Critical Thinking for Addiction Professionals

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Bill, a well-meaning and experienced addiction counselor for fifteen years, has just walked out of a typical addiction counseling session. He believes he did a good job but actually, he made a number of mistakes, and he doesn’t even know it. The mistakes he made were linked to critical thinking errors he often commits. Those errors, in turn, led him to recommend a set of bad clinical decisions for his client.

Now, Bill is a fairly bright guy. He is certified in his state, and has received good evaluations from his supervisor. He trusts that he thinks well, but sometimes, he doesn’t. For example, in the case he just left, Bill assessed his client as having a significant alcohol problem, based on only one symptom. Bill then jumped to a clinical decision that sent the client to an intensive inpatient program. The more appropriate approach would have been to conduct further evaluations, contact individuals (family members, employer, etc.) to gather additional information, and then make a clinical decision as to treatment.

Decisions like this happen all the time because flawed thinking leads to erroneous conclusions. This is only one part of the critical thinking problem in the addiction field. The same thinking errors happen at the supervisory and administrative levels. That is, supervisors and administrators make the same kinds of generalizing mistakes by jumping to conclusions before investigating reasonable options.

Another area of the addiction field has similar problems. For example, I have attended numerous workshops and conferences and have read many addiction books over the years. Walking out
of some conferences or finishing some books left me believing, “That was pretty good. It made sense.” Walking out of other conferences and finishing other books left me thinking, “That wasn’t quite right. Those explanations were not well connected.”

The more I pondered these reactions the clearer it became to me that statements made by counselors, supervisors, administrators, authors, and presenters were often the result of more than a few thinking flaws.

I asked others how they felt after they talked with colleagues or attended workshops and read books on addiction. Lo and behold, many agreed with my impressions. They also thought certain things did not ring true. Those problems turned out to be associated with thinking flaws.

I also observed many kinds of thinking flaws in the numerous staff meetings I attended over the years. I saw bad clinical decisions being made by so-called trained, experienced, and certified counselors. These poor decisions led to equally poor strategies that were passed on to clients.

Some people in the field believe they have arrived at a fundamental truth about addiction science, but many of them have bought into a pernicious set of fallacies. Those fallacies have then been transmitted to others and have clung to them like a bad hangover, constantly distorting their thinking. Such “truths” have been known to mesmerize people for decades.

How do we go about protecting ourselves from this barrage of fallacies? That question gave rise to this book. The result is a collection of ideas that can shield all of us from bad thinking. The goal is to think well so that better clinical outcomes will follow.

There is a temptation to grab power in professing one’s ideas and beliefs. I have made a strong attempt to limit my personal bias in this book and I cannot recommend strongly enough that readers make up their own minds about issues in our field and in this book. Should you wish to debate a point I have made by all means contact me and let the debate begin.

I’ve also made it a point to illustrate concepts with examples from my own experiences as well as those of colleagues. You will notice that the chapters are written in a clinical style not usually found in critical thinking books. But this book is intended for clinicians and other addiction professionals, so it incorporates expla-
nations about motivation and behavior that foster critical and non-critical thinking in clinical settings.

Thought is human nature (Youngson, 1998). To be vigilant against behaviors and motivations that interfere with clear thought is a step out of darkness. This book offers no particular answers, only ideas that can lead to higher levels of clarification in thinking (Warburton, 2004). Using these ideas, readers can better assess the quality of their work and perhaps gauge the development of their own thought.

Although critical thinking has been applied to allied fields such as nursing, social work, and psychology, I believe this is a first-of-its-kind book for the general addiction field. It is long overdue.

The book is divided into two main sections. Part one, the first six chapters, serve as a broad introduction to critical thinking: what it is, how it can serve the addiction field, and things that get in the way of good thinking. Part II, the last six chapters, discuss the various thinking fallacies that interfere with addiction decision making. Each of these chapters has examples that cast more light on the way these fallacies create problems for the addiction field. Part II ends with a short chapter on the ethics and consequences for using critical thinking, and advice about the consequences of implementing critical thinking.
PART I

Introduction and Basics
You are invited to experience a form of thinking that can enhance your professional skills, expertise, and development. It has the potential to improve all areas of your counseling: from the assessment phase, to the selection of counseling strategies, to discharge. It can make you a better supervisor and administrator. It also has the capacity to propel you to consider new ideas and use methods of investigation you may have only imagined. Critical thinking will help you make better sense of our world, and especially the people you hope to help.

