

Essential Addictions Terminology for School Counselors

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Abstract

Substance use and other addictive behaviors can last throughout the lifespan and lead to other health issues. Adolescents are not immune to addiction or addictive behaviors and are more likely to experience curiosity and to engage in experimentation.

Historically, addiction has been a topic that has been avoided or stigmatized. Further, the use of stigmatizing language can be detrimental to those seeking help for addiction or addictive behaviors. Thus, discussing addiction or addictive behaviors may be difficult even for those in the helping professions due to worry about stigmatizing language. The purpose of this brief report is to provide school counselors with resources associated with current addiction terminology and definitions. Specifically, this report will address a list of essential terminology associated with addictions and a list of destigmatizing terminology and replacement language for outdated stigmatizing addictions terminology.

Keywords: addictions, destigmatizing language, addiction terminology

Essential Addictions Terminology for School Counselors

In 2018, 164.8 million people over the age of 12 used substances including tobacco, alcohol, or illicit drugs monthly or more often (Substance Abuse and Mental Health Services Administration [SAMHSA], 2019). Substance use costs the United States over \$600 billion annually in the forms of healthcare, lost work productivity, crime, and incarceration (NIDA, 2018). Substance use and other addictive disorders such as gambling, shopping, or other problematic behaviors, often begin during adolescence and can last throughout the lifespan (American Psychiatric Association [APA], 2013). Although substance experimentation and curiosity are normal, early and severe onsets of substance use often predict addiction and other mental health issues throughout adulthood (Center for Substance Abuse Treatment [CSAT], 1999; National Institute on Drug Abuse [NIDA], 2018). Substance use during adolescence can impair adolescents' brain and social development and increases their risk for other mental health disorders such as anxiety, depression, and personality disorders (NIDA, 2018; SAMHSA, 2019; Squeglia et al., 2009).

Helping professionals have notoriously blamed people with addictive disorders for their conditions rather than treating addiction like other medical issues or disabilities (Goodwin & Sias, 2014). Stigmas toward people with addictions are often reflected in language toward this population (Kelly et al., 2016; Kelly et al, 2015). For example, stigmatizing language such as *addict* and *alcoholic* are often used to refer to people with addictive disorders (Robinson, 2017) despite language revisions to the DSM 5 (APA, 2013) and efforts toward destigmatizing addictive disorders and their treatment (Goodwin & Sias, 2014; Kelly et al., 2015; 2016). Someone with a positive drug screen,

which is often called a *dirty* urine, may be termed an *addict* who *abuses* drugs or alcohol, whereas a person with diabetes has an *elevated blood glucose level* and is offered treatment options and medications to help them manage their chronic condition (Goodwin & Sias, 2014; Kelly et al., 2015; 2016).

Approximately 1 in 26 (3.8 %) adolescents sought substance use treatment in 2018 (SAMHSA, 2019). Substance use prevention and early interventions are more effective than interventions later in life and can result in societal savings between \$4 and \$12 for every dollar spent (Cartwright, 2000; CSAT, 1999; NIDA 2018). Therefore, substance use prevention, screening, and treatment programs are often delivered in school settings and may be designed and administered by school counselors (American School Counselor Association [ASCA], 2012; Gysbers & Henderson, 2012). Because addiction negatively affects students' well-being and development, school counselors address addictions through various programs, interventions, and community resources (Dunbar et al., 2019). Thus, school counselors communicate with students' families, teachers, school administrators, community resources (e.g., after school programs, community counselors, psychiatrists), and stakeholders regarding school programming and students' needs (ASCA, 2017a).

The purpose of this article is to review essential destigmatizing addictions terminology that school counselors may use to communicate with students, their families, school administrators, and community resources such as psychiatrists, psychologists, social workers, and professional counselors. This article contains a list of essential addictions terminology and provides examples of replacement language for outdated stigmatizing addictions terminology.

