

# TEACHING EVIDENCE-BASED ADDICTION COUNSELLING

Reflections on 30 years of specialist addictions teaching at  
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# Transfer of Learning – the ideal

- ▣ Sufficient evaluative research now exists to indicate what works in addiction counselling, what doesn't work, and what makes matters worse
- ▣ It is the duty of third-level educators to teach their students about the most effective, evidence-based addiction counselling modalities
- ▣ Students of addiction programmes at third level are eager to be taught about evidence-based counselling
- ▣ Having been taught, they then transfer this learning to their workplaces so that service provision is largely, if not entirely, rational and evidence based

# The Key Research Findings

- ▣ Drug- and alcohol-related problems exist along a continuum of severity and have many dimensions
- ▣ Problem drinkers / drug users do not have unique personality structures, and are no more or less defensive than anybody else
- ▣ Personal motivation is a key element in all change processes, whether designated 'self-change', 'mutual help' or 'professional treatment'
- ▣ Confrontation, if used as an element of addiction counselling, is usually counterproductive
- ▣ Some alcohol/drug problems can be treated effectively (and cheaply) by brief interventions
- ▣ Severe-end problems do best with on-going, low-key support, including that offered by mutual help movements
- ▣ Residential rehabilitation, while undoubtedly more expensive, does not necessarily deliver better outcomes

# Transfer of Learning – the reality

- ▣ Counselling (especially, perhaps, addiction counselling) is not always or solely concerned with identifying the most effective means to a clearly defined end
- ▣ Addiction students do not necessarily enter educational programmes with open minds, but with ideas which have been influenced and shaped by popular cultural views on these issues
- ▣ Human service organizations are frequently resistant to change, and may actively resist or discourage transfer of learning which challenges existing models of practice

# Addiction Counselling – a means to an end?

- ▣ Like all talking therapists, addiction counsellors are uneasy about seeing their professional activity described solely in technical / rational terms – ‘does it work’?
- ▣ Since counselling is seen as representing an alternative to the ‘medical model’, its practitioners tend to emphasize its humanistic or spiritual dimensions (about relationships and value systems as opposed to technical means to clearly defined ends)
- ▣ More than other healthcare professionals, counsellors argue about the importance of personal therapy and independent supervision
- ▣ Counsellors and the service systems within which they work operate with the same mixed motives as everybody else – what Peele describes as the ‘addiction treatment industry’ – so that practice is sometimes aimed enhancing professional status or bottom line interests

# Popular Cultural Concepts of Addiction

- ▣ Students usually come to addiction counselling education with previously established ideas from their everyday lives about the issues / problems with which they plan to work
- ▣ Frequently such ideas colour and influence their acceptance of or resistance to research evidence
- ▣ Some of the big ideas, over the past 30 years, have included: *alcoholism, harm reduction, the added value of residential rehabilitation*
- ▣ Insofar as addiction counselling in Ireland has become more rational (and it seems to have!), it may be less to do with the gradual accretion of research findings than with radical paradigm shifts – at policy level – in relation to these big ideas



# Alcoholism

- ▣ The disease concept of alcoholism was still enshrined in Irish health policy in 1983
- ▣ It conceptualized alcoholism as a discrete disease which was primarily attributable to the biological and/or psychological vulnerabilities of individual drinkers – having little or nothing to do with alcohol per se or with societal drinking habits
- ▣ It actively encouraged inpatient admissions to the adult mental health system
- ▣ The popular counselling approach at this time was based on the view that alcoholics had unusually rigid defense mechanisms (‘in denial’) and were unlikely to progress until confronted with reality

# Decline & Fall of Disease Concept

- ▣ Over the past 30 years, the WHO has coordinated and disseminated research findings which effectively repudiate the notion of alcoholism as a discrete disease
- ▣ Irish health policy documents (starting with *The Psychiatric Services: Planning for the Future*, 1984) have reflected this switch to a public health perspective, as well as advocating community-based, non-residential treatment systems
- ▣ The virtual disappearance of the alcoholism idea from official Irish health policy had a big influence on the professional culture of addiction counselors – especially those in public sector posts



# Harm Reduction

- ▣ This concept refers primarily to therapeutic work with problem drug users
- ▣ Its most explicit meaning is that it is legitimate for counsellors and other healthcare professionals to work with problem drug users who are not motivated to become abstinent, with the aim of reducing harms associated with ongoing drug use
- ▣ Implicitly at least, this concept advocates 'user-friendly', collaborative and non-confrontational styles of drug use
- ▣ As with the alcoholism developments, the introduction of harm reduction into Irish policy had a huge impact on the professional culture of addiction counsellors here

# Addiction Counselling: a new profession?

- ❑ Despite these important paradigm shifts, the teaching of addiction counselling is still a fraught business since there is confusion about the status of addiction counsellors within service systems
- ❑ Is addiction counselling a distinctive professional activity or a shared function – something that can be carried out with some degree of competence by generic health and social care professionals?
- ❑ Through the Irish Association of Alcohol & Addiction Counsellors (established 1989) addiction counsellors have promoted the former view in various ways
- ❑ Despite enactment of Health & Social Care Professionals Act (2005), no statutory accreditation and registration system for addiction counsellors has been created
- ❑ For an educator, all of this raises questions about what one is preparing students for – generic or specialist positions?

# Four-Tier Model

- ▣ This model, created by the English National Treatment Agency for Substance Misuse, has now been adopted at policy level by the HSE and by the National Drugs Strategy
- ▣ It promotes the view that all generic workers have the potential to intervene with problem drinkers/drug users
- ▣ It recommends that clients should not be moved up the hierarchy towards more specialist interventions unless or until interventions have been tried and seen to fail at a lower level
- ▣ It poses a challenge of sorts to the idea of addiction counselling as a specialist, distinctive function
- ▣ Since addictions are, in managerial terms, somewhat peripheral within HSE, it is not surprising that no effective implementation of the four-tier model has taken place

# An Educator's Perspective

- ▣ Over the past 30 years, there have been huge advances in our understanding of what constitutes evidence-based addiction counselling
- ▣ Some of the more dogmatic, evangelical ideas no longer have the popular currency which they previously had
- ▣ I still don't expect the teaching of addiction counselling and the transfer of learning to be a straightforward, rational process
- ▣ I don't complain when I find that the transfer of learning is an imperfect, complex and political process!
- ▣ I believe that addiction counselling is best taught as part of a more broad-based curriculum – which equips students for dealing with complexity and ambiguity rather than obsessing with the 'right answer'
- ▣ These issues and complexities are not unique to Ireland