PUTTING THINGS IN CONTEXT

As humans, we all start out uncertain and amazed with everything around us. We learn to understand the world and its people by following the beliefs of religion, philosophy, and science (Charpak & Broch, 2004). From those fields we create our own theories of why things happen and why people do what they do. We are fascinated by the nature of humans and are constantly trying to figure out what makes people tick. Some experts believe this practice is imbedded in our psyches (Pinker, 2002). Consider how much “figuring out” or thinking goes into counseling. For example, addiction professionals observe clients and try to make sense of why
they do the things they do. We assess a vast amount of informa-
tion. Then we attempt to form a workable hypothesis that will best
describe the dynamics of a case. We judge our treatment strategies
as to effectiveness. And every working day, we sort out a host of
other developments that need deliberation. Such thought requires
as few mental contaminants as possible. As you use critical think-
ing principles, you will begin to recognize the myriad of fallacious
thinking processes that bombard you every day. They come from a
variety of sources, including television, the printed page, and cer-
tainly the Internet. Clear thinking will allow you to make better
clinical decisions, and better personal ones as well. With practice,
your mind will become sharper.

These central themes direct the main points of this book:

- Understanding the importance of critical thinking
- Explaining the connection between critical thinking and
  passion
- Showing that critical thinking, sometimes assumed to be a
  boring subject, is quite stimulating
- Spelling out why critical thinking is vital to all aspects of the
  addiction field
- Presenting a few easy-to-understand critical thinking defi-
nitions
- Reviewing a few critical thinking procedures
- Reviewing a list of fallacies that interfere with clinical
  thinking
- Presenting a few warnings concerning the price to pay for
  being a critical thinker.

**WHAT IS THE POINT OF UNDERSTANDING CRITICAL THINKING?**

Questions comprise much of practice in critical thinking and a
good way to start a book on the subject is to ask a basic one: Why
would anyone spend time trying to understand critical thinking? A
major reason is discovery. It can mean discovering things about
our clients so we can better assess and engage them. It can also
teach us how to run a program effectively. Trying to discover why
you think the way you do, or self-discovery, leads to personal
growth, and that is always a welcome goal. Yet, this road to discovery is not about filling your brain with the latest pop psychology fads. Those methods simply call for you to acquire information and to do it without much inquiry. This “fill your mind” approach is promoted in many self-help books, addiction-oriented lectures, and workshops. This book asks you to go beyond acquiring mere information. It asks you to deliberate on what you hear and read.

Another major reason to engage in critical thinking comes from the philosopher Immanuel Kant. Two hundred years ago, he noted that the human mind never quite seems to get a clear picture of the world. According to Kant, the mind always registers the world indirectly because any perception or thought is filtered through our preconceived notions or mental sets (Magee, 1998; Mole, 2002; Warburton, 2004). For our purposes, this means that we need to be acutely aware that these notions contain our own little bits of bias, which distort the way we perceive the world.

Knowing that bias exists, we need to ask the important clinical question: What in my mind is filtering the facts about my clients? Many theories offered to the addiction field may only be someone’s ideas about addiction; those ideas had to be filtered through a set of that person’s own preconceived notions. In any case, the result is not a clear picture of people or addiction. To get a clear picture you need to know the reasons for what you believe and the implications of such beliefs (Fisher, 2001).

Addiction counselors and supervisors with weak critical thinking skills may be susceptible to using unsubstantiated or thoughtless clinical procedures that will harm the client. The good news is that these limitations can be corrected to some extent by critical thinking.

It bears repeating that a vital reason to use critical thinking is to see your clients as clearly as possible, and then base your clinical decisions on that clear thinking (Gambrill, 1990). To do anything less borders on the unethical.

You may be thinking that you already know how to think. To some degree this is true. However, unless you checked it out lately, your thinking may not be all that effective (Stanovich, 2002). All thinking can use a little tune-up.

One last point needs to be made. Improving thinking does not require that you be a genius. A normal level of intelligence will do
just fine (Allen, 1998). If you understood this paragraph, you can understand anything in this book.

