

Running head: Attribution and Information Processing Errors

Information Processing and Attribution Errors in Addictions Counseling:  
Implications for Clinical Practice

## Abstract

One of the major challenges facing competent professional counselors is the need to continually monitor and improve clinical skills and broaden their expertise in addressing the problems presented by their clients; the addictions counselor is no exception. This article will review common problems related to attribution errors and problems associated with processing information shared by clients during treatment.

Robert Chapman is a counselor educator in the Counseling Center at La Salle University and coordinates the addictions counseling concentration in the graduate program in Clinical-Counseling Psychology. Margaret Watson is an Assistant Professor in the Department of Psychology at La Salle University and coordinates the industrial/organizational concentration in the graduate program in Clinical-Counseling Psychology. Correspondence can be directed to Robert J. Chapman at: The Counseling Center, La Salle University, 1900 W. Olney Ave., Philadelphia., PA 19141-1199 or email: [chapman@lasalle.edu](mailto:chapman@lasalle.edu)

## Information Processing and Attribution Errors:

### Potential Problems for the Counselor Treating Addictive Disorders

No matter how long one has been a practicing counselor, identifying methods for improving, and refining an approach to counseling is the hallmark of a competent practitioner. In fact, this is the primary reason why continuing education credits are required by professional organizations to maintain licensure and credentials. It will be suggested in this article that there are some fairly simple yet powerful techniques that can be used to enrich one's work with clients being treated for an addictive disorder. While these techniques can be very useful to the novice counselor, they are equally helpful to the "old-timer." The techniques presented in this paper address issues that arise when the counselor makes an information processing or attribution error when working with an addicted client. Although it is possible that a review of these issues will be most helpful to inexperienced counselors, more experienced professionals may benefit from this discussion as well.

Research in social psychology has led to a set of theories, referred to as attribution theory, that address how errors can arise in the processing of information. It is likely that many counselors treating clients with addictive disorders, regardless of their background, encounter these phenomena when noting how their clients think. It is possible, however, that these same counselors may fail to apply these same concepts to themselves, especially in the way they process information about their clients and the counseling relationship.

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When these theories are utilized to help challenge an addiction counselor's own views and conceptualizations, substantial improvements in treating addictive disorders can occur. In other words, simply becoming more aware of the potential errors in processing information and making attributions, and how these errors can impact one's own counseling practice, may revolutionize how the counselor thinks about and approaches the addicted client. This article will explore these issues by a) reviewing how humans process information and make attributions; b) illustrating some common errors with examples; c) discussing how each error can be detrimental to the counseling process, and; d) suggesting how such errors can be minimized.

#### A Brief Review: How Mistakes in Processing Information Occur

As individuals move through their lives, they note what happens to themselves and other people. In this sense, they become collectors of information. This information is then organized, creating world views or schemas that include people, events and behaviors (Krull & Anderson, 1997; Persons, 1995; Piaget, 1930). In other words, humans organize their thoughts and explain the world to themselves, either consciously or unconsciously. As a part of this process, some people are seen as similar to oneself while others are perceived as "different" (Catrambone, Beike & Niedenthal, 1996; Manis, Nelson & Shedler, 1988; Snyder & Swann, 1978). Different characteristics may be used to create these divisions, for example, how one dresses, part of the country where one grew up, political parties, age, gender, national origin, religious beliefs, and race. In addition, these "others" may be viewed with different emotions, including

curiosity, disbelief, discomfort, dislike, fear, or hatred (Dovidio, Gaertner, Isen & Lowrance, 1995). It is possible that many people don't like this tendency in themselves and may make a conscious effort to avoid these divisions (Dovidio, et al., 1995). It appears, however, that it is human nature to create a schema to organize information about the world. As the amount of information grows, it is folded into existing worldviews. This system works automatically until something or someone is encountered who does not fit the pattern. When this happens, a decision must be made to dismiss the new information, or find a way to merge it into the schema.

For example, imagine that you recently met someone who has the potential to become a friend. Now imagine that you learn something about that person that doesn't fit your definition of "friend," for example, "What do you mean you HATE baseball? All my friends LOVE baseball!" At this point, you have to deal with this conflicting information. Piaget (1930, 1972) suggested that two processes are used to manage conflicting information: assimilation or accommodation.

With assimilation, a way is found to make the new information fit the observer's existing worldview. "You only hate baseball because you don't really understand it. Once you learn the details, I'm sure you'll change your mind." In this process, the observer's existing worldview remains intact because a way to make an exception for the new friend is identified. The major problem with this process is that a distortion or "bending" of the information is often necessary in order to assimilate it into an existing schema.

