

## Learning How to Speak the Language of Substance Abuse with Clients and Treatment Teams

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**Received:** May 07, 2019; **Published:** June 26, 2019

This course will assist you in building a therapeutic relationship with individuals struggling with substance abuse when you have little knowledge of the language clients and an addiction counselor's may use.

In addition to learning the typical terms you will hear in this work, you will also consider adopting a learner position with your clients. By doing so in the beginning you will be able to teach your clients far more than either of you initially believed possible. This approach will promote a trusting relationship with your client.

The best way to learn the terms contained in the glossary is to glance over them a few times a day and when you hear the terms used then ask questions that may pinpoint exactly what the person is trying to convey. By doing so your memory and knowledge will be enhanced as nuances of meaning lodge in your mind.

I once used the phrase, "off the chain" in one of my undergrad classes and was asked what I meant by such an odd phrase. After explaining that I was referring to a client that had become so emotionally out of control that any intervention would be impossible, the professor made an additional point worth mentioning here: Language is local.

A colloquialism is an informal word or phrase shared on the basis of people's familiarity with each other and the situation they share. This means that the terms learned here may take a slightly different form in your setting or there may even be a different word used to convey the same thing. The critical point here is to clarify the meaning of these terms or you will lose what the speaker is trying to convey. When you hear a variation of the term or an entirely new one then you should write it down to help your memory.

Your goal as a counselor is to not fall into the trap Professor Tower built for himself below. His attitude towards others illustrates an ineffective, inappropriate, and an unethical approach for a counselor to take with a client.

### **The case of professor tower and his vanishing clients**

Professor Tower knew all there was to know about substance abuse. He had earned a PhD in psychology at Harvard University and had spent 10 years running the National Institute on Alcohol Abuse and Alcoholism. For the last 25 years Professor Tower had taught graduate students studying the substance abuse field and served as a world-renowned researcher in alcohol addiction. When he offered his services for free at a publically funded substance abuse center the leaders leapt at the opportunity.

At his first staff meeting, Professor Tower took offense to the use of the term, "addiction". He gave a 20-minute lecture about why the term incorrectly characterized a person struggling with a substance use disorder. Whenever clients or other staff members used a term he didn't recognize, Tower cross-examined them to find out what they meant and then demanded that they use a word more consistent with the research literature. Every time he ran into a staff member or client he had corrected he would quiz them about the, "correct" word he had provided previously to make sure they were communicating properly.

After 3 weeks the executive director took Dr. Tower aside and begged him to quit. When Tower refused the director threatened to fire him. Tower walked away from his volunteer experience angry and bitter. He believed he was harshly treated by a group of undereducated people that needed more help than the clients they were failing to serve.

### Adopting the position of learner

There are thousands of Professor Tower type personalities in the world of substance abuse. Thankfully they operate much less overtly but like our fictional Professor Tower, they fail to communicate and therefore fail to do any good.

Substance abusers can spot these, “experts” coming a mile away and will often allow the pontificating to continue as this behavior keeps the focus on the expert and off himself or herself. They will laugh and play along or challenge the expert with their own extensive knowledge but they will never take such an individual seriously. Your goal is to take the opposite approach. By asking for their expertise you not only learn from someone who knows more than you about the addiction culture, you can also gather valuable intelligence on another topic they are an expert on, themselves. You will need this intelligence to build a therapeutic relationship with your clients or you will suffer a similar fate experienced by Professor Tower.

According to Mark Young, a therapeutic relationship involves the characteristics of mutual liking, a goal oriented relationship, teamwork, agreements, and professional boundaries [1]. The quickest way to demonstrate these values of care and respect is to sincerely seek a client’s knowledge about the terminology he is using. These individuals often have a lot of valuable and intimate knowledge to share if only someone would simply ask. Many substance abusers have been written off as an addict and a liar and need someone to acknowledge their worth. The counselor’s effort to avoid the role of expert also frees the client to take responsibility for his or her own recovery.

