Buchsbaum, Ruby Frances

A COMPARISON OF COUNSELING TOOLS USED BY RECOVERED ALCOHOLIC ALCOHOLISM COUNSELORS AND NONALCOHOLIC ALCOHOLISM COUNSELORS

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A COMPARISON OF COUNSELING TOOLS USED BY RECOVERED ALCOHOLIC ALCOHOLISM COUNSELORS AND NONALCOHOLIC ALCOHOLISM COUNSELORS

by

Ruby Frances Buchsbaum

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This thesis has been approved on the date shown below:

Lucinda A Alibrandi 4/13/82

LUCINDA ALIBRANDI
Professor of Addiction Studies

Date

This thesis is dedicated to my husband--
Bill, and
To my children--Steve, Karen, and Cindy
Whose steadfast love and support is with
me always.

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ABSTRACT

The purpose of this study was to ascertain whether recovered alcoholic counselors (RACs) behaved differently than nonalcoholic counselors (NACs) by analyzing their tool selection on the Counseling Tool Survey (CTS).

Subjects were 14 RACs and 14 NACs. The CTS comprised 100 tools: 50 were folk-therapy tools and 50 were professional tools. Data analysis included percentages, means, and *t* tests.

Results indicated more behavioral similarities than differences. Both counselor groups found folk-therapy tools useful, although RACs found them somewhat more useful. The professional tools were found equally useful by RACs and NACs. The tools both counselor groups found useful were highly directive, focused on the present and future and stressed attitude and behavior change. The tools not found useful stressed clarification through exploration of the past.

CHAPTER 1

INTRODUCTION

> Since there is no scarcity of alcoholics, why is there so much bickering about who can do the best job of helping them? (Staub and Kent, 1973, p. 161).

In the area of alcoholism treatment there has been much debate on requisite qualifications of people engaged in therapeutic work with alcoholics. People who are concerned with the care of alcoholics usually develop concern in one of two ways: their professional work or academic training has brought them in contact with alcoholism or their personal history of alcoholism has awakened in them a desire to help other alcoholics. In discussion, these two groups frequently have polarized into the "either/or" view--only professionals have the tools and skills necessary to treat the alcoholic or only other recovered alcoholics can truly understand. In the famous Krystal-Moore (1963) discussion both views are presented with authority and much debate has ensued. Those who feel the professional psychotherapist is best qualified to treat the alcoholic believe that alcoholism is a symptom of an intrapsychic conflict, and only a professionally trained therapist who is psychoanalytically oriented will understand the psychological mechanisms for the drinking

behavior. On the other hand, many recovered alcoholics have become effective counselors by virtue of their own recovery process and working the steps of Alcoholics Anonymous (AA), especially the Twelfth Step which states: "Having had a spiritual awakening as a result of these Steps, we tried to carry this message to others and practice these principles in all our affairs" (AA, 1976, p. 60). The recovered alcoholic intuitively knows what the alcoholic is experiencing and this identification operates through the ". . . shared honesty of mutual vulnerability openly acknowledged" (Kurtz, 1980, p. 61). Through AA the process of identification is offered without any demand for reciprocity: the sober alcoholic tells his own story out of a conviction that ". . . such honesty is required only by and necessary only to his own sobriety" (Kurtz, 1980, p. 61). Alcoholics Anonymous, founded in 1935, is one of the oldest and best established treatment methods and, according to Fox (1967, cited in Baekeland, Lundwall, and Kissin, 1975), a well-known expert in the area, AA is the single-most effective treatment method available in the field of alcoholism. Through the Twelve Traditions, AA (1979) outlined the means by which it maintains its unity and relates to the world about it, and in the Eighth Tradition, AA (1979, p. 11) clearly stated: "AA shall forever remain nonprofessional . . ." and describes itself ". . . as a fellowship of men and women

who share their experience, strength, and hope with each other that they may solve their common problem and help others to recover from alcoholism" (AA, 1972). However, even though AA is a nonprofessional fellowship, many recovered alcoholics who are members of AA also function effectively as counselors in a professional setting.

Statement of the Problem

In evaluating the effectiveness of therapy there are three categories of variables critical to the outcome of therapy: Patient variables, therapist variables, and therapy variables. The purpose of this research is to investigate the category of therapy variables and to answer the question: Do recovered alcoholics who are counselors use different counseling tools than alcoholism counselors who are without a personal history of the disease?

Rationale

In 1956, the American Medical Association designated alcoholism as a disease: a disease which because of its impact on the family leaves its painful mark on the lives of 36 million Americans (Maxwell, 1980). As the disease concept of alcoholism grows, more professionally trained counselors who are without a personal history of alcoholism might enter the field of alcoholism treatment. If so, will the counseling tools they use be different

than those of recovered alcoholic counselors, and will this difference be a movement away from the "folk-therapy" tools of AA? Baekeland et al. (1975, p. 307) noted that an important research question that needs to be investigated is "How effective are recovered alcoholics as counselors as compared with professionally trained personnel?" To validate the assumption of differences that underlie the question, it would be valuable to ascertain whether there is a difference in the way these two groups counsel and, if so, what those differences are. To date there is little research investigating whether recovered alcoholics use different counseling tools than counselors who are without a personal history of the disease. This study represents an effort to generate a hypothesis regarding the tools used by the two groups.

Research Questions

This research was designed to answer the following questions in an effort to formulate a hypothesis regarding the counseling tools recovered alcoholic counselors use compared with the tools used by nonalcoholic counselors:

1. Do recovered alcoholics who are counselors use different treatment tools than alcoholism counselors who are without a personal history of the disease?

2. If recovered alcoholic counselors use different tools, do they tend to use folk-therapy tools more than counselors who have not had a personal history of the disease and are not members of AA?

To answer these questions, a research survey was designed utilizing 50 of the folk-therapy tools compiled by Alibrandi (1977), which are based on the philosophy, Twelve Steps, and sponsorship process of AA. To this list of folk-therapy tools have been added 50 tools, which professional counselors in Tucson, Arizona, not in the field of alcoholism, have found to be their most useful clinical tools. A counseling tool for the purpose of this study is defined as a statement or question a counselor might use in session with the intent of improving the client's life adjustment.

CHAPTER 2

LITERATURE REVIEW

> There are many helpers in the field of alcoholism designated as counselors. When one small child tells another how to make a wagon work, he is counseling. No one has a monopoly on this kind of counseling. Rather, the world is full of counselors. Some of them know whereof they speak; others, not so (McInerney, 1973, p. 100).

The review of the literature is discussed from the following perspectives: philosophical issues relevant to who is best qualified to treat the alcoholic, research studies investigating the differences and effectiveness of recovered alcoholic alcoholism counselors compared with alcoholism counselors who do not have a personal history of the disease, and current trends in alcoholism treatment.

Philosophical Issues

There is a tremendous shortage of personnel in alcoholism treatment and ". . . if all those trained in all the helping professions were to be pre-empted into alcoholism treatment there would not be enough to provide services for America's nine million alcoholics" (Mann, 1973, p. 6). Yet, in reviewing the literature on alcoholism much emphasis has been placed on who is qualified to treat the alcoholic.

In reporting the stated advantages and disadvantages of a personal history of alcoholism in the treatment field, Mann (1973) stated that paraprofessionals in the field of alcoholism treatment are overwhelmingly recovered alcoholics and the one thing they all share is an attitude toward sick alcoholics which is the key to successful treatment. This attitude

> . . . is accepting of the other person just as he is, for exactly what he is. Second, it allows him the dignity of his humanity quite apart from his illness which may have buried that humanity deep out of sight. He is regarded as a person in great trouble to be sure, but not a non-person for all that. Third, it offers him understanding, and as a result of that compassion, or as many recovered alcoholics flatly put it, *love*. Finally, and most important of all, it exhibits faith, a belief that he too, this alcoholic whoever he may be, can and will recover (Mann, 1973, p. 3).

Today, the place of recovered alcoholics as alcoholism counselors has been well established and defended: the work of Mann, Maxwell, and the famous Krystal-Moore debate on "Who Is Qualified to Treat the Alcoholic?" all attest to this (McInerney, 1973).

> Many AA members are uniquely qualified to serve as members of an alcoholism treatment team by reason of the fact that they have made a recovery from the illness. Because they have had to pass through the struggle of becoming their own person, these lay counselors have a deeper appreciation of the struggle as it occurs in others. They bring to their role an excellent model of a recovered alcoholic. . . (McInerney, 1973, p. 93).

Although the recovery of alcoholism by itself is not an adequate basis for competency in alcoholism

counseling, recovered alcoholic counselors who are skilled in sharing their experience with alcoholism are able to establish identification and a realm of mutuality with alcoholic patients. The capacity to empathize and honestly say to the alcoholic patient, ". . . I used to do the same thing" (King, Bissell, and O'Brien, 1979, p. 185) at once allays guilt and offers hope.

