How do you propose expanding training for drug counselors?
A: On one level, I think counselors should seek supervision and skills training to begin to expand their ability to help clients with the situational and mental health problems they encounter on a regular basis. It is part of continual professional development. There are numerous continuing education opportunities all around. As the movement for integrated care gains influence, academic institutions will probably expand their curriculum. NAADAC and other professional organizations can offer CEs that help mental health folks learn more about drug use behavior and drug counselors learn more about mental health issues. NAADAC already has a modest co-occurring series of webinars it is offering. I think ideally NAADAC would offer a very thorough curriculum that could substantially increase skill levels of drug counselors.

When you refer to drug counseling are you including behavioral addictions and alcohol viewed as a drug / substance?
A: Yes, I used to say “alcohol and other drug problems” (AODs) to remind people that alcohol is a drug, but it is cumbersome wording. Yes, I do believe that other behavioral addictions have similar overlap with mental health and situational problems.

I am planning on getting more mental health training, but in the meantime, how do I balance supporting my clients with mental health issues with staying in my scope of practice?
A: One of the reasons I spoke about the idea of “issues” in this webinar is because it is different from making a “diagnosis.” You can learn to help individuals with issues that underlie and are exacerbated by drug use without making a diagnosis. You can point out patterns of behavior you see and help people learn alternative behaviors to using drugs. You can master problem-solving skills and coaching skills. You can check with supervisors and colleagues to make sure you stay within your scope of practice.

What would you recommend for as a book or literature to look further into mastery counseling?
A: I wish I could. I’m writing that book now. This is an approach I developed while training people in The Seven Challenges. In the webinar, I did mention some skills. You can work on developing them. I also mentioned the book by Bruce Liese during the webinar. Not mastery counseling, but an excellent book. Others below ask about learning more about mastery
counseling, so I need to give a more complete answer. I’ll work on that and you can email me for it (rschwebel@sevenchallenges.com).

This may be a silly question, but I try to talk about finding purpose in one’s life. Do you have any suggestions on how to expand/master/incorporate more of this when working with clients?
A: Yes, that’s an excellent approach. Not silly at all. People use drugs for their benefits and as I discussed in the webinar, there are many benefits. So, people need to develop alternative ways to meet their needs. There is still the issue of “habit.” It is tremendously hard to overcome habits. People with drug problems need something that is very highly motivating: Having a purpose in life and life goals that are so important to them that they are willing to do the hard work of resisting urges can be that motivation. For example, REALLY wanting to be a good parent or wanting to be a loving partner in a relationship, or wanting to have a successful career, etc. can be the motivation. Clients can decide to forsake the immediate pleasure and resist the enormous urges to use drugs because there is something that is so very important to them and so dear to their hearts.

What is your view please about the duration (length) of sessions, e.g. 50-60 minutes or more etc., especially if we are addressing trauma and or inviting clients to, if they wish to, learn about and use techniques to aid wellbeing in their day to day lives?
A: I think 50-60 minute individual sessions can suffice and often there are payor and schedule constraints. Most problems can be broken down into component pieces. There is no quick fix for substantial life problems so we must help little-by-little. Ideally, though, length of sessions should be based on client need and clinical judgment.

Can’t the SUD counselor (w/releases) coordinate treatment with a licensed counselor to be in line with State and Federal laws?
A: I’m afraid I can’t give legal advice.

What do you do with someone who is not interested in stopping their drug use but it’s affecting their mental health?
A: Give them a chance to freely talk about their lives and their drug use without making any judgments. As they talk, they themselves will begin to see the connection. Try to avoid arguing or convincing because that is likely to promote pushback and resistance. Sometimes you have to be patient.

Do you feel Mastery counseling is similar to SMART?
A: SMART is an excellent support group, not counseling. It is entirely compatible with mastery counseling and the components of mastery counseling that I discussed in the workshop that anyone can use.

Would one want to consider using the miracle question in this form of counseling?
A: In helping people gain mastery over their lives, the “miracle question” can be helpful. But one of the skills counselors need to learn is helping people consider all of the possible solutions to their problems. We want to help clients expand their vision of possible solutions.

What would you suggest are the most important micro-clinical skills to help a clinician start making the transition NOW to this model you are referencing? (i.e., grow in listening skills, grow in brief-strategic/solutions-focused techniques, etc.) just trying to figure out where specifically I can start now other than a 3-year process for a new credential
A: I believe this question was actually addressed during the Q and A at the end of webinar.

How do we learn more about Mastery Counseling?
A: This question keeps popping up. I need to think about what I can recommend. Send me an email: rschwebel@sevenchallenges.com and I will try to think of how people can learn this.

Your position is to move away from diagnoses. Yet, every known funding source be it public or private requires diagnoses. What is your solution for funding?
A: The situation is such that diagnoses are required now. I just caution counselors about the labels they give people. Remember diagnoses go in a medical record and follow people for a lifetime. Counseling has been medicalized, largely in order to get payments from health insurance. I hope some day our profession will evolve to the point where we think more in terms of empowering people to deal with the problems of life. The root meaning of psychiatry is “soul healing.” I wish I could solve the funding issue, but as long as counselors depend on insurance companies and grants, we are stuck with it. System change would require political action. Meanwhile, we can still help clients work on their issues.

I have been fortunate to be pushed in to working with substance use when I worked at the Community Mental Health Clinic several years ago. It seems though clients who are coming in need more intensive substance use treatment than I can provide in private practice. Not sure what your thoughts are about that?
A: Yes, the level of care has to be commensurate to the severity of the problem. There are vast differences in the severity of drug problems. Surely you will encounter drug problems that can be resolved in a standard outpatient practice. However, there are intensive outpatient, residential, and medical assisted options for the more severe problems.

I have the masters in Addiction and Professional Counseling but have fought to gain attention on the senior population with long-term addiction and mental health issues. What are our options?
A: There is definitely a need, so you can reach out to this population.

I find many people not only young people are averse to the 12 Steps - any thoughts on other groups and approaches please?
A: See question below. Also for support groups, there is SMART recovery. Also, you can Google harm reduction for options.
What is the best Treatment Modality for youth or young adults?
A: Well, I am biased. Of course I favor the program I developed: The Seven Challenges. But if you look at Center for Substance Abuse Treatment, at SAMHSA, you can find some programs youth, young adults and adults.