"Abstinence & Moderation: Can They Co-exist as Goals of Substance Abuse Treatment?"

By Daniel P. Pitzer ACSW, ATODC, CASAC, Chair of the Addictions Committtee and Director of Breaking the Chain Counseling and Consulting

There has been a great deal of attention paid in the media lately to the issue of "Moderation Management" and the contrast with more traditional abstinence based treatment of substance abuse. Most portrayals point to the issue that a clinician must choose an orientation and stick to it in order to deliver an effective service, and the debate continues over which is best. The argument that addiction is a disease and total abstinence is the only goal has been the more traditional focus, while viewing addiction as a compulsive behavior that can be modified has grown more popular in recent years. Avoiding the sensationalism in the recent media and examining the strengths and challenges of each approach and looking at their most appropriate application on an individual basis is the most responsible course a clinician can take.

Dan Pitzer

Alcoholics Anonymous: A Self Help Model

A recent episode of ABC's "20/20" focused on moderation as a more realistic goal of treatment of alcoholism than abstinence, and portrayed 12 step programs such as Alcoholics Anonymous (AA) as "treatment". There were several issues raised but not all were addressed. One issue is that AA is not treatment, but self help, and although most treatment centers use a 12 step philosophy, it is *inte-*

Continued on page 8

Caregivers Right to Help: The Role of the Peer Consultation Committee

By Nancy Glimm and Christine Fewell, Peer Consultation Committee of the NASW

Focus On Substance Abuse

Social work is a profession founded on concepts of giving and concern for the needs of others, particularly those that are most vulnerable. Our professional values and ethics are infused with beliefs about our responsibilities to assist others. Within the stressful environment of today's social work practice, it can be a real challenge to care for oneself. Social workers face increased pressures within the workplace in many ways. Human service agencies have increased caseloads. Managed care has limited the amount of time in which service can be provided and taken away control of the individualized and personal care that draws many people to the profession of social work. In some settings social work has been eliminated or diminished in professional standing. The amount of supervision and in-service training has been cut back. Salaries are not commensurate with our professional training and abilities

The settings where social workers practice are inherently overwhelming. Homeless shelters, psychiatric and medical hospitals, nursing homes, drug and al-

Continued on page 12

Cultural Competence in the Treatment of the Addictions

By John Crespac, BS, CASAC, Chair-elect, Addictions Committee

The importance of cultural competence in the treatment of chemically affected individuals and their family members cannot be overstated. Those faced with the challenge of overcoming addiction to substances, both licit and illicit, need to be met by a practitioner who has an understanding of their particular cultural background in order to get the maximum benefit of the treatment experience. Addiction can be understood as creating a barrier between the individual and his ability to meet the norms and expectations of his culture.

Addiction and Cultural Estrangement

As addiction progresses, many individuals become increasingly alienated from their own cultural identity. This can include deteriorated relationships with family members, decreased participation in cultural traditions, involvement with neighborhood, church, and cultural centers. As life increasingly revolves around addiction, ties to culture often weaken.

John Crepsac

This has significant implications for the addicted individual because cultural identity can be an important source of resilience. Utilizing a strengths perspective, cultural identity can be a positive counter balance to fight the pull of addiction.

Therefore, effective chemical dependency treatment should in many ways

Continued on page 8

"Abstinence & Moderation: Can They Co-exist as Goals of Substance Abuse Treatment?"

Continued from page 4

grated into their treatment, for AA is not treatment by itself.

Abstinence vs. Moderation

A June episode of A&E's "Investigative Reports" profiled AA and a representative pointed out that people do not go to AA meetings to *get* sober, but to *stay* sober, and once they have made that commitment through some form of treatment they can benefit from AA meetings. This raises another issue that "20/20" examined that AA might not be appropriate for someone who is not willing to completely stop drinking. While this might be true, the "20/20" report took the position that AA "does not welcome" those not ready for total abstinence, and thus appeared to demonize the fellowship. The tone of the program was one of "us against them", even suggesting that abstinence based treatment is financially motivated since alcoholism is recognized as a disease by the AMA, thus treatment centers looking for funding will subscribe to only that. A July 10 article entitled "Drink Your Medicine" in *New York* about a well-known New York City rehab center further fanned the flames.

Media Controversy Results in Program Director's Resignation

The Smithers rehab program that is affiliated with St. Luke's Hospital in New York has made its way into public view as a result of the *New York* article, with controversy surrounding its' moderation program, culminating with the resignation of its' director, Dr. Alex DeLuca. The mere mention of a moderation program ignited a fire of media coverage with articles in the *New York Post* and *New York Times*, and Dr. DeLuca was cited in the latter on July 11 as saying that he had not abandoned abstinence, but merely suggested that they could "engage people in a kinder, gentler manner" when they were not willing to work on giving up using for life. This is clearly indicative of the passion in the debate in the field, and the Smithers family took out a full-page ad in the Times on July 9 assuring their commitment to abstinence, as well as filing a $60 million lawsuit against St. Luke's Hospital.