King et al. (1979) pointed out that the recovered alcoholic knows the score so well that he/she can rarely be conned by an alcoholic; yet, he/she does not have the trained patience of a professional. The professional usually brings an ability to empathize with the alcoholic patient and frequently discloses less and explores more than the recovered alcoholic counselor. The professional counselor often looks for underlying pathology and seeks to determine what recent stresses might have initiated the drinking behavior and also has a greater variety of interventions and approaches than the recovered alcoholic counselor (King et al., 1979).

According to Mann (1973) a number of recovered alcoholics have proved unable to adjust to the problems of working in a professional setting because their loyalty to their own method of recovery, AA, is so great that they cannot see the value of professional methods and techniques. The recovered alcoholic counselor might be torn between a commitment to a view of alcoholism that

strengthens his/her personal recovery and a commitment to scientific knowledge. As one professional (Pattison, 1973, p. 29) said: "When I work I view alcoholism scientifically, but when I live I view alcoholism the way I know I have to live."

Another problem arises when recovered alcoholic counselors become involved in the treatment of others without having resolved their own emotional issues. Krystal (cited in Strachan, 1973) believed a recovered alcoholic who has not worked through his/her emotional problems and controls his/her drinking by means of AA activities is in a worse position to function as a therapist to alcoholics than a person with no personal or professional experience with alcoholism.

Root (1973) noted that some recovered alcoholics should not be involved in treatment because they take the view that their experience with the disease as it affected them and their specific recovery makes them experts in knowing about all types of alcoholism. Strachan (1973, p. 87) stated that ". . . contrary to the belief that recovered alcoholics are too soft on their own kind, the opposite often is true. Once personally past the pain and fear, some close their minds to the misery and suffering of others."

The literature in the area of alcoholism treatment suggests that "being a recovered alcoholic neither

qualifies nor disqualifies someone from helping a person with a drinking problem" (Staub and Kent, 1973, p. 158). Furthermore, "What is there to be gained from proving that the professional is better qualified to serve the alcoholic--or from proving that it takes an alcoholic to help an alcoholic--what is being done is more important than who is doing it. . ." (Staub and Kent, 1973, p. 160).

Research Studies

Research studies investigating the differences and the effectiveness of recovered alcoholics as counselors compared with alcoholism counselors who do not have a personal history of the disease are limited and contradictory.

Rosenberg et al. (1976) indicated that a history of alcoholism neither precludes nor increases counselor effectiveness and that being a recovered alcoholic, having a family history of alcoholism, or possessing previous experience in alcoholism treatment do not confer any advantages in keeping clients in treatment. Buzzetta's (1975) research also did not reveal any significant differences between the two groups of counselors. Buzzetta studied the comparative effectiveness of the recovered alcoholic and nonalcoholic counselors using the microcounseling skills of eye contact, body posture, verbal following, open-ended questions, paraphrase and reflection of

feeling, and the client's perception of the counselor's effectiveness as criterion measures. The results of Buzzetta's study revealed that after both groups participated in a 2-day microcounseling workshop that no significant differences in microcounseling skills existed between the recovered alcoholic and the nonalcoholic counselor.

On the other hand, significant differences between recovered and nonalcoholic counselors were revealed in a study by Skuja (1978): recovered alcoholic counselors were older, less educated, more involved in AA activity, and more experienced in the alcoholism field. Recovered alcoholic counselors also differed from nonalcoholic counselors as having perceived greater incidence of client's psychological dependency on alcohol, as having perceived the psychologist as less helpful to clients, as having perceived antabuse as more helpful to clients, and as having chosen alcohol abstinence as a more necessary treatment goal (Skuja, 1978). Argeriou and Manohar (1978) also found differences between the two groups of counselors. Their study revealed that recovered alcoholic counselors had more positive treatment outcomes than nonalcoholic counselors, as measured by the length of time the client stayed in treatment; however, Argeriou and Manohar did not iosolate the variables associated with increased counselor effectiveness.

Research studies indicate that a college education does not prepare someone to become an effective alcoholism counselor. Gideon, Littell, and Martin (1980) evaluated a training program for Certified Alcoholism Counselors and found that prior college background was not a factor in determining who was better qualified to become an effective alcoholism counselor as measured by successful performance on cognitive tests and attitudinal and effective scales. Specialized alcoholism training was considered to be more important than college education for effective alcoholism counseling, according to Gideon et al. Engelhard's (1975) research also minimizes the importance of a college background for effective alcoholism counseling. Engelhard found that the possession of a master's degree and/or a personal history of alcoholism makes no difference in counseling skills as measured by audio tapes rated by persons trained in the Carkhoft Communications Index.

Current Treatment Trends

Traditionally the relationship between psychiatrists and those active in the AA fellowship have been strained, with each group being dubious about what the other had to offer. Keller (1973, cited by McInerney, 1973, p. 94) believed the professional people need AA and AA needs the professionals: "We need to be friends with our friends." Keller stated that one of the most rewarding

aspects of alcoholism treatment is the inclusion of alcoholics who have recovered within AA as lay therapists on the treatment team.

As knowledge about alcoholism has grown, the treatment focus has broadened, resulting in active attempts at integration of the medical, psychological, and AA perspectives, including efforts to determine which patient needs more of one treatment approach and less of another. In an integrated approach, the alcoholism counselor's role is to work with the patient on problems directly related to alcohol abuse, such as confronting denial, fostering hope and self-esteem, and encouraging AA involvement. The counselor's focus on the here-and-now alcohol-related issues counterbalances the emphasis from other team members on understanding the psychological reasons behind the behavior (Connelly, 1979).

Conclusions

There is evidence in the literature to support the following conclusions:

First, the philosophical issue of who is best qualified to treat the alcoholic has not been resolved. The choice has been between the professionally trained psychiatrist, social worker, or alcoholism counselor who has an understanding of the psychological mechanisms for the drinking behavior, and the lay alcoholism counselor

whose own recovery enables him/her to show others the way.

Second, research studies validating who is best qualified to counsel the alcoholic are limited and contradictory; however, most experts in the field recognize the fellowship of AA as an important support for the alcoholic patient.

Finally, as knowledge of alcoholism has grown, treatment is changing and the need for a multidisciplinary team using the recovered alcoholic counselor as well as the professionally trained counselor is being accepted. In a team approach, the physical, psychological, social, and spiritual aspects of a patient's life can be addressed: a task too great for any one person to undertake (Fox, 1967).

CHAPTER 3

METHOD

The method used to implement the research study will be discussed from the following perspectives:

1. Characteristics of the subjects
2. The instrumentation
3. Research procedure
4. Statistical analysis.

Subjects

The 28 subjects of this research were classified into two categories: recovered alcoholic alcoholism counselors and nonalcoholic alcoholism counselors. Each subject had to have a minimum of 1 year of experience in direct service to alcoholic clients. The following information was collected on each subject: age, sex, educational background, years of counseling experience, personal history of alcoholism, years of sobriety, and membership in AA.

In the category of nonalcoholic counselors there were eight females and six males. Their ages ranged from 25 to 49 years with 36.5 being the mean. All nonalcoholic counselors had training in the behavioral sciences with degree breakdown as follows: 1 Ph.D., 12 with M.A. or

M.S., and 1 with a B.S. The years of experience in this group ranged from 1 to 8 with the mean being 4 years.

The category of recovered alcoholic counselors also included eight females and six males. Their ages ranged from 33 to 57 with 46.5 years being the mean. The educational breakdown of recovered alcoholic counselors was as follows: eight counselors had training in the behavioral sciences with degree breakdown as follows: 1 Ph.D., 4 with M.A., and 3 with B.A. The other six counselors did not have a degree in the behavioral sciences, but three had a B.A. in a nonrelated field and three had no college degree. The years of experience in this group ranged from 1 to 12.5 years with 5 being the mean. All recovered alcoholic counselors were members of AA, and their years of sobriety ranged from 2 to 23 years with 10.5 years being the mean.

Instrumentation

The present research makes use of 100 counseling tools. To repeat, a counseling tool for the purpose of this study is defined as a statement or question a counselor might use in session with the intent of improving the client's life adjustment; such as, "It's what you've thinking that triggers your feelings" (Yost, 1981).

The Counseling Tool Survey (CTS) was devised in the following way: 50 of the tools were taken from

Alibrandi's (1977) study, The Recovery Process in AA: The Sponsor as Folk Therapist, and these tools are referred to as folk therapy tools. The utilization of folk therapy tools is based on ". . . the assumption that 'sponsoring' of one member by another ('folk therapy') is a primary rehabilitative function of AA" (Alibrandi, 1974, p. 41) in which ". . . a formerly shameful experience gains utility and even a certain amount of dignity when it is used to help another alcoholic" (p. 19). Alibrandi compiled 100 folk-therapy tools through interviews with AA sponsors and an intensive study of the AA literature. This researcher selected 50 of those tools for the CTS based on which tools were most frequently used in the sponsorship process in Alibrandi's study as well as which tools this researcher liked best.

