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The Future of Addiction Counseling: An Interview with Bill White

Cynthia Moreno Tuohy: Bill, you have written innumerable books and articles on the history of addiction treatment and addiction counseling. Are there forks in the road within this history that we should revisit?

Bill White: There is one major one that comes to mind. The defining moment within the modern history of addiction counseling unfolded in the 1960s in the competition between two competing models. The first, under the leadership of Matt Rose, arose within anti-poverty programs serving mostly Black communities in the South. These programs defined the addictions counselor role as an organizer and navigator of recovery support resources within the community. The second model arose within the expanding network of community mental health centers and was derivative of the roles of the psychiatric social worker, psychologist, and psychiatrist. The focus in the former was on recovery-focused community resource development and guidance in navigating helping resources within the recovery process. The focus of the latter was on facilitating intrapersonal processes of change. This second model—the counselor as clinician—won the day within a medicalized approach to treatment that promised organizational legitimacy (health care accreditation), professionalization (counselor certification and licensure) and capitalization (funding streams on par with other medical illnesses).

The clinical model of addiction treatment has since blessed millions of lives, but as this model of ever-briefer counseling evolved, there was a troubling sense that something had been lost on the road to professionalization. Old-timers lamented that addiction treatment had become detached from the larger and more enduring process of addiction recovery and that treatment organizations had become disconnected from the local communities they had pledged to serve. Current efforts that focus on the ecology of addiction and recovery—that seek to forge “spaces” and “landscapes” in local communities in which recovery can flourish—mark a resurrection of the lost roots of addiction counseling. A renewal of this perspective will create more environmentally attuned and culturally sensitive approaches to addiction counseling. The addictions professional of tomorrow will be “treating” the community as well as individuals and families—as happened in that road not taken in the 1960s. What we will likely see are efforts to integrate recovery resource development at the local level with more traditional person/family-focused clinical activities. Ideally, addiction professionals will pursue this expansion of community recovery capital in partnership with local recovery community organizations. We will continue to facilitate the intrapersonal journey from addiction to recovery, but we will also be tasked with helping forge healing sanctuaries within local communities in which the long-term fate of such recovery efforts will be ultimately determined.

Cynthia Moreno Tuohy: What elements within the history of addiction counseling do you feel we must preserve and protect?

Bill White: I have described five defining premises of addiction counseling that historically separate the addiction counselor from all other helping roles. The first is that severe and persistent alcohol and other drug problems constitute a primary disorder and are not, as has been suggested by other professions, merely a superficial symptom of the “real” problem. The second is that the multiple life problems experienced by AOD-impacted individuals and families can be best resolved within a framework of recovery initiation and long-term recovery maintenance. The third premise is that individuals with high problem complexity (biological/developmental vulnerability, high severity, co-morbidity) and low “recovery capital” (internal assets, family and social support) are best able to achieve stable recovery with sustained professional assistance. Fourth, professional assistance is best provided by individuals with specialized knowledge and expertise in facilitating the physical, psychological, relational, socio-cultural, and often spiritual journey from addiction to recovery. And finally, professional support can best be provided within a relationship free of the condescension and contempt that have so often marked relationships between people with substance use disorders and helping professionals. I think these core ideas and characteristics provide the rationale for a specialized field of addiction treatment and addiction counseling. It is important for us to realize that if other helping professionals had successfully treated addiction, there would have been no need for a specialized system of addiction treatment. We cannot lose the foundational ideas and characteristics out of which our field was born. If we do, specialized care for addiction will disappear in a wave of service integration that maintains the illusion but not the reality and depth of such specialized care.

Cynthia Moreno Tuohy: What do you see as the major contemporary challenges facing addiction professionals?

Bill White: Addiction professionals know that long-term personal and family recovery is stage-dependent over time, but are practicing within treatment approaches modeled on the hospital emergency room. I have described five stages of addiction recovery: 1) precovery (recovery incubation/priming), 2) recovery initiation and stabilization, 3) the transition to recovery maintenance, 4) enhanced quality of personal and family life and social functioning in long-term recovery, and 5) efforts to break intergeneration cycles of addiction and related problems. Current models of addiction treatment—and addiction counseling—focus almost exclusively on the second of these five stages. In short, we intervene too late in the course of addiction and remain involved too briefly within the long-term course of recovery. The major challenge facing the addictions profession is how to shift the overall design of addiction treatment from acute care models of intervention to models of sustained recovery management nested within larger recovery oriented systems of care. Addiction professionals have important roles to play in supporting recovery across the stages of change. It is past time we created clinical platforms where that more sustained service can unfold.

