Recovery: Adlerian Style

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Basics of Treatment

• Drug and alcohol treatment is intended to help individuals with addiction stop compulsive drug seeking and use.

• Treatment can occur in a variety of settings, take many different forms, and last for different lengths of time.

(The National Institute on Drug Abuse, 2012)
Basics of Treatment

- Because drug and alcohol addiction is typically a chronic disorder characterized by occasional relapses, a short-term, one-time treatment is usually not sufficient.

- For many, treatment is a long-term process that involves multiple interventions and regular monitoring.

(The National Institute on Drug Abuse, 2012)
The Problem

Abstinence is often seen as an ultimate goal in chemical use treatment. The degree of success (or lack of it) of treatment is often measured in terms of the type, the length, the frequency, the amount, and the manner in which substance is consumed. Purpose of use (including relational purpose of use) is frequently disregarded.
This Presentation

- We will offer a brief overview of some of the common approaches to treatment of chemical use.
- We will then offer Adlerian understanding of chemical use and Adlerian view of recovery.
Treatment Modalities for Chemical Dependency

• 12 Step Treatment Modality

• Cognitive Behavioral Therapy (CBT)

• Adlerian Psychotherapy
Twelve Step Facilitation Therapy (TSF) refers to independent treatment interventions designed to familiarize a person with the 12 Step philosophy and encourage participation in 12 Step activities, such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA).
12 Step Treatment Modality

• Many outpatient and residential use the 12 Steps as the format for the treatment program.

• The entire program is centered around the 12 Steps.

• The client is introduced to the 12 Step Program.

• The program encourages meetings and sponsorship (this is often in the individualized treatment plan).
12 Steps of Alcoholics Anonymous

1. We admitted we were powerless over alcohol - that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God as we understood Him.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of all persons we had harmed, and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when we were wrong promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics and to practice these principles in all our affairs.
12 Step Treatment Modality

- In TSF, the counselor is the facilitator of change (i.e., sustained sobriety).

- The true agent of change lies in active participation in groups, including the guiding steps and traditions of the 12 Step model.
Donovan’s Research in 12 Step Involvement
(2007, 2008)

• Longitudinal studies usually find that 12 Step involvement after treatment is associated with higher rates of abstinence regardless of the kind of treatment received.

• Consistent and early attendance with involvement leads to better substance use outcomes.
Donovan’s Research in 12 Step Involvement (2007, 2008)

• Small amounts of participation may be helpful in increasing abstinence, whereas higher doses may be needed to reduce relapse intensity.

• Reductions in substance use associated with 12 Step involvement are not attributable to the influences of motivation, psychopathology, or severity.
12 Step Treatment Modality

• One organizational issue may limit the interpretability of these findings: random assignment to 12 Step treatment.

• It has been proposed that random assignment to 12 Step groups changes the nature of 12 Step intervention, which is based on voluntary participation, and may lessen its effectiveness.

(Humphreys & Rappaport, 1994).
12 Step Program Research

• The most widely used substance abuse intervention, the 12 Step program, has little comparative research on its effectiveness in either professional or mutual help settings.

• However, studies of participation in 12 Step groups as part of aftercare support the association of 12 Step treatment or involvement with abstinence.

(Emrick, Tonigan, Montgomery, & Little, 1993)
(Tonigan, Toscova, & Miller, 1996)
Step 1. We admitted we were powerless over alcohol – that our lives had become unmanageable.

- Step 1 represents a statement of personal limitation.

- Accepting powerlessness over alcohol is much like having to accept any other personal limitation or handicap.

- People do not react to limitation calmly; instead, they resist or deny it.

(Prinz, 1993)
Who Has the Power to Admit Own Powerlessness?

• Albert Ellis stated, “The Adlerian concept of self-determination conflicts strongly with the AA concept of powerlessness.”

• Kurt Adler stated, “AA is entirely wrong to call these people powerless.”

• Ray Corsini rejected completely the AA concept of powerlessness.

(Prinz, 1993, p.97)
Paradox of Powerlessness

• Stressing the paradoxical act of admitting powerlessness at the same time one makes a decision to make such an admission of his problems will seek help.

• The individual who accepts that he is powerless over the consequences of his drinking does not experience any feeling of helplessness or powerlessness.

(Prinz, 1993, p.97)
More on Powerlessness

• Helen Coley stated, “On the contrary, this is a paradox, the recovering person begins to feel empowerment.”

• James Croake stated, “A symptom lasts as long as one fights it.”

• Bernard Shulman saw the AA concept of powerlessness as a useful “trick of words.”

(Prinz, 1993, p.97)
Cognitive Behavioral Therapy (CBT)

- Cognitive–behavioral treatment (CBT) for substance use has demonstrated efficacy in repeated clinical trials.