In addition to the 50 folk-therapy tools, the CTS comprised 50 professional tools that 11 counselors in Tucson, Arizona, not in the field of alcoholism counseling have found to be their most useful clinical tools. The 50 professional tools were selected on the basis of which tools this researcher judged to be most "professional" in that they encompassed more support, exploration, intervention, etc., than might be found in a statement one friend would say to another.

Description of the Counseling Tool Survey

The CTS comprised 100 counseling tools. It uses a Likert-type scale with four ratings from "frequently useful" to "never useful." Before administering the CTS to the research subjects, a mini-study was conducted to test the instrument by having nine counselors at Help on Call, a crisis intervention agency in Tucson, Arizona, take the CTS.

Procedure

The CTS and a demographic survey were administered to two groups of alcoholism counselors providing services to alcoholic clients in Tucson, Arizona. The subjects were separated into two groups based on whether they had a personal history of alcoholism. Each subject was requested to return his/her survey by mail within 2 weeks of receiving it.

Statistical Analysis

The data were analyzed by using means, *t* tests, and percentages. The tools were borken into two categories: folk-therapy tools and professional tools. For each tool subjects indicated on a 1 to 4 scale how useful each tool was with 4 being most useful and 1 least useful. Two numerical scores were derived--a folk-therapy tool score and a professional tool score for recovered alcoholic counselors and nonalcoholic counselors. The

folk-therapy score consisted of the sum of the individual item scores for folk-therapy tools, and the professional tool score consisted of the sum of the indivudal items for professional tools. Means and *t* tests were computed for recovered alcoholic counselors and nonalcoholic counselors indicating usefulness of the folk-therapy tools and the professional tools.

The data were also analyzed by computing the percentage of recovered alcoholic counselors and nonalcoholic counselors' indicating usefulness of each tool with 3 and 4 signifying that the tool was useful and 1 and 2 signifying that the tool was not useful.

CHAPTER 4

RESULTS

This chapter will present the results of the CTS and the limitations of the study.

According to the data, recovered alcoholic counselors (RACs) found folk-therapy tools based on the philosophy, 12 steps, and sponsorship process of AA more useful than nonalcoholic counselors (NACs) as indicated by their behavior on the CTS. The mean score for the use of folk-therapy tools by RACs was 179.9 compared with 163.4 for NACs. This difference was found to be significant at the .05 level with the t test being (t (22) = 2.42, p = .024). The professional counseling tools were found to be equally useful to both RACs and NACs with the mean score for RACs being 161.2 and for NACs 160.8 with the t test being (t (24) = .05, p = .959).

For each tool the researcher then computed the percentage of RACs and NACs indicating that the tool was useful. Counselor responses of 3 and 4 indicated that the tool was useful and counselor responses of 1 and 2 indicated that the tool was not useful. The researcher then attempted to isolate which tools both groups used, which tools neither groups used, and which tools indicated a difference in preference between RACs and NACs.

To be more specific, Table 1 indicates the percentage of RACs and NACs who indicated usefulness of each tool on the CTS. The tools were then broken into their respective categories and are presented and analyzed in the Discussion section from the following perspectives:

1. The folk-therapy tools which indicated a difference in behavior of at least 25 percentage points between both RACs and NACs.
2. The folk-therapy tools at least 93% of both RACs and NACs indicated as being useful.
3. The folk-therapy tools at least 40% of both RACs and NACs indicated as not being useful.

The professional tools were also analyzed in the following manner and are presented and analyzed in the Discussion section from the following perspectives:

1. Professional tools indicating a difference of at least 25 percentage points between RACs and NACs.
2. Professional tools at least 93% of both RACs and NACs indicated as being useful.
3. Professional tools at least 40% of both RACs and NACs indicated as not being useful.

Table 1. Percentage of RACs and NACs using each folk-therapy tool and each professional tool on the CTS. -- FTT = folk-therapy tool; PT = professional tool.

Tool Type		Tool	Recovered Alcoholic Counselors (%)	Non-alcoholic Counselors (%)
FTT	1.	Stay away from the first drink.	100	100
PT	2.	It is crucial for you to understand where these decisions came from. I would like you to depict a scene from your childhood where you experience those same (angry, sad, incompetent, etc.) feelings. Now, it is important for you, in this same scene, to experience yourself behaving differently. Let's see what you come up with.	21	36
FTT	3.	Get out of the "if" trap. ("What if...", "If only...")	86	86
FTT	4.	Find a sponsor.	100	100
FTT	5.	Accept responsibility for your actions.	100	100
FTT	6.	Watch out for complacency.	93	86
PT	7.	Look at what you have done and are doing with your anger (hurt).	71	93
PT	8.	When was the first time you felt this way?	57	57
PT	9.	It is necessary for you to pinpoint your patterns. One way to accomplish this is for you to write down what happens before the problem behavior occurs, during and after. Your feelings are also important, so please include them when you are charting.	54	79
PT	10.	Think of the last time you felt that way. What actions and thoughts preceded and followed the feeling?	71	71

Table 1. -- Continued.

Tool Type		Tool	Recovered Alcoholic Counselors (%)	Non-alcoholic Counselors (%)
PT	11.	You learned to behave that way. Since it's something you learned, you can unlearn it and learn new behavior to take its place.	71	79
PT	12.	The past is the past and you cannot change it; what would you like to do about your situation now?	100	100
PT	13.	What's the worst thing that can happen?	86	86
FTT	14.	Avoid getting too angry.	57	43
FTT	15.	Develop self-restraint.	43	50
PT	16.	I find it helpful to outline the steps to a goal so that I have some way of measuring how far along I've come. I wonder if that might be helpful for you too?	77	77
FTT	17.	Be wary of drinking occasions.	100	86
FTT	18.	Get plenty of rest.	100	86
FTT	19.	Take life a day, even a minute, at a time.	100	100
PT	20.	When you close yourself off to help, you really box yourself in.	79	79
FTT	21.	Develop the habit of gratitude.	79	43
FTT	22.	Go to AA meetings.	100	100
PT	23.	How might you stop yourself from accomplishing your goal?	71	100
FTT	24.	Come to believe in a power greater than yourself.	93	79

Table 1. -- Continued.

Tool Type		Tool	Recovered Alcoholic Counselor (%)	Non-alcoholic Counselor (%)
FTT	25.	Avoid all chemical mood-changers.	100	100
PT	26.	It sounds as if you made the best choice you could given the information you had at the time.	93	79
PT	27.	Sometimes what we tell ourselves about the situation is more important than the situation itself.	86	93
FTT	28.	Do first things first.	92	86
FTT	29.	When you are shaky, work with another alcoholic.	71	43
PT	30.	I'm not saying that you should (must) do it this way. I want to teach you another way of behaving so that you'll have more than one option and can, therefore, make a choice.	93	86
FTT	31.	Remember your last drunk.	100	79
PT	32.	If you could create your own future, what would it look like?	79	86
PT	33.	It took a long time to get where you are today and any changes are going to take a long time as well.	93	93
PT	34.	What have you tried so far?	86	86
PT	35.	Keep a log of just what happens each time you are experiencing that particular feeling toward X. Try to note where the feeling goes, what happens to it.	43	64
FTT	36.	Get active.	92	100
FTT	37.	Have faith.	86	86

Table 1. -- Continued.

Tool Type		Tool	Recovered Alcohol Counselor (%)	Non-alcoholic Counselors (%)
FTT	38.	Use the Serenity Prayer.	100	86
FTT	39.	See adversity as opportunity.	79	50
FTT	40.	Laugh.	93	93
PT	41.	It is obvious that what you are doing now has worked in the past; however, this same behavior is now getting you into trouble.	71	57
FTT	42.	Salute the daily progress you make.	92	71
FTT	43.	Share your happiness.	78	93
FTT	44.	Admit you are powerless over alcohol.	100	93
PT	45.	If one person tells you you look like a horse, you can ignore them, if 4 or 5 tell you, you can look but think that they are crazy. However, if 18 tell you, you can go out and buy a saddle.	79	50
PT	46.	You see most clearly what you value when you look at how you spend your time, money and energy.	71	50
FTT	47.	Stay sober for yourself.	100	100
PT	48.	Watch where he/she/its feet are pointed, not what they say. Action speaks louder than words!!	71	64
PT	49.	We all reach points in our lives when it's helpful to talk with someone outside of the situation.	93	93

Table 1. -- Continued.

Tool Type		Tool	Recovered Alcoholic Counselors (%)	Non-alcoholic Counselors (%)
PT	50.	I'd like to conduct an experiment. For the next 2 days, whenever X occurs, I'd like you to do Y and then make a careful note of what happens next.	57	57
FTT	51.	Try not to place conditions on your sobriety.	100	86
PT	52.	Dialogue with person you have unfinished business.	79	86
PT	53.	It's alright to be angry/cry!	100	100
FTT	54.	Share your inventory with someone else.	100	71
PT	55.	Are you holding onto only one possible solution, and closing yourself off to other possibilities?	100	86
PT	56.	If you didn't have this problem, how would life be different for you?	57	57
PT	57.	How does the image you have of yourself conflict with the reality of the situation?	79	86
FTT	58.	Share your experience, strength, and hope.	100	93
FTT	59.	Take a searching and fearless moral inventory.	86	93
FTT	60.	Find the courage to change yourself.	86	86
FTT	61.	Be willing.	93	93
FTT	62.	Change old routines.	100	100

Table 1. -- Continued.

Tool Type		Tool	Recovered Alcoholic Counselors (%)	Non-alcoholic Counselors (%)
FTT	63.	Promptly admit when you are wrong.	93	86
PT	64.	Just because you feel something doesn't mean you have to act on that feeling.	93	86
PT	65.	Do not try to avoid all pain instead try to learn to cope better with pain.	100	100
PT	66.	Your feelings are neither right nor wrong; don't try to judge them. Just accept them.	86	100
FTT	67.	Admit and correct your errors today.	71	57
PT	68.	Let's role play your options.	79	93
PT	69.	Write this message to yourself. Put it in a place where you need to be aware of it, and aren't able to remember it.	71	50
FTT	70.	Work to eliminate self-deception.	93	79
PT	71.	You have a lot of strengths, a lot going for you: your sense of humor, for example, etc. I'm concerned about you, and it's time you started paying attention to your own needs, as well as everybody else's.	100	71
FTT	72.	Make a list of those you have harmed.	71	64
PT	73.	Is that a decision you made as an adult or as a child?	43	57
FTT	74.	Make use of "telephone therapy".	100	79

Table 1. -- Continued.

Tool Type		Tool	Recovered Alcoholic Counselors (%)	Non-alcoholic Counselors (%)
PT	75.	I'm going to give you some homework. I want you to do one nice thing for yourself today or this week, and tell me next time what it was, what you did nice for yourself.	79	86
FTT	76.	Share your pain.	100	93
PT	77.	What personal investment have you made that keeps you where you are?	79	79
FTT	78.	Maintain a spiritual condition.	86	78
PT	79.	Insight + action = change. Insight alone is not enough.	86	100
PT	80.	Start looking for positives. What nice or good or beautiful thing have you seen today?	93	93
PT	81.	People need people for support, especially when they're in crisis. Don't withdraw from your family, friends, etc.	93	100
FTT	82.	Try to become a part of the world you have rejected.	78	64
PT	83.	This seems to be a recurrent theme in your life; are you familiar with the patterns? We can problem solve together so you can develop strategies to short-circuit the old patterns.	79	64
PT	84.	It's not supposed to feel good (comfortable) at first.	86	93
FTT	85.	Try to heal yourself by helping others.	79	64

Table 1. -- Continued.

Tool Type		Tool	Recovered Alcoholic Counselors (%)	Non-alcoholic Counselors (%)
PT	86.	Sometimes when we change, we forget that others are used to dealing with us the way we were. It may take time for others to adjust to our new image.	100	86
FTT	87.	Remember that alcoholism is cunning and baffling.	100	86
FTT	88.	Look at your whole drinking record.	100	100
PT	89.	Be honest with yourself at all times: don't try to do a "snow job" on yourself, because it doesn't work and leads to self-defeat.	100	93
PT	90.	It's OK to feel the way you do.	100	100
FTT	91.	Try to replace guilt with gratitude.	64	36
FTT	92.	Fend off loneliness	100	93
FTT	93.	Remember that alcoholism is an incurable, progressive, fatal disease.	77	86
FTT	94.	Replace old habits with new, sober habits.	100	100
PT	95.	It's more important for you to do something, even if you do it wrong, than to do nothing at all.	86	79
PT	96.	Think in terms of managing your problem, not in terms of curing it.	93	79
PT	97.	What are you willing to do right now to make tomorrow different?	79	86

Table 1. -- Continued.

Tool Type		Tool	Recovered Alcoholic Counselors (%)	Non-alcoholic Counselors (%)
PT	98.	It's what you're thinking that triggers your feelings.	64	86
FTT	99.	Listen.	85	100
FTT	100.	Keep an open mind.	100	100

Limitations of the Study

The research study had the following limitations: the first was a typographical error in folk-therapy tool 14 "avoid getting too angry" which should have read "avoid getting too hungry."

The second limitation of the study concerns the difficulty of comparing the educational background of the two counselor groups. All NACs had a degree in the behavioral sciences, whereas 8 of 14 RACs had a degree in the behavioral sciences, thereby introducing the intervening variable of educational background. The 6 RACs who did not have a degree in the behavioral sciences were too small a sample to isolate and discuss in a meaningful way.

CHAPTER 5

DISCUSSION

Before discussing the potential significance of the behavioral differences between RACs and NACs as indicated by their selection of tools on the CTS, it would be useful to review the categories of variables critical to the outcome of therapy: therapist variables, patient variables, and therapy variables. And, in order to discuss meaningfully the research question this study proposed to answer, it would be helpful to note the differences in therapist variables compiled by this research, and to discuss some important characteristics of the alcoholic client (patient variables) that may affect the counseling goals and process, as well as the selection of counseling tools (therapy variables) to effect these goals.

Therapist Variables of RACs and NACs

The research revealed significant differences between RACs and NACs with the mean age for the RAC being 46.5 years as compared with 36.5 years for the NAC. Although the mean age for the RAC was 10 years older than the NAC, the mean years of experience was 5 for the RAC and 4 for the NAC, indicating that the RAC's career

choice might have been influenced by a personal history of alcoholism. Also, all RACs were members of AA and had an average of 10.5 years of sobriety, indicating that RACs have been managing their recovery successfully for a considerable length of time.

The NACs had more formal education than the RACs, and all NACs had a degree in the behavioral sciences. As mentioned earlier, the educational breakdown for NACs was: 1 Ph.D., 12 with M.A. or M.S., and 1 with B.S. The educational breakdown of the RACs was: 8 had training in the behavioral sciences with 1 Ph.D., 4 with M.A., and 3 with B.A.; 6 counselors had no training in the behavioral sciences, although 3 had a B.A. in a nonrelated field and 3 had no degree. The demographic survey administered to the two groups of counselors supports earlier research already noted by Skuja (1978), which revealed that RACs were older and less educated than NACs.

Patient Variables and Counseling Goals

In a traditional counseling relationship the first task of the counselor and client is to set agreed-upon goals to structure the relationship as well as the counseling process. However, the way the counselor functions will also be influence by the particular nature of the client's problems.

Alcoholism counseling may differ initially from traditional counseling in that the counselor may have different goals than the client; this disparity results because alcoholics suffer from a condition which prevents them from seeing the danger inherent in their lifestyle. The "blinders" the alcoholic wears result from the sedative hypnotic drug, alcohol, he/she abuses as well as the client's alcoholic defenses that perpetuate the use and abuse of this drug. Because of the alcoholic's loss of reality, the alcoholism counselor frequently has a "hidden agenda" or goals the alcoholic client is unaware of. The alcoholic will continue to decline as long as he/she continues to drink and his/her alcoholic defenses flourish. Consequently, the counselor's goal is to weaken this self-perpetuating and highly reinforcing maladaptive cycle by looking for a crack in the alcoholic's defenses--a crack that may allow some light to enter enabling the alcoholic to see the reality of his/her situation. The counselor then seeks to weaken the alcoholic's maladaptive defenses of denial, rationalization, projection, suppression, minimization, etc., while simultaneously helping the alcoholic to establish a more functional coping style. Therefore, in alcoholism counseling agreeing on a mutually acceptable counseling goal is not always possible or a precondition for the counseling relationship.

Clarification of a person's thoughts, feelings, and behavior is a frequent counseling goal and is sometimes approached through exploration of the past. To clarify past concerns, the client must be able to talk about his/her problems and reconstruct past experiences to make present circumstances more meaningful. According to King et al. (1979) many alcoholics are unable to articulate their misery and "alcoholics who come for treatment but are angry, afraid, embarrassed, defiant, and denying may want to get sober, but may not know how; nor do they know how to talk about what is wrong" (p. 184).

Clarification through exploration of the past is an inappropriate goal early in treatment because of the alcoholic's ". . . built in black-out system" (Johnson, 1980). Johnson also pointed out that the alcoholic's blackout system is both physiologically and psychologically induced. The physiological basis for the alcoholic's loss of reality is caused by the chemically induced blackout in which the alcoholic may function normally but cannot recall what he/she has done. A blackout may last for minutes, hours, or even days and occurs more frequently as the person's alcoholism progresses. The alcoholic may also experience episodes of "passing out," which is a loss of consciousness and along with blackouts results in faulty memory use.

