

## Foundational Qualities and Helping Skills for AODA Counselors and Therapists

*This document gives the reader an overview of basic qualities and helping skills that, according to the research, are the underpinnings of effective treatment, counseling, and therapy for persons with substance use disorders. Backed up by clinical studies, eight counselor traits and four helping skills are discussed. Treatment professionals are encouraged to examine their own characteristics and skills in light of these practices in order to ensure fidelity with best practices.*

### Introduction

Credentialed alcohol and other drug abuse counselors and therapists have an awesome privilege and responsibility in their chosen profession. As such administrators, funders, other professionals, consumers, and the general public demand that professional helpers possess qualifications, expertise, education, training, and experience equal to that responsibility. Certified counselors are expected to have knowledge and expertise in areas such as the nature and course of substance use disorders, effects of substances on the central nervous system, human growth and development, family dynamics, intervention, case management, assessment interviewing, treatment planning, group facilitation, and wrap-around/care coordination.

The typical substance abuse counselor or therapist will be familiar with a variety of treatment approaches such as: Cognitive-Behavior Therapy, Motivational Enhancement Therapy, Community Reinforcement Approach, Contingency Management, AA 12-Step Facilitation Therapy, Pharmacotherapy, Biofeedback, Relapse Prevention, and Multidimensional Family Therapy.

Helpers are expected to employ these and other evidence-based treatment approaches and to develop even better ways and models for helping people. There are also numerous policies, rules,

facility standards, and professional codes of conduct that must be followed.

While therapeutic approaches and policies are the vehicles that deliver treatment, research suggests that one of the most important factors in effective treatment for substance use disorders is the *therapeutic alliance*. The therapeutic alliance is the personal bond between the counselor and client and their agreement about the goals and tasks of treatment. Furthermore, it's not the therapist's opinion about the relationship that counts, but rather it's the client's perception of the alliance that is the most important factor for positive outcomes. So being genuinely responsive to consumer needs and wants is critical.

Well defined, described, and tested in clinical studies, there are basic counselor attributes and skills that should be present for a positive counselor-client relationship to occur; to facilitate positive change in the lives of those counseled; and to empower clients to assume a degree of personal control over their lives.

This document is intended to be a review of those fundamental qualities and skills needed for effective counseling to take place regardless of the counselor, client, setting, approach, or circumstances surrounding the admission.

### What counselor qualities promote a good client-counselor bond?

**1. The effective counselor is caring, dependable, and available.** He/she offers understanding, acceptance, and a warm (unconditional positive regard), empathic, collaborative relationship in which the substance-dependent client can feel safe, accepted, understood, and validated. Without judgement, the counselor seeks to truly understand and accept his/her client's frame of

reference (empathy). The caring counselor seeks his/her client's best interest through well-meaning, genuine actions. He/she seeks to sincerely like and accept his/her client where they're at.

Sometimes substance abuse treatment counselors unknowingly convey the message: "If you use drugs or alcohol we can't help you," or "If you use drugs or alcohol you have failed and disappointed us," or "I don't care about you, I only care about stopping you from using drugs." Such messages intimidate, discourage, frustrate, and anger substance-dependent individuals, who may resist, drop out of, or disrupt treatment.

Although substance-abusing clients often oppose filling out forms, arrive late for sessions, fail to show up at all, and otherwise demonstrate the lack of serious involvement in the process of treatment, therapists, by contrast, should demonstrate a steady commitment to helping their clients. Therefore, it is very important for therapists to arrive on time for their appointments, to return their clients' phone calls promptly, and to be reachable in cases of emergency. Therapists should also be persistent in attempting to contact clients who do not show up for their sessions. If the therapist establishes a pattern whereby he or she will always telephone a client within hours of their missing a session, the therapist communicates a concern that goes beyond words.

Along these same lines, it is important for therapists to be willing to continue to treat a substance-abusing client when he or she experiences a relapse or other problematic separation from therapy including incarceration. A relapse is viewed as an opportunity to learn. This strategy provides the most realistic means by which to treat a disorder whose course is often recurrent. Further, it fosters a sense of hope for clients who otherwise might believe that they have burned their bridges with all benevolent and helpful others. Therefore, they may be more apt to return to treatment voluntarily and more quickly following future relapses.

It may be your program's policy that clients be treated only in the clinic's offices. If a client is hospitalized or incarcerated, however, it may be necessary for the counselor to go to the hospital or jail to continue his/her client's treatment. Furthermore, some clients may need to receive care in their natural living environment.