(Irvin, Bowers, Dunn, & Wang, 1999)
Cognitive Behavioral Therapy

- CBT was more effective when delivered as one component of an intensive program than as a stand-alone treatment.

- A review of CBT for alcohol dependence found that treatment setting moderated the effect of CBT.

(Longabaugh & Mogenstern, 2000).
Cognitive Behavioral Therapy

• The Cognitive Behavioral approach to substance abuse treatment developed from social learning theory and clinical research.

• An underlying assumption of the Cognitive Behavioral Model is that substance abuse and maladaptive behaviors are learned.

(McCrady 1994; Peterson, Swindle, Paradise, & Moos, 1994)
Cognitive Behavioral Therapy

• Substance abuse is hypothesized to be initiated and maintained by distorted beliefs about the power of the abused substance and the reinforced use of the substance to cope with stressful situations.

• Cognitive Behavioral interventions usually target two areas: (a) changing distorted thinking about the abused substances, and (b) increasing adaptive coping responses.

(McCrady 1994; Peterson, Swindle, Paradise, & Moos, 1994)
Cognitive Behavioral Therapy

• Cognitive Behavior Therapists working with those who use chemicals use many different worksheets to evaluate thinking patterns.

• The most comprehensive self-evaluation of CBT has been implemented by the Department of Corrections (DOC).
Components to a Thinking Report

1. Event
2. Thoughts
3. Feelings
4. Behavior
5. Core belief
6. Alternative Thought
7. Alternative Behavior
   o Thinking Distortion
   o Thinking Pattern
   o Tactics

(Hazelden, 2002, p.49)
Therapeutic Relationship between a Therapist and a Client (CBT)

• The task of the therapist is that of a diagnostician-educator who assesses maladaptive cognitive processes.

• The therapist arranges learning experiences that will alter cognitions and the behaviors which affect patterns.

• The therapist helps the client understand that if the client alters cognitions and behaviors his/her thinking patterns will change.

CBT vs. Adlerian Psychotherapy

• The CBT Therapist would follow through with only the first two steps.
  o Rapport is with the client to establish a therapeutic relationship.
  o Analysis & Assessment, (Investigation of client’s lifestyle, past & present).

• The CBT Therapist would use techniques for modeling (role-playing) certain new behaviors.

  (Dowd & Kelly, 1980, cited Bandura 1977a, 1977b, p.30)
CBT vs. Adlerian Psychotherapy

• Behavioral psychology is behavior influenced by past consequents not future strivings.

• Clients cognitive structure will change as a result of a change in behavior, rather than the reverse.

(Dowd & Kelly, 1980, cited Bandura 1977a, 1977b, p.30)
CBT and an Idea of Change

• Clients observe themselves behaving in new ways.

• Clients begin obtaining different reactions from their own environment.

• Clients schema of apperception will change.

(Dowd & Kelly, 1980, cited Bandura, 1977b, p.30)
Individual Psychology of Alfred Adler

Major assumptions

• We are socially embedded
• We are goal-oriented
• All behavior is purposeful and occur in social context
• We are guided by a central theme
• In our goal-oriented movement, we seek sense of completeness
• We are subjective and live in a subjective reality built by fictions that we create and maintain
• We are guided in life by soft determinism
• We all have creative power
Gemeinschaftsgefühl
(Communal Feeling)

• Life presents only such problems as require ability to cooperate for their solution.

• There are three challenges in life: a challenge of work, a challenge of love, and a challenge of fellowship/friendship. Each of these problems can only be solved cooperatively, and each should be solved by each healthy person.

• One’s ability to “see with the eyes of another, hear with the ears of another, and feel with the heart of another”
A Core of Adlerian Exploration

Lifestyle (a Pattern of Life)

The totality of beliefs, behaviors, themes, strategies of dealing with life challenges and meaning reflected in one’s movement through life toward an anticipated future place of significance and belonging

Even & Armstrong, 2011
Life Strategy

Adler insisted each of us develops a particular life strategy, or life plan for successfully overcoming this agonizing sense of weakness and experiencing the sense of overcoming an obstacle.

(Hoffman, 1994)
Misbehavior occurs from a sense of discouragement.

Impaired sense of belonging is seen in every pathology.

“There is only one reason for an individual to side-step to the useless side: the fear of the defeat on the useful side” (A. Adler)
Optimism as a core of Adlerian Ethics

Acting as If (based on “as if” quality of human experience)

- If you were acting as if you were the person you’d like to be – how would you be acting differently?
- What might be some initial indications that you are headed in the right direction?