MORE REASONS TO UNDERSTAND CRITICAL THINKING

Through the years I have observed that addiction professionals have a tendency to judge something they read or hear really fast and at a gut level. They come to a conclusion without pause for thought, good reasons, or evidence. Moreover, these same people are proud to make these speedy, intuitive types of judgments. “I have a gut feeling about that” is an often-heard catchphrase. Many counselors who act on these gut feelings actually believe they think clearly. Making quick judgments without pausing to reflect, or jumping to conclusions without a good set of reasons is not clear thinking. Mindless judgments do not bring about true discoveries (Langer, 1989).

In this book, you are asked to withhold those un-thoughtful and rapid gut impressions. Instead, you are encouraged to really think about what you read and the people you observe. This reflective thinking is the way to find the true values and assumptions behind what you read and see (Kurland, 1995). You are advised not to accept ideas based on speculation or intuition without some good reasons to believe (Magee, 1998). (That also goes for the ideas expressed in this book.)

With that comes a challenge to you: to understand and interpret as clearly as possible the meanings behind your thinking and the thinking of others. Although some may try, nobody can frivolously opt out of critical thinking by simply self-righteously justifying his or her own reasoning processes (Craig, 2002; Stevenson & Haberman, 1998). Some people may even go so far as to claim that thinking isn’t important to their clinical work, or that their clinical conclusions don’t warrant an explanation. This attitude is no longer adequate for today’s addiction field.

Well thought out ideas are the real discoveries to be made in this world, and the tools to get to many of those discoveries come from critical thinking. For instance, suppose you finish this book and find out that you can make better judgments, better clinical assessments, and better evaluations about people in general and
clients in particular. What if you find out that your thinking has become crisp, more insightful? Because of these thinking improvements you can then start to make better personal decisions and start to feel better about yourself. Imagine the things you could do with that kind of clarity and internal confidence—the journeys you could take and the innovative things you could do!

This is the enticement to you. Drop a few preconceptions, add a different twist to your usual thinking, and watch what truly interesting things will begin to take place.

THE PASSION WITHIN A CRITICAL MIND

Before we continue, it is important to say a few words about an unjust prejudice aimed at critical thinking. It is the notion that critical thinkers are somehow distant, cool, and aloof. This prejudice also assumes that becoming a critical thinker will somehow make you an emotional prune and that possessing a critical temperament is un-therapeutic.

What a set of myths!

Critical thinkers can be as passionate and emotional as anyone else (Cannovo, 1998). Brookfield (1987) notes that critical thinkers can feel joy, relief, and the exhilaration that comes from perceiving new ways of looking at the world.

Becoming a critical thinker in no way demands that you drop your emotions. No person, living or dead, has ever achieved that, and it is practically impossible to think without some level of emotion (Hughes, 2000). Rather, critical thinking encourages you to avoid being led by emotions. Critical thinkers learn to corral and draw on their emotional power to increase their productivity, better themselves, and those around them, plus enhance their chosen field.

Rather than considering thinking as some kind of unemotional process, view the rationally trained mind as something that will increase your passion. To deeply think about something requires you to invest time, thought, and emotion in the process. Solomon (1999) claims that people are never more themselves than when they think and care intensely about something. Passion that comes from critical thinking is not about denying emotions or repressing them; it is about cultivating and regulating them (Solomon, 1999).
ISN’T THIS STUFF DULL?

When you first heard the words “critical thinking,” you probably thought the concept ranked up there with some of the most boring things you have ever encountered. To be perfectly blunt, part of that statement is true. Aspects of critical thinking can be dreary. However, once you get the drift of it, this material can open exciting new windows in your mind, letting in fresh air to clear out old cobwebs.

But let’s not drop this argument against boredom quite yet. There is one more relevant boredom myth: the way the information is delivered. You know the boring lecture routine. We have all run across those people and books that can make even skydiving boring. This book tries to avoid that style of presentation. It is not technical. It attempts to stay on course and not aimlessly wander. Most important, it is not out to impress. People who try to impress rapidly become bores. The book’s prime focus is critical thinking and what it can do.

In my travels, I have seen the excitement on people’s faces when they are exposed to critical thinking. This is especially true in addiction professional audiences. Once you figure out a few simple concepts, you just might find your brain coming alive with new ideas that will fire your imagination and stir your soul.

CRITICAL THINKING: A FIRST LOOK

So far we have been building an argument for the importance of critical thinking in terms of personal growth and development in general, and addiction counseling in particular. But, what exactly is critical thinking? We can regard critical thinking as a set of tools for making some interesting and clear discoveries. These tools are methods to explore new ideas, and do it with a purpose (Taleff, 2000). Critical thinking doesn’t skew your thought processes to favor a particular outcome (Kurfiss, 1988). The point is rather to improve your thinking and make it clearer, more accurate, and more defensible. Simply, it is thinking about thinking (Paul, 1993).