If accommodation is the process selected by which to resolve dissonance, one must modify or adapt the existing worldview in order to be more consistent with the new information. "You still don't like baseball, but I still like you . . . Wow! Maybe some people who hate baseball are OK after all." Accommodation happens when a preconceived idea is challenged and the observer is willing to modify the schema. This happens most often when there is little emotional investment in the existing schema, or when the information can't be dismissed or assimilated.

The process of accommodation generally involves inner turmoil and is far more demanding in emotional energy. Thus, most people avoid changing their worldviews as long as possible, and make distortions and errors in organizing new information so that it can fit into an existing schema.

Such distortions and errors only pose a problem if the individual fails to recognize and address them. Unfortunately, and counselors are no exception, because these errors "fit" existing schemas, they do not appear to be erroneous. The end result is an individual with a worldview that is based on information that is only partially correct. The information, which has been processed incorrectly, may lead to erroneous decisions and judgments.

When attribution errors occur in a counseling relationship, the counselor's performance will be less than optimal. Because recovery is a primary objective of counseling, it is important to challenge and change any processes or behaviors that are counterproductive.

To make this theoretical discussion more practical, a description of some of the most common information processing and attribution errors will be provided along with examples of each.

### Examples of Information Processing Errors

There can be no effective treatment of addictions until the counselor has gathered and processed information. Whether this information comes from peers, educators, counseling sessions, or client histories, it is what enables the counselor to conceptualize the client's situation and needs. Any errors in processing this information will render the counselor less effective. Some common errors that may occur when counselors process information are listed below.

Michael is an addiction counselor working in an intensive outpatient addiction treatment program in a suburban community adjacent to a large multi-cultural urban center. He encounters a client who refuses to participate in group counseling. Michael perceives his client's behavior as typical of an addicted client in denial and indicative of the defiance displayed by such clients in treatment. Although Michael is aware that the client has a different racial background, he is unaware that the client's culture admonishes self-disclosure with strangers and calling attention to oneself in a group setting. Thus, Michael makes an incorrect assumption about the source of the client's behavior. When this possibility is suggested in case conference, Michael becomes angry with his colleagues and accuses them of "enabling" the client's defiance. Michael

suggests an early discharge from treatment as a more effective way to confront his client's denial and "obvious" defiance.

This is an example of *Belief Perseverance*. While also indicative of Michael's lack of cultural awareness and sensitivity, his belief that the client is in denial and defying the prescribed group treatment, even in the face of collegial suggestions to the contrary, exemplifies the staying power of a counselor's belief system. Consequently, continuing to treat this client according to his perceived belief about the source of the difficulty would result in a less than therapeutic outcome. In cases of *Belief perseverance*, the counselor will work to find ways to justify the original, erroneous belief, especially when confronted with information about its fallacious nature. We see this not only in Michael's perseverance in his original assessment, but in his accusation that his colleagues are "enabling" the client and implying that they are providing a disservice.

As a second example of an information processing error, consider Phyllis, an addiction counselor who works in an in-patient treatment facility in a rural community. Phyllis has conducted an assessment with an adolescent referred by her parents because of overt problems related to her drug use, for example, significant tolerance, family/school/behavior problems related to use, and continued use despite escalating negative consequences.

Although the client and her parents provide information in the intake interview that suggests she is clinically depressed, Phyllis believes that substance use by an adolescent is indicative of a drug problem and/or addiction. Thus, a diagnosis of substance dependence is made, and a recommendation for

admission into the in-patient treatment program follows. Phyllis knows that substance dependent adolescents are only treated successfully when they are removed from their substance-using environment. It is little wonder that the student relapses shortly after discharge because her mood disorder was unaddressed. When Phyllis hears of the student's relapse several weeks following discharge, her comment is, "She just wasn't ready to get serious about recovery." The fact the client's drug use might be an attempt at self-medication to assuage the symptoms of her depression did not occur to Phyllis. This is an example of a *Confirmation Bias*.

A *confirmation bias* refers to a tendency to search for information that confirms a preconceived idea. To the extent that Phyllis believes that adolescent drug use equals a drug problem, this is what she will expect when interviewing an adolescent who admits to experimentation/use.

