




September 1986

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Recommended Citation

Wormer, Katherine van (1986) "The Sociology of Alcoholism Counseling: A Social Worker's Perspective," *The Journal of Sociology & Social Welfare*: Vol. 13 : Iss. 3 , Article 15.

Available at: <https://scholarworks.wmich.edu/jssw/vol13/iss3/15>

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THE SOCIOLOGY OF ALCOHOLISM COUNSELING:
A SOCIAL WORKER'S PERSPECTIVE

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ABSTRACT

An occupation - alcoholism counseling - strives to gain professional status. Still a field largely dominated by counselors who derive their status more from personal attributes - the fact of being recovering alcoholics - rather than from achievement of impersonally applied standards, chemical dependency counseling is in a state of flux. This sociological analysis examines recent developments in the field. Special emphasis is on roles for social workers.

The National Directory of Drug Abuse and Alcoholism Treatment and Prevention Programs is a compilation of 10,700 federal, state, local and privately funded agencies offering alcoholism or drug abuse services in the U.S. (U.S. Department of Human Health Services, 1985). The growth of the alcoholism counseling enterprise has been truly phenomenal (see articles in Changing Times, 1984; Forbes Magazine, 1982, The New York Times, 1985).

Unparalleled opportunities exist for social workers in the administration and providing of alcoholism counseling services. New legal and health policies in chemical dependency treatment, in combination with an increasing readiness by mental health workers to do therapy with alcoholics, are responsible for constructive changes within alcoholism treatment in recent years.

The purpose of the present paper is to provide a sociological analysis of the alcoholism counseling field, a field in search of a professional identity. What is the essence of the work that is alcoholism counseling? Is alcoholism counseling a profession? What is the reality for professionally trained social workers within the alcoholism field; what are the role strains and in what ways can these be alleviated? These are among the major issues

to be addressed in this article. The idea for this article was shaped by my personal experience as a social worker in an outpatient alcoholism counseling center in Longview, Washington.

The organizational framework for this paper is the sociological approach to an occupation in development. Alcohol counseling as a burgeoning and unusual field of specialization is a ripe area for sociological investigation. The sociological approach to an occupational group looks at the individual workers as members of particular peer groups from which they draw their identity and belief systems. Attention is paid to these belief systems, to the roles that are played, and to inter-group conflict.

THE SHAPE OF THE ALCOHOLISM COUNSELING FIELD

In the past, most alcoholism counselors have been male; they have also been recovering (the work recovering rather than recovered is the preferred usage in recognition of alcoholism as an ongoing disease) alcoholics with a strong AA or Alcoholics Anonymous identification. Just as more women are represented in AA membership, more women are now counselors and administrators in alcoholism treatment centers. Highly trained professionals, who may or may not be recovering alcoholics, have entered the field in increasing numbers as opportunities have arisen especially in inpatient and industrial settings where pay scales are commensurate with qualifications. Community mental health centers prefer to hire persons with professional degrees. Regardless of the degrees, however, the work of alcoholism counseling is basically the same - work the details of which will be described later in the paper.

The National Drug and Alcoholism Treatment Utilization Study (1980) showed that of full-time employees in the field of alcoholism and drug abuse, 3.2% were master's level psychologists and 5.2% were social workers. Other treatment providers were nurses and those with general degrees. Most counselors in the field - 81% - were recovering from some form of chemical dependency.

OCCUPATIONAL BELIEF SYSTEMS

Each occupation has its own belief system, jargon and folkways. The occupation can be conceptualized as an in-group, membership in which provides a system of

desirable rewards and benefits. For protection of group members, barriers are set up in the form of formal membership requirements (degrees, certification, AA affiliation) and informal on-the-job training. The purpose of such barriers is to protect the occupational group from encroachment by other occupations. In alcoholism counseling the barrier has not been educational attainment but rather the possession of a rare, personal attribute - a history of alcohol abuse and subsequent recovery. However, insurance providers, the health care industry, the business community: these all stress the importance of the standard academic degree.

