

## THE SUBSTANCE ABUSE FIELD: Discovery and Hope

By Maryann Amodeo

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Jim (Moran) and I wanted to share a few of our thoughts about the topic of substance abuse and why narratives might be an especially effective way of exploring this topic.

Substance abuse is an issue that often evokes strong reactions in clinicians who have not been specifically trained to do the work. It can seem intimidating, stirring up feelings of anxiety, helplessness, hopelessness, fear of being seen as naive or fear of being manipulated. Or the work can seem dangerous, with clients seen as capable of anything when under the influence of drugs or alcohol. Or it can seem futile, with clients who act out and seem to leave a trail of destruction in their wake.

The prevailing stereotype of the clinical work as simplistic and intellectually unchallenging has also contributed to the small number of health, mental health, and social service professionals who identify themselves as substance abuse treaters and experts. This is too bad because the work is complex, important, exciting, and gratifying.

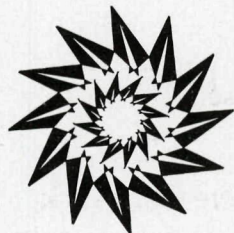
It's a field demanding all our best clinical skills to address conditions that can change the personality, that can be life-threatening, that can

cause people to lead double lives and forget who they once were. It's a field with a strong spiritual dimension, where people understand that changing often means self-reflection, insight, and personal transformation.

There is intellectual challenge, given so many myths and misconceptions—I enjoy exploring people's beliefs and convictions, presenting new information, reeducating. It's a field in its infancy in terms of research—there are many discoveries yet to be made on biological, psychological, and sociocultural fronts. There's lots of room for innovation in primary prevention, assessment, intervention, family treatment approaches, and relapse prevention.

As you can probably see, I'm high on the field. Over the years, I've worked with hundreds of clients who quit using alcohol and other drugs and moved into recovery. So in each new client encounter I feel very hopeful.

I began working in the substance abuse field in 1969 just after completing an MSW program. I was hired as the coordinator of the alcoholism clinic at Boston City Hospital, a lively, growing clinic. In those days, there were very few professionals staffing substance



abuse programs—most of the work force was composed of recovering alcoholics and addicts. Whenever we had a job opening, our choices were to hire recovering counselors untrained in clinical methods, or professionals untrained in substance abuse. We decided to develop training programs for counselors to teach them clinical skills. Similarly, to equip professionals with substance abuse skills, we developed internship and residency placements for social workers, psychologists, and psychiatrists.

In training recovering counselors, we learned as much from our students as they learned from us. Thus, I "grew up in the field" and was socialized by the recovering people working in it. I credit them and the clients I treated over the years with much of what I know about substance abuse.

Recovering alcoholics and addicts were the only people available to be hired by the treatment agencies—they were the only employees with sufficient hope about the conditions and sufficient training (limited as it was) to implement treatment. Jobs in the field were seen as low status, even when held by social workers, psychologists or psychiatrists—a case of "derived stigma"—workers being assigned a similar stigma as their negatively regarded clients. Those of us in the field felt like an embattled minority, misunderstood and unappreciated by the larger human

services system. And we were.

Now professionals with substance abuse training are viewed with increasing respect, and are actively recruited into the field. A few developments in the past 10-15 years have prompted cross-fertilization or integration between the substance abuse counseling field and other helping professions. Among these developments is an influx of recovering students into the professions of nursing, social work, psychology and medicine. By virtue of their being both recovering substance abusers and human service professionals, they have often been able to improve communication between recovering counselors and non-recovering professionals, thereby reducing the historic distance between the two.

Also, the credentialing process has raised the skill level of many in the substance abuse field, increasing their legitimacy in the eyes of other human service professionals. In addition, substance abuse counselors (like many of the rest of us in the helping professions) have encountered limitations as their cases have increased in complexity, with dual diagnosis, childhood trauma, domestic violence, homelessness, and HIV infection all too common in clients' backgrounds. Mental health and domestic violence experts and those with related areas of expertise have become crucial members of the treatment team.

Unfortunately, training

for professionals in all disciplines—nursing, medicine, social work, psychology, occupational therapy, physical therapy—has lacked a strong focus on alcoholism and drug dependence. Even now, most graduate and undergraduate programs in these disciplines offer little substance abuse training. When formal courses are available, they are often electives.

Jim and I both teach in graduate schools of social work and spend a significant portion of our time teaching about substance abuse. We face the daily challenge of helping social work students and colleagues rid themselves of age-old stereotypes and biases and open themselves to the many exciting clinical and research opportunities in the field.

An interesting article in the March 1994 volume of the journal, *Substance Abuse*, speaks to the difficulties many clinicians have in building alliances with their clients. The authors (Mueller & Lewis, 1994) point out that medical students and physicians often have difficulty empathizing with alcohol-and drug-abusing clients—they experience the clients as the "dependent clingers, entitled demanders, manipulative health rejecters and self-destructive deniers" (Groves, 1978; as quoted in Mueller & Lewis, 1994) described in the literature and portrayed in stereotypes.

To address this inability to empathize, Mueller and Lewis (1994) have used short

stories in their teaching of medical students and undergraduates, specifically, "The Sorrows of Gin," by John Cheever, focusing on a young child's perception of parental alcoholism, and "The Navigator," by Susan Minot, about the effects of alcoholism on a larger family constellation.

In teaching substance abuse courses, I have sought similar approaches in an effort to help students see the person behind the addiction. A friend has said she believes that addicts and alcoholics suffer from two profound worries—one, the fear of being found out; and the other, the fear of never being found out and being left to suffer and die alone with the condition.

I invite clients into the classroom each semester to tell their own stories so students can hear directly about the nature of clients' problems, feelings, fears, and solutions. Similarly, students are encouraged to attend open meetings of AA, NA, Al-Anon, Rational Recovery, Women for Sobriety and other mutual aid groups so they can hear first-hand accounts of addiction, relapse, and recovery.

It was this awareness of the power of first-person accounts of change that attracted me to edit this volume of *Reflections*. So often in my own journey of growth as an individual and as a professional, I've been moved by the personal stories of others who have ventured into uncharted territory, struggled to find their way in spite of

anxiety and failure, and returned to help others move forward and succeed. These intimate accounts of pain and self-doubt experienced by others have led me to feel hopeful that in time, even the worst of my own difficulties might be resolved and the most improbable of my own dreams might be realized. □

## REFERENCES

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