

Chapter 2—Framework for Supporting Recovery With Counseling

KEY MESSAGES

- Recovery-oriented counseling calls for counselors to possess certain competencies to work with clients effectively and empathetically.
- Counselors need to take into account a range of sociocultural considerations when assessing and working with clients in or seeking recovery, which requires cultural responsiveness and an awareness of treatment barriers and inequities stemming from sociocultural factors.
- A strengths-based approach is fundamental to recovery-oriented counseling, beginning with client intake and continuing throughout the duration of care.
- Recurrence of substance use happens, but recovery-oriented counseling can help clients avoid it or confidently return to recovery when it does occur.
- Counselor participation in recovery-oriented systems of care can benefit clients by promoting holistic, coordinated, and nonepisodic services.
- Depending on the setting, counselors providing or thinking of providing recovery-oriented counseling may need to consider the ways that payment systems can affect delivery of care.

Regardless of setting and training, counselors working with clients who are in or considering recovery can provide support by helping them build their strengths, resiliencies, and resources. This approach emphasizes what is “right” or already working for clients regarding the strategies they use for coping and improving health and well-being. It emphasizes client resilience and functioning instead of client weakness and pathology.

This chapter lays the groundwork for Chapters 3 and 4 by discussing how counselors can work with clients to identify their natural supports, coping skills, talents,

abilities, hopes, and dreams for the future. It provides a framework for recovery-oriented counseling by:

- Setting out competencies for counselors working with people in or considering recovery.
- Highlighting sociocultural considerations in recovery-oriented counseling.
- Discussing the elements of strengths-based counseling.
- Covering skills that are important for clients to develop in early recovery.
- Describing recovery management checkups and check-ins.



- Introducing an approach to promoting a healthy life for clients who are beyond early recovery.
- Discussing counselor responses to warning signs of a possible recurrence of use.
- Outlining some of the benefits that clients receive when counselors participate in recovery-oriented systems of care.

The chapter also looks at ways that payment systems can affect the delivery of care for counselors in healthcare and behavioral health service systems.

Exhibit ES.1 in the Executive Summary contains definitions of key terms that appear in this and other chapters.

Competencies for Recovery-Oriented Counseling

As Chapter 1 noted, counselors can provide recovery-oriented counseling in a wide range of settings. This diversity is a strength, given the need for supports for people seeking or in recovery. But to provide such clients with consistent, high-quality care, counselors need a common foundation of knowledge and skills.⁴⁵⁰ The consensus panel identified the following competencies for working with individuals who have problematic substance use or who are in recovery.

- **Possess an understanding of substances, problematic substance use, and addiction treatment and recovery.** Counselors should:
 - Based on data, understand the substances most prevalent in clients' communities.
 - Understand concepts of problematic substance use and recovery, including factors that influence problematic substance use, who may work with individuals with problematic substance use, and recovery and recovery pathways. (Chapter 1 discusses these topics.)
- Understand specific substance use disorders (SUDs), such as alcohol use disorder (AUD) and opioid use disorder (OUD).
- Understand common measurements of substance use, such as standard drink sizes.
- Know commonly used drugs and the street names for them.
- Understand the symptoms of intoxication and withdrawal.
- Recognize warning signs for recurrence.
- Be familiar with common screening instruments for problematic substance use and mental health-related conditions that may co-occur with problematic substance use (e.g., Columbia Suicide Severity Rating Scale, AUDIT, PHQ, GAD, S2BI, CRAFFT, PCPTSD).
- Understand the levels of care available for treating problematic substance use.
- Have knowledge of Food and Drug Administration-approved medications used to treat problematic substance use.
- Understand the principles of harm reduction and the tools used to minimize harm, such as opioid education and naloxone, fentanyl and xylazine test strip distribution, and syringe services programs.
- Understand the impact of genetics and epigenetics on substance use.
- Be familiar with problematic behavioral issues other than substance use, such as problematic gambling and sexual behaviors.

Selected supporting resources:

- Substance Abuse and Mental Health Services Administration (SAMHSA), Welcome to the Center for Behavioral Health Statistics and Quality (CBHSQ): <https://www.samhsa.gov/data>

- SAMHSA, *Alcohol Use: Facts & Resources*: https://www.samhsa.gov/sites/default/files/alcohol_use_facts_and_resources_fact_sheet_2018_data.pdf
 - SAMHSA, Harm Reduction: <https://www.samhsa.gov/find-help/harm-reduction>
 - SAMHSA, Treatment Improvement Protocol (TIP) 42, *Substance Use Disorder Treatment for People With Co-Occurring Disorders*, Chapter 3 and Appendix B: <https://store.samhsa.gov/product/tip-42-substance-use-treatment-persons-co-occurring-disorders/PEP20-02-01-004>
 - SAMHSA, TIP 63, *Medications for Opioid Use Disorder*: <https://store.samhsa.gov/product/TIP-63-Medications-for-Opioid-Use-Disorder-Full-Document/PEP21-02-01-002>
 - State of Oklahoma, *ASAM Quick Reference*: <https://oklahoma.gov/content/dam/ok/en/odmhsas/documents/a0003/asam-quick-reference.pdf>
 - American Association for Community Psychiatry, *Level of Care Utilization System (LOCUS) Guide for Patients, Families, and Providers*: https://drive.google.com/file/d/1Xs3PCABJZ_poYcf1t1cmdiD3vIzWCNT/view
- **Possess an understanding of mental health–related conditions.** Counselors should:
 - Be familiar with common co-occurring mental disorders.
 - Understand how problematic substance use may influence mental issues and suicidality.
 - Know the procedures for providing or accessing crisis services.
 - Know the procedures for the mandatory psychiatric evaluation process.
 - Have knowledge of local therapeutic resources available to clients.
- Selected supporting resources:
- SAMHSA, TIP 42, *Substance Use Disorder Treatment for People With Co-Occurring Disorders*: <https://store.samhsa.gov/product/tip-42-substance-use-treatment-persons-co-occurring-disorders/PEP20-02-01-004>
 - SAMHSA, *National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit*: <https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf>
- **Have a general understanding of common co-occurring medical conditions, including:**
 - HIV.
 - Sexually transmitted infections.
 - Hepatitis A, B, and C viruses.
 - Bacterial and fungal infections, including infective endocarditis.
 - Alcohol-related liver disease.
 - Oral diseases, including tooth decay, gum disease, and dry mouth.
 - Skin manifestations of substance use (e.g., rashes, scars, dry skin, dental decay).⁴⁵¹
 - Substance use–associated dementia.
 - Substance-induced mental disorders and psychoses (e.g., bipolar disorder, anxiety disorder).



Selected supporting resource:

- National Institute on Drug Abuse, *Common Comorbidities with Substance Use Disorders Research Report*: <https://nida.nih.gov/publications/research-reports/common-comorbidities-substance-use-disorders/introduction>

• **Provide trauma-informed care.**

Counselors should:

- Ensure patients' emotional and physical safety.
- Know the signs and symptoms of trauma.
- Understand how chronic stress, adverse childhood experiences, and discrimination can contribute to trauma.
- Understand the widespread impact of trauma and its relationship to substance use.
- Understand reporting mechanisms for suspected violence or abuse.

Selected supporting resource:

- SAMHSA, TIP 57, *Trauma-Informed Care in Behavioral Health Services*: <https://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA14-4816>

• **Understand how to establish a therapeutic alliance.** Counselors should:

- Know how to use motivational interviewing (MI) and motivational enhancement to promote engagement in recovery services.
- Understand the importance of empathy, authenticity, warmth, and unconditional positive regard.
- Use inclusive, nonstigmatizing language.
- Maintain compassionate, consistent, respectful, and open communication.
- Use reflection techniques to facilitate emotional awareness and insight.

Selected supporting resource:

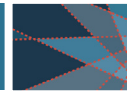
- SAMHSA, TIP 35, *Enhancing Motivation for Change in Substance Use Disorder Treatment*: <https://store.samhsa.gov/product/TIP-35-Enhancing-Motivation-for-Change-in-Substance-Use-Disorder-Treatment/PEP19-02-01-003>

• **Identify and address health disparities.** Counselors should:

- Understand structural competency and inequities that contribute to and perpetuate health disparities.
- Understand race, gender, ethnicity, class, sexual orientation, gender identity, physical and mental disabilities, and other dimensions of individual and group identity.
- Recognize and manage one's own bias, including implicit biases.
- Present information in a culturally responsive way.
- Understand bystander interventions for discrimination.

Selected supporting resources:

- Centers for Disease Control and Prevention (CDC), Social Determinants of Health at CDC: <https://www.cdc.gov/socialdeterminants/about.html>
- SAMHSA, TIP 59, *Improving Cultural Competence*: <https://store.samhsa.gov/product/TIP-59-Improving-Cultural-Competence/SMA15-4849>
- SAMHSA's Addiction Technology Transfer Center (ATTC) Network Southeast, *Improving African-American Retention In Substance Abuse Treatment: Implicit Racial Bias and Microaggression*: https://attcnetwork.org/sites/default/files/2019-12/SE%20ATTC%20Brochure%20IRB%26M_final.pdf



STRUCTURAL COMPETENCY

Structural competency is the ability to see and address clients' symptoms, attitudes, and conditions—not only as the product of social determinants, but also of the policies, governance, and systems (collectively, “structure”) that create those determinants.^{452,453,454} It also teaches providers to reframe their perceptions of clients who are receiving treatment and to see those individuals from a more holistic perspective.⁴⁵⁵ Structural competency was developed for use with medical students but can also be applied to SUD treatment and recovery.

For example, a client may fail to receive needed services. Rather than judge the individual to be unreliable and lacking commitment to recovery, structural competency asks the counselor to reflect on factors that may have contributed to the situation. Social determinants of health, such as availability of transportation, may be a consideration. But so, too, may be a lack of case management, which may occur because providers cannot be reimbursed by insurance for time spent on those activities.

More information about structural competency and structural competency training is available at <https://structuralcompetency.org/>; the Structural Competency Working Group website can be accessed at <https://www.structcomp.org/>.

- **Understand how to assess social determinants of health (SDOH) with individual clients.** Counselors should:
 - Understand the conditions where people in the area live, learn, work, worship, and play.
 - Be familiar with relevant data available about the community served.
 - Assess clients for the impact of SDOH on their lives (The “Resource Alert: Tools for Assessing SDOH” lists helpful tools).

RESOURCE ALERT: TOOLS FOR ASSESSING SDOH

Tools to assess SDOH include the following:

- The **Protocol for Responding to & Assessing Patients' Assets, Risks & Experiences** collects demographic information and information about a client's needs using items within the domains of money and resources, family and home, and social and emotional health.⁴⁵⁶ The tool is available at <https://prapare.org/>.
- The **Health Leads Social Needs Screening Toolkit**, validated by the Centers for Medicare & Medicaid Services and CDC, includes tools to screen for social needs in various clinical settings.⁴⁵⁷ The toolkit is available at <https://healthleadsusa.org/communications-center/resources/the-health-leads-screening-toolkit/>.
- The **HealthBegins Upstream Risks Screening Tool & Guide**, which is also appropriate for a variety of clinical settings, captures information about SDOH.⁴⁵⁸ The screening tool is available at <https://www.aamc.org/media/25736/download>.

These and similar tools can help counselors better understand clients' SDOH to address those that are modifiable as needed. Other resources and tools related to SDOH are available at <https://www.cdc.gov/socialdeterminants/tools/index.htm>.

- **Use a strengths-based, person-centered approach.** Counselors should:
 - Provide services based on the client's most urgent needs (e.g., housing, food, child care).
 - Understand and work with the client's recovery capital (defined in the “Recovery Capital Assessment” section).
 - Provide individualized, age-appropriate services.
 - Understand individual preferences, needs, and values.
 - Engage in shared decision making.



Selected supporting resources:

- SAMHSA, Shared Decision-Making Tools: <https://www.samhsa.gov/brss-tacs/recovery-support-tools/shared-decision-making>
- SAMHSA, TIP 26, *Treating Substance Use Disorder in Older Adults*: <https://store.samhsa.gov/product/treatment-improvement-protocol-tip-26-treating-substance-use-disorder-in-older-adults/PEP20-02-01-011>
- SAMHSA, TIP 35, *Enhancing Motivation for Change in Substance Use Disorder Treatment*: <https://store.samhsa.gov/product/TIP-35-Enhancing-Motivation-for-Change-in-Substance-Use-Disorder-Treatment/PEP19-02-01-003>
- SAMHSA, TIP 51, *Substance Abuse Treatment: Addressing the Specific Needs of Women*: <https://store.samhsa.gov/product/TIP-51-Substance-Abuse-Treatment-Addressing-the-Specific-Needs-of-Women/SMA15-4426>
- SAMHSA, TIP 56, *Addressing the Specific Behavioral Health Needs of Men*: <https://store.samhsa.gov/product/TIP-56-Addressing-the-Specific-Behavioral-Health-Needs-of-Men/SMA14-4736>

- **Know how to link clients to treatment and community recovery resources and actively do so.** Counselors should:

- Know the landscape of available recovery communities and services as well as mutual-help groups.
- Know how to use 12-Step facilitation techniques to link clients to 12-Step groups as appropriate.
- Understand when a client would benefit from a referral to another healthcare provider.

- Be familiar with the required protocols of providers, facilities, and services.
- Understand core principles of case management.
- Help ensure continuity of care and integrated services.
- Make warm handoffs when transferring clients to other providers or recovery communities.
- Maintain communication with recovery resource partners (e.g., if a counselor links a client to peer support services, the counselor should be available to the peer provider for consultation and feedback on how the client is doing).

Selected supporting resource:

- SAMHSA, *Advisory, Comprehensive Case Management for Substance Use Disorder Treatment*: <https://store.samhsa.gov/product/advisory-comprehensive-case-management-substance-use-disorder-treatment/pep20-02-02-013>

- **Adhere to professional and ethical standards.** Counselors should:

- Ensure client safety.
- Understand and adhere to client confidentiality requirements.
- Know how to establish and maintain appropriate boundaries.

Selected supporting resources:

- SAMHSA, Substance Abuse Confidentiality Regulations: <https://www.samhsa.gov/about-us/who-we-are/laws-regulations/confidentiality-regulations-faqs>
- SAMHSA, TIP 57, *Trauma-Informed Care in Behavioral Health Services*: <https://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA14-4816>

- **Engage in recovery advocacy.**

Counselors should:

- Become familiar with and advocate for needed recovery services and social services not available in the community.
- Understand available state advocacy services.

Selected supporting resource:

- Faces & Voices of Recovery, Recovery Advocacy Movement: <https://facesandvoicesofrecovery.org/?s=Recovery+Advocacy+Movement+>

Sociocultural Considerations in Recovery-Oriented Counseling

Importance of Cultural Responsiveness

Each person embraces culