q&A section for an international website about counseling. Dr. Hook currently has her own blog and is working on other writing projects.

Adrianne L. Johnson, PhD, PCC, NCC, received her doctorate from the University of Arkansas in 2007 and is an Associate Professor of Clinical Mental Health Counseling at Wright State University. Her clinical and professional experience includes community mental health, crisis intervention, substance abuse treatment, counseling with the Latino population, and higher education leadership. She has published and presented internationally on psychoanalysis, video game addiction, substance abuse treatment, clinical practice with disabilities, aging and technology, and polyamory. She is certified in online course learning and design, and promotes course design focusing on evidence-based practice.

Dr. Johnson advocates for social justice and excellence in practice through various organizational memberships. Her advocacy efforts include professional development in education and clinical training, bias awareness in teaching and clinical practice, and the promotion of diversity inclusion in practice and education. Additional advocacy efforts include working with Wright Patterson Air Force Base on military sexual assault prevention and active involvement in Wright State University's partnerships with local school districts.

Pamela S. Lassiter, PhD, received her doctorate in Counseling from Georgia State University in 2004. She is an Associate Professor in the Counseling Department at the University of North Carolina at Charlotte. She has over 25 years of work experience as a counselor, clinical supervisor, and administrator in substance abuse treatment and community mental health settings. Her areas of research include multicultural counseling and supervision; lesbian, gay, bisexual, transgender, and questioning (LGBTQ) issues in counseling; LGBT parenting issues; substance abuse counseling; and women's issues.

She served as coordinator of the Substance Abuse Program at UNCC for 7 years and is past president of the International Association of Addictions and Offender Counseling (IAAOC), where she served as an officer for 5 years. Her presidential initiatives were focused on multicultural competencies and substance abuse counseling and supervision. She is the past recipient of the Dr. Mary Thomas Burke Mentoring Award given by the North Carolina Counseling

Association of Spiritual, Ethical, and Religious Values in Counseling and the Jo Anna White Founder's Award given by the Chi Epsilon Chapter of Chi Sigma Iota International.

Melissa M. Lugo, MSEd, PEL-School Counselor is a doctoral student in the Department of Counseling, Adult and Higher Education at Northern Illinois University (NIU). She teaches introduction to the counseling profession as well as coteaches ethics, human sexuality counseling, school counseling curriculum, and LGBT issues. She completed her master's degree in school counseling from Northern Illinois University.

Ms. Lugo has experience providing counseling to children, adolescents, and adults, as well as working in student affairs. She has provided individual and group counseling at the middle-school level and has experience in academic advising. She is a Student Success Specialist at NIU, where she focuses on retention for the university and specializes in the College of Business and College of Health and Human Sciences.

James W. McMullen, MSEd, LPCA, NCC, is a doctoral student at the University of North Carolina at Charlotte. He earned his master's in counseling from Old Dominion University. He has clinical experience in school counseling, college counseling, and performing brief counseling interventions with trauma patients at Carolinas Medical Center in Charlotte, North Carolina.

Mr. McMullen currently serves as the president of the Mu Tau Beta Chapter of Chi Sigma Iota, the international honor society for counseling. In addition to his interest in addictions counseling, he has researched and advocated extensively for underserved clients as well as for counselor professional identity development. His research interests have led to both national and regional presentations and publications.

Regina Moro, PhD, is an assistant professor of counseling at Barry University in Miami Shores, Florida. She is a Licensed Clinical Addiction Specialist (LCAS) in North Carolina and a National Certified Counselor (NCC). Her professional interests include substance abuse prevention and intervention, crisis and trauma in medical settings, and multiculturalism and social justice issues in counseling. Regina has served as a Chi Sigma Iota Leadership Fellow, on the leadership team of the International Association of Addiction and Offenders Counseling, and most recently as the president of the North Carolina Association for Humanistic Counseling.

Dr. Moro focused on severe risk and dependent drinkers in her dissertation research analyzing beneficial responses to alcohol screening and brief interventions associated with The Teachable Moment. She has presented her findings at international (INEBRIA 2012, Barcelona, and INEBRIA 2013, Rome), national, and state organizations. Her clinical experiences include college mental health, college career counseling, and work in medical settings (i.e., primary care and trauma).

