

This document is excerpted from the [National Institute on Drug Abuse](#) *Approaches to Drug Abuse Counseling*,

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The full document can be found by following this [link](#).

COUNSELOR CHARACTERISTICS AND TRAINING

4.1 Educational Requirements

For purposes of the research protocol for which this treatment was designed, the educational requirement for group or individual addiction counselor was no higher than a master's degree. The range of education is associate's to master's degree in a human services field.

4.2 Training, Credentials and Experience Required

Counselors must have a minimum of 3 years' experience in addiction counseling and must be knowledgeable of and use the 12-step model. Group counselors must also have experience in leading groups. The professional credentials for addiction counselors (in Pennsylvania, associate addiction counselor [A.A.C.] and certified addiction counselor [C.A.C.]) are encouraged but not required. Counselors often become credentialed after having worked with institutions for a period of time.

4.3 Counselor's Recovery Status

Many counselors in this field are either in recovery themselves or have had a family member who was addicted. An indepth knowledge of addiction and the tools for recovery and ability to empathize with the client are essential for an addiction counselor. One way to develop this knowledge and ability is for the counselor to be in recovery. It is important that the counselor be relatively healthy and able to demonstrate a minimum of 5 years in recovery. The best situation is a mixture of recovering and nonaddicted counselors, because this fosters maximum learning from one another.

4.4 Ideal Personal Characteristics of Counselor

Addiction counselors should exhibit good professional judgment, be able to establish rapport with most clients, be good listeners, be accepting of the client for who he or she is (and not have a negative attitude toward working with addicts), and use confrontation in a helpful versus an inappropriate or overly punitive manner. A good addiction counselor must also be personally organized so as to be prompt for all sessions and able to maintain adequate documentation.

4.5 Counselor's Behaviors Prescribed

The counselor will perform the following behavioral tasks:

- Help the client admit that he or she suffers from the disease of addiction.
- Teach the client about addiction and about the tools of recovery.

- Encourage and motivate the client.
- Monitor abstinence by doing frequent urine drug screens and breathalyzers and by encouraging self-report of any relapse.
- Analyze any relapse and strongly discourage further use.
- Introduce or review the 12-step philosophy and encourage regular attendance in a self-help program.
- Provide support and encourage development of a support network.

4.6 Counselor's Behaviors Proscribed

The counselor should not be harshly judgmental of the client's addictive behaviors. If the client did not suffer from addiction he or she would not need drug counseling, so it is useless to blame the client for exhibiting these symptoms. Also, because clients often feel a great deal of shame and guilt associated with their addictive behaviors, to help resolve those feelings it is important that they be encouraged to speak honestly about drug use and other addictive behaviors and to be accepting of each client's story.

It is also important that the counselor be respectful of clients. The counselor should not be late for appointments and should never treat or talk to clients in a disrespectful manner.

The counselor should avoid too much self-disclosure. While occasional appropriate self-disclosure can help the client to open up or motivate the client by providing a role model, too much self-disclosure removes the focus from the client's recovery. A good rule regarding self-disclosure, if the counselor is so inclined, is that the counselor first have a clear purpose or goal for the intervention and then think about why he or she is choosing self-disclosure at this time.

Finally, the counselor should be aware of when his or her own issues are stimulated by a client's problems and therefore refrain from responding to the client out of his or her own dynamics. For example, if a counselor in recovery feels it extremely important to break ties with addicted peers, but a particular client with an addicted spouse or partner cannot break free of the relationship, it is imperative that the counselor respond flexibly and creatively to the client's perception of the situation and not rigidly adhere to the notion that breaking ties with all addicts is the only way to recovery.

4.7 Recommended Supervision

Ongoing supervision is a necessary part of counselor training and support. Lack of adequate supervision can contribute to counselor stress and burnout, both of which are seen frequently.

The ultimate goal of supervision is to enhance the quality of client care. Focus to achieve this goal is twofold. First, it is centrally important that the supervisor provide support and encouragement to the counselor along with the opportunity to expand his or her skills. Second, it is important that the supervisor have the opportunity to review the clinical status of clients and offer suggestions or corrections.

The format of supervision is for each individual to have a supervisor and meet with that supervisor for one hour once a week to review counseling sessions. Individual counseling sessions are audiotaped, and the supervisor is responsible for listening to a percentage and rating them for adherence to the counseling manual. This feedback is then given to the counselor.