Certain life events, such as a client's wedding, the birth of a child, a client's traumatic injury or illness, or several missed appointments, might require the therapist to reach out to his/her client to demonstrate personal concern and continuing interest in preserving the therapeutic relationship and enhancing the recovery process. If the duration between sessions is long, clinician interest can be expressed through telephone calls between sessions. However, you should be careful not to cross professional boundaries or put the therapeutic relationship at risk by violating a client's privacy or confidentiality rights. An example of a violation might be attending the funeral for a member of a client's family, or showing up at his/her client's home or workplace without the client's consent.

## **2. The effective counselor is respectful.**

Therapists should genuinely recognize the dignity and worth of their clients, family, and significant others. There is full acceptance of a person's inherent worth. The client's beliefs, opinions, and culture are considered important and highly valued. The therapist does not belittle or poke fun at clients, but holds them in high regard. The therapist believes that the client has the right to make their own decisions and to learn from them. As such, your client is offered choices, maximum involvement in treatment decisions, and afforded the highest degree of personal and physical freedom during care. Family and significant others are welcomed and viewed as valuable treatment collaborators.

## **3. Be trustworthy to receive trust.**

Therapists gain their clients' trust by being dependable and someone that can be looked to and counted on. When you tell your client you will do something, follow through on the promise. Clients will confide in their counselor if they feel comfortable and safe within the treatment setting. Their natural initial negative reactions to

treatment may be a result of factors such as their gender, age, ethnicity, involuntary circumstances, and previous experience with treatment or professionals. As explained above, therapists should set a higher standard of behavior for themselves than they can expect from their substance-abusing clients. Clients who initially act and think in withdrawn, combative, passive-aggressive, conning, deceitful, and/or mistrustful ways often expect that others will treat them in like fashion. Therefore, it is a corrective experience for clients when they realize that their therapist demonstrates genuine honesty and concern, even when his/her clients have been less than friendly or truthful in return. Research clearly demonstrates that a counselor can drive resistance levels up and down dramatically according to his or her personal counseling style.

As difficult as it is to gain the trust of the substance-abusing client, it can be impaired or lost quickly and with relatively little provocation. Therefore, the therapeutic relationship should be managed in a delicate, painstaking fashion. In the process of accomplishing this goal, therapists should recognize their own anger or frustration when clients lie to, deceive, use, or spread rumors about them and must strive to keep such feelings in check. Instead, therapists need to find a diplomatic way to address the apparent inconsistencies in what the patients say and do, and to remain nonjudgmental. In instances where a client persistently focuses anger on the counselor, the adept counselor diffuses it by keeping a lower profile or playing the background role in his/her client's treatment. Treatment assignments have the client seek information and support from family, friends, other group participants, mentors, and the like.

**4. Speak directly, simply, and honestly using language the client understands.** The competent therapist relates to his/her client in a genuine manner free from pretense or phoniness. The effectual counselor comes along side of his/her client and meets them where they're at. The efforts of treatment should be directed towards allying him or herself with the clients' needs. Aggressive or harsh confrontation, shaming clients, or using punitive methods does

not have a place in an AODA treatment program. This has been replaced by a calm, direct and honest, "This is what I see about you" approach. The counselor should be seen as a colleague or partner in the recovery process, the one who has experience and expertise. The counselor aligns with his/her client by listening, observing without judgement, demonstrating knowledge, and offering encouragement and support. The counselor-client relationship will be poor if the client sees the counselor as an authority figure.

The effectual counselor also encourages questions and provides clarification of anything that seems perplexing or not justified.

**5. Be confident, but humble.** One of the most fundamental ways clients gain confidence and hope about the process of therapy is for therapists to be confident and secure in themselves. This involves clarity of voice, relaxed posture, non-defensiveness, and an energetic optimism. However, the counselor does not need to go to extremes to demonstrate confidence. It is ill-advised for therapists to portray themselves as all-knowing, free from error, or can never be wrong. A certain degree of humility is necessary to create and sustain an atmosphere of collaboration and mutual respect. Therapists should be willing to admit that they do not know or were wrong about something, rather than try to fake their way through. A good therapist apologizes when they've erred or when there is a misunderstanding, "I'm sorry if my last statement sounded rather hard on you. Really, I'm on your side, but I got a little carried away just then because I was very concerned about you." The therapist communicates confidence by showing that he or she is not afraid to admit to a mistake, and that he or she is fully assured and optimistic about the success of treatment.

**6. The effectual counselor instills a sense of hope in their clients.** Therapists should possess and convey a positive, can-do, hopeful attitude about treatment. He/she believes in every client's ability to change and recover. The therapist recognizes, on appropriate occasions, that his/her client has made progress toward their goals and says so. The client, as a result,

feels that their treatment goals can be achieved and that his/her therapist is trying to help them achieve them. Even with clients who have a strong distrust of treatment programs, when the counselor instills a sense of self-efficacy that, "treatment will work for you," this is a strong predictor of success in treatment.