Rochelle Moss, PhD, is currently an associate professor in the Department of Counseling at Henderson State University in Arkadelphia, Arkansas. She taught previously at the University of Mississippi and Texas A&M—Commerce. She also was employed as a school counselor for 15 years and has worked in private practice since 2000. She is a Licensed Professional Counselor and Supervisor in the state of Arkansas and has worked extensively with adolescents, young adults, and college athletes as well as cancer patients and their families.

Dr. Moss is an active member of the American Counseling Association, Association of Counselor Education and Supervision, and past president of Arkansas Association of Counselor Education and Supervision. Her current research interests include women's issues, health and wellness counseling, and neuroscience and counseling.

Cynthia J. Osborn, PhD, is professor of counseling and human development services at Kent State University in Kent, Ohio, where she routinely teaches the two addictions counseling courses offered. She is licensed in Ohio as a Professional Clinical Counselor with Supervisory Endorsement (LPCC-S) and an Independent Chemical Dependency Counselor (LICDC). Her clinical background is in substance abuse counseling, primarily servicing an adult population with co-occurring disorders (i.e., mental health and substance use concerns) in rural Appalachia.

Dr. Osborn is a member of the Motivational Interviewing Network of Trainers (MINT), is a former co-editor (with John D. West) of the journal *Counselor Education and Supervision*, and is coauthor (with Dennis L. Thombs) of the fourth edition of *Introduction to Addictive Behaviors*. Her research, publications, and presentations have focused on solution-focused counseling, counselor supervision, motivational interviewing, college alcohol use, and leadership in the counseling profession.

Dilani Perera-Diltz, PhD, is a counselor educator at Cleveland State University, Ohio. She is licensed in Ohio as a Professional Clinical Counselor (PCC-s), Licensed Independent Chemical Dependency Counselor (LICDC), and a School Counselor. Prior to academia, she worked as a substance abuse counselor at Western Ohio Regional Habilitation and Treatment Center and St. Rita's Hospital in Lima, Ohio. She worked as a mental health counselor at Psychosocial Associates in Columbus Grove, Ohio. She also worked as an Employee Assistance Program Counselor at Behavioral Connections in Bowling Green, Ohio.

Among her research interests are substance abuse, trauma, counselor training, and international mental health. Her publications include psychometrics of a variety of psychological instruments, online teaching, and school counselor issues. She is an editorial board member of the *Journal of Addictions and Offender Counseling*. She loves animals and currently provides a home for four cats and a dog.

Jane E. Rheineck, PhD, LCPC, NCC, earned her doctorate in counselor education and supervision from the University of Arkansas, is an associate professor in the department of Counseling, Adult and Higher Education at NIU, where she has taught classes in clinical skills, counseling ethics, and LGBT issues. Dr. Rheineck has an ongoing program of research and scholarship that focuses on a variety of LGBT issues. Dr. Rheineck has authored or coauthored several articles published in the *Journal of Mental Health Counseling*, *ADULTSPAN*, and the *Wisconsin Counseling Journal*. She has also published several book chapters addressing lesbian health issues that are nationally recognized within the field of LGBT counseling practices. Dr. Rheineck's scholarly work also includes over 30 presentations, most of which are at the national level.

The scope of Dr. Rheineck's service is broad. She is the CACREP liaison, serves on college and university committees, and has a presence and holds leadership roles at the national level. Her national contributions include, but are not limited to, organizing career network services for the *Association for Counselor Education & Supervision* and the *Southern Association for Counselor Education & Supervision.*

Jennifer L. Rogers, PhD, NCC, is an assistant professor in counseling at Wake Forest University. She earned her PhD in counseling and counselor education from Syracuse University in 2013. Her dissertation examined the impact of patient- and intervention-level variables on post intervention drinking patterns of alcohol-using trauma patients analyzing data from The Teachable Moment.

Dr. Rogers has clinical experience in intensive outpatient, university mental health, and primary care settings, including performing alcohol screenings and brief counseling interventions with trauma patients at Wake Forest University Baptist Medical Center.