Coupled with the physiological blackouts are the psychologically induced blackouts (Johnson, 1980). As mentioned earlier, alcoholics use their defenses to justify and rationalize their self-destructive behavior and the alcoholic becomes very adept at suppressing and repressing painful memory material which cannot be rationalized (Johnson, 1980). The alcoholic also loses reality resulting from self-delusion and self-evasion which can be attributed to euphoric or "feeling memory" in which the alcoholic does not remember how he behaved only how he felt (Johnson, 1980). The alcoholic then, because of his/her blackout system is in a difficult position in the early phases of treatment to reconstruct the past as a way of clarifying the confusion in which he/she has become emersed.

Patient Variables and the Counseling Process

The counseling process or how the counselor influences and works with his/her client is best determined by the needs of the client as well as the counselor's theoretical orientation. The counseling process can be divided into two major categories: client-centered therapies and action-type therapies (Senour, 1982).

The primary goal of the client-centered counseling process is to help the client gain insight and is based on the premise that clients have the ". . . innate ability to

solve their own problems if the environment is supportive" (Senour, 1982, p. 348). In the client-centered approach, the counselor listens actively, reflects the client's feelings, clarifies the client's concerns, and this supportive counselor behavior helps the client illuminate his/her experiences and gain the necessary insight to improve his/her life.

Action-type therapies such as cognitive and behavioral approaches require that counselors use their influence in a direct, overt manner and assume authority or expertness (Senour, 1982). The counselor takes most of the control in the counseling process and has the major responsibility for structuring the session (Haley, 1973, cited in Senour, 1982).

Because of the nature of the alcoholic's problem, effective alcoholism counseling requires the counselor to be active, direct, and at times confront the client. However, the alcoholism counselor's high level of activity in the counseling process in no way precludes a relationship based on respect, empathy, and unconditional regard for the client, nor does it imply counselor omnipotence.

The alcoholism counselor is aware that there are times when the counselor will know what is best for the client even when the client does not. As cited earlier, the alcoholic's physiological and psychological dependency makes him/her unable to see reality and meet his/her needs

in a functional way. In order for alcoholics to recover, their drug dependency must be severed; yet, without this drug the alcoholic may flounder; therefore, the counselor is aware of the need to initiate and reimpose a strong structure for the newly recovering alcoholic. Sometimes the strong structure takes the form of a hospital setting which allows the alcoholic for a limited period of time to use the hospital and staff as life regulators until other supports are established. Whether it be a hospital setting, a highly structured counseling relationship, or the structure inherent in AA, the alcoholism counselor is aware of the need for strong supports for the newly recovering alcoholic.

Although the alcoholism counselor is highly active and direct in the counseling relationship, the alcoholic client must eventually assume responsibility for his/her own recovery. The alcoholism counselor might suggest, recommend, or even grossly depart from accepted counseling procedure and "tell" the client what to do, such as, "go to an AA meeting"; yet, in the last analysis the client must be the doer of the action, or the ultimate protagonist in his/her life-script.

Therapy Variables: Counseling Tool Survey

The therapy variables in this study are the 50 folk-therapy tools and the 50 professional tools in the

CTS. The two categories of tools have some significant differences which are noteworthy.

The folk-therapy tools are all highly directive and make suggestions or advise the client what to do in tightly compressed, emphatic language. The tight structure of the folk-therapy tools is manifested in the 50 tools comprising 263 words as compared to the professional tools comprising 972 words, and all folk-therapy tools are action oriented in that they emphasize an attitude or behavior change. None of the folk-therapy tools are questions, nor do they emphasize exploration of the past with the exception of Tool 31 "remember your last drunk" and Tool 87 "remember that alcoholism is cunning and baffling" with both tools focusing on the past only to reinforce the negativity of alcohol abuse.

Compared to the folk-therapy tools, the 50 professional tools are varied with some tools being direct and action oriented, whereas other tools emphasize support and validation of feelings as well as exploration and clarification of the past. The professional tools are structured more loosely, and their language is more elusive and metaphorical, with 15 of the professional tools being in question form.

Research Questions

The remaining discussion will focus on answering the proposed research questions:

1. Do recovered alcoholic counselors use different treatment tools than nonalcoholic counselors?
2. If recovered alcoholic counselors use different treatment tools, do they use the folk-therapy tools based on the philosophy, literature, and sponsorship process of AA more than counselors who do not have a personal history of alcoholism?

According to the means and t tests it was found that in sum recovered alcoholic counselors (RACs) do use folk-therapy tools more than nonalcoholic counselors (NACs). The mean score for use of folk-therapy tools by RACs was 179.9 compared with 163.4 for NACs, a difference which is significant at the .05 level. Although this difference is statistically significant, this researcher proposes that it is not a difference of great practical magnitude. Another way to analyze the difference and assess practicaility would be to use a scale of tool usefulness, with 4 being most useful and 1 least useful. The difference in preference would indicate that RACs found folk-therapy tools to be useful at 3.60 on a 4-point scale and NACs found them useful at 3.26, or more precisely there is 0.3 of a difference in preference for folk-therapy tools between the two counselor groups.

On the other hand, the data revealed that both RACs and NACs indicated that the professional tools were

equally useful with the mean score for RACs being 161.2 compared to 160.8 for NACs.

Therefore, in summarizing the data from the overall perspective of means and t tests there were no differences between RACs and NACs indicating a preference for using the professional tools. There was a statistical difference in folk-therapy tool usage, but this disparity as assessed on a 4-point scale might seem to have little practical importance.

Counseling Tools Indicating Behavioral Differences

Another approach in ascertaining whether there are behavioral differences between the counselor groups is to isolate and analyze the folk-therapy and professional tools that are indicative of a difference of at least 25 percentage points in tool usage. To this end, there were 5 folk-therapy tools out of 50 that revealed a difference in preference of at least 25 percentage points (Table 2).

In all five of the folk-therapy tools where counselor behavior differed by a minimum of 25 percentage points, or the equivalent of 3.5 counselors out of a sample of 14, the RACs indicated a greater preference for using folk-therapy tools than did NACs. The differences in preference may be explained in the following way:

Table 2. Folk-therapy tools indicating a ≥ 25% difference in behavior between RACs and NACs

	Folk-therapy Tool	RACs %	NACs %
21.	Develop the habit of gratitude.	79	43
29.	When you are shaky, work with another alcoholic.	71	43
39.	See adversity as opportunity.	79	50
54.	Share your inventory with someone else.	100	71
91.	Try to replace guilt with gratitude.	64	36

Tool 21 "Develop the habit of gratitude" and Tool 91 "Try to replace guilt with gratitude" contain the concept of gratitude. Gratitude involves a state of thankfulness which may be related to the concept of spirituality, an inherent part of the AA fellowship. Because all RACs were members of AA, they might believe in the value of being "thankful" as an aid in enhancing one's spirituality which can be a resource in recovery.

Tool 29 "When you are shaky, work with another alcoholic" and Tool 54 "Share your inventory with someone else" are both closely related to the AA method of recovery through working the Twelve Steps. AA Step 4 "Made a

searching and fearless moral inventory of ourselves" and AA Step 5 "Admitted to God, to ourselves and to another human being the exact nature of our wrongs (AA, 1979, p. 6) are both closely related to Tool 54 "Share your inventory with someone else," which 100% of the RACs indicated as being useful. Tool 29, which emphasizes helping others as an aid in maintaining one's sobriety, is related to Step 12 "Having had a spiritual awakening as a result of these steps we tried to carry this message to other alcoholics and practice these principles in all our affairs" (AA, 1979, p. 8). Note, however, that even though RACs preferred Tool 29 "When you are shaky, work with another alcoholic" neither group rated it high. Because RACs function also as professionals might account for their awareness that a person's ability to help others is enhanced by stable sobriety, not shakiness. Only 43% of the NACs found this tool useful which might reveal the NACs' awareness also that shakiness is not a traditional therapeutic resource in helping others.

Tool 39 "See adversity as opportunity" indicated a behavioral difference in preference between counselor groups. Because alcoholism is an adverse condition, to accept this adversity and flip it into an opportunity represents positive thinking or a productive way to conceptualize one's alcoholism.

In sum, the five folk-therapy tools, with the exception of Tool 39, that revealed a behavioral difference are closely related to the philosophy and Steps of AA, and RACs, because of their own recovery and identification with AA, indicated that these tools were more useful than did NACs.

There were 4 professional tools out of 50 that also revealed a difference in behavior of at least 25 percentage points between RACs and NACs (Table 3).

The difference in behavior between RACs and NACs as indicated by their preference in using these tools is hypothesized as follows: Tool 9 emphasizes the value of clarifying patterns and feelings that lead to problem behavior and was found to be more useful by NACs than RACs; perhaps RACs, because of their own experience with alcoholism, see less value in clarifying patterns or exploring the past than NACs. Note, however, that neither RACs nor NACs found this tool especially useful.