By sincerely building on the Rogerian concept of unconditional positive regard, you can build a client’s self-esteem and learn the language of substance abuse all at once. A mutually beneficial relationship often doubles as a therapeutic one. Consider Sarah’s approach below as a model for your efforts to go beyond memorization and capitalize on the opportunity to both learn and help heal.

### Sarah’s journey

Sarah had chosen counseling as a second career after her retirement from the military. Her original vision was to pursue a counseling position that helped veterans but the only agency that offered her a job was as a substance abuse counselor. With much trepidation she accepted the job. As she had envisioned, her ignorance appeared to be a liability.

Three of the six counselors were former addicts and the other two had 10 years of experience between the both of them. Although the staff meant well, their stories of aggressive and resistant clients had Sarah reconsidering her plan to commit three years to this population. She feared her ignorance would be a weakness to exploit by the court ordered offenders. After observing all week as the new counselor fresh out of school, the occasional jokes about her being, “fresh meat” had her fearing the worst about the following week. It was then she was scheduled to fly solo with her own caseload.

The Saturday before her debut she met with her supervisor and explained the situation. The supervisor challenged Sarah to wear her newbie status proudly and seek knowledge from her clients. The supervisor explained, “If you can pursue this path authentically and demonstrate that you really value what your clients think, they will teach you everything you need to know. They will appreciate being heard so much that you will have an opportunity to counsel them on deeper level than other counselors who assume the role of an expert.

The following is an excerpt from one of her counseling sessions that was typical of most of her encounters that first week:

Sarah: What would you like to talk about today?

Client: What difference does it make? You don't know anything about me, or what I'm going through.

Sarah: No I don't. You haven't told me yet.

Client: I wish I had Mary for a counselor. She knows. She's been where I am. I'm stuck with someone who only knows books.

Sarah: I realize Mary can better relate to what you are struggling with but do you believe she knows exactly how you feel?

Client: No but neither do you. You don't have a clue.

Sarah: And I don't need a clue because you can just tell me. We both know that I'm new at this. Let's make a deal. I will let you know when I don't understand something so you can explain it to me. I would really appreciate your help.

Client: Whose going to help me?

Sarah: (Smiling with eyebrows raised and remaining silent.)

Client: Do you know what ecstasy is?

Sarah: It's the date rape drug right?

Client: Yeah. Five years ago my boyfriend...

I have had the same type of client complain during a group session about his counselor being an intern and not having a clue about what was going on. Weeks later during another group session this same client ranted about having a counselor who was in his own recovery because, "They think they know everything about me and they have no idea what's going on" This situation has repeated itself enough times to demonstrate that the level of disclosure is not dependent on the experience of the counselor but on the counselor's ability to listen while building a strong working relationship.

In order to learn the language of substance abuse and the special way your client uses language to communicate with you then ask questions and develop a passion for active listening.

Proofed to here.

### Glossary of substance abuse terms and slang

- **Addiction:** Psychological, neuroadaptive, and biological changes that occur with repeated intake of substances leading to a habitual tendency toward relapse. The term addiction has been replaced by, "dependence" in the scientific literature.
- **Alcohol:** A drug that depresses the central nervous system slowing activity in the brain and spinal cord whose active ingredient is ethanol. Slang: Booze, juice, sauce, brew, vino.
- **Amotivational Syndrome:** Symptoms of short attention span, a lack of ambition, an unwillingness to make plans beyond the present, and thought to be a potential side effect of the active ingredients in marijuana.
- **Amphetamines:** Drugs that act as a central nervous stimulant and suppress appetite, increases blood pressure and heart rate, and can produce a feeling of euphoria. Slang: Bennies, Black Beauties, speed, uppers.
- **Benzodiazepines:** A class of drugs known as antianxiety compounds used to treat a variety of mental disorders and is also used to treat the Alcohol Withdrawal Syndrome at detoxification centers.