Chelsea Sharpe, MS, is currently a multisystemic therapy therapist contracted with the Department of Juvenile Justice in Athens, Georgia. She is a group facilitator and mentor for the Adopted Teen Empowerment & Mentoring Program at the University of Georgia. Ms. Sharpe has received a management award for collaborating with community stakeholders within juvenile justice, courts, and school systems. She is certified in working with victims of commercial and sexual exploitation of children and youth mental health first aid.

Ms. Sharpe is a doctoral student at Walden University majoring in counselor education and supervision with a specialization in trauma and crisis. Her clinical interests include working with at-risk youth and adults in the areas of substance abuse, aggression, grief and loss, relationships issues, and childhood sexual abuse. She has presented at an Association for Assessment and Research in Counseling national conference. Her research interests include substance abuse, veterans, divorce, childhood sexual abuse, and parenting styles.

Donna S. Sheperis, PhD, earned her doctorate in counselor education from the University of Mississippi. An associate professor at Lamar University (Dr. Sheperis just started this new position). A core faculty member in the Mental Health Counseling Program of Walden University, Dr. Sheperis is a Licensed Professional Counselor, National Certified Counselor, Certified Clinical Mental Health Counselor, and Approved Clinical Supervisor with over 20 years of experience in clinical mental health counseling settings. She has served as co-chair of the ACA Ethics Committee and is involved with the Association for Assessment and Research in Counseling, the Association for Humanistic Counseling, and the Association for Counselor Education and Supervision.

Dr. Sheperis is the editor of the textbook *Clinical Mental Health Counseling: Fundamentals of Applied Practice* and has authored numerous articles in peer-reviewed journals. Dr. Sheperis presents regularly on topics related to all aspects of clinical mental health counseling and has received several awards for her teaching, scholarship, and research. Her primary areas of interest include clinical mental health counselor development, assessment of mental health and coping, counseling ethics, and supervision.

Anneliese A. Singh, PhD, LPC, is an Associate Professor in the Department of Counseling and Human Development Services at The University of Georgia. Her clinical, research, and advocacy interests include LGBTQ youth, Asian American/Pacific Islander counseling and psychology, multicultural counseling and social justice training, qualitative methodology with historically marginalized groups (e.g., people of color, LGBTQ, immigrants), feminist theory and practice, and empowerment interventions with survivors of trauma.

Dr. Singh is a past president of the Association of Lesbian, Gay, Bisexual, and Transgender Issues in Counseling (ALGBTIC), where her Presidential Initiatives included the development of counseling competencies for working with transgender clients in counseling, supporting queer people of color, and ensuring safe schools for LGBTQ youth. She is a founder of the Georgia Safe Schools Coalition, an organization that works at the intersection of heterosexism, racism, sexism, and other oppressions to create safe school environments in Georgia. She is the recipient of the 2007 Ramesh and Vijaya Bakshi Community Change Award and the 2008 O'Hana award from Counselors for Social Justice of the American Counseling Association for her organizing work with LGBTQ youth.

G. Michael Szirony, PhD, NCC, CRC, is a core faculty member in the clinical mental health counseling education and supervision program at Walden University. Having graduated from Kent State University with a doctorate in counseling and human development and a master's degree in rehabilitation counseling, he completed his training in medical hypnoanalysis at Northeast Ohio Medical University and his doctoral internship at Western Reserve Psychiatric Hospital in Sagamore Hills, Ohio. He is a recipient of the National Rehabilitation Association's JPD Research Award and has served in leadership positions in academia and counseling associations; in addition, he is a member of the American Counseling Association and the Humanistic Counseling Association, having studied at the Gestalt Institute.

Dr. Szirony has published articles and book chapters on rehabilitation, neuropsychology, and distance education, has presented at national and state conferences, and serves on the editorial board of the journal, *Work*. He has held faculty positions at Kent State University, Penn State, the University of Arkansas at Little Rock, and Ohio University, and worked in private practice for several years.