Encourage..... Encourage .... Encourage .....  
(Encouragement as a state of being and therapeutic modeling of communal feelings, R.Watts, 2015)
Encouragement

• Adler fashioned a humanistic theory of personality which was the antithesis of Freud’s conception of man.

• Adlerian therapist strive to restore the dignity and worth which may be destroyed from addiction that will be the foundation for the therapeutic process.
The Courage to Risk Imperfection

• To be human does not mean to be right, does not mean to be perfect.

• To be human means to be useful, to make contributions, not for ourselves, but for others.

(Griffith & Powers, 2009, p. 17)
The Courage to Risk Imperfection in a Process of Self-Perfection

This requires the realization, I am no angel, I am no superhuman, I make mistakes, I have my faults. But I am pretty good because I don’t have to be better than the others which is a tremendous relief.

(Griffith & Powers, 2009, p. 17)
Self of a Therapist

- Confidence
- High degree of congruency
- Stability
- Ability and availability for a consistent empathic response
- Willingness to tolerate ambiguity and not to expect an immediate “success”
- Willingness to give up own need for control and be non-directive if needed
- Ability to self-care and knowledge when to consult
Four Phases of Psychotherapy

• Rapport is with the client to establish a therapeutic relationship.
• Analysis & Assessment, (investigation of client’s lifestyle).
• Insight, (interpretations of how client perceives self-understanding).
• Reorientation, (to help the client have a clear conception on the world, by pointing out more useful paths).

All these phases take place as horizontal, egalitarian, and relational processes.
Overview of Adlerian Therapist’s Goals

- Establish Rapport with Client
- All treatment goals must be aligned by the client and the therapist.
- The Therapist takes responsibility in assisting the client achieve the treatment goals.
- Adlerian Psychotherapy is based on Cooperation.
- The therapist must work with the client together as a team to define difficulties through the therapeutic process.
- Encouragement is essential and no shame or guilt will be used once this process is started if the client cannot achieve the goals.
- This requires realignment of the treatment planning if the client is not successful.
- Adlerian Therapists never take the authoritative approach when counseling.
Adlerian Psychotherapy

• Rapport is essential to make sure the alignment of goals between the therapist and client are in line.

• If the goals of the therapist and client clash no therapeutic relationship can be established.
Adlerian Psychotherapy

• Winning the clients cooperation is important.

• Resistance constitutes a discrepancy between the goals of the therapist and client.

• If resistance occurs the therapist and client must solve any differences and reach agreements.

• There are no difficult clients – there are discouraged therapists
Lifestyle Analysis is a vehicle of insight to instigate therapeutic change: analysis, working through therapeutic hypotheses, developing an insight, and promoting change.
Lifestyle Observations

Life Style is not a behavior. It is a set of convictions about oneself and one’s world, a biased apperception, a subjective interpretation of oneself in relation to life, and is the framework within which we:

a) interpret experience (life is as we see it)
b) control experience
c) predict experience (move in line with our expectations)

In this way, Life Style is really

a unifying aspect of one’s personality
Lifestyle Observations

• I am……………………… (self-image; self-concept)
• Life is …………….. The world is …………….. People are …………….. World expects…. (environmental evaluation, environmental scan)
• I should be ……….. I should not be ……… (self-ideal)
• I should …………….. (ethical convictions)
• Therefore, I …………….. (my method of operations, based on my conclusions)

Another way of stating the above:
How do I, seeing myself as I do, in a world such as I view it and people being what I see them to be, deal with life?
Lifestyle Assessment for Change

- Data Collection
- Demographic
- Developmental Milestones
- Cultural Influences
- Academic History
- Spiritual Religious Experiences
- Family Constellation
- Nuclear Family Constellation
- Description of Childhood
- Family Values
- Family Atmosphere
- Parenting Style
- Gender Models
- What does intimacy and relationship look like to the client
- Early Recollection
“As If”

“Striving toward a goal, toward an objective, we find everywhere in life. Everything grows “as if” it were striving to overcome all imperfections and achieve perfection.”

(Ansbacher & Ansbacher, 1979, p. 15)
Counseling/Therapy Suggestion

Outpatient Chemical Dependency Group.

- Ask each client to pick one short term goal.

- Then state, “Act as if your goal has happened.”

- Next ask, “What emotions are you feeling now that you have accomplished your goal?”
Emotions (ability to explore)

- Explore the emotions with the client.
- As a therapist sit with painful emotions with the client.
- Realize the limitations of the client.
• Emotions may not always be expressed verbally.

• Watch for non-verbal cues.

• Genetics and Environment have influence but are not decisive.
Discuss

Adler stated, “Everybody can accomplish everything.”