As an occupation, for purposes of enhancing economic benefits and social status, begins to professionalize, the stress will be increasingly on universally recognized standards of achievement. A past history of drunkenness or drug abuse, while useful in treatment, does little to meet nationally acceptable professional standards of accomplishment. As educational standards inevitably are raised, occupational belief systems will alter accordingly. Perhaps one day, through professionalization, a unified paradigm for viewing alcoholism and treatment will prevail. In the meantime, there is much dissension and fragmentation.

Today, in alcoholism counseling there is the dominant, pervasive belief system of the recovering personnel, and there are other orientations of more professionally trained workers. Most alcoholism counselors, themselves active members of AA and of other self help groups, have brought with them several fairly strong philosophical beliefs and biases (Bissell, 1982: 810). Among these beliefs are the following: (1) alcoholism is a physical disease and a permanent condition, (2) total abstinence from alcohol, not controlled drinking, is the goal of treatment, (3) personal identity of the self as alcoholic is essential in recovery, (4) for strength in maintaining sobriety, reliance is on a Higher Power and the AA meeting, not on self control, (5) only a recovering alcoholic can truly understand and treat the condition, and (6) the taking of prescribed mood-altering or anti-psychotic medication is actively discouraged. According to Bissell (1982:812), the traditional alcoholism counselor knows the disease alcoholism but little about other illnesses. Suspicion of mental health professionals results.

Social workers bring to alcoholism counseling a special perspective all their own. Regarding the disease alcoholism two types of bias are apparent, even in social workers who choose an addictions specialty. Biases are in terms of either (1) locating the cause for alcoholism in intrapersonal characteristics or (2) placing the stress exclusively on extraneous or situational factors. Workers who subscribe to the former psychodynamic orientation are inclined to blame the alcoholism on the individual himself/herself and to point toward the lack of "willpower" or good moral character. Such an attributional error is a part of the classic tendency in social work to attribute another person's actions solely to innate personality characteristics rather than to a combination of factors (Bell, 1979).

A second attributional error in alcoholism assessment occurs when social workers focus predominantly on situational factors: You drink because you are depressed; you drink because you suffered a grievous loss. Such approaches play into the alcoholic's defense and denial systems and provide a dangerous reinforcement for the drinking response. In fact, the alcoholic drinks because of addiction to alcohol in combination with but not because of severe stress. The relationship between stress and drinking is that each is cause and effect of the other.

The primary treatment task of the alcoholism counselor is to cut through the alcoholic's strong denial, rationalization and minimization system at the same time building trust between therapist and client. Techniques can be learned from recovering alcoholism counselors with a great deal of experience in this area.

Social workers have played and continue to play a significant, productive role in the development of ideas in alcoholism treatment. The introduction of the systems framework has been a major contribution in broadening the perspective on direct treatment. The focus on the person-in-the-environment and on the nature of the interaction between the two is especially relevant to alcoholism counseling practice. Family systems work has become integrated into many alcoholism treatment programs with some specialization in adult-children-of-alcoholics work. The professionally trained

social worker's grasp of the ecological approach gives him/her a major advantage over the more modestly trained counselor from the AA school.

ALCOHOLISM COUNSELOR ROLE REQUIREMENTS

The everyday role requirements of the alcoholism counselor are as demanding and varied as the demands on the generalized mental health clinician. Major specific tasks for the alcoholism counselor are diagnostician, teacher, broker, advocate, individual and family therapist, group leader. As diagnostician, the counselor administers a series of written and oral tests to determine where the client is on the continuum of problem drinking-to-late stage alcoholic. The purpose of such testing is often for psychological reasons, to impress the client with the need for change, and to report to court or other referral agencies whether or not an illness exists. The tendency is for recovering alcoholism counselors to overdiagnose and for mental health clinicians to underdiagnose the existence of alcoholism (Lawson et al., 1982:1035).

In the role of teacher, the alcoholism counselor teaches the disease concept of alcoholism, the physiological process of alcohol dependence as well as the physiological process of recovery. A mastery of the disease concept of alcoholism reduces guilt feelings in the alcoholic and provides a new and meaningful identity that entails a sober and clean lifestyle.

As broker, the counselor is a go-between. Contacts on behalf of the client with lawyers, probation officers, mental health workers, and employers are common. Often the client will stay in treatment because of coercion from one of the above sources. A related but more positive role is that of advocate; the counselor speaks on behalf of the client (e.g., in child custody cases to help reunite the family). A great deal of paperwork is involved in both of these functions.

As individual and family therapist, the alcoholism counselor draws up a treatment plan and utilizes modalities accordingly. The ecological perspective can give to alcoholism therapy tools to launch a multi-effort attack on both the intrapsychic and interpersonal components of the alcoholism syndrome (Dulfano, 1982).

Finally, in the role of group leader is at once one of the most challenging and rewarding of the counselor's

activities. Work in the alcoholism field centers around the provision of support for the alcoholic in his/her sobriety in addition to feeling work to help the alcoholic label and handle his/her underlying feelings.

Having described the general working milieu for the alcoholism counselor, this paper will examine the professionalization movement.

IS ALCOHOLISM COUNSELING A PROFESSION?

The term, profession, may be used loosely or it may be used in a strict scientific and often elitist sense. In the present context, ideal typical criteria for profession will be listed and the occupation known as alcoholism counseling or otherwise as substance abuse or addiction counseling will be considered against the backdrop of the criteria listed.

Flexner (1915) set forth six standards for distinguishing professionals from other kinds of workers. His criteria have been the standard and still are used to this day. According to Flexner, professional activity was (1) basically intellectual, carrying with it a certain prestige, (2) it was learned and based on scientific knowledge; (3) it was practical rather than academic; (4) its technique could be taught in a higher education program; (5) it was autonomous as an occupational group; and (6) it was motivated by altruism as opposed to making money.

Alcoholism counseling today possesses some of these ideal attributes but not others. Regarding the first two earmarks of a profession that relate to prestige and reliance on scientific knowledge, I believe alcoholism counseling fails to meet these requirements. Through no fault of workers in the field, provision of any services to alcoholics is lowly regarded, highly stigmatized work (Googins, 1984; Rosenberg, 1982). Additionally, much of the knowledge, the taken-for-granted assumptions of the field represent rule-of-thumb belief systems that have not been tested empirically (e.g., "female alcoholics are harder to treat than males" "inpatient treatment is more effective in breaking denial").

On the positive side, there is a wealth of emerging knowledge of an almost esoteric nature that could form the backbone for a new profession. I am referring to the disease concept, originally a folk-based belief, now supported by intricate biochemical research into constitutional reactions to ingestion of alcohol. Individual reactions are

found to differ markedly. Results of recent research concerning the exact neuro-psychological effects of alcohol continue to be reported in the academic and professional literature (see for instance regular reports in Alcohol: Health and Research World published by the U.S. Department of Health and Human Services). Neurotransmitters, acetaldehyde, THIQ: these are among the technical terms that help set this occupation apart from other helping professions. From the standpoint of professional development, use of such terminology functions to define the boundaries of a new occupational group.

Alcoholism counseling is practical rather than academic; its techniques can be taught in college (although they usually are not); the field is relatively autonomous, especially in private agencies; and the motivation of altruism is the overriding one. Yet, in spite of meeting these criteria for a profession, the low prestige of the field and the strikingly low educational requirements for entry level jobs prevent alcoholism counseling from obtaining true professional status. The lack of a unified paradigm for approaching the alcoholic in treatment is a further disqualification for professionalism.

This occupation, nevertheless is making strides in the direction of professional growth. The stepping up of educational requirements in conjunction with certification efforts at the state and national levels are significant recent developments. These trends are part and parcel of the external validation stage of the professionalization process (Roman and Trice, 1974).

Alcoholism counseling is seeking to establish an elaborate system of professional development involving the institutionalization of certification requirements for individual counselors and of accreditation for the agencies involved (Royce, 1981; Valle, 1979). The importance of such external control to alcoholism counseling is in regard to protection not only to the client and worker but also, states Royce (1981) to the profession itself.

On the national level, the search for a unifying set of accreditation standards is well underway. National standards are essential, according to a recent Hazelden newsletter. Such standards protect "the consumer from improper care, protect the credibility of treatment providers, and are important to insurance companies and other reimbursers, who look for standards as a sign of quality care. ..But to date we have not found a

unifying set of standards"(Hazelden:May,1986:1).

