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Counselors, in the past few years, have had to work with a great many drug abusers. While successes are difficult to evaluate, the failures are glaringly evident. In a search for a more effective method of working with drug abusers, 12 questions were devised. These are self-evaluative and directed at the counselor. If a counselor can openly and honestly answer positively to them, perhaps he is ready to counsel with youthful drug abusers. As with so many youthful clients, the counselor visualizes a great part of his role as centering around changing their self-concept. It seems that so many of the young drug abusers see themselves in a non-performance role, and it is the counselors' job to help them see themselves as people who can and do perform. Some suggestions are offered for effecting the desirable change in self-concept. The use and dangers of confrontation as a therapeutic tool is discussed. A counselor is attempting to help the drug abuser find a more effective, healthy way to mature which can lead to positive and constructive change in self-concept. (SJ)

Counseling with the Drug Abuser

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For the past several years we have attempted to counsel with a large number of young people who have become dependent on drugs of one kind or another. Our counseling contacts have been both within the college setting and in the framework of private consultation as well. The success we have had to date is difficult to evaluate, but not our failures, because with these particular young people (where we failed) our counseling and/or therapy was no match for the "glories" of dependency on drugs. With those young people,we have lost or are in the process of losing the battle,to their sometimes fanatical missionary zeal for drugs. However, we believe that with continued research, study and involvement, we will increase our chances for success with each drug abuser whom we counsel. Some of our colleagues in psychiatry and clinical psychology have said that traditional counseling or even out-patient psychotherapy cannot hope to compete with drugs as used by the chronic users, and that the best approach may be an extended period of institutionalization.

Perhaps the establishment of specialized hospitals for youthful drug abusers may be the only answer to treating the "hard core" confirmed multiple drug abusers. This, of course, will not eliminate the necessity for therapy, counseling and other helping modalities with the youthful occasional drug abuser who is not chronically dependent on drugs.

On the basis of the experiences we have had, and from our study of the approaches utilized by professional colleagues working with youthful drug abusers, we offer some suggestions in the hope they can be added to by others who have had some success in this, one of the most challenging problems of our time. It is suggested that before we attempt to counsel with the youthful drug abuser, we offer some questions to be asked of ourselves:

1. Do we have a knowledge of the drugs being abused and their effects? There is no quicker way to lose our youthful audience than to not have accurate information about drugs.

2. Do we have a knowledge of the language, music, etc. of the drug culture? Be aware of and understand what young people are talking about through their media.

3. Do we know the attitudes and values of drug abusers? Can we empathize with the youth who think their answers will be found in chemical substances?

4. Can we accept temporarily the client's abuse of drugs without early condemnation? Can we accept him as he is? This is particularly important early in the counseling relationship. To reject the client at the outset may hinder the possibility of his continuing. Once a relationship has been solidified, it may be appropriate for confrontation or more powerful leads to be utilized.

5. Will the fact that he is abusing drugs hinder us from establishing a trusting relationship? What are our attitudes about drugs? Do we have blind spots, prejudices, etc., about drugs?

6. Do we understand that we also have abused and continue to abuse drugs (of a different kind)? This is particularly true of alcohol and nicotine (both being drugs).

7. Can we be authentic in our relationships with youth--who put such a high premium on this quality? Hypocrisy and phoniness are integral parts of the credibility and/or generation gap that has evolved in recent years.

8. Can we strive to concentrate on the drug abuser's strengths and attempt to bring out his creative potential wherever present and wherever possible? We are usually so intent on changing his weaknesses or shortcomings we frequently forget his strengths. Let us never lose sight of the fact that this young person before me is in the "process of becoming" and on this long journey there are many way stations; let us not become fixated at one derailment.

9. Can I be open and truly honest with this individual before me--one who may have broken the law? Can I also admit to myself that I may have done the same under different circumstances (traffic, liquor, etc.)?

10. Will the fact that the client may be engaging in illegal drug abuse activities create a barrier of repugnancy which can deter our effectiveness in the counseling relationship? Let us try not to judge or to evaluate too early or too harshly. Let us try to understand!

11. Have we and do we continue to learn and understand the many complexities involved in what is referred to as alienation? This represents the single most salient factor relating to the social and psychopathology of drug abuse. More of the youth we have counseled fall within the category of alienated youth than in any other area. We must know and understand what it means to be alienated, and that a warm inter-personal relationship is the antidote.

12. Can we look beyond the symptoms (his behavior) and delve into the <u>why</u> of his actions to better understand the dynamics or motivating forces that are impinging upon him. Let us continue to look beneath the surface and search for causes of behavior--not to offer rationalizations, but to provide insights wherever possible. These are the therapeutic agents that really bring about change!

If we can, in our very difficult function and responsibility of self-evaluation, answer positively to a majority of these questions, then perhaps we are ready to counsel with the youthful drug abusers.

As with so many youthful clients, we visualize a great part of our role as counselors as centering around changing their self-concept. This so often involves helping the client over a "discontinuity" or transition from one aspect of role function to another, where hopefully the client's self concept is changed from seeing himself in a non-performance role to seeing himself in a self-assured competent performance role. (Gowan, 1967) It seems that so many of the youthful drug abusers see themselves on the sideline and it is our task to help them see themselves as people who can and do perform. Some suggestions are offered as being pertinent for effecting the desirable change in self concept.