**7. Routinely seek feedback from clients.** As treatment progresses, clients may experience or reveal barriers that impede progress and could result in early dropout unless resolved. These barriers can include not understanding written materials easily, having difficulty making transportation or child care arrangements, having insufficient funds or insurance coverage to continue treatment as initially planned, their readiness to participate, a medical, legal, or family problem, anticipated lifestyle changes being too threatening, or something is amiss in the client-counselor relationship.

The effectual therapist routinely asks clients for feedback. A few simple questions like, "How did the session go for you?" and "Is there anything we could have done differently?" and "Is there anything hindering you from continuing in treatment?" is all that's needed. If in a group setting, the therapist has a feedback form handed out at the end of group or allows individual time with clients.

While there may be legal consequences for some clients that should be considered, if all forms of persuasion fail and a client is set on dropping out of treatment, stress that it is all right to take a break from treatment, to allow time to consider alternatives, and to prepare to act on them, but set up the expectation for or schedule a return to treatment.

**8. Remain Cool and Calm.** The counselor-client relationship can be a fragile one. When a client becomes hostile, loud, uncompromising, and/or verbally abusive, it doesn't do any good for the professional to respond in kind. To diffuse these situations, the therapist should stay calm, non-defensive, and matter-of-fact. It is important at such times for the therapist to express a genuine concern for his/her client's well-being and best interests.

When the therapist and patient are at odds, it is also helpful for the therapist to call attention to their areas of mutual agreement and collaboration. This helps to remind the client that a single conflict with the therapist does not mean that the entire therapeutic endeavor is a disaster. Although a certain degree of disagreement between the therapist and his/her client is almost inevitable during the course of treatment, the therapist can minimize damage to the therapeutic relationship by calmly communicating a tone of respect and concern, and re-instilling a sense of hope.

## **What helping skills promote a good therapeutic alliance?**

This section will discuss the basic skills of effective counseling and therapy including attending, responding, personalizing, and initiating. When the therapist uses the skill of attending, the client becomes fully involved in their treatment; responding and the client explores their issues; personalizing and the client understands the personal meaning of their issues; initiating and the client takes action to change.

**1. Attending.** While the Dictionary defines attending as "to be present with, to pay attention to, or to apply yourself," in counseling, it has more to do with listening to, getting in touch with, and understanding your clients' unique perspectives, expectations, readiness to change, and personal values, as opposed to yours or your program's. At the same time, it involves the client in addressing their own issues. To aptly practice attending to your client you should take deliberate steps to *prepare, position, observe,* and *listen.*

One way a good counselor *prepares* him or herself is by remembering details about his/her client from session to session. A simple, tried-and-true method to ensure this process is to take thorough, prompt therapy notes about every contact with the client, and to review these notes before each new session. A good therapist is not only familiar with his/her client's problems but also their strengths, competencies, and areas of positive self-esteem, and can bring these assets to bear during counseling.

One way an effective therapist *positions* him or herself is by properly arranging the counseling setting. Research suggests that your office not be your private sanctuary where you display a lot of personal items, but rather a counseling setting. Decorations should reflect your commitment to helping people. The furniture in group rooms should be arranged so all can see each other's face without having to turn around, lean uncomfortably, or restrict another's view.

Respect your client's personal space by remaining 3-4 feet from your client. Squarely face your client along with the following have been found to be effective:

- Sit and lean discreetly forward toward your client
- Adopt an open posture with arms and legs
- Maintain eye contact; take cues from your client as to how much eye contact he/she is comfortable with
- Try to relax as you interact with your client.

The effectual counselor *observes* by noticing and interpreting nonverbal expressions. Ask yourself, if I looked the way my client looks, how would I feel?

Clients on the verge of dropping out of treatment often express dissatisfaction with treatment or the therapeutic process by missed appointments, arriving late, failing to complete required forms and assignments, or remaining mute when asked to participate. Any occurrence of such behavior provides an opportunity to discuss the reasons for the behavior and to learn from it.

A good therapist *listens* by getting clients to talk openly about feelings, reasons, and desires. Focusing on your client's immediate feeling, need, distress, anxiety, issue, situation, pain, or experience is critical regardless how appropriate it may seem in the larger scheme of treatment. Drawing out your client's perceptions and interpretation of a situation is essential. Good therapists rarely have to offer solutions. If you can get clients to voice their feelings, reasons, and desires, they will come to understand the

meaning or impact it has and come up with the answers themselves.

Response statements such as "You appear to be...", "I see what you're saying," "It seems like...", "Do you mean that...", "What happens when...", are effective for getting clients to talk openly.

**2. Responding.** The way in which a counselor reacts to their client is a special helping skill. The goal of responding is to empower your client to explore and verbalize how they feel, the reason, and what they want to have happen. That is, "you feel...because...and you want to..."

