



Exploring Benefits of Addictive Behaviors with Clients

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Description of the Clinical Problem or Issue

In making decisions about behavior, people compare the costs and benefits of their options. Regarding substance use disorders (SUDs), one roadblock to successful implementation of behavior change has been that change-related decisions (e.g., abstinence) too often focus narrowly on the costs, or harm from drug use, with much less attention to the drug benefits that will be lost with behavior change. The result has been what could be called “harm-based decisions,” or decisions made exclusively to reduce harm. These decisions are not fully informed. When clients choose to stop or limit their drug use, they know what they gain (less harm). However, they do not necessarily know what they lose, i.e., the drug benefits, and therefore cannot consider how the losses will be addressed. This leaves them vulnerable to relapse.

An important skill in promoting thoughtful decision-making and success in overcoming SUDs is the development of a balanced approach to discussing drug benefits, in addition to discussing reduced harm. This article will present such a balanced approach; one that could be adapted for many addictive behaviors.

Clinical Pearls

- Open a discussion of drug-related benefits
- Reflect and validate reasons for engaging in drug use
- Thoroughly explore drug-related benefits to prepare clients for making fully-informed changes

Case Example

To understand the problem of harm-based decisions, consider the example of a man with a serious alcohol problem who made a harm-based decision to quit because of alcohol-related problems at work and with his family. He was determined to change, but had little knowledge of why he was drinking. For him, alcohol had served many purposes: to calm himself when he felt anxious, to have fun when he was bored, and to relax after work. To make an informed decision to quit and prepare for successful follow through, he would have needed to realize what benefits he would be giving up, and to address questions such as these:

- What will your life be like without alcohol?
- What will you do when you get anxious?
- What will you do when you are bored?
- What will you do when you want to relax after work?
- Are you prepared to give up alcohol – your coping mechanism?

Because the man in this example made a harm-based decision with little awareness of his motivation for drinking, he could not possibly anticipate triggers nor adequately prepare for life without alcohol. The likelihood of relapse was high.

Therapist Issues

Before beginning discussions about drug-related benefits, therapists may have to confront their own personal concerns such as these:

- Will I be promoting the use of drugs? (No, this is not in any way encouraging drug use. It is only helping clients gain greater self-understanding.)
- Will I be condoning drug use? (No, this is neither condoning nor condemning. Rather, it is about increasing insight and self-understanding.)
- Will I be triggering drug use? (Certainly, any discussion of benefits could create an urge. However, potential triggers are everywhere. There’s no better place to learn to recognize and cope with triggers than within the safe confines of a therapeutic relationship.)

The Basic Question

The basic question to ask in addressing drug benefits and motivation is: “What do you like about [insert drug name]?” This may be discomforting to clients who have stated a desire to quit. They may feel compelled to answer, “Nothing;” perhaps because they are so focused on the harm and perhaps because they feel their therapists expect such an answer. The importance of this question must be explained to them and will be discussed later in this article.

In contrast, discussions of drug benefits may be well-received by clients in the early stages of change; including

those mandated to treatment by courts or under pressure from employers, schools, close friends, and family members. These individuals may be ambivalent about their drug use or even defend it. They expect that therapists will try to convince them to commit to abstinence. Asking them about benefits has a potential disarming effect and tends to engage clients and build rapport. By asking, therapists show a genuine interest in listening and understanding their clients, a crucial factor in positive outcomes in therapy.

Moving from Generalizations to Specifics

When asked what they like about their drug use, clients often start with generalizations, such as “they make me feel good.” Therapists help them gain clarity by probing deeper: “What specifically feels good? For example, do you feel good because you can fall asleep at night? Do you feel good because you can relax when you are tense? Do you feel good because you stop being bored?”

This is how clients and therapists can begin to unpack the motivation that drives the drug use and lay a solid foundation for successful change. Also, it provides a window for identifying co-occurring situational and psychological problems.

Another strategy to help clients gain a deeper understanding of drug benefits is to ask them to think about recent episodes of use to analyze what was happening at the time. Together, therapist and patient can develop a behavior chain (i.e., functional) analysis to identify motivating factors. They can also learn to track new urges as they arise.

Reflect and Validate

When therapists effectively ask about drug benefits, it helps clients understand and explain their drug use in the context of their lives, without feeling negatively judged. It shows respect. Clients appreciate that their therapists are not moralizing or passing judgment. Therapists can now implement client-centered or motivational interviewing (MI) approaches that reflect back their clients’ motivation for drug use, and provide important validation. For example: “Oh, I see. You drink when you are tense. Alcohol has helped you relax when you feel tense. I know you’ve experienced a lot of tension lately with everything that’s been going on at your workplace and at home, so I can see how drinking may seem to be very helpful.”

Be Expansive

Asking about drug benefits is not merely a set-up question, or a prelude to the discussion of harm. It’s not something that the therapist has to simply tolerate. Rather,

it should be seen as a vital part of gaining a deeper understanding of the motivation for drug use. It should be encouraged, as in: “Please tell me more.” “What else do you like about [insert drug]?” “Tell me what you most like about [insert drug].” In order to accurately assess and understand clients, therapists need to know all the reasons for the drug use and the full extent of their clients’ enthusiasm for it.

Avoid Rebuttal and Argumentation

When clients do speak of drug benefits, it’s important to avoid an impulse, or “righting reflex,” to interrupt or counter with arguments about the harm and risks. Argumentation cuts off communication and eliminates the possibility of a good assessment. Furthermore, it usually promotes defensiveness and interferes with rational, informed decision-making.

Clients Who Want to Quit

As mentioned earlier, clients who have said they want to quit may be taken aback when asked to discuss what they like about drugs. They might reflexively answer: “Nothing,” and add, “I told you I want to quit.” To further probe, therapists might ask: “Before you decided to quit, what did you like about [insert drug] in the old days?” Therapists may explain, “These questions are to help you make fully informed decisions, so you understand what you are giving up and how your life will change when you quit (or set new limits).”

“I’m not saying you shouldn’t move forward with your decision, but I want to make sure you’re fully informed and prepared to succeed. I understand you want to change because many bad things have happened. But, it’s important you understand all the implications of your decision. You’ll be giving up what you have liked about drugs, all of the benefits. Are you really ready to let go of them?”

Therapists might remind clients, “This means you won’t get to use alcohol to numb yourself at the end of the day.” Or “This means you won’t be using marijuana to fall asleep at night.” “What will you do instead of using these old strategies?” Then the therapist can continue: “This means you’ll have to find other ways to cope. Once you know what you have liked about drugs, you’ll know what you are giving up by setting new limits or quitting, and can prepare to deal with life without these benefits. You can anticipate triggers, cope with them, and function well without needing to rely on drugs.”

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