Now, beware of falling into the trap of believing that the critical thinker is always looking for faults or always looking for a fight (Harnadek, 1998). That is simply not true. True critical thinkers more commonly:
• Try hard to keep an open mind, but not so open that their brains fall out
• Question even their prized beliefs
• Subject such beliefs to a thorough analysis; if the beliefs survive the analysis they are reliable and valid
• Know how to distinguish between good and poor thinking
• Balance emotions and intellect
• Do not argue something if they know little about the subject
• Gather information to fill in any knowledge gaps
• Know that people from different cultures, regions, and age ranges have different ideas and different meanings for words, and take these factors into account when they critically analyze
• Have little tolerance for passing off poorly constructed ideas to others
• Admit when they are wrong
• Applaud well-formed thought
• Attempt, in small and large ways, to make a difference in the world.

HOW CAN CRITICAL THINKING BENEFIT ADDICTION COUNSELING?

There are a number of explanations of how critical thinking can benefit addiction counseling. High on this list is the fact that good clinical decisions require solid reasoning skills. If I am making one poor clinical decision after another, how can I expect the overall direction of counseling to be positive? It is worth repeating that bad thinking produces bad clinical judgments (Gambrill, 1990; Taleff, 2000). Poor judgments, in turn, affect the quality of counseling (Carlson, 1995). Research indicates that positive counseling outcomes correlate well with better critical reasoning (Gambrill, 1990).

One more benefit of using critical thinking in counseling is that it fosters the ability to be constructive and creative (Tavris & Wade, 1995). The constructive element is demonstrated by how
the addiction professional comes up with more valid explanations for clients and program administration than those supplied by non-critical thinkers. The creative element is revealed through more innovative options to fit the needs of the client and facility.

A FIRST LOOK AT WHAT DRIVES POOR THINKING

We need to pause and ask what propels poor clinical thinking in the first place? There are reasons we don’t think well. In fact, there are quite a number of reasons for poor thinking. Many are addressed later in this book. But, for now, let’s just step back and look at how the simple process of getting to know our clients might contribute to poor thinking.

This process often starts with not knowing that one has a head full of uncritical thinking patterns. Under such conditions, there is never a thought or need to examine how one arrives at certain conclusions (Mole, 2002). For example, many counselors generate certain suppositions based on the limited amount of evidence at their disposal. No matter how intensive the assessment, our evaluations of clients can only provide us with imperfect information. All assessments have that failing. Pause for a minute and ask if anyone has the ability to completely know another person. The answer is no. One can never figure out with mathematical precision exactly what is going on in the mind of another person (Edelman, 2004).

This means that there are always gaps in the assessment process. Thus, when it comes time to make a clinical judgment or suggest a treatment direction the gaps force counselors to make a best guess or rely on a working hypothesis. Granted, clinical judgment is more than just an assumption, because counselors have some data (prior records, test results, interview data, etc.) on which to base their guess but herein lies the problem.

Those gaps are going to be filled in somehow, and addiction counselors often fill them in with their own prior experiences and beliefs. We humans are a pattern-seeking species that will find some level of meaning to fit our beliefs (Peat, 2003; Shermer, 2001). If our “filling in” process is biased, then our conclusions will be biased. This is an example of poor thinking. Those gaps need to be filled in with as much clear thinking as possible: critical thinking can do that.
No one in the hard or soft sciences is immune from this filling in the gap problem (Mole, 2002). Medical personnel fall prey to assessment gaps all the time. Sometimes they just don’t have all the data they need to make a correct diagnosis. That’s why many of us are sent to specialists for more information. If doctors feel confident enough, they make a best estimate as to what treatments will work to resolve the problem. So, if the doctor prescribes a medication and then changes the medication or dosage, it may be because the doctor is refining his or her estimate. Don’t be alarmed. Most of the time the deduction is a good one. But sometimes it isn’t, and then you can read about it as a lawsuit in the newspapers.

We do something similar in the addiction field, but often add a little twist. For instance, we see a client, complete our assessment, and recommend a certain treatment. In theory, if the plan doesn’t work we should refine the treatment. In practice however, many counselors blame the client for not following their directions and proclaim that the individual is in a state of denial (Taleff, 1997). Those counselors fill in their gaps with personal experience and beliefs, which in such cases reinforces the notion that people with an addiction problem are, as a group, stubborn, manipulative, and in denial. This is a prime example of a fallacy called generalizing.

There is no hard data yet to support what was just stated, but over the years this picture of clients with an addiction has grown to be so iconic that many addiction counselors automatically view all their clients through this lens. To push this point, many addiction counselors are confident that the way they perceive a client is accurate. They believe the form of counseling they use will work for all or almost all cases they encounter. If it doesn’t, they often become frustrated. Frustration combines with other negative emotions to block clear thinking. At this point, heightened emotions can result in even more thinking fallacies. In reality, each client is unique and requires unique interventions.

We have a propensity to fill in assessment gaps with our prior ideas and emotions, which distort the reality of the client’s situation. However, by using the principles of critical thinking you will be encouraged not to fill in those gaps with distortions. A decrease in distortions will create an atmosphere for better clinical decisions (Stanovich, 2002).
MORE REASONS TO USE CRITICAL THINKING IN THE ADDICTION FIELD

As an addiction professional, I want what’s best for my clients. That means trying to supply the most error-free therapy as I possibly can. In other words, I need to make educated responses to complex clients who walk into my office. If counselors make bad decisions (and they will), they can and will put forward inappropriate strategies to clients. This includes using forms of treatment that do more harm than good.

On a larger scale, some professionals spread unfounded beliefs and biases to other addiction counselors, much like a virus. They do it through books, workshops, and even in teaching. Digesting so much unfounded information, good-hearted counselors can be led astray and end up practicing unsubstantiated treatment methods for years, to the detriment of their clients.

These viruses are spreading because many addiction professionals accept a lot of claims about the nature of addiction or the methods to treat it without questioning. (We will say more about this virus problem later.) The lack of questioning leads to more problems (Dauer, 1989). We all have a hard enough time treating addictions without having to follow the errors and deceptions professed by someone else.

This book does not claim that people in the addiction field or counseling in general deliberately practice deception. The point is that honest, caring counselors can be led astray by bad information. For example, many years ago I became the clinical supervisor for an inpatient program. Just prior to my hiring, the head of the program brought in a black box with some protruding wires and claimed that if you hooked clients to this contraption it would reduce cravings in alcoholics. The box was a fake. It produced nothing, and he spent a lot of money for nothing. The main problem wasn’t the loss of money, but an uncritical appraisal that promised things to clients that were never delivered.

The clients who were attached to this box were told it would do something wonderful for them, and it failed to deliver. Many clients put their faith in bad information, and when it didn’t work they returned to abusive drinking. A little critical thinking on the part of the administrator could have avoided this predicament.

That was a fairly blatant example of poor thinking. Yet, other damaging results can occur from poor thinking. For instance:
• Misdiagnosing clients and then applying an unsuitable form of treatment: Misdiagnosis can occur because counselors don’t think of other possibilities and jump at the first available solution that comes to mind. For example, a counselor may think a client is subconsciously angry, and the first thing on the counselor’s mind is to get the anger “out” by insisting the client punch a pillow or scream at a surrogate parent. Why would counselors resort to this type of treatment? Because a recent workshop told them to do so, and that information was fresh (available) in their minds. (Actually, the data indicate that this form of treatment usually increases the anger [Singer & Lalich, 1996].)

• Not being congruent with a client: Rogers (1957) notes that counselors need to experience themselves deeply and accurately in the counseling session. A head full of bias and fallacious thinking can and will decrease honesty and accuracy.

• Not utilizing a client’s strengths and assets: Poor thinking on the part of some addiction counselors makes them conclude that clients with addiction problems don’t have strengths because the addiction has bankrupted them of all assets. Yet, clients who survive years of addiction usually have some assets that can be used in the recovery process.

• Sending clients to the wrong treatment setting or to more treatment than is necessary: This comes about because many counselors believe that all people with an addiction, regardless of the extent of the problem, should get the maximum amount of treatment as soon as possible.

• Concentrating on unrelated factors: For example, a counselor can maintain the erroneous belief that all people with an addiction have some repressed memory dynamic at work.

• Thinking the cause of addiction is a simple matter: The counselor will then tell clients that some singular cause resulted in their situation.

In terms of this last item, addiction is quite complex, and there is always more than one possible explanation (Steward & Blocker, 1982). Many factors have to come together to create the problem.