Tool 23 which suggests exploring ways a person might not be successful was found useful by 100% of NACs and 71% of RACs. The difference in preference for this tool might be that RACs know through personal experience that alochol use alone will yield automatic failure and inability to obtain goals. On the other hand, NACs may have a more general perspective which enables them to see

Table 3. Professional tools indicating a ≥ 25% difference in behavior between RACs and NACs

	Professional Tool	RACs %	NACs %
9.	It is necessary for you to pinpoint your patterns. One way to accomplish this is for you to write down what happens before the problem behavior occurs, during and after. Your feelings are also important, so please include them when you are charting.	54	79
23.	How might you stop yourself from accomplishing your goal?	71	100
45.	If one person tells you you look like a horse, you can ignore them; if 4 or 5 tell you, you can look but think that they are crazy. However, if 18 tell you, you can go out and buy a saddle.	79	50
71.	You have a lot of strengths, a lot going for you: your sense of humor, for example, etc. I'm concerned about you and it's time you started paying attention to your own needs, as well as everybody else's.	100	71

value in exploring other things besides alcohol use which can prevent a person from being successful.

Professional Tool 45 was preferred by RACs over NACs and represents in allegorical form the value of getting feedback. The RAC may see more value in cues from others because of his/her personal experience within the AA fellowship, however, this tool was not found especially useful by either group.

Professional Tool 71, which emphasizes support and concern, was preferred by RACs with 100% of RACs finding this tool useful compared with 71% of NACs. This difference may be due to Tool 71's being related to AA Step 12 which as cited earlier emphasizes service by working with other alcoholics.

To summarize, 9 of 100 tools on the Counseling Tool Survey (CTS), or less than 10%, revealed a behavioral difference of at least 25 percentage points between the two counselor groups. Of these 9 tools 5 were folk-therapy tools based on the philosophy, Twelve Steps, and sponsorship process of AA, and the RACs found all of these tools more useful due to their indentification and membership in AA. The 4 professional tools which indicated a difference in preference between RACs and NACs do not reveal a pattern and are not significant as a group. Therefore, the overall difference between RACs and NACs as ascertained by analyzing each tool on the CTS

which indicated a difference in behavior of at least 25 percentage points is not of great significance.

Preferred Counseling Tools that Indicate Behavioral Similarities

Another way to study the behavior of RACs and NACs is to analyze their tool selection from the standpoint of behavioral similarities. To this end, 17 out of 50 folk-therapy tools were isolated that at least 93% of both counselor groups found useful (Table 4). Of these 17 tools 10 were folk-therapy tools that 100% of RACs and NACs indicated as being useful.

The folk-therapy tools that both counselor groups found useful are all highly directive and suggest or tell the client what to do, such as Tool 1 "Stay away from the first drink." Almost all the folk-therapy tools found useful emphasize action, attitude, and behavior change; for example, Tools 1, 4, 22, 25, 40, 47, 58, 62, 76, 92, and 94 all stress action and behavior change in direct, emphatic language and are related to the present or future. Tools 5, 19, 44, 61, and 100 emphasize attitude change and are also phrased in direct, emphatic language. Note that none of the folk-therapy tools that at least 93% of both counselor groups indicated as being useful focus on clarification of thoughts, feelings, or behaviors through exploration of the past, with the exception of Tool 88 "Look at your whole drinking record," which

Table 4. Folk-therapy tools that ≥ 93% of both RACs and NACs indicated as being useful

	Folk-therapy Tool	RACs %	NACs %
1.	Stay away from the first drink.	100	100
4.	Find a sponsor.	100	93
5.	Accept responsibility for your actions.	100	100
19.	Take life a day, even a minute, at a time.	100	100
22.	Go to AA meetings.	100	100
25.	Avoid all chemical mood-changers.	100	100
40.	Laugh.	93	93
44.	Admit you're powerless over alcohol.	100	93
47.	Stay sober for yourself.	100	100
58.	Share your experience, strength, and hope.	100	93
61.	Be willing.	93	93
62.	Change old routines.	100	100
76.	Share your pain.	100	93
88.	Look at your whole drinking record.	100	100
92.	Fend off loneliness.	100	93
94.	Replace old habits with new, sober habits.	100	100
100.	Keep an open mind.	100	100

functions as a reinforcer of the past negativity of drinking experiences. The RACs and NACs manifested a high degree of behavioral similarly as indicated by at least 93% of both counselor groups selecting 34% or 17 folk-therapy tools as useful.

Behavioral similarities were also found between RACs and NACs with at least 93% of the subjects indicating usefulness of nine professional tools (Table 5).

The professional tools, like the folk therapy tools, which both counselor groups indicated as being useful, also reveal a pattern; the professional tools selected as being most useful are all highly directive, focus on the present and future and make suggestions in direct, emphatic langauge. For instance, Tools 12 and 33 suggest leaving the past behind and focus on making changes to improve tomorrow. Tools 53, 65, 89, and 90 stress validation of feelings in a highly directive manner such as Tool 53 "Its alright to be angry/cry." Tools 49 and 81 emphasize reaching out for help, but do so in a directive manner as in Tool 81 ". . . don't withdraw from family and friends, etc." The professional tools that at least 93% of both RACs and NACs indicated as being useful are those tools most like folk-therapy tools in that they are tightly phrased and make suggestions in a directive way.

Table 5. Professional tools that ≥ 93% of both RACs and NACs indicated as being useful

	Professional Tool	RACs %	NACs %
12.	The past is the past and you cannot change it; what would you like to do about your situation now?	100	100
33.	It took a long time to get where you are today and any changes are going to take a long time as well.	93	93
49.	We all reach points in our lives when it's helpful to talk with someone outside of the situation.	93	93
53.	It's alright to be angry/cry!	100	100
65.	Do not try to avoid all pain; instead try to learn to cope better with pain.	100	100
80.	Start looking for positives. What nice or good or beautiful thing have you seen today?	93	93
81.	People need people for support, especially when they're in crises. Don't withdraw from your family, friends, etc.	93	100
89.	Be honest with yourself at all times: don't try to do a "snow job" on yourself, because it doesn't work and leads to self-defeat.	100	93
90.	It's OK to feel the way you do.	100	100

In summary, there were significant behavioral similarities between counselor groups as manifested by at least 93% of both RACs and NACs indicating 26 tools, or 26%, in the CTS as being useful. These tools were all highly directive, and in essence "told the client what to do." The tools both counselor groups found most useful stressed validation of feelings, attitude, and behavior change, and focused primarily on the present and future. None of the tools found useful by both RACs and NACs emphasized clarification through exploration of the past with the exception of Tool 88, which functioned as a reinforcer of the negativity of past drinking experience.

Counseling Tools Not Found Useful That Indicate Behavioral Similarities

There were six tools on the CTS that at least 40% of both counselor groups indicated as not being useful; two of these tools were folk-therapy tools and are shown in Table 6.

Table 6. Folk-therapy tools that ≥ 40% of both RACs and NACs indicated as not being useful

Folk-therapy Tool	RACs %	NACs %
14. Avoid getting too angry.	57	43
15. Develop self-restraint.	43	50

Tool 14 reflects a typographical error and should read, "avoid getting too hungry," and therefore is invalid and inappropriate to discuss.

Tool 15 "Develop self-restraint" is a concept that may be in conflict with the therapeutic goal of admitting "powerlessness over alcohol" which is stated in AA Step 1, "We admitted that we were powerless over alcohol--that our lives have become unmanageable" (AA, 1979, p. 5). Self-restraint or self-control implies the need for will power and the lack of preference for this tool reveals the alcoholism counselors' awareness that will power does not win the battle against alcoholism.

There were four professional tools that at least 40% of RACs and NACs indicated as not being useful (Table 7).

All four of these tools stress clarification and exploration of the past and support and reinforce a pattern observed throughout this discussion that reveals that both RACs and NACs do not find clarification through exploration of the past to be a useful therapeutic technique in alcoholism counseling. This is especially manifested in Tool 2, which represents a hallmark tool indicating what both counselor groups do not find useful as noted by only 25% of RACs finding this tool useful and only 36% of NACs finding it useful.

Table 7. Professional tools that ≥ 40% of both RACs and NACs indicated as not being useful

	Professional Tool	RACs %	NACs %
2.	It is crucial for you to understand where these decisions came from. I would like you to depict a scene from your childhood where you experience those same (angry, sad, incompetent, etc.) feelings. Now, it is important for you, in this same scene, to experience yourself behaving differently. Let's see what you come up with.	21	36
8.	When was the first time you felt this way?	57	57
56.	If you didn't have this problem, how would life be different for you?	57	57
73.	Is that a decision you made as an adult or as a child?	43	57

CHAPTER 6

SUMMARY

This chapter will summarize the results and discussion and make suggestions for further research.