Lebogang Tiro, MEd, is a doctoral student in rehabilitation counseling at the University of Kentucky. She received her Master of Education in Counseling and Human Services from the University of Botswana. She has a bachelor's degree in special education with an emphasis in visual impairment and early childhood education. Ms. Tiro has taught as a lecturer at the University of Botswana. Presently, her interests are related to gaining more information on neurological conditions such as multiple sclerosis, traumatic brain injury and spinal cord injuries. She is also interested in chronic illnesses like diabetes, high blood pressure, and cancer.

Prior to being a lecturer, Ms. Tiro was an educator for 13 years in a primary school, where she also became head of the department for learning disabilities. She was involved in formulating strategies for helping students who had problems in reading and writing, a skill she attained during her bachelor's degree. She is intending to publish more on areas related to disability.

Jennifer Vasquez, BS, is enrolled in the MEd School Counseling program at Cleveland State University. She will complete her degree May 2015 and is currently providing school counseling services at Villa Angela-St. Joseph's High School and Eastlake North High School as part of her practicum. She is interested in working with high school students to promote understanding of the emotional and physical dangers of substance use and abuse. She plans, in her school counseling practice, to help students identify resource people in the school/community and how to seek their help as well as learn safe coping skills for managing life events and peer pressure.

Ms. Vasquez's interests in working with children include Strength-Based Counseling Services Promoting Resiliency in all areas of school counseling, developing student strengths to help them overcome disadvantage and adversity. She is specifically interested in how learning environments can be structured to promote protective factors, life skills, and resilience for at-risk/at-promise students.

Laura J. Veach, PhD, LPC, LCAS, CCS, NCC, has her PhD in counselor education from the University of New Orleans and her master's in counseling from Wake Forest University. She is an associate professor and director of the CACREP-accredited Addictions Counseling Track in the Department of Counseling at the University of North Carolina at Charlotte, North Carolina. With her research, she also has a joint faculty appointment as associate professor in the Department of Surgical Sciences at the Wake Forest School of Medicine in Winston-Salem, North Carolina. Dr. Veach also serves as principal investigator of a Childress Institute for Pediatric

Trauma study on brief counseling interventions with violently injured youth and was coprincipal investigator with the Level I Trauma Center at Wake Forest Baptist Medical for a Robert Wood Johnson Foundation Grant, The Teachable Moment, researching best practices with alcohol screening and brief counseling interventions in a 3-year, prospective clinical trial comparing two counseling interventions. Dr. Veach is an active member of IAAOC and the international screening and brief intervention research organization, INEBRIA. She specializes in addictions and substance abuse counseling and has over 30 years of clinical, management, and start-up experience in counseling settings.

Dr. Veach also provides clinical services for the Red Cross with specialized training in Disaster Mental Health response and served in Louisiana and at Virginia Tech. She was the 2006 President of the International Association of Addictions and Offender Counseling (IAAOC). She was awarded the IAAOC Counselor Educator Award in March 2007, the WFU Graduate Faculty Award for excellence in teaching at Wake Forest University May 2007, the ACA Counselor Education Advocacy Award March 2008, and in North Carolina was named the 2010 recipient of the Dr. Mary Thomas Burke Professional Award (The Mentoring Award).

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Chapter 1

History and Etiological Models of Addiction

David Capuzzi
Walden University
Mark D. Stauffer
Walden University

Chelsea Sharpe
Multisystemic Therapy Therapist
Athens, Georgia

The specialists serving the highest proportion of clients with a primary addiction diagnosis are professional counselors (20%), not social workers (7%), psychologists (6%), or psychiatrists (3%)
(Lee, Craig, Fetherson, & Simpson, 2013, p. 2)

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, Perjessy, & Reed, 2013), 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, Gabrielsen, Luna, & Grothaus, 2003).

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 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 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. Fifty 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 to 18 credits of coursework (today a two-year master's is the norm), and 20 years ago an addictions counselor was an alcoholic or addict in recovery who used his or her prior experience with drugs as the basis for the addictions counseling done with clients.

Until the middle 1970s, there was no such thing as licensure for counselors, and 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 in order 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.

The purpose of this chapter is threefold: first, to provide an overview of the history of substance abuse prevention in the United States; second, to describe the most common models for explaining the etiology of addiction; and third, to overview and relate the discussion of the history of prevention and the models for understanding the etiology of addiction to the content of the text.