A third example of information bias is frequently encountered when an addiction counselor interacts with a client who fails to participate in treatment to the satisfaction of the counselor. Because clients with addictions often fail to recognize their addictive behavior and rationalize problems, or simply refuse to participate in treatment, counselors may interpret this lack of participation as denial and in need of direct confrontation. Addicted clients may well be unprepared to change their behavior when first encountering an addiction counselor. In fact, this is what Prochaska, DiClemente, & Norcross (1992) refer to as a "precontemplative" stage of change. However, the perceived lack of participation may not be a function of the client's denial, as it is just as plausible

that the barrier to treatment is the client's lack of understanding of what constitutes a drug problem or addiction. If this is the case, the client's perceived obstinacy is a result of the variance between the counselor's and client's views of addiction, or some other interpersonal problem, which precludes an intimate interaction between counselor and client. Such situations often deteriorate to a "battle of wills" with the client dismissing the counselor as egocentric and the counselor viewing the client as unreceptive and in denial. When this occurs, the counselor's perception of a negative correlation between a client's degree of denial and willingness to participate in counseling is an illusion.

This is an example of an *Illusory Correlation* or perception that a relationship exists between two variables when in fact there is no relationship. In this case it is the relationship between the client's perceived denial of addiction and his/her difficulty in connecting with the counselor that is an illusion. An *illusory correlation* may also occur when the perception exists that a relationship between variables is greater than can be supported by the data. This can be seen in the case of the recovering addictions counselor who believes that because most clients find sobriety as the result of 12-step recovery programs, only those clients who go to 12-step programs can find sobriety. This belief will often result in a client being labeled as resistant to treatment simply because of difficulty with a 12-step approach to recovery.

#### Examples of Attribution Errors

As important as information processing is to the addiction counselor, it is no more important than her/his ability to attribute the "cause" of client successes

and failures. Regardless of the counselor's theoretical orientation, counseling is first and foremost a cognitive process (Alford & Beck, 1997). Consequently, errors in attributing responsibility for a particular outcome in counseling are as likely to complicate the treatment process as are errors in processing the information. What most of these errors have in common is the human tendency to take credit for successes, but lay the blame for failures somewhere else. What follows are examples of attribution errors, which may be committed by addiction counselors.

Terry has a master's degree and is certified as an addiction counselor (CAC). During an assessment interview with a successful accountant referred as part of a drinking-driver program, he asks on several occasions if anyone has ever commented on the client's "drinking problem." At the end of the interview, when Terry suggests that his client invite his spouse to attend their next session so she can offer her perspective on how drinking has "affected the marriage," the client announces that he will not be returning and will consult his attorney if the drinking-driver program denies him the return of his license. In his case notes on the interview, Terry indicates that the client is "defensive," "likely an alcohol abuser," and "would benefit from involvement in AA due to his denial of his drinking problem." Terry's assumption that the client is in denial and is refusing treatment because of that denial, may well be an example of a *self-serving bias*.

A *self-serving bias* happens when an individual attempts to explain past events in a way that preserves self-esteem. It occurs when failures are viewed as the result of external factors and successes the result of one's internal efforts.

In this example, Terry assumes that this treatment failure is the result of a factor external to himself, that is, the client's denial. It never occurs to Terry that the failure may be due to some internal factor, such as his use of jargon and clinical terminology in his initial contact with the accountant that may have communicated either a lack of objectivity or a predetermined opinion on the client's situation. When the client refuses to see him again, Terry concludes that it must be the client's denial and his perceptive assessment of the situation that resulted in the client's defensive flight from assessment. Because it never occurred to Terry that it might be something he said or did in the interview, there was only one explanation for the client's behavior. This assessment is further reinforced by the client's response to Terry's statements.

Interestingly, many counselors are well acquainted with this phenomenon in their clients, but may overlook it personally. A counselor's propensity to claim responsibility for what is done correctly, but blame the client when something goes askew is a frequent focus in addictions counseling.

A second type of attribution error can be seen in the case of Kirk, a 53 year-old licensed psychologist who worked in an in-patient addictions program for the past year and a half. Prior to this, he worked in the Veterans Administration Hospital for 21 years and maintained a small private practice for the last 20 years, specializing in stress management using Cognitive-Behavior Therapy. When he learns that a recently discharged client, Mark, has returned to regular cocaine use, he enters the following note in Mark's chart: "It would appear that Mark's failure to confront the issues which exist between himself and

his father, issues discussed at length in treatment, have resulted in his return to the only consistent, albeit short lived, relief he has ever experienced in his highly charged relationship with his father.”

In this *fundamental attribution error*, we see Kirk proffer Mark’s failure to address issues with his father as the reason for the relapse rather than any situational factor which may have had a mitigating impact, e.g., lack of employment, living at home, or running with a drug-using crowd. The fundamental attribution error suggests that observers of events (Kirk, in this case) will explain failures as the result of actions of the people involved (Mark). The actor, however, would most likely explain any failure in terms of situational factors rather than personal actions. Such errors in attribution also explain a counselor’s propensity to view a positive event as the result of the counselor’s intervention with the client. Even if Mark had failed to address issues with his father as directed by Kirk, his recovery would be viewed as the result of having developed “better coping strategies” during counseling.