It was found that by analyzing t tests, means, and percentages that RACs did not greatly differ from NACs in tool selection; in fact, their responses indicated greater similarities than differences.

By isolating and analyzing tools where responses differed, it was found that the RACs preferred five folk-therapy tools more than NACs and this reflects their close identification with AA. The four professional tools where responses differed were not indicative of a pattern and supported the means and t tests, indicating that both RACs and NACs found professional tools equally useful.

Each tool was then isolated and analyzed to study behavioral similarities between counselor groups. There were 17 folk-therapy tools and 9 professional tools, or 26%, of the tools on the CTS that at least 93% of RACs and NACs indicated as being useful. The tools both counselor groups liked revealed a pattern: they were all highly directive and made suggestions in emphatic language and stressed behavior and attitude change as well as validation of feelings. The tools found most useful

did not stress clarification through exploration of the past but focused primarily on the present and future.

The six counseling tools at least 40% of both RACs and NACs did not find useful also indicated behavioral similarities between counselor groups. Of the two folk-therapy tools not found useful, Tool 14 was invalid due to a typographical error and the other tool stressed self-restraint, which as discussed earlier may be interpreted to be in conflict with AA Step 1. The four professional tools both RACs and NACs did not find useful revealed a pattern in that they focused on exploration of the past.

The behavior then of the RACs and NACs as manifested by their selection of tools on the CTS revealed more similarities than differences. Both groups found folk-therapy tools useful; however, RACs differed in finding these tools somewhat more useful than NACs. The similarities between counselor groups were very significant: at least 93% of RACs and NACs found 26% of the tools of the CTS to be useful and at least 40% of RACs and NACs found 6% of the tools not useful. The tools both groups found useful were highly directive, focused on the present and future, and stressed attitude and behavior change. The tools neither counselor groups found useful stressed clarification through exploration of the past.

Categories of Therapy Variables

In reviewing the three categories of variables critical to the outcome of therapy, therapist variables, patient variables, and therapy variables, results suggest that the therapist variable of a personal history of alcoholism did not greatly influence tool selection on the CTS. Therefore, this research indicates that the issue of the counselor's personal history of alcoholism which has been debated in the literature as a significant variable in counselor effectiveness is not significant of behavioral differences between RACs and NACs as indicated by their counseling tool selection in this study.

Implications for Further Research

This research did not attempt to answer or engage in the debate of whether RACs or NACs were more effective counselors but rather to ascertain whether they behaved differently by studying their tool selection on the CTS. It was found that counselor behavior indicated greater similarities than differences; yet, there are still questions to answer. Because the educational background between counselor groups was dissimilar, it would be helpful to repeat a study of this nature with control for education. If RACs and NACs with similar educational background are compared, the small differences noted in this study may be eradicated.

Also, the tools both counselor groups selected as being the most useful, with the exception of the sobriety-related tools, may have been selected because they are in fact the most useful counseling tools on the CTS, not just the best tools for alcoholism counseling. Therefore, it would be interesting to use a control group of counselors not engaged in alcoholism counseling and analyze their tool selection.

APPENDIX A

LETTERS OF SOLICITATION FOR PROFESSIONAL TOOLS

October 22, 1981

I am conducting a study to answer the question: Do recovered alcoholics who are counselors use different treatment tools than alcoholism counselors who are prefessionally trained and without a personal history of alcoholism? In order to conduct this research, I will devise a survey instrument utilizing the AA "folk therapy" tools compiled by Alibrandi (1977) which are based on the philosophy, twelve steps, and sponsorship process of Alcoholics Anonymous. To this list of folk therapy tools will be adeed 50 tools which professional counselors, not in the field of alcoholism, have found to be their most useful clinical tools. This list of 100 counseling tools will then be administered to twenty-eight counselors with at least two years of counseling experience in the area of direct service to alcoholic clients, fourteen of the counselors will be recovered alcoholics (RACS) and fourteen will be professionally trained counselors without a personal history of alcoholism. The twenty-eight counselors will be asked to indicate on a 1 to 4 scale how useful each tool was with 4 being most useful and 1 being least useful.

In order to conduct this research and complete my masters thesis, I need your help. Would you compile and prioritize a list of the ten counseling tools that you find most useful in working with your clients? In compiling this list, it might be helpful to ask yourself the question: When I am working with clients what suggestions or pieces of advice do I give to my clients over and over which seems to improve their life situation? Examples of treatment tools would be the following:

1. Find the courage to change yourself (Alibrandi, 1977).
2. Try to become a part of the world you have rejected (Alibrandi, 1977).
3. Be honest with yourself at all times: don't try to do a "snow job" on yourself, because it doesn't work and leads to self defeat (Calligary, 1981).

If you agree to help, I would be grateful if you could devise your list with an emphasis on clarity and brevity, and if possible complete the list within two weeks and return to me in the enclosed envelope. Thank you for your time and hopefully your invaluable help.

Sincerely yours,

Ruby F. Buchsbaum
7720 N. Christie Drive
Tucson, Arizona 85718
602-297-4678

TO:

RE: A research survey designed to answer the question: Do recovered alcoholics who are counselors use different treatment tools than alcoholism counselors who are without a personal history of alcoholism?

FROM: Ruby F. Buchsbaum, graduate student in Counseling work on a Master's Thesis

I am conducting a study to answer the question: Do recovered alcoholics who are counselors use different treatment tools than alcoholism counselors who are without a personal history of alcoholism? A treatment tool for the purpose of this research is defined as a statement or quesion a counselor might use in session with the intent of improving his/her client's personal life adjustment, such as "It's what you're thinking that triggers your feelings" (Yost, 1981). In order to conduct this research, I have devised a survey instrument utilizing 50 of the AA folk-therapy tools compiled by Alibrandi (1977) which are based on the philosophy, twelve steps, and sponsorship process of Alcoholics Anonymous. To this list of folk therapy tools have been added 50 tools which professional counselors in Tucson, Arizona, not in the field of alcoholism have found to be their most useful clinical tools. This list of 100 treatment tools will be administered to 28 counselors with at least one year's experience in the area of direct service to alcoholic clients" 14 of the counselors will be recovered alcoholics and 14 will be counselors without a personal history of alcoholism.

In order to conduct this research and complete my Master's Thesis, I need your help. If you agree to participate in this study, I would be grateful if you could complete the survey and return it to me in the enclosed envelope within two weeks.

Thank you in advance for your time, effort and cooperation.

Yours truly,

Ruby F. Buchsbaum
7720 N. Christie Drive
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APPENDIX B

SUBJECT INFORMATION

COUNSELOR-VOLUNTEER INFORMATION BLANK

I. Name _____

II. Age _____

III. Sex _____

IV. Personal History of Alcoholism Yes ____ No ____

A. Membership in AA Yes ____ No ____

B. To date, length of sobriety without relapse _____ Years

V. Academic Background

A. Undergraduate Degree _____ Major _____

B. Graduate Degree _____ Major _____

C. Specialized training or workshops in Alcoholism:

Title 1. _____

2. _____

3. _____

VI. Counseling Experience in Direct Service to Alcoholic Clients:

Agency	Years
1. _____	_____
2. _____	_____
3. _____	_____

APPENDIX C

COUNSELING TOOL SURVEY

INSTRUCTIONS

If you think the tool, represented in the item is valuable and you would or do use it frequently, circle 1 (Frequently Useful). If the tool is of some value and you would or do use it occasionally, circle 2 (Occasionally Useful). If the tool is of limited value and you would or do use it rarely, circle 3 (Rarely Useful). If the tool is no value and you do not or would not use it, circle 4 (Never Useful).

Any terms which may be potentially ambiguous have been designated with an asterisk and are defined at the end of the survey instrument.