One obvious way of promoting professionalization is to encourage an influx of already professionally trained practitioners from the helping professions. Saxe et al. (1985:497) perceive the present reimbursement system as favoring trained (MSW social workers, psychologists) over general counselors. As professionally trained and more highly paid personnel enter the system, the status of the field should increase proportionately.

A promising development in addictions treatment is the recruitment of those Bissell calls "bridge people" - individuals who are both recovering alcoholics and trained professionals, regardless of the order in which these experiences occurred (Bissell,1982). My prediction is that the future of this occupation will be in the hands of the "bridge people" because they combine in one person the best of two worlds.

ROLE STRAINS FOR THE SOCIAL WORKER AS ALCOHOLISM COUNSELOR

Many social workers, like other mental health professionals, enter the alcoholism counseling field more because of job opportunities than because of any special training or interest in alcoholism (Bissell,1982: 815). Others come to specialize in alcoholism, often at reduced salaries, because of a recent personal experience with alcoholism in their lives. In either situation, expectations may exceed the realities. Working in alcoholism circles may be fraught with personal stresses and difficulties.

Sociologists utilize the concept, role strain, to denote a situation in which the behaviors associated with a position must be reconciled with the daily constraints and realities. Role strain is defined in a basic sociology textbook as "a feeling of conflict or stress caused by inconsistent demands of a single role" (Popenoe,1971:51).

I have talked informally to numerous social workers in this field. Their satisfaction or dissatisfaction varied with the circumstances at their individual agency (i.e., client motivation, treatment facility philosophy.) One social worker who had "burned out" told me:

Care Unit was more interested in money than in people. Work was too hectic, and family members were ignored.

...like the class of client and the level of client motivation. Previously I worked with involuntary clients in an outpatient center; that was very difficult because we had to answer to the court and police the clients.

Role strain for the social worker in the alcoholism field consists of a discrepancy between the ideal of what social workers should be - "helping people to help themselves" - and sources of role strain inherent in the nature of the work. I will focus on three sources of strain: role inconsistency, training incongruity, and interprofessional status tensions. The format for this discussion is loosely borrowed from Needleman (1983).

Role inconsistency

Contradictory role requirements are a common occurrence in chemical dependency treatment. As a social worker, the counselor is supposed to be an advocate for the client, to protect the client's personal interests. Yet information given by the client to the social worker, for example, information concerning a recent relapse, may be used by the agency as a reason to terminate the client for non-compliance.

Another typical situation in alcoholism treatment concerns the referral by the agency of the client to the physician for Antabuse (disulfiram) treatment. Antabuse is a substance the ingestion of which makes the drinking of alcohol virtually impossible. The taking of Antabuse, as a temporary measure, can be extremely effective. In some cases, however, due to client resistance, use of Antabuse may be non-therapeutic. Court or agency requirements mandating Antabuse (or urinalysis) monitoring are clearly an intrusion on the client's and social worker's right to self-determination.

Conflicts between treatment and control roles are characteristic of the entire addictions field. Client attitudes reflect the coercive nature of court-mandated therapy; client resistance is common.

Training incongruities

Social workers are trained in treatment intervention designed for the client seeking help with a personal problem or with lack of coping skills. To the extent that alcoholic clients seek help at all it is often to "learn

how to do controlled drinking." This task is not usually either possible or appropriate to the treatment setting. The client has one agenda, the social worker as alcoholism counselor, another. Some sort of confrontation is called for, a confrontation for which the typical social worker is poorly prepared.

Another training problem that plagues social workers is lack of preparation for the adversarial role for the involuntary commitment of chronic alcoholics. The purpose of the courtroom hearing is to send the alcoholic against his/her will to an inpatient treatment center for treatment of an urgent and life-threatening problem. Instead of conflict resolution and negotiation, the process is one with a history that derives from trial by ordeal and trial by combat.

Above all, social workers lack education in alcoholism and drug abuse; they lack understanding of the physical and psychological processes of addiction and are easily bewildered by some of the ramifications.

Interprofessional status tensions

Social workers are a minority in alcoholism treatment. They arrive without certification, often under the authority of one with limited college education. In my experience, some alcoholism treatment centers are characterized by split loyalties and ideological differences while, at other agencies, a high degree of interdisciplinary harmony exists. Depending on the administrative direction provided, social workers are variously ignored or valued, underpaid or well paid. The fact that there is no specific designation for the social worker in addictions treatment and that the social workers are called by the generic term, counselors, diminishes the professional identity of the social worker at the alcoholism center.