Assisting your client in exploring their issue requires information, encouragement, affirmation, and congratulating clients for little successes.

The therapist provides clarifying information to his/her client by considering the content, feeling, and meaning of what the client expresses or says. The counselor echoes information back to his/her client and offers additional insight for consideration such as, "On the one hand you feel...on the other hand you feel...but it looks to me like..."

The adept therapist also uses self-disclosure, stories, and simple metaphors to explain, through example, a situation that clients can then interpret.

**3. Personalizing.** Probably at the core of most client resistance to change is an inability to be true to self. Some call this "denial." The goal of personalizing is to assist the client in understanding the truth about their issue. By aiding the client in using "I" statements, they gain an understanding about how they are personally affected by the issue and how they need to be part of the solution. Your client comes to "own" their issue and can verbalize it, "I feel...because I...and I want to..."

**4. Initiating.** The purpose of initiating is to assist your client in taking tangible, concrete, meaningful, and realistic action to resolve their issue. This is done by helping your client define

their goal, identify a course of realistic steps to get there, rehearse the steps, and provide rewards for successes. As discussed earlier, the therapist assists his/her client by echoing and providing additional insight as appropriate, "On the one hand you want to...on the other hand you want to...but another way might be..."

While some clients may seem to respond better to a more "directive" counseling approach, there are no proven client characteristics that predict a poor response to these counseling qualities and skills. Behavior-oriented contingency management approaches can be used along side the fundamental techniques discussed previously. Furthermore, these qualities and skills are illustrated in effective approaches to counseling. For example, in motivational enhancement therapy, the counselor takes a respectful, reflective listening approach, establishing a therapeutic alliance, viewing the client as the agent of change who ultimately takes action to recover. In relapse prevention, clients are helped to understand the triggers and situations that precede their substance use, develop coping skills and mechanisms, are supported while they practice in real life, and receive rewards for being successful. No matter which specific approach is used in counseling, the helping skills described in this report should be at the foundation.

## References

Boren, J., et.al. (2000) Approaches to Drug Abuse Counseling, National Institute on Drug Abuse.

Carkhuff, Robert R., et.al. (1965) Lay mental health counseling: The effects of lay group counseling. Journal of Consulting Psychology, vol. 29, no. 5.

Carkhuff, Robert R., et.al. (1987) The Skills of Helping, Human Resource Development Press.

Carkhuff, Robert R., et.al. (2000) The Art of Helping in the 21<sup>st</sup> Century, Human Resource Development Press.

Connors, G.J., et.al. (1997). The therapeutic alliance and its relationship to alcoholism treatment participation and outcome. Journal of Consulting and Clinical Psychology, 65(4), 588-598.

Frank, A. F. & Gunderson, J. G. (1990) The role of the therapeutic alliance in the treatment of schizophrenia: Relationship to course and outcome. Archives of General Psychiatry, vol. 47, pp. 228-236.

Gorski, T., et.al. (1996) Counselor's Manual for Relapse Prevention with Chemically Dependent Criminal Offenders, Substance Abuse and Mental Health Services Administration.

Horvath, A. O., & Symonds, B. D. (1991) Relation between working alliance and outcome in psychotherapy: A meta-analysis. Journal of Counseling Psychology, vol. 38, pp. 39-149.

Iguchi, M.Y., et.al. (1997). Reinforcing operants other than abstinence in drug abuse treatment: An effective alternative for reducing drug use. Journal of Consulting and Clinical Psychology, 65(3), 421-428.

Kasarabada, N., et.al. (2002) Do patients' perceptions of their counselors influence outcomes of drug treatment? Journal of Substance Abuse Treatment, vol. 23, no. 4.

Luborsky, L., et.al. (1985) Therapist success and its determinants. Archives of General Psychiatry, 42:602-611

Miller, William R., et.al. (1999) Enhancing Motivation for Change in Substance Abuse Treatment, Treatment Improvement Protocol (TIP) Series 35, U.S. Department of Health and Human Services.

Onken, L. (1997) Beyond the Therapeutic Alliance: Keeping the Drug-Dependent Individual in Treatment, Research Monograph, Number 165, National Institute on Drug Abuse.

Petry, N.M., et.al. (2000). Give them prizes and they will come: Contingency management for treatment of alcohol dependence. Journal of Consulting and Clinical Psychology, 68(2), 250-257.

Salvio, M.A., et.al. (1992) The strength of the therapeutic alliance in three treatments for depression. Psychotherapy Research, vol. 2, no. 1.

**Date:** July, 2003

**Author:** Mike Quirke, MSW  
Bureau of Mental Health and Substance Abuse Services  
Division of Disability and Elder Services  
Department of Health and Family Services  
State of Wisconsin

**Website:** [www.dhfs.state.wi.us/substabus](http://www.dhfs.state.wi.us/substabus)