Beyond that, there are several specific challenges. Helping integrate the historical siloes of primary prevention, harm reduction, early intervention, treatment, and recovery support—particularly integrating medication-assisted treatment with traditional psychosocial modalities. Working through the technical and clinical complexities and ethical ambiguities of e-therapy and e-recovery support services. Achieving role clarity and avoiding role conflicts with new or renewed service roles (e.g., recovery coaches, recovery volunteers). Working with new indigenous recovery support institutions—recovery housing initiatives, recovery support programs in education and employment settings, recovery community centers, recovery cafes, recovery ministries, recovery sports and leisure venues, recovery music/film/art projects, and on and on. Moving from providing counseling within a “program” to individually combining and sequencing activities within an ever-expanding service menu. Working within diverse service settings as addiction counseling is integrated into emergency medicine, primary health care, criminal justice, child welfare, and so forth. Maintaining the ethical integrity of and public faith in the profession amidst highly publicized cases of unethical conduct. Continuing to develop treatment approaches that reflect a deep understanding of and respect for indigenous and culturally nuanced pathways of recovery. Championing new models of intervention for individuals with lower problem severity and greater levels of recovery capital. These are a few challenges that come to mind. I’m sure our readers will add many items to this list.

As I reflect on these challenges, they pale in comparison to the opportunities that lie before us. We know more about addiction recovery today than has ever been known in history, and that base of knowledge is expanding exponentially due to the recent increased focus on recovery research. What we are learning about the prevalence, pathways, processes, styles, and stages of long-term recovery has the potential to transform lives beyond any of our past capabilities and also the potential of transforming systems of care and whole communities. We must all become students of recovery and the growing varieties of recovery experience across the spectrum of problem severity and across diverse cultural contexts. I am envious of the young addiction professional who will have the privilege to witness and be a part of these advances in the coming decades.

When I look at the big picture of addiction counseling, we have evolved through three stages of knowing. The field rose upon a foundation of experiential knowledge drawn from a workforce dominated by people in personal or family recovery. We then experienced decades of expanding professional expertise and clinical knowledge—what we were learning about recovery from serving untold numbers of clients and families. And more recently, we have sought to integrate what is being learned about addiction and recovery from the standpoint of science. The challenge for us now is to integrate these arenas of experiential, clinical, and scientific knowledge within the role of the addiction professional.

Cynthia Moreno Tuohy: What do we as individuals, and as an association, need to do in order to advance our profession?

Bill White: We are operating in a very turbulent ecosystem—systems of care are under enormous pressure and could undergo significant transformations in the coming years. It is clearly time for renewed activism of frontline addiction professionals to assure that the best of what we have been is preserved and that we have the courage to move forward with needed changes in the design and delivery of addiction treatment and related recovery support resources. I think NAADAC’s job, as it has always been, will be to guide us through such turbulence with its clarity of vision and its moral and technical support. As individuals and organizations, we need to align ourselves with a growing recovery advocacy movement that is culturally and politically mobilizing people in recovery and their family members and allies. If people seeking and in recovery are our ultimate constituency, then we must stand with them—and behind them--as they seek to advocate on behalf of their collective needs and aspirations. We must support their efforts to seek representation within all the decision-making venues that affect their lives—including the venues in which we work.

Cynthia Moreno Tuohy: Bill, you have served our field for more than fifty years. Are there any closing thoughts you would like to share with our readers?

Bill White: In my seventh decade of life, I am experiencing the loss of many long-time colleagues, including many of the pioneers of modern addiction counseling. I’m trying and hope others will join me to honor the service of these pioneers. It is time for my generation to pass the torch of leadership to younger and far better prepared generations of addiction professionals. It is our parting wish that your lives will be as enriched as ours have been in this most unique service ministry. Working in this field has enriched the lives of my generation of addiction professionals beyond measure. We hope that will also be the case for those of you who will carry this mission into the future.

About the Authors: Cynthia Moreno Tuohy served as the Executive Director of NAADAC, the Association for Addiction Professionals for more than 18 years. Under her leadership, NAADAC represented more than 13,000 addiction professionals as an advocacy voice and provider of continued educational resources. Bill White is Emeritus Senior Research Consultant at Chestnut Health Systems. He has worked in the addictions field since 1969 in clinical, educational, and research roles and authored or co-authored more than 300 articles and 22 addiction-related books, including *Slaying the Dragon: The History of Addiction Treatment and Recovery in America* and *The History of Addiction Counseling in the United States*.