- **Blackout:** A form of amnesia induced by alcohol consumption resulting in a blood alcohol level of .14 to .20 that involves forgetting portions of an event or an entire period of time.
- **Chippers:** Infrequent abusers of narcotics, typically on and off for months or even years.
- **Cocaine:** A white crystalline powder originating from the South American leaves of the coca plant that can be administered nasally, injected intravenously, or smoked (See Crack). Slang Cocaine: blow, Charlie, coke, powder, rock, snow, toot.
- **Co-dependence:** A mutual dependency between two people whereby they are emotionally interdependent on each other so that the substance abuser is enabled to keep using drugs while the enabler gains worth and self-esteem by caring for the user.
- **Compulsion:** An irrational and irresistible impulse to continue drug use in spite of one's wishes to quit.
- **Crack:** A crystallized form of cocaine that is smoked and is cheap, highly addictive and dangerous. Slang: cocaine, free-base, free base, crack, rock
- **Controlled Substance Act:** Title II of the Comprehensive Drug Abuse Prevention and Control Act in 1970 that serves as the legal backdrop of the US Government's war on illegal drugs. Illicit compounds are classified under one of five sections.
- **Denial:** A defense mechanism that individuals use to reject thoughts, feelings, and wishes that create anxiety. Successful treatment helps the individual conquer denial to gain power over lies told to the self.
- **Dependence, Physiological:** When an individual's neurological and biological systems have adapted to the regular use of substance and upon discontinuing the drug the user experiences withdrawal symptoms and related dysfunctions.
- **Dependence, Psychological:** When an individual's urges are based on internal motivations for substances that are not associated with biological changes that lead to dependence.
- **Depressants:** Drugs that decrease the operations of the central nervous system promoting relaxation and sleep.
- **Disease Model of Substance Use Disorders:** The theory that the characteristics of substance use disorders are similar to the characteristics of medical disease in that diseases and substance dependence both share a predictable course, symptomologies, and are progressive, chronic, and fatal.
- **Doctor Shopping:** Slang term used to describe a substance abuser visiting a variety of doctors until they can convince one of them to prescribed drugs to relieve non-existent symptoms in order to get high.
- **Dopamine:** A neurotransmitter operating within the brain designed to control behavior, mood, motivation, reward, and learning through the management of signaling rewards through the reward cascade.
- **Drug:** A substance that produces a physiological effect when introduced into the body and produces physical, mental, emotional, and behavioral changes in the user.
- **Dual Diagnosis:** A term that is used to describe an individual that has been diagnosed with both a chemical dependency problem as well as a mental disorder.
- **Enabler:** A person who serves as a well-meaning intermediary between the substance abuser and their drug of choice. These individuals lie, make excuses, and perform other behaviors that help the addict to keep using rather than face the consequences of their behavior.
- **Euphoria:** A temporary and profound sense of well-being and heightened ecstasy that may include delusions of grandeur, invulnerability, and optimism.
- **Flashback:** An unprompted and vivid re-experiencing of the high by an individual without using the drug after having detoxed days or months after detoxing.