Another example of poor thinking concerns counselor-induced resistance. That’s right. Therapists often provoke resistance in counseling. They do this through their own dogmatic beliefs and bad thinking styles. This type of resistance can be reduced when a
counselor’s judgment is cleaned up via critical thinking (Gambrill, 1990, Taleff, 1997).

Throughout time people have been prone to bad thinking. There are abundant examples of Nobel laureates and other great minds that were easily fooled into believing utterly worthless ideas because they did not think critically. Classic cases include well-educated and high-ranking church officials who almost burned Galileo at the stake for his discovery of moons around Jupiter, and the little-known fact that Isaac Newton (considered by many as the premier scientist of all time) spent a large portion of his life investigating alchemy (Youngson, 1998).

One does not have to search very far to find a profound lack of critical thinking even at college-level addiction coursework, let alone workshops and other forms of training. Faculty can teach a class and assign readings based on biased thinking and they do. Whole departments can adhere to uncritical philosophies. A recent review of curricula across the country indicated that very few offer critical thinking courses (Taleff, 2003).

The last reason for infusing critical thinking into the addiction field is the fact that the field is ready for it. We are progressing at a rapid rate. One only has to look at the books recently published on the subject. Years ago addiction texts relied heavily on personal opinion, authority, and deductive reasoning (making sense of the world from a grand, often flawed, theory to a particular person or thing ). These days, addiction books, basing their conclusions on research, have an empirically based approach that attempts to explain how and why addictions occur.

To observe this trend more closely, just note the textbooks being used in many college addiction programs today. In this new scientific light (induction: building a theory on tested facts), more and more addiction professionals are being taught to ask hard, tough questions about what they read and hear. Critical thinking encourages that kind of inquiry. Yet, thinking has always held a suspect place in the addiction field, as we will see in the next section.

**AREAS OF STRIFE**

Anyone who has worked in the addiction field for a reasonable length of time can tell you a number of stories about contention between some who espouse traditional ideas and methods of
treatment and those who would question such ideas and methods and prefer to think things through. Although there has been a certain level of civility and even dialogue between the factions, there have been some downright ugly displays.

To understand this conflict, we first need to see what is bucking heads with what. On one side we have the long-established traditional ideas of treatment and dynamics. On the other side we have principles of critical thinking that question everything, including long-established ideas.

Now, what do we mean by traditional addiction counseling? There are a few key points to the traditional view, which have been outlined by Miller and Rollnick (1991):

- Insisting the client admit and accept that he/she is an addict
- Believing that a disease reduces personal choice and control of addictive substances
- Convincing the client of his/her addiction through perceived evidence that is in the hands of the therapist
- Believing that most, if not all, clients are in some state of denial
- Utilizing confrontation as a main mode of client engagement.

As some of the main points of the traditional perspective, these concepts are often acknowledged as the one and only way to understand and treat addiction with no need for further analysis, judging, or new evidence. The other side would advocate critical thinking as a set of skills used to analyze issues, to look at such issues from all sides, weigh quality evidence, and come to a reasonable judgment that is relatively free from personal bias (Meltzoff, 1998). One can easily see how the traditional and critical thinking perspectives might collide.

**A PRIME EXAMPLE OF THE CLASH**

Notice in the list above that the fourth item indicates that people with an addiction are in some state of denial. Moreover, according to the traditional view, this defense mechanism never completely disappears, no matter what the client’s level of experience in recovery. Denial then, especially in early treatment, is presumed to warp the ability to reason well (Taleff, 1997). Hence the dependent person’s thought process is to be viewed with suspicion, and
such individuals are often told not to trust themselves because they can fall back into old patterns of “stinkin’ thinking.”

These thinking patterns utilize other defenses, such as rationalizing or minimizing. Together, these defenses are thought to delude those with a dependency into believing that they can safely drink or drug again. Newly recovering people are also told not to trust their own thinking. Rather, they are encouraged to trust others or program principles. To do otherwise, so goes the logic, is to risk one’s sobriety, a warning that has been repeated in countless tales. Although some part of this reasoning process may be true, this advice often generalizes to all thinking, and so is not to be trusted.