Substance Abuse Treatment and Social Work Principles

The issue of engaging clients in a kinder, gentler, manner often gives way to direct confrontation in substance abuse treatment, running the risk of missing an opportunity to join in a journey to recovery. With the social work principles of self determination and meeting clients "where they are at" often taking a back seat. Clients are often seen as being in "denial" when they are not ready for total abstinence, often because practitioners are wary of "condoning" alcohol or drug use. It is similar to the condoms in school debate, with schools afraid of appearing to condone teen sex. However, the reality is that many more practitioners than are willing to admit it tolerate substance use from their clients out of fear of the person leaving treatment if they confront the defenses too quickly.

> *FORMULATING A TREATMENT PLAN THAT IS JOINTLY AGREED UPON BY THE CLIENT AND THE CLINICIAN IS MOST LIKELY TO SUCCEED, IN ANY SETTING*

Often clinicians have the ultimate goal of total abstinence in mind, but will work on "harm reduction" with clients on the road to get there, particularly in outpatient and private practice settings. Often, we use AA as an adjunct to treatment, but it is a mistake to mandate it with clients who are not ready or do not identify as alcoholics. Not everyone in treatment meets the criteria for substance dependence, but they could still stand to cut down their drinking or drug use, and often it is this client who benefits from alternative approaches. Formulating a treatment plan that is jointly agreed upon by the client and the clinician is most likely to succeed in any setting, and that should not be any different for our substance-abusing clients. Focusing on the unique needs of each of our clients should take precedence over an allegiance to a particular model.□

Cultural Competence in the Treatment of the Addictions

Continued from page 4

serve to re-introduce the individual to his or her estranged culture. A culturally competent worker is an invaluable contributor to this process especially for clients in the earlier stages of recovery.

Cultural Competency Takes a Back Seat

The field of social work, because of its unique "person in environment" perspective, is extremely sensitive to the influence of cultural values and expectations on the overall functioning of an individual. As social workers we are trained to consider the role that culture plays in how an individual views a problem, who that individual turns to for help, and what expectations they have of the helping relationship among other things. Yet, in the area of chemical dependence treatment the importance of cultural competence seems to have taken a back seat. Chemical dependence treatment, especially in the early stages, is often symptom based with an emphasis on addressing drinking and/or drugging behaviors. Within this context, treatment is narrowly focused and may not provide a framework for viewing a person within a more comprehensive context that includes an understanding of cultural identity.

This is not to say that social workers in the area of chemical dependence are culturally insensitive. On the contrary, my many years in the area of chemical dependence has allowed me to observe first-hand the level of compassion and sensitivity that is characteristic of all social

Continued on page 13

Cultural Competence in the Treatment of the Addictions

Continued from page 8

workers. However, no amount of compassion and concern can make up for a lack of knowledge about other cultures. In other words, we need to be not only well intentioned but also well informed.

Cultural sensitivity refers to a basic awareness of and respect for cultural differences, whereas cultural competence entails the development of a knowledge base of that culture to be used in practice. Why is it that in the area of chemical dependency treatment we seem to be satisfied with just sensitivity? One reason may be that chemically affected individuals are often perceived as having more in common with each other than with members of their own cultural groups.

Society tends to view the chemically dependent as "addicts", an undifferentiated group that comprises its own subculture. As such, their dominant characteristic is their addiction, be it drugs or alcohol. Cultural identity and differences become blurred and take on diminished significance.

> *SOCIETY TENDS TO VIEW THE CHEMICALLY DEPENDENT AS "ADDICTS", AN UNDIFFERENTIATED GROUP THAT COMPRISES ITS OWN SUBCULTURE.*

Nevertheless, our knowledge base informs us that cultural patterns can play an important part in the manifestation of the disease of addiction. For example, alcoholism in rural Mexico may present in very different behavior patterns than alcoholism in a large Japanese city. Cultural norms and expectations about alcohol and drug use vary considerably.

Culturally Competent Social Workers

Culturally competent social workers need to have a curiosity and willingness to learn about cultures different from their own. Concepts from anthropology can be utilized to develop cultural competency. Social workers need to search with a clinical as well as ethnographic lens to begin to imagine what it is like to be in the position of a person from another ethnic or cultural group (Rosenberg, 2000).

Principles informing cultural competency have been defined in the mental health literature and are applicable to the field of chemical dependence treatment as well. Valle (1986) has described the elements necessary for the development of what he terms

"cross-cultural competence"
These include:

- A working knowledge of the symbolic and linguistic "communication patterns" of the target population.
- Knowledge and skills in relating to the target population.
- A grasp of the underlying attitudes, values and belief systems of the target population.

The application of cultural competence is an important competent of treatment of the addictions. It is an essential tool in engaging clients in the recovery process. Helping clients reconnect with their cultural identity can facilitate sobriety.❒

Rosenberg, S.J. (2000). Providing mental health services in a culture other than one's own. *Reflections: Narratives of Professional Helping.* 6 (4), 32–41.

Valle, R. (1986). Cross-cultural competence in minority communities: A curriculum implementation strategy. In M. Miranda & H.H. Kitano (Eds.), *Mental health research and practice in minority communities* (pp.29–50). Rockville, Md.:National Institute of Mental Health.

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