APPROACHES TO THE PREVENTION OF ADDICTION IN THE UNITED STATES

Alcoholic beverages have been a part of this nation's past since the landing of the Pilgrims. Early colonists had a high regard for alcoholic beverages because alcohol was regarded as 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 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). 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.

In 1784, Dr. Benjamin Rush argued that alcoholism was a disease, and his writings marked the initial development of the temperance movement. By 1810, Rush called for the creation of a "sober house" for the care of what he called the "confirmed drunkard."

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). Six artisans and workingmen started the "Washingtonian Total Abstinence Society" in a Baltimore tavern on April 2, 1840. Members went to taverns to recruit members and, in just a few years, precipitated a movement that inducted several hundred thousand members. The Washingtonians were key in shaping future self-help groups because they introduced the concept of sharing experiences in closed, alcoholics only meetings. 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 discussion of religious conversion as a remedy for alcoholism for more details about the influence of religion in America on the temperance movement.) These movements contributed to the growing momentum to curtail alcohol consumption and the passage of the Volstead Act and prohibition in 1920 (Hall, 2010).

It is interesting to note that the United States was not alone during the first quarter of the 20th century 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. A majority of New Zealand voters approved national prohibition two times but never got the legislation to be effected (Blocker, 2006). Even though Prohibition was successful in reducing per capita consumption of alcohol, the law created such social turmoil and defiance that it was repealed in 1933.

Shortly after the passage of the Volstead Act in 1920, "speakeasies" sprang up all over the country in defiance of prohibition. 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. 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 and so patrons would feel more comfortable in such establishments.

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. 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.

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, and the laws passed declaring them legal or illegal, have changed over time and often have had racial/ethnic or class associations based on prejudice and less than accurate information. Prohibition was in part a response to the drinking patterns of European immigrants who became viewed as the lower class. 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 African 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 associated with Mexican immigrants. LSD, legal in the 1950s, became illegal in 1967 when it became associated with the counterculture.

It is interesting to witness the varying attitudes 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.

It is interesting to note that it was not until the end of the 19th century (Center for Drug Abuse Prevention, 1993) that concern arose with respect to the use of drugs in patent medicines and products sold over the counter (cocaine, opium, and morphine were common ingredients in

many potions). Until 1903, believe it or not, cocaine was an ingredient in some soft drinks. Heroin was even used in the 19th century as a nonaddicting 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 addiction by requiring labels on drugs contained in products, including opium, morphine, and heroin. The Harrison Act of 1914 resulted in the taxation of opium and coca products with registration and record-keeping requirements.

Current drug laws in the United States are derived from the 1970 Controlled Substance Act (Center for Drug Abuse Prevention, 1993), under which drugs are classified according to their medical use, potential for abuse, 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; 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 (SAMSHA) 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 to 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 to restrict the flow of drugs into the country. 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 is consumed yearly in the United States (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. There has also been an attempt to reduce importation. 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 (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 1,000) will be offered Juvenile Drug Court (JDC) diversionary programs as an option to prison sentences (CASA, 2004).

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

CURRENT POLICIES INFLUENCING PREVENTION

Addiction today remains as formidable a reality as it ever was, with 23 million Americans in substance abuse treatment and over $180 billion a year consumed in addiction-related expenditure in the United States (Hammer, Dingel, Ostergren, Nowakowski, & Koenig, 2012, pp. 713–714).

There are a number of current policies influencing the prevention of addiction that should be noted (McNeese & DiNitto, 2005) and are listed below.

- All states in the United States set a minimum age for the legal consumption of alcohol and prescribe penalties for retailers who knowingly sell alcohol to minors and underage customers. There are some states that penalize retailers even when a falsified identification is used to purchase liquor.
- Even though the Twenty-First Amendment repealed prohibition, the "dry" option is still open to individual states and some states, mainly in the South, do have dry counties.

Even though a few states still have "dry" counties, residents of those counties can often consume alcohol in restaurants that allow patrons to enter the establishment with a bottle of alcohol, usually wrapped or "bagged." The restaurant then charges a fee for opening the bottle and allowing the liquor to be served. In addition, some counties allow liquor stores to be located just outside the county line, perhaps in a waterway accessed by a short walk across a connecting boardwalk or foot bridge.