School Counselor Addictions Training

School counselors promote students' development and well-being (ASCA, 2012; Gysbers & Henderson, 2012; Nelson et al., 2015). The domains of student development include academic, career, and personal (interpersonal and intrapersonal) development (ASCA, 2012; Gysbers & Henderson, 2012; Nelson, 2020). As school counselors promote student development and well-being, they encounter students who are affected by the direct and indirect outcomes related to substance use. The substance use may involve students, students' friends, or students' family members.

School counselors design and deliver school counseling programs that address the developmental needs of *all* students (ASCA, 2012). Within these programs, school counselors utilize prevention and intervention strategies to enhance student success. Although there are various developmental issues that counselors help students address and overcome, substance-related issues and their associated stigmas can be particularly challenging. Accreditation bodies and professional organizations provide guidance concerning school counselor training and professional roles and responsibilities (ASCA, 2012; Council for the Accreditation of Counseling and Related Educational Programs [CACREP], 2016). As a professional organization for school counselors, ASCA (2020) provides position statements that describe the organization's official position, rationale, and school counselors' roles for topics related to school counselors' professional practice. Substance use is included in position statements associated with: (a) confidentiality; (b) social/emotional development; (c) mental health; and (d) identification, prevention, and intervention of harmful behaviors that place students at risk. Given that these four position statements comprise 9% of the 45 ASCA

position statements, it seems clear that understanding substance use concepts and practices are essential for practicing school counselors.

As an accrediting body, CACREP (2016) has developed standards for the accreditation of school counseling training programs at institutions of higher education. Section 2.F.3.d. indicates that accredited programs should have a curricular area that includes content related to the theory and etiology of addictions and addictive behaviors (CACREP, 2016). More specific to the school counseling specialty area, section 5.G.2.i. requires information related to the signs and symptoms of substance *abuse* in children and adolescents as well as the signs and symptoms of living in a home where substance use occurs (CACREP, 2016). Notably, this CACREP criteria uses the terms *substance abuse* and *substance use* within the same sentence despite these criteria being developed after the DSM 5 (APA, 2013) which delineated *substance use disorder* as appropriate destigmatizing terminology. Further, numerous publications have advocated for destigmatizing person-first language toward people with addictions and omission of the term *abuse* (Goodwin & Sias, 2014; Kelley, et al; 2015; 2016; Robinson 2017). However, if professional accreditation bodies such as CACREP use stigmatizing language it is more likely that helping professionals who complete CACREP accredited programs will also use stigmatizing language. Language inconsistencies such as these cause confusion about addictions treatment and further perpetuate negative stigmas toward people with addictive disorders.

Addictions Terminology

School counselors may use the following terminology to communicate with or about people with addictive disorders. This list includes essential addictions terminology

and is a supplement to appropriate school counselor training and continuing education programs.

Addiction/Addictive Disorders

Addiction is an umbrella term for substance use disorders and behavioral disorders. Addictive disorders are chronic and influenced by various genetic and social factors (APA, 2013).

Substance Use Disorder

Substance use disorders (SUDs) are defined by repeated use of a substance resulting in intense cravings, loss of control over use, impaired judgment, tolerance, withdrawal, and social impairments. SUDs are characterized by the substance(s) which the person uses (APA, 2013). For example, *alcohol use disorder* is the diagnostic terminology for alcohol addiction.

Behavioral Addiction/Process Addiction

Behavioral addictions, sometimes called process addictions, are compulsive, non-drug related behaviors that result in a reward and cause harmful consequences such as gambling, shopping, or sex (Recovery Research Institute, 2020).

Cross Addiction

Cross addiction refers to the substitution of one addiction for another addiction (Capuzzi & Stauffer, 2020). For example, a person in recovery from a substance use disorder who develops a gambling disorder.

Co-Occurring/Comorbid Disorders

Co-occurring, also called comorbid, disorders refer to addictive disorders that occur with other mental health diagnoses (Capuzzi & Stauffer, 2020). For example, a

person with an opiate use disorder and post-traumatic stress disorder has co-occurring disorders.

Harm Reduction

Harm reduction refers to policies and procedures that prevent harm rather than prevent addiction or substance use (Recovery Research Institute, 2020). For example, school programs that educate students about safe alcohol use such as finding safe transportation, drinking with people they trust, and identifying signs of overdose are harm reduction interventions.