(Ansbacher & Ansbacher, 1964, p.400)
Maxwell Maltz extends Adler’s philosophy and theories in his book. Maxwell Maltz was the originator of “How to Change a Habit in 21 Days.”
Many self-help gurus have used this method as their own, without giving credit to Maxwell Maltz who wrote Psycho-Cybernetics, which was first published in 1960.
Are you Fearful and Anxious?

- See yourself acting calmly and deliberately.
- Acting with confidence and courage.
- Feel expansive and confident because you are.
Private Logic

- Each client has an interpretation of self.
- What kind of person am I?
- What kind of world is this?
- How do I make a place for myself in this world?
“Act As If”

• Many values in life should be family, children, job, and friends.

• Adler calls the above three life problems: Love & Intimacy, Work, and Fellowship/Friendship.

• Give yourself a simple tool to use personally or with clients to enhance the concept of commitment.

• This tool is to “Act As If” you really count.
“As If”

• If applied to everyday living principles, you and your clients' life can drastically change. The proof lies within actions not words.

• The term “As If” is used both as philosophical and practical/therapeutic.
Self-Enhancement and the Normal Striving

If an individual in the meaning he gives to life wishes to make a contribution, and if his emotions are directed toward his goal, he will naturally be bound to bring himself to solve the three life problems.

(Ansbacher and Ansbacher, 1964, p.113)
What would Adler say?

• In Adlerian concepts, all individuals assert toward the dynamic value of mental emotions and movements which are directed toward our goals.

• Having an understanding of goals is a means to finding the meaning of life.

• When one has a clear vision of goals, his movement from a felt minus situation to a felt plus <situation> begins with a more secure effort.
Group Therapy

- The creation of connectivity within group therapy is the starting point to where each client feels a sense of belonging and connection.

- Within a group the members can feel a sense of security. Hence, they are not accountable to the therapist but to their group as a whole.
Relapse

- Relapse does not need to be part of recovery.
- In Adlerian Psychotherapy the therapist would work with the client to make sure the goals of the therapy are aligned.
- The therapist is used as an instrument to achieve the goals the client has identified in the treatment plan.
# Personality Priorities & Purpose in Chemical Use

<table>
<thead>
<tr>
<th>Tries to</th>
<th>Comfort</th>
<th>Pleasing</th>
<th>Control</th>
<th>Superiority</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Seek comfort</td>
<td>Please others</td>
<td>Control self or others</td>
<td>Be better than others</td>
</tr>
<tr>
<td>Assets</td>
<td>Easy going, few</td>
<td>Friendly, considerate, non-aggressive</td>
<td>Organized, persistent, assertive, law-abiding</td>
<td>Knowledgeable, precise, idealistic</td>
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<tr>
<td></td>
<td>demands, peace</td>
<td>non-aggressive</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>maker, empathetic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reaction of others</td>
<td>Irritation, annoyance, boredom</td>
<td>Pleased first, later exacerbation and despair at demands for approval</td>
<td>Challenged, resistance, frustration</td>
<td>Inadequate and guilty</td>
</tr>
<tr>
<td>Price paid</td>
<td>Reduced productivity</td>
<td>Reduced growth and alienation</td>
<td>Diminished creativity, lack of spontaneity, social distance</td>
<td>Over-burdened, over-responsive, over-involved</td>
</tr>
<tr>
<td>Tries to avoid</td>
<td>Stress, responsibility, expectations</td>
<td>Rejection</td>
<td>Humiliation, the unexpected</td>
<td>Meaninglessness</td>
</tr>
<tr>
<td>Complaints of</td>
<td>Diminished productivity</td>
<td>Lack of respect for self and others</td>
<td>Lack of friends, and feeling uptight</td>
<td>Overload, lack of time, uncertainty in relationships, guilt</td>
</tr>
<tr>
<td>May stem from</td>
<td>Discomfort, pampering</td>
<td>Battered child</td>
<td>Tight control, being overpowered</td>
<td>Shaming perfectionism</td>
</tr>
<tr>
<td>Drinking Purpose</td>
<td>Escape, mellow out, tune out, drop out</td>
<td>Be sociable, be accepted, please</td>
<td>Illusion of control</td>
<td>To feel more confident, capable, aggressive</td>
</tr>
</tbody>
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Social Interest as a Measure of Health and a Goal of Therapy

• People who pursue their life task will develop a heightened sense of social interest.

• When the activity of expanding social interest is incorporated into treatment planning, relapse is less likely to occur.

• If relapse does occur, the therapist and the client take responsibility together to realign the goal.

• Keep in mind abstinence may not be the client's goal.
References


Hazelden. (2002). Criminal & Addictive Thinking. Center City, MN: Hazelden