At the critical thinking end of this spectrum is the notion that not trusting one’s own thinking flies in the face of the ability to use some level of reason that can assist one through the trials and tribulations of life. As a group, the thinking crowd relies less on the opinions of others, programs, or organizations to tell them how to think or behave. This is not to say that those who pride themselves on their intellect do not rely on others or programs for help when needed. They do. But the reliance is often limited, and they can tell stories of how they extracted themselves from problems by the way they reflected on things.

To some traditional observers, the critical thinking crowd appears dangerously arrogant and self-centered. They perceive hubris, and see non-reliance on others as fertile ground for clients deluding themselves into a severe relapse.

This gap persists to this day.

WHAT ELSE IS GOING ON?

Traditional addiction counseling has felt an element of discomfort with the notion of the intellectual. To many in the traditional camp, intellectual thinking conjures up bookish academics who wander their hallowed halls in far-away universities and are out of touch with the real world. They are perceived to generate ideas that are unworkable in theory and unrealistic in practice. Part of that stance arises from the belief that one cannot truly learn about addiction from textbooks, let alone apply such knowledge to how life really is on the streets.
Certainly people cannot learn and grow exclusively from books. Yet, a strong belief that has always existed in the recovery community is that one has to have lived through an addiction in order to really understand it. To this day, no one has put forth evidence that indicates significantly better understanding by those who lived through an addiction as opposed to those who have not (Buelow & Buelow, 1998).

This point of contention creates much of the mistrust between the camps. Those who have lived through an addiction often belittle professionals and their credentials. One reason for criticism leveled at academia may be that some recovering people have felt the sting of the pompous academic put-down and believe if the intellectuals can zing people so can they.

On the other hand, many academically trained people have their own set of prejudices that add fuel to the fires of mistrust. For example, there are academics who flaunt their credentials to the so-called uneducated. These people are blatantly arrogant and let the other side know that they are smarter and more expert by virtue of their educational credentials. They make it known that they are not to be questioned by lay people, and that anyone in their care should follow their instructions with no questions asked.

This state of affairs can only lead to resentment on both sides. Stereotyping (a critical thinking flaw) often follows the resentment, and it all feeds the beast of mistrust. Once the mistrust is in place, communication slows or stops and then pernicious thinking takes over.

This mistrust is manifested by other, deep-seated elements within the clash.

**DIGGING DEEPER INTO THIS MISTRUST**

There is another point of contention between the intellectuals and traditional addiction counseling. It is the mistrust between personal experience given through testimony, which is viewed as immediate, understandable, and emotionally moving, and scientific reasoning, which is seen as distant, obscure, and aloof.

The traditional side cries, “They can’t understand what they haven’t lived,” while the intellectual side cries, “You have a lousy research design and you use unsubstantiated data.” Those who
utter such phrases usually represent the extremes of both sides. As such they are often blind to other points of view, and believe they know exactly how things ought to be. Extreme ends of any spectrum will tell other factions how to live. Then clashing is inevitable, and that does nothing to advance our field.

**IS THERE ROOM FOR NEGOTIATION?**

Of the positions just mentioned, which is right?

Well, the answer to that question may not be simple. Arguing who is right usually leads to critical thinking mistakes, and fuels more ugly displays of personal favoritism. The better question may be is there room for dialogue?

Much more often than not, there is room for dialogue. One way to start an interchange is to use critical thinking principles such as reflecting before coming to a conclusion. Yes, this recommendation even includes those who identify themselves as critical thinkers.

A true dialogue requires courage. A large part of this interchange consists of questioning all your assumptions about the subject and generating reasoned alternative views (Taleff, 2000). This close examination includes your personal experience, your most cherished beliefs, and scientific facts. If the examined material makes it through the heat of close inspection, then it probably has a good foundation, and will be quite useful to you. If it doesn’t, burn it.

**CHAPTER SUMMARY**

- Critical thinking is all about discovery (internal and external).
- Critical thinking consists of a set of tools to make those discoveries.
- Passion and critical thinking go hand in hand.
- Critical thinking is far from boring.
- Critical thinking is thinking about thinking.
- Think well and get better clinical, supervisory, administrative, and personal results.
• There are points of contention between the traditional addiction field and critical thinking. The traditional side tells you not to trust your thinking—because it will get you into trouble. The other side tells you to develop your thinking. The traditional side says you can’t understand addiction by reading books. The other side says academic education is up to the task. The traditional side says follow a program philosophy to recovery whereas the other says follow science and evidence.

• There is generally room for dialogue and scrutiny despite varying positions.

• The heat of honest examination will often lead to better ideas.