



In your search for the right addiction treatment, you may come across some unfamiliar terms and concepts. We've compiled this list of commonly used terms and concepts to help you along the way.

**Evidence-Based:** A handful of addiction treatments have been very well-tested in randomized clinical trials, including cognitive-behavior therapy (CBT), motivational interviewing (MI), behavioral couples therapy, contingency management, the community reinforcement approach (CRA), community reinforcement and family training (CRAFT) and medications. Helpful addiction treatment incorporates these treatments, or components of them, into a treatment plan that also addresses a client's emotional and behavioral issues. If the treatment plan is also evidence-based, it will be built around evidence-based psychological treatments and psychiatric medications.

**12-Step:** The most common addiction recovery approach in the U.S. is the 12-step approach. Alcoholics Anonymous, the original 12-step group, was founded in 1935. Since then, dozens of other 12-step groups have been formed, including Narcotics Anonymous, the largest of these groups. All 12-step groups are based on the idea that the individual is powerless over addiction, and that recovery will occur only by turning one's life and one's will over to a higher power. The first three steps of a 12-step program are:

1. We admitted we were powerless over alcohol—that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God, as we understood Him.

**Non-12-Step:** Non-12-Step can imply any approach other than a 12-step approach. Typically, this term indicates an approach that does not involve accepting powerlessness, and does not require belief or reliance on a higher power. This perspective does not mean that individuals pursuing a non-12-step approach are atheists. Individuals in non-12-step recovery make changes in the same way they do in other aspects of their lives, by using their abilities and efforts to make progress over time.

**Self-Empowering:** In a self-empowering approach, the power to change is viewed as lying within the individual, even if that power is insufficient at present. With practice and coaching, individuals with addictive problems can gain control of themselves and their lives.

**Harm Reduction:** Harm Reduction considers the treatment goals presented by the client, even if the goals are less than ideal from the perspective of others. Harm reduction accepts the reality that, ultimately, individuals do what they are motivated to do. Individuals may briefly comply with demands they do not agree with, but they will probably revert back to their own goals before long. Family members sometimes have difficulty with the concept of harm reduction because they want professionals to tell their loved to change. Unfortunately, professionals have even less influence than family members. In licensed residential substance abuse facilities clients are required to abstain from alcohol and drugs, but they may talk about reduced use after discharge. Harm reduction outpatient services are flexible on the issue of reduced use vs. abstinence. Families who have seen a loved one attend several treatments understand that initial and superficial compliance, followed by resentment and relapse, is not the outcome they want. Negotiation between the client and family (and coaching the family on how to establish and enforce helpful rules) may take longer at the beginning. However, a harm reduction approach results in changes that are more stable.





**Trauma-Informed Treatment:** Because the experience of substantial trauma can have a profound effect on all aspects of functioning, true trauma treatment needs to be different in many ways, not just in the sessions specifically devoted to trauma. The entire course of treatment must be adjusted and supervised by providers who are aware of the pervasive impact of trauma.

**Gradualism:** Gradualism is another term for harm reduction. This term addresses the reality that change for most life issues happens in small steps rather than in dramatic leaps.

**The differences between substance misuse vs chemical dependency:** Substance misuse and substance problems are broad terms to cover a wide range of problems. The concept of chemical dependency focuses on the goal of abstaining from all highly intoxicating substances. Chemical dependency leaves out nicotine, food, sexual behavior, gambling and other issues that do not involve highly intoxicating substances. Ironically, one can be "abstinent" in the chemical dependency sense, but still suffer greatly from the substances and activities not included in the definition. Because of this irony, even though chemical dependency may seem like a strict standard, it is a harm reduction oriented term.

**SMART Recovery:** SMART Recovery is an international, non-profit organization that is similar to 12-step groups in purpose and operation. However, SMART Recovery uses a self-empowering approach to recovery. SMART does not endorse or oppose the labels addict and alcoholic, the concept of addiction as a disease, the belief in a higher power, or other common ideas in recovery. Rather, SMART teaches a set of concepts that can be useful in recovery regardless of the individual's beliefs on these issues. Meetings are structured, respectful, and offer lively conversations about how to apply SMART Recovery concepts in daily life.

**Provider:** There is a range of credentials typically seen in addiction treatment facilities. The responsibilities of providers include conducting individual and group sessions, creating treatment plans and discharge plans, and preparing summaries of treatment. The quality of a treatment staff can be estimated by the percentage of providers in each category.

- \*Drug counselor, without a credential; the lowest level of provider
- \*RADT I and II - Registered Alcohol and Drug Trainee (levels I and II)
- \*CADC I and II - Certified Alcohol and Drug Counselor (levels I and II)
- \*LAADC - Licensed Advanced Alcohol and Drug Counselor  
Certified Alcohol and Drug Counselor (often obtained based on experience alone)
- \*Master's level counselor, unlicensed
- \*Social worker, may have a B.S.W or M.S.W, may be licensed depending on the state
- \*MFT, Marriage and Family Therapist, requires a M.A./M.S. degree, and a state license (only available in California)
- \*LPC, Licensed Professional Counselor, requires a M.A./M.S. degree, and a state license
- \*Psychologist, requires a Ph.D. (Doctor of Philosophy), Psy.D. (Doctor of Psychology) or other doctoral degree in most states, and a state license
- \*Physician, requires an M.D. (Doctor of Medicine) or D.O. (Doctor of Osteopathy) degree, and a state license; may also be board certified in a specialty (such as addiction medicine or psychiatry)