Frequently Useful - 1	Occasionally Useful - 2	Rarely Useful - 3	Never Useful - 4

1.	Stay away from the first drink.	1 2 3 4
2.	It is crucial for you to understand where these decisions came from. I would like you to depict a scene from your childhood where you experience those same (angry, sad, incompetent, etc.) feelings. Now, it is important for you, in this same scene, to experience yourself behaving differently. Let's see what you come up with.	1 2 3 4
3.	Get out of the "if" trap. ("What if..", "If only ..")	1 2 3 4
4.	Find a sponsor.	1 2 3 4
5.	Accept responsibility for your actions.	1 2 3 4
6.	Watch out for complacency.	1 2 3 4
7.	Look at what you have done and are doing with your anger (hurt).	1 2 3 4
8.	When was the first time you felt this way?	1 2 3 4
9.	It is necessary for you to pinpoint your patterns. One way to accomplish this is for you to write down what happens before the problem behavior occurs, during and after. Your feelings are also important, so please include them when you are charting.	1 2 3 4
10.	Think of the last time you felt that way. What actions and thoughts preceded and followed the feeling?	1 2 3 4
11.	You learned to behave that way. Since it's something you learned, you can unlearn it and learn new behavior to take its place.	1 2 3 4
12.	The past is the past and you cannot change it; what would you like to do about your situation now?	1 2 3 4

Frequently Useful - 1	Occasionally Useful - 2	Rarely Useful - 3	Never Useful - 4

13.	What's the worst thing that can happen?	1 2 3 4
14.	Avoid getting too angry.	1 2 3 4
15.	Develop self-restraint.	1 2 3 4
16.	I find it helpful to outline the steps to a goal so that I have some way of measuring how far along I've come. I wonder if that might be helpful for you too?	1 2 3 4
17.	Be wary of drinking occasions.	1 2 3 4
18.	Get plenty of rest.	1 2 3 4
19.	Take life a day, even a minute, at a time.	1 2 3 4
20.	When you close yourself off to help, you really box yourself in.	1 2 3 4
21.	Develop the habit of gratitude.	1 2 3 4
22.	Go to AA meetings.	1 2 3 4
23.	How might you stop yourself from accomplishing your goal?	1 2 3 4
24.	Come to believe in a power greater than yourself.	1 2 3 4
25.	Avoid all chemical mood-changers.	1 2 3 4
26.	It sounds as if you made the best choice you could given the information you had at the time.	1 2 3 4
27.	Sometimes what we tell ourselves about the situation is more important than the situation itself.	1 2 3 4
28.	Do first things first.	1 2 3 4
29.	When you are shaky, work with another alcoholic.	1 2 3 4
30.	I'm not saying that you should (must) do it this way. I want to teach you another way of behaving so that you'll have more than one option and can, therefore, make a choice.	1 2 3 4

Frequently Useful - 1	Occasionally Useful - 2	Rarely Useful - 3	Never Useful - 4

31.	Remember your last drunk.	1 2 3 4
32.	If you could create your own future, what would it look like?	1 2 3 4
33.	It took a long time to get where you are today and any changes are going to take a long time as well.	1 2 3 4
34.	What have you tried so far?	1 2 3 4
35.	Keep a log* of just what happens each time you are experiencing that particular feeling toward X. Try to note where the feeling goes, what happens to it.	1 2 3 4
36.	Get active.	1 2 3 4
37.	Have faith.	1 2 3 4
38.	Use the Serenity Prayer.*	1 2 3 4
39.	See adversity as opportunity.	1 2 3 4
40.	Laugh.	1 2 3 4
41.	It is obvious that what you are doing now has worked in the past; however, this same behavior is now getting you into trouble.	1 2 3 4
42.	Salute the daily progress you make.	1 2 3 4
43.	Share your happiness.	1 2 3 4
44.	Admit you are powerless over alcohol.	1 2 3 4
45.	If one person tells you you look like a horse, you can ignore them; if 4 or 5 tell you, you can look but think that they are crazy. However, if 18 tell you, you can go out and buy a saddle.	1 2 3 4
46.	You see most clearly what you value when you look at how you spend your time, money and energy.	1 2 3 4
47.	Stay sober for yourself.	1 2 3 4
48.	Watch where he/she/its feet are pointed, not what they say. Action speaks louder than words!!	1 2 3 4

Frequently Useful - 1	Occasionally Useful - 2	Rarely Useful - 3	Never Useful - 4

49.	We all reach points in our lives when it's helpful to talk with someone outside of the situation.	1	2	3	4
50.	I'd like to conduct an experiment. For the next 2 days, whenever X* occurs, I'd like you to do Y* and then make a careful note of what happens next.	1	2	3	4
51.	Try not to place conditions on your sobriety.	1	2	3	4
52.	Dialogue* with person you have unfinished business.	1	2	3	4
53.	It's alright to be angry/cry!	1	2	3	4
54.	Share your inventory* with someone else.	1	2	3	4
55.	Are you holding onto only one possible solution, and closing yourself off to other possibilities?	1	2	3	4
56.	If you didn't have this problem, how would life be different for you?	1	2	3	4
57.	How does the image you have of yourself conflict with the reality of the situation?	1	2	3	4
58.	Share your experience, strength, and hope.	1	2	3	4
59.	Take a searching and fearless moral inventory.	1	2	3	4
60.	Find the courage to change yourself.	1	2	3	4
61.	Be willing.	1	2	3	4
62.	Change old routines.	1	2	3	4
63.	Promptly admit when you are wrong.	1	2	3	4
64.	Just because you feel something doesn't mean you have to act on that feeling.	1	2	3	4
65.	Do not try to avoid all pain; instead try to learn to cope better with pain.	1	2	3	4
66.	Your feelings are neither right nor wrong; don't try to judge them. Just accept them.	1	2	3	4

Frequently Useful - 1	Occasionally Useful - 2	Rarely Useful - 3	Never Useful - 4

67.	Admit and correct your errors today.	1	2	3	4
68.	Let's role play* your options.	1	2	3	4
69.	Write this message to yourself. Put it in a place where you need to be aware of it, and aren't able to remember it.	1	2	3	4
70.	Work to eliminate self-deception.	1	2	3	4
71.	You have a lot of strengths, a lot going for you: your sense of humor, for example, etc. I'm concerned about you, and it's time you started paying attention to your own needs, as well as everybody else's.	1	2	3	4
72.	Make a list of those you have harmed.	1	2	3	4
73.	Is that a decision you made as an adult or as a child?	1	2	3	4
74.	Make use of "telephone therapy".*	1	2	3	4
75.	I'm going to give you some homework. I want you to do one nice thing for yourself today or this week, and tell me next time what it was, what you did nice for yourself.	1	2	3	4
76.	Share your pain.	1	2	3	4
77.	What personal investment have you made that keeps you where you are?	1	2	3	4
78.	Maintain a spiritual condition.	1	2	3	4
79.	Insight + action = change. Insight alone is not enough.	1	2	3	4
80.	Start looking for positives. What nice or good or beautiful thing have you seen today?	1	2	3	4
81.	People need people for support, especially when they're in crisis. Don't withdraw from your family, friends, etc.	1	2	3	4
82.	Try to become a part of the world you have rejected.	1	2	3	4

Frequently Useful - 1	Occasionally Useful - 2	Rarely Useful - 3	Never Useful - 4

83.	This seems to be a recurrent theme in your life; are you familiar with the patterns? We can problem solve together so you can develop strategies to short-circuit the old patterns.	1 2 3 4
84.	It's not supposed to feel good (comfortable) at first.	1 2 3 4
85.	Try to heal yourself by helping others.	1 2 3 4
86.	Sometimes when we change, we forget that others are used to dealing with us the way we were. It may take time for others to adjust to our new image.	1 2 3 4
87.	Remember that alcoholism is cunning and baffling.	1 2 3 4
88.	Look at your whole drinking record.	1 2 3 4
89.	Be honest with yourself at all times: don't try to do a "snow job" on yourself, because it doesn't work and leads to self-defeat.	1 2 3 4
90.	It's OK to feel the way you do.	1 2 3 4
91.	Try to replace guilt with gratitude.	1 2 3 4
92.	Fend off loneliness.	1 2 3 4
93.	Remember that alcoholism is an incurable, progressive, fatal disease.	1 2 3 4
94.	Replace old habits with new, sober habits.	1 2 3 4
95.	It's more important for you to do something, even if you do it wrong, than to do nothing at all.	1 2 3 4
96.	Think in terms of managing your problem, not in terms of curing it.	1 2 3 4
97.	What are you willing to do right now to make tomorrow different?	1 2 3 4
98.	It's what you're thinking that triggers your feelings.	1 2 3 4

Frequently Useful - 1	Occasionally Useful - 2	Rarely Useful - 3	Never Useful - 4

99.	Listen.	1 2 3 4
100.	Keep an open mind.	1 2 3 4

DEFINITION OF TERMS

a. A log is a written record of a person's thoughts, feelings, behaviors or events.

b. A dialogue is a conversation which may be internal or interpersonal.

c. An inventory is a self-assessment of a person's physical emotional, intellectual, and spiritual assets and liabilities.

d. A moral inventory is same as inventory, c.

e. A role-play is a technique used to assess a client's skill in a problematic area or to practice and evaluate new behaviors.

f. Serenity Prayer: "God grant me the serenity to accept the things I cannot change, courage to change the things I can and wisdom to know the difference."

g. Telephone therapy is "folk therapy" whereby a person shares his/her worries, fears, concerns, etc., with a friend or AA sponsor via the telephone.

h. Unfinished business is an unresolved conflict, issue, or emotional state which may be intrapersonal or interpersonal.

i. X and Y may be any behavior, thought, feelings, or events the counselor manipulates to effect change. For example, whenever "X" occurs (feel like hitting your wife/husband). I'd like you to do "Y" (leave the house, etc.).

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