1. Listen and give attention and regard to the client as he struggles, no matter how disguised his problems, to get to his problems--to get them out--to express them. Are we aware that simply listening to a client's problems helps him to talk about them and to better handle them due to his possible change of evaluation of himself?

2. The most troublesome and feared problem is that which cant be talked about. Drugs have considerable shock value and sometimes young people are reluctant to discuss their drug experiences with "squares". Once a problem is talked about, however, usually it is likely to lose some of its fear element for the client.

3. If we can get the client to reach deeply into himself for the underlying reason or reasons for his dependency on drugs, we may then expect to have a real basis for a change in his self concept. If his drug abuse is motivated by his fear of being unpopular, and all too often he does not have a true picture of where he does or can stand with his peers, his fear of relating or interacting with other people also causes him to search for easy solutions that give him a temporary respite from human interaction.

4. We need to help the client see that many other young people struggle with similar problems, but they labor to overcome these problems without resorting to drugs, and that drugs will be a hindrance to finding a solution to his problems. A number of clients on drugs often seem to save time by telling us that their problems are unique and are "bad"--"real bad", and not like anyone else's. If we can help him realize that others are like himself in their problems, this in itself will be a powerful force for a possible change in self concept.*

* One of our clients, after discussing point 4, offered the following:

Individuality and personal uniqueness are of primary importance to youth in general today. Being his own person with his own talents and thoughts and problems is the essential concern of the modern day rebel youth. It is possible that quite a few of your clients would rather approach their problems in an entirely personal and isolated manner, i.e. in viewing their own situation as unique and their problems as their own, to be treated that way and not like anyone else's. (Even though, in fact, they may share like problems with other youths.)

5. We must be constantly conscious of discovering his strengths and endeavor to build on these strengths. With most of our youthful clients we can find an area where he is competent. In a school or college setting, it is sometimes possible to have his friends come to recognize and value his particular skills. Group experiences can be extremely valuable in helping the client appraise himself more realistically and frequently "point up" hidden talents.

   Once again, basic encounters, sensitivity groups, marathons and simple group counseling experiences are strongly recommended in helping the drug abuser see himself. It can also help him "break through" the dreaded alienation so many drug abusers experience.

6. Is the client really seeing himself in realistic perspective--"seeing himself as others see him"? So often the youthful drug abuser appears to have a very warped view of how his peers really view him. When on the drug high, he loses this fear (fear of what others think), but it is inevitable that it returns once he comes down.

7. It appears almost universally with the drug abuser that he is not accepting himself as he is, even though his rationalization is that it is the fault of others. We must help him accept himself as he is, and if necessary, compensate for it.

8. It is important with the drug abuser to recognize the moment of contact when it is appropriate to instill confidence through encouragement and the right moment when necessary to engage in confrontation as to his weaknesses--his unacceptable behavior; his use of drugs. The choice of the right moment requires great care on the part of the counselor because failure here may mean a continuous dependency on the drugs and a turn-off from counseling.

9. Confrontation as a therapeutic tool with the drug abuser should be used sparingly in the counseling relationship, and only when the counselor is experienced and knowledgeable with regard to its possible or likely outcomes.

10. Confrontation is frequently interpreted by the drug abuser as a strong rejection and frequently causes either defensiveness or temporary compliance depending upon the status of the counselor, the dependency of the client, or the circumstances under which it is used.

11. Confrontation is likely to engender dependency in the drug abuser in view of its being an extremely strong lead, and the client is thus likely to look for other strong leads and direction on the part of the confronter.

12. Confrontation as a therapeutic modality, particularly in the hands of the novice, is more likely to be an expression of hostility rather than understanding, empathy or positive regard.

13. Confrontation is frequently justified by the counselor as being "open and congruent", but it may be an expression of rationalized aggression on the part of the confronter.

14. Confrontation is more likely to engender less insight on the part of the confrontee than more understanding leads--such as understanding remarks, interpretation, reflection, acceptance, etc.

In conclusion, what we are really attempting to do in our counseling relationship with the youthful drug abuser is to help him find a more constructive, less painful, and healthy way to go through the maturational process which can lead to positive and constructive change in self concept.

Finally, we must diligently try to communicate to youth that there are no simple answers to the perplexing problems facing us. If only a pill did exist that would answer all of our problems--but this thinking is fantasy. We solve our problems by facing them head-on, squarely and realistically, confronting one another with the real world, and not through a prism that distorts reality in the "eye of the beholder". (Demos, et al, 1968)

Perhaps this is the lesson that young people must eventually find out for themselves; it is desirable to search for the truth, and there are no better ways than reality confrontation and hard work. The wishful thinking or magic formula panacea surrounding drugs may temporarily cause one to focus less on the real world--but the problems do not go away, and in most cases, they reappear in more complex forms.

The key words of the psychedelic cult: "turn on, tune in, and drop out", represent irresponsible and defeatist attitudes--a fatalism that, in our opinion, is escapism and, in very blunt terms, is STUPID behavior.

A more vigorous, dynamic and viable approach would be to TURN ON one's potential to cope with the problems facing us in our society; TUNE IN to what we are doing and become more sensitive to the world around us; and DROP IN to the "real world" versus the fantasy world of drugs, and take a more active role in ameliorating its shortcomings.

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