- **Hallucinogens:** A group of drugs that induce hallucinations for the user that alters an array of various perceptions. These drugs commonly include LSD, PCP, and ecstasy (MDMA), and various household inhalants.
- **Heroin:** An opiate derived from morphine that affects the individual with euphoric and sedative feelings.
- **Inhalant:** A type of drug that is inhaled by the abuser by using a variety of toxic compounds including cleaning supplies, gasoline, glues, and the like as a cheap and easy way to get high.
- **Intervention:** An attempt to confront a substance abusing individual involving a group of people who are close to the abuser who seek to help him or her overcome denial and enter into treatment. The process may include a licensed professional.
- **Intravenous:** Refers to drugs introduced into the body by being injected into the vein. Also known as IV drug use.
- **Marijuana:** A derivative of Cannabis sativa, a hemp plant dating back to 2727 BCE that is smoked. Although the Federal Government considers marijuana illegal, two states, Colorado, and Washington have approved the legal use of this drug.
- **Medical Detoxification:** A treatment procedure that is medically supervised and designed to free the body of substances of abuse in a safe and effective manner.
- **MDMA:** Also known as ecstasy, a synthetic compound that produces feelings of sedation, euphoria. Perceived effects include increased empathy, emotional openness, and sex drive.
- **Methadone:** A synthetic opioid that is used as a substitute for morphine. The drug is used as an analgesic to treat narcotic addiction and individuals suffering from chronic pain.
- **Morphine:** An isolated resin that comes from the *Papaver somniferum* plant and is the point of comparison for all other narcotics.
- **Narcotic:** Often synonymous with the terms heroine and opiates, it can be attained both legally through a prescription to treat pain, and illegally on the street. There are many variants of this drug that originates with the *Papaver somniferum* plant's resin.
- **Neurotransmitter:** A molecule that passes from one neuron to another transmitting a chemical message and creating changes to the target neuron affecting complex changes in the body.
- **Nicotine:** The active ingredient in tobacco that is a stimulant, highly addictive and alters bodily functions. It is extracted from the tobacco plant.
- **Opiates:** A class of naturally occurring and synthetic derivatives of the opium poppy including morphine, codeine, heroine, methadone, and many others.
- **Relapse:** Describes a substance abusers return to drugs after a period of abstinence.
- **Serotonin:** A neurotransmitter found in the pathways of the central nervous system whose actions have been associated with a variety of mental disorders and involving mood changes, and sleep. Many antidepressants act on this neurotransmitter in hopes of treating a variety of symptoms.
- **Substance Abuse:** A dysfunctional and habitual use of drugs that is distressing to the user affecting his or her life in a negative way and that is physically hurtful and may include legal problems.
- **Substance Dependence:** When a person needs to take increasing amounts of a drug to get the same feeling due tolerance and also experiences withdrawal symptoms when the drug is discontinued.
- **Tobacco:** A plant containing nicotine that is smoked or chewed and is highly addictive providing a mild stimulant.
- **Trigger:** An event that foreshadows a relapse unless the client is aware of what can lead him or her back to using drugs unless a predetermined plan is enacted to deal with the temptation [2-4].

### Quiz

- 1) The best way to learn the language of substance abuse is to:
- Memorize the terms and use them as frequently as possible with clients and other counselors.
  - Review terms that are unfamiliar and discuss their meaning with a supervisor.
  - Review terms that are unfamiliar and discuss their meaning with clients and other staff members as they arise in discussions.
  - Write down unknown words and look them up later in a medical dictionary.

Answer: C.

- 2) Methadone is a synthetic opioid that is often prescribed to detoxing substance abusers and chronic pain patients.

Answer: True.

- 3) A client would likely experience a greater chance at recovery with the novice, Sarah than Dr. Tower because:
- Sarah is using her training to listen to her clients while Dr. Tower is using his intellect to teach clients.
  - Sarah is nicer than Dr. Tower who is portrayed as rude and arrogant.
  - Dr. Tower's experience is in conducting research and he has no expertise in counseling.
  - Dr. Tower would do a better job in counseling due his extensive academic background and lifetime of experience in substance abuse.

Answer: A.

- 4) Co-dependence is when two people:
- Are regular partners in acquiring and using drugs over a long period of time.
  - Participate in a mutual dependency as they rely on each other to feel good in an unhealthy and dysfunctional relationship.
  - Participate in a one sided relationship whereby the drug abuser manipulates a non-user to help him or her acquire drugs.
  - Describes a relationship between a drug user and a drug dealer.

Answer: B.

- 5) Which statement below best describes characteristics defining physiological or psychological dependence:
- Psychological dependence includes a persons biological systems and internal motivations to depend on a drug.
  - Psychological dependence includes a persons urges and internal motivations to depend on a drug.
  - Physiological dependence includes urges and biological systems.
  - Physiological dependence includes internal motivations and neurological systems.

Answer: B.

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**Volume 8 Issue 7 July 2019**

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