#### Conclusions and Recommendations

This article has suggested that addictions counselors may be familiar with addictive disorders, but may be less familiar with errors in information processing and making attributions which can impact counseling outcomes. Such errors may contribute to the recidivism and relapse noted in many clients treated for addictive disorders. Readers are invited to consider the role these errors may play in their therapeutic work.

In order to minimize the likelihood of committing these errors, the authors suggest several steps. This list is by no means inclusive. Rather, it is designed

to stimulate the reader's thinking about the role counselor perceptions play in the treatment delivered to addictive disordered clients.

First, and in the authors' opinion most important, is recognizing that problems processing information and attribution errors can both influence client-counselor relations as well as therapeutic results. Stated simply, if lack of awareness is half the problem, then its opposite is equally true. If one realizes that these phenomena are likely to be as prevalent in counseling as they are in society, then counselors can minimize their impact on counseling relationships with clients.

Next, to consciously develop a "devil's advocate" position with regards to one's own clinical ideas and diagnostic impressions can serve to identify these errors before they are translated into treatment objectives. One excellent way to accomplish this is the case conference. Whether this process occurs in a formal case conference or during supervision, to discuss a case and one's clinical impressions opens the door to useful feedback which can alert the counselor to errors in judgment before they impact the outcome of counseling. As an adjunct to such "communal alternatives," counselors can employ an approach to counseling Persons (1995) calls "hypothesis testing." In this approach the counselor organizes client information into a theory in an attempt to order the data and conceptualize their underpinnings. As the counseling process continues, the counselor should proceed to evaluate the original hypothesis to see if the data still "fit" this interpretation of events. At any time that the data seem to suggest otherwise, the hypothesis needs to be revised.

A third suggestion is for the counselor who works exclusively with addictive disorders to regularly interact with generic counselors or individuals from helping professions other than addictions counseling. Such professional development will foster "cross-pollination," or the opportunity to be exposed to

and enriched by the ideas and approaches of psychology, psychiatry, social work, or counseling, to name but a few. The authors have found in their professional experience that addictions counselors tend to confer primarily with other addictions counselors who profess a similar theoretical orientation as their own. Attending each other's conferences, reading each other's literature, and inviting critique from theoretically different practitioners are all roads that lead to "Rome."

A variation on this theme is to actively seek out training, readings, and journals in social psychology. While not directly related to the delivery of counseling services to addicted clients, social psychology is dedicated to the pursuit of understanding what motivates and explains human behavior. Each of the information processing and attribution errors cited above come from research conducted by social psychologists.

An effective and exceptionally simple way to explore the literature of another field is to access an information database like "PsychLit" or "PsychInfo" or a 'generic' social sciences database. These information sources facilitate literature searches on any topic of concern. They will describe articles relevant to the topic, provide reference information, and present the article's abstract. For those that look particularly interesting or controversial, a copy of the entire article or book can be obtained from the library. This approach can easily target the overlap between addiction issues and social psychological phenomena if search terms from both camps are selected, such as "addiction" and "attribution theory," or "substance abuse" and "self-serving bias."

A related suggestion is the use of "listserv" discussion groups on the Internet. These groups are on-line discussions dedicated to specific topics. To subscribe to one dedicated to discussions from a different theoretical perspective than one's own (if not situated in an entirely different discipline) can significantly

broaden one's perspective. For this suggestion to be productive, the subscriber need do nothing more than sit back and silently follow the discussion from the privacy of one's own computer.

Involvement with several different professional organizations can greatly increase the addiction counselor's familiarity with and appreciation for alternate views of addictive disorders and their treatment. There are numerous professional organizations from which to choose, including the American Counseling Association, American Psychological Association, and American Psychological Society. These are all organizations based in the United States, so they not only provide the organization's own personal "spin" on issues, but a spin that is often a uniquely "American" one. To this end, investigation of organizations in countries outside the United States is also recommended.

A closely related suggestion is to attend or present scholarly works at regional or national conferences of these organizations. This not only exposes the addiction counselor to the views of these organizations, but also permits its general members access to the addiction counselor's views. The questions asked and comments made to the presenter can develop into informative discussions which are useful to both parties.

It is our conclusion that regardless of the prior training and/or experience of addiction counselors, all can improve their counseling effectiveness by attending to the common, human shortcomings of information processing and attribution errors. Understanding, just like beauty, is in the eye of the beholder.

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