- Many state governments influence the price of alcohol through taxation and through the administration of state-owned liquor stores.
- As part of the initial training of U.S. Air Force and Navy recruits, alcohol and tobacco use is forbidden during basic training and for a short time during advanced and technical training. This is because use of these substances usually has a negative effect on military readiness and performance (Bray et al., 2010).
- Besides taxation and the operation of state-owned liquor stores, government can attempt to regulate consumption by controlling its distribution. It accomplishes this through adopting policies regulating the number, size, location, and hours of business for outlets as well as regulating advertising.
- Perhaps no other area of alcohol policy has been as emotionally charged as the setting of the minimum legal age for consuming alcoholic beverages. Most states have adopted the age of 21 as the minimum legal age for unrestricted purchase of alcohol. This is a point of contention among many because at age 18 the young are eligible for military service.
- When a legally intoxicated individual (someone with a blood alcohol content [BAC] of 0.08 to 0.10) drives an automobile, in most states, a crime has been committed. Penalties can range from suspension of the driver's license to a mandatory jail sentence, depending on the frequency of convictions.

- Insurance and liability laws can also be used to influence lower consumption of alcohol because those drivers with DUI convictions may face higher insurance premiums or may be unable to purchase insurance. In addition, in a majority of states, commercial establishments that serve alcoholic beverages are civilly liable to those who experience harm as a result of an intoxicated person's behavior.
- Public policies regarding the use of illicit drugs have not reached the same level of specificity as those regulating the use of alcohol (and, for that matter, tobacco). Since 1981 and the election of Ronald Reagan as president, federal policy has been more concerned with preventing recreational use of drugs than with helping habitual users. The approach chosen by the George H. Bush administration was one of zero tolerance. The George H. Bush administration did increase treatment funding by about 50%. Simultaneously, the administration continued to focus its attention on casual, middle-class drug use rather than with addiction or habitual use. In 1992, the presidential candidates, George H. Bush and Bill Clinton, rarely mentioned the drug issue except as related to adolescent drug use. In the year 2000, the major issue in the campaign of George W. Bush was whether Mr. Bush ever used cocaine. The administration of George W. Bush made very few changes in drug policy.
- Of major significance is the fact that SAMHSA was reauthorized in the year 2000 (Bazelon Center for Mental Health Law, 2000). That reauthorization created a number of new programs, including funding for integrated treatment programs for co-occurring disorders for individuals with both mental illness and a substance abuse disorder.
- Currently, a very controversial option for policy is being considered and discussed by policy makers (Fish, 2013). In short, replacing current assumptions and causal models underlying the war on drugs and punishment of drug users with alternative points of view could lead to a different way of understanding drug use and abuse and to different drug policy options. These alternatives could include refocusing our primary emphasis from attacking drugs to shrinking the black market through a targeted policy of legalization for adults, and differentiating between problem users (who should be offered help) and nonproblem users (who should be left alone). We could shift from a policy of punishing and marginalizing problem users to one of harm reduction and reintegration into society and shifting from a mandatory treatment policy to one of voluntary treatment. Abstention need not be the only acceptable treatment outcome because many (but not all) problem users can become occasional, nonproblematic users.

MODELS FOR EXPLAINING THE ETIOLOGY OF ADDICTION

Historically, addiction has been understood in various ways—a sin, a disease, a bad habit—each a reflection of a variety of social, cultural, and scientific conceptions (Hammer et al., 2012, p. 713).

Substance use and abuse has been linked to a variety of societal issues and problems (crime and violence, violence against women, child abuse, difficulties with mental health, risks during pregnancy, sexual risk-taking, fatal injury, etc.). Given the impact the abuse of substances can have on society in general and the toll it often levies on individuals and families, it seems reasonable to attempt to understand the etiology or causes of addiction so that diagnosis and treatment plans can be as efficacious as possible. There are numerous models for explaining the etiology of addiction (McNeese & DiNitto, 2005); these models are not always mutually exclusive and none are presented as the correct way of understanding the phenomena of addiction. The moral, psychological,

family, disease, public health, developmental, biological, sociocultural, and some multicausal models will be described in the subsections that follow.