In the alcoholism field, in short, social workers are working on the non-professional counselor's turf, with the highest credibility going to the recovering alcoholic counselor. Friction may develop between treatment personnel with social work training and those without it, as occupational and philosophical loyalties come into play.

SUGGESTIONS TO ALLEVIATE STRAIN

What can be done to make the alcoholism counseling field more appealing and accessible to the individual social worker? Following the social worker's entry into the

field what can be done to enhance his/her full participation in alcoholism counseling? One approach would be through policy, for example, in the certification process, to provide greater recognition for the MSW credential than currently exists. At present, certified counselors with modest education have ascendancy over uncertified MSW counselors. A great deal of dissatisfaction among the social workers results.

The following measures can be undertaken to improve the extent and quality of practice by social workers in the alcoholism field. First, for appropriate training:

1. Development in all social workers a firm knowledge base in physiology and psychology of chemical dependency; students of social work should be taught the disease concept of addiction and its application.
2. Provision of the opportunity to develop skills in alcoholism counseling through workshops and interagency visitations.
3. Development of familiarity with self help groups and their basic principles for recovery; visits to local AA and Al-Anon meetings should be arranged.
4. The learning of rapidly growing career opportunities at treatment and administrative levels of alcoholism work.
5. The successful incorporation of facts on alcoholism into the mainstream of social work education at the undergraduate and graduate levels.

Other measures that can be taken by area are as follows:

Community outreach

At the policy level, the university can function to represent the interests of social work in the alcoholism field. State legislatures at the present time are setting requirements for accreditation of alcoholism counselors. Lobbying is required to obtain recognition of social work credits toward certification.

In the field of chemical dependency itself, the university can provide considerable leadership by preparing graduates for entry into alcoholism treatment who, in turn, will offer to the field new ways of conceptualizing the disease alcoholism and its treatment. A strong plus is the introduction to the field of ecological concepts.

Alcoholism counseling education

As the field of alcoholism counseling professionalizes, the counselors are going to college and entering programs at all degree levels. Their choice of a major is usually in the department which houses the alcoholism counseling program. Were social work to offer a relevant course curriculum including field placement in alcoholism

the gain would be twofold - first to the social work field in the growth of job opportunities and second, to alcoholism counseling in broadening its conceptual base and the range of intervention skills.

Recruitment of more social workers

Despite the drawbacks associated with a newly spawned and rapidly growing field, work in an addictions specialty can be tremendously gratifying for social workers. Specific advantages to social workers who choose this field are the following:

1. Unequaled prospects for upward mobility due to new funding sources for treatment coupled with growing awareness of the treatability of alcoholism.
2. Provision of excellent opportunities for practicing a wide range of social work skills due to the disruption in all life functions that is chemical dependency.
3. Availability of work with couples, families, and groups.
4. Enjoyment of high success rate with clients for whom alcoholism is the primary diagnosis; treatment goals are tangible and achievable.
5. Sharing in the excitement of working in a new and growing field.

CONCLUSION

Knowingly or unknowingly, social workers have been working with alcoholics for years. What is new, in the eighties, is the unparalleled opportunity for social workers to specialize in one or more of the addictions areas. As funding is cut from traditionally social worker dominated fields, social work will be inclined to look elsewhere for employment of its people.

Meanwhile, alcoholism counseling as a field is seeing rapid change. In the past, treatment of alcoholism tended to be viewed unidimensionally; there was little recognition of the fact that no one model for treatment (such as the narrow AA 12-step approach) will be equally relevant for all the clients. The self help approach has been augmented through the introduction to addictions work of family systems theory, crisis intervention and stress management work.

As a sociologist, I perceive a situation in which two formerly opposing categories of personnel, divided by virtue of occupational and personal background are coming together in pursuit of a common ground. The predictable process of professionalization, discussed in

m the body of this paper, is consistent with the deliberate recruitment of professionally trained personnel and of the ultimate promotion to management positions of those same personnel. But this is the wave of the future; in the meantime there is factionalism and fragmentation in some quarters.

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