Levels of Care

Levels of care refer to various levels of treatment frequency and intensity. Levels of care range from weekly or less frequent outpatient counseling sessions to residential medically monitored detoxification. The American Society of Addiction Medicine (ASAM) developed criteria to determine the appropriate level of care based on individuals' holistic symptomatology (Recovery Research Institute, 2020).

Inpatient/Residential Treatment

Inpatient treatment refers to medically monitored addictions treatment requiring clients to stay overnight for a minimum of one night. Similarly, residential treatment participants stay in a facility for various timeframes but do not require medical monitoring, although clients are often medically monitored (Research Recovery Institute, 2020). These terms are often used interchangeably.

Outpatient Treatment

Outpatient treatment refers to addictions treatment that does not require participants to stay overnight. Often, participants attend group and individual addictions

treatment sessions during the day or evening and live in their own homes. Most addictions treatments are outpatient because it is cost-efficient and participants can maintain jobs and family obligations while receiving addictions services (Capuzzi & Stauffer, 2020). Additionally, people who complete residential treatment often transition to outpatient treatment.

Tolerance

Tolerance refers to the physiological response of needing increased amounts of a substance to achieve the desired effects; or having a lessened effect from a dose of a substance that previously achieved the desired effects (APA, 2013).

Withdrawal

Withdrawal refers to the psychological and physiological effects people experience when they stop using a substance (APA, 2013). Withdrawal signs and symptoms vary and are often the opposite of the effect of the substance (Capuzzi & Stauffer, 2020). For example, cocaine is a stimulant and its withdrawal symptoms include depression and lethargy.

Detoxification

Detoxification is often referred to as detox. This is a medically monitored process where doctors treat the symptoms of withdrawal with various medications and psychosocial interventions (Recovery Research Institute, 2020). Detoxification is often the first stage of substance use treatment (Capuzzi & Stauffer, 2020).

Medication-Assisted Treatment/Medication Assisted Recovery

Medication-assisted treatment, also termed medication-assisted recovery, refers to the combination of counseling and medication to treat addictive disorders (Research

Recovery Institute, 2020). For example, a person with an opiate use disorder may be prescribed medications to minimize cravings and withdrawals while they participate in counseling to develop recovery skills.

Mutual Support Groups

Mutual support groups, also called self-help groups, are nonprofessional groups consisting of people who share the same problem and support one another in recovery from that problem (Humphreys, 2004). Common mutual support groups for addictions are Alcoholics Anonymous (AA), Narcotics Anonymous (NA), and Gamblers Anonymous (GA).

Al-Anon/Nar-Anon

Al-Anon and Nar-Anon are mutual support groups for family members of people with addictive disorders. Al-Anon was developed for family members of people with alcohol use disorders and Nar-Anon was developed for family members of people who use other drugs (Capuzzi & Stauffer, 2020).

Sponsor

A sponsor is a volunteer who is practicing the steps of a mutual support group, such as AA or NA, who supports a newer member by guiding him or her through the 12 steps of recovery (Research Recovery Institute, 2020).

Designer Drugs

Designer drugs are synthetic drugs manufactured by black market chemists. These drugs are often chemically similar to other drugs but may have slight variations to evade legal ramifications (Stevens & Smith, 2018).

Pink Cloud Effect

The pink cloud effect refers to euphoric and positive feelings some people experience in early recovery from substance use (Recovery Research Institute, 2020).

Recovery

Recovery is the improved holistic well-being people experience after achieving ongoing stable abstinence from a previous addictive substance or behavior (Goodwin & Sias, 2014; Recovery Research Institute, 2020).

Relapse (resume, flare-up, the return of symptoms)

Relapse refers to the return to substance use after a period of remission. Despite the common use of this term, researchers suggest less stigmatizing terms such as the return of symptoms, resumption of use, or flare-up (Goodwin & Sias, 2014, Kelley et al., 2015; 2016).