The Moral Model

The moral model is based on beliefs or judgments of what is right or wrong, acceptable or unacceptable. Those who advance this model do not accept that there is any biological basis for addiction; they believe that there is something morally wrong with people who use drugs heavily.

The moral model explains addiction as a consequence of personal choice, and individuals who are engaging in addictive behaviors are viewed as being capable of making alternative choices. This model has been adopted by certain religious groups and the legal system in many states. For example, in states in which violators are not assessed for chemical dependency and in which there is no diversion to treatment, the moral model guides the emphasis on "punishment." In addition, in communities in which there are strong religious beliefs, religious intervention might be seen as the only route to changing behavior. The moral model for explaining the etiology of addiction focuses on the sinfulness inherent in human nature (Ferentzy & Turner, 2012). Since it is difficult to establish the sinful nature of human beings through empirically based research, this model has been generally discredited by present-day scholars. It is interesting to note, however, that the concept of addiction as sin or moral weakness continues to influence many public policies connected with alcohol and drug abuse (McNeese & DiNitto, 2005). This may be part of the reason why needle/syringe exchange programs have so often been opposed in the United States.

Although the study of the etiology of alcoholism and other addictions has made great strides in moving beyond the moral model, alcoholics are not immune to social stigma, and other types of addiction have yet to be widely viewed as something other than a choice. But as we move further away from the idea that addiction is the result of moral failure, we move closer to providing effective treatment and support for all those who suffer.

Psychological Models

Another explanation for the reasons people crave alcohol and other mind-altering drugs has to do with explanations dealing with a person's mind and emotions. There are several different psychological models for explaining the etiology of alcoholism and drug addiction, including cognitive-behavioral, learning, psychodynamic, and personality theory models.

COGNITIVE-BEHAVIORAL MODELS Cognitive-behavioral models suggest a variety of motivations and reinforcers for taking drugs. One explanation suggests that people take drugs to experience variety (Weil & Rosen, 1993). Drug use might be associated with a variety of experiences such as self-exploration, religious insights, altering moods, escape from boredom or despair, and enhancement of creativity, performance, sensory experience, or pleasure (Lindgren, Mullins, Neighbors, & Blayney, 2010). If we assume that people enjoy variety, then it can be understood why they repeat actions that they enjoy (positive reinforcement).

The use of mind-altering drugs received additional media attention in the 1960s, when "flower children" sang and danced in the streets of San Francisco and other cities, sometimes living together in communities they created. Much press was given to the use of drugs to enhance sensory experience in connection with some of the encounter groups led by facilitators in southern California.

The desire to experience pleasure is another explanation connected with the cognitive-behavioral model. Alcohol and other drugs are chemical surrogates of natural reinforcers such as eating and sex. Social drinkers and alcoholics often report using alcohol to relax even though studies show that alcohol causes people to become more depressed, anxious, and nervous (NIAAA, 1996). Dependent behavior with respect to the use of alcohol and other drugs is maintained by the degree of reinforcement the person perceives as occurring; alcohol and other drugs may be perceived as being more powerful reinforcers than natural reinforcers and set the stage for addiction. As time passes, the brain adapts to the presence of the drug or alcohol, and the person experiences unpleasant withdrawal symptoms (e.g., anxiety, agitation, tremors, increased blood pressure, seizures). To avoid such unpleasant symptoms, the person consumes the substance anew and the cycle of avoiding unpleasant reactions (negative reinforcement) occurs and a repetitive cycle is established. In an interesting review of the literature on the etiology of addiction (Lubman, Yucel, & Pantelis, 2004), it was proposed that in chemically addicted individuals, maladaptive behaviors and high relapse rates may be conceptualized as compulsive in nature. The apparent loss of control over drug-related behaviors suggests that individuals who are addicted are unable to control the reward system in their lives and that addiction may be considered a disorder of compulsive behavior very similar to obsessive compulsive disorder.

LEARNING MODELS Learning models are closely related and somewhat overlap the explanations provided by cognitive-behavioral models. Learning theory assumes that alcohol or drug use results in a decrease in uncomfortable psychological states such as anxiety, stress, or tension, thus providing positive reinforcement to the user. This learned response continues until physical dependence develops and, like the explanation provided within the context of cognitive-behavioral models, the aversion of withdrawal symptoms becomes a reason and motivation for continued use. Learning models provide helpful guidelines for treatment planning because, as pointed out by Bandura (1969), what has been learned can be unlearned; the earlier the intervention occurs the better, since there will be fewer behaviors to unlearn.

PSYCHODYNAMIC MODELS Psychodynamic models link addiction to ego deficiencies, inadequate parenting, attachment disorders, hostility, homosexuality, masturbation, and so on. As noted by numerous researchers and clinicians, such models are difficult to substantiate through research since they deal with concepts difficult to operationalize and with events that occurred many years prior to the development of addictive behavior. A major problem with psychodynamic models is that the difficulties linked to early childhood development are not specific to alcoholism or addiction, but are reported by nonaddicted adults with a variety of other psychological problems (McNeese & DiNitto, 2005). Nevertheless, current thinking relative to the use of psychodynamic models as a potential explanation for the etiology of addiction has the following beliefs in common (Dodgen & Shea, 2000):

1. Substance abuse can be viewed as symptomatic of more basic psychopathology.
2. Difficulty with an individual's regulation of affect can be seen as a core problem or difficulty.
3. Disturbed object relations may be central to the development of substance abuse.

Readers are referred to Chapter 12 of *Slaying the Dragon: The History of Addiction Treatment and Recovery in America* by William L. White (1998) for a more extensive discussion of psychodynamic models in the context of the etiology of addiction.

PERSONALITY THEORY MODELS These theories make the assumption that certain personality traits predispose the individual to drug use. An "alcoholic personality" is often described by traits such as dependent, immature, impulsive, highly emotional, having low frustration tolerance, unable to express anger, and confused about their sex role orientation (Catanzaro, 1967; Milivojevic et al., 2012; Schuckit, 1986).

Although many tests have been constructed to attempt to identify the personality traits of a drug-addicted person, none have consistently distinguished the traits of the addicted individual from those of the nonaddicted individual. One of the subscales of the Minnesota Multiphasic Personality Inventory does differentiate alcoholics from the general population, but it may only be detecting the results of years of alcoholic abuse rather than underlying personality traits (MacAndrew, 1979). The consensus among those who work in the addictions counseling arena seems to be that personality traits are not of much importance in explaining addiction because an individual can become drug dependent irrespective of personality traits (Raistrick & Davidson, 1985).

Family Models

As noted in Chapter 14, during the infancy of the field of addictions counseling, addictions counselors were used to working only with the addict. Family members were excluded. However, it soon became clear that family members were influential in motivating the addict to get sober or in preventing the addict from making serious changes.

There are at least three models of family-based approaches to understanding the development of substance abuse (Dodgen & Shea, 2000).

BEHAVIORAL MODELS A major theme of the behavioral model is, that within the context of the family, there is a member (or members) who reinforces the behavior of the abusing family member. A spouse or significant other, for example, may make excuses for the family member or even prefer the behavior of the abusing family member when that family member is under the influence of alcohol or another drug. Some family members may not know how to relate to a particular family member when he or she is not "under the influence."

FAMILY SYSTEMS There have been many studies demonstrating the role of the family in the etiology of drug abuse (Baron, Abolmagd, Erfan, & El Rakhawy, 2010). As noted in Chapter 14, the family systems model focuses on the way roles in families interrelate (Tafa & Baiocco, 2009). Some family members may feel threatened if the person with the abuse problem shows signs of wanting to recover since caretaker roles, for example, would no longer be necessary within the family system if the member began behaving more responsibly. The possibility of adjusting roles could be so anxiety producing that members of the family begin resisting all attempts of the "identified patient" to shift relationships and change familiar patterns of day-to-day living within the family system.

FAMILY DISEASE This model is based on the idea that the entire family has a disorder or disease, and all must enter counseling or therapy for improvement to occur within the addicted family member. This is very different from approaches to family counseling in which the counselor is willing to work with whichever family members will come to the sessions, even though every family member is not present.