Discussion

Terminology toward mental health and developmental disorders has evolved from language such as *idiot*, *retard*, and *moron*; so too, addictions terminology is evolving toward person-first destigmatizing language (Kelley et al., 2015; 2016). Advances in addictions treatment have increased recovery rates, treatment options, and treatment availability for people with addictive disorders (NIDA, 2018). Despite these advances, stigmas toward people with addictive disorders persist and impede treatment access and recovery (Goodwin & Sias, 2014). Stigma is reflected in language toward people who have addictive disorders (Goodwin & Sias, 2014, Kelley et al., 2015; 2016). School counselors often interact with students and/or family members with addictive disorders and may use this article to understand essential addictions language and

decrease stigma associated with outdated terminology. Table 1 outlines commonly used stigmatizing language toward people with addictive disorders and provides stigma-free replacement examples.

Table 1

Stigmatizing Addictions Language and Person-First Destigmatizing Replacements

Stigmatizing addictions language	Destigmatizing person-first replacement language
Addict	Person with an addictive disorder
Alcoholic	Person with an alcohol use disorder
Substance Abuser	Person with a substance use disorder. When applicable use specifier mild, moderate, or severe as defined in the DSM 5
Substance Abuse/Misuse	Non-medical use or substance use
Relapse	Return of symptoms, resumption of use, flare-up
Dirty Drug Screen	Drug screen that tested positive for a specified substance
Clean	Person who is in recovery or person who is abstinent from substances or other addictive behaviors
Dependence, chemical dependency	Person who has a substance use disorder. When applicable use specifier mild, moderate, or severe as defined in the DSM 5
Substance abuse treatment, chemical dependency treatment, rehab	Substance use treatment, addictions treatment

Summary

Although addictions training requirements vary among states, school counselors are instrumental in preventing and treating substance use and addictive disorders. Addictions treatment methods are evolving and school counselors may use this article as an overview of destigmatizing language, which they may use to communicate with students, students' families, school administrators, and community resources. This list is not a comprehensive guide, rather this list includes essential addictions terminology to help school counselors in their treatment and prevention of addictive disorders.

References

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). American Psychiatric Publishing.
- American School Counselor Association (2012). *ASCA National Model: A framework for school counseling programs* (3rd ed.).
- American School Counselor Association. (2020). Position statements. <https://www.schoolcounselor.org/Standards-Positions/Position-Statements/ASCA-Position-Statements>
- American School Counselor Association. (2017). *The professional school counselor and the identification, prevention and intervention of behaviors that are harmful and place student at-risk* [Position Statement]. <https://www.schoolcounselor.org/Standards-Positions/Position-Statements/ASCA-Position-Statements/The-School-Counselor-and-the-Identification,-Preve>
- Capuzzi, D., & Stauffer, M. D. (2020). *Foundations of addictions counseling*. Pearson Education.
- Cartwright, W. S. (2000). Cost–benefit analysis of drug treatment services: review of the literature. *The Journal of Mental Health Policy and Economics*, 3(1), 11-26.
- Center for Substance Abuse Treatment. (1999). *Treatment of adolescents with substance use disorders*. Treatment Improvement Protocol (TIP) Series 32. DHHS Publication No. (SMA) 99–3283. Substance Abuse and Mental Health Services Administration.

Council for the Accreditation of Counseling and Related Educational Programs. (2016).

2016 CACREP standards. <https://www.cacrep.org/for-programs/2016-cacrep-standards/>

Dunbar, E. T., Jr., Nelson, M. D., & Tarabochia, D. S. (2019). Substance use disorders:

What school counselors should know. *Journal of School Counseling, 17*(21).

<http://www.jsc.montana.edu/articles/v17n21.pdf>

Goodwin, L. R. Jr, & Sias, S. M. (2014). Severe substance use disorder viewed as a chronic condition and disability. *Journal of Rehabilitation, 80*(4), 42-49.

<https://search.proquest.com/docview/1635289558?accountid=28148>

Gysbers, N. C., & Henderson, P. (2012). *Developing & managing your school guidance & counseling program* (5th ed.). American Counseling Association.

Humphreys, K. (2004). *Circles of recovery: Self-help organizations for addictions*.

Cambridge University Press.

Kelly, J. F., Saitz, R., & Wakeman, S. E. (2016). Language, substance use disorders,

and policy: The need to reach consensus on an “addiction-ary”. *Alcoholism*

Treatment Quarterly, 34(1), 116-123. doi:10.1080/07347324.2016.1113103

Kelly, J. F., Wakeman, S. E., & Saitz, R. (2015). Stop talking ‘dirty’: clinicians, language,

and quality of care for the leading cause of preventable death in the United

States. *The American Journal of Medicine, 128*(1), 8-9.

National Institute on Drug Abuse (2018). Principles of drug addiction treatment: A

research based guide (3rd ed). <https://www.drugabuse.gov/download/675/>

[principles-drug-addiction-treatment-research-based-guide-third-edition.pdf?](https://www.drugabuse.gov/download/675/principles-drug-addiction-treatment-research-based-guide-third-edition.pdf)

[v=87ecd1341039d24b0fd616c5589c2095](https://www.drugabuse.gov/download/675/principles-drug-addiction-treatment-research-based-guide-third-edition.pdf?v=87ecd1341039d24b0fd616c5589c2095)

- Nelson, M. D., & Tarabochia, D. S. (2020). A primer on designing a school counseling curriculum. *Journal of School Counseling, 18*(6). <http://www.jsc.montana.edu/articles/v18n6.pdf>
- Nelson, M. D., Tarabochia, D. S., & Koltz, R. L. (2015). PACES: A model of student well-being. *Journal of School Counseling, 13*(19). <http://www.jsc.montana.edu/articles/v13n19.pdf>
- Recovery Research Institute. (2020) Addictionary. <https://www.recoveryanswers.org/addiction-ary/>
- Robinson, S. M. (2017) "Alcoholic" or "person with alcohol use disorder"? Applying person-first diagnostic terminology in the clinical domain. *Substance Abuse, 38*(1), 9-14. doi:10.1080/08897077.2016.1268239
- Stevens, P. W. & Smith, R. L. (2018). *Substance use counseling theory and practice*. (6th ed.). Pearson Education.
- Substance Abuse and Mental Health Services Administration (2019). Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health. (HHS Publication No. PEP19-5068, NSDUH Series H-54). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/sites/default/files/reports/rpt29393/2019NSDUHFFRPDFWHTML/2019NSDUHFFR1PDFW090120.pdf>
- Squeglia, L. M., Jacobus, J., & Tapert, S. F. (2009). The influence of substance use on adolescent brain development. *Clinical EEG and Neuroscience, 40*(1), 31-38. doi:10.1177/155005940904000110

Undergraduate Addictions Counseling Degree Options: Is it even necessary? If you are beginning to consider addiction counseling as a career, you probably realize there are a lot of options! Addiction counseling degrees are offered at the undergraduate and graduate levels. Is the bachelor's degree in addictions primarily career preparation or grad school preparation? Primarily, it's [Read More](#).

Competency 006 (Counseling) The school counselor understands how to provide effective counseling services to individuals and small.Â Uses terminology appropriately, is logically organized, and adapts APA format. Â Discussion contributions provide evidence that the learner has read the assigned readings thoroughly and has considered a sampling of colleaguesâ€™ postings by synthesizing key comments and ideas when applicable. Sufficient (80-89% of the assigned points): 24-26 points (a minimum of 10 sentences).

Assessments. School counselors need assessment tools that accurately and quickly evaluate studentâ€™s current and potential risk for IA. Without clear diagnostic criteria there is no single assessment that conclusively predicts IA. However, some assessments are available to school counselors for identifying students with IA symptomology and can be found online for public domain use.Â

Resources for School Counselors The following websites contain important information, referral sites, and resources for school counselors to utilize when working with a student with IA or who excessively use the Internet: The Center for Internet Addiction Recovery: (www.netaddiction.com). This is a comprehensive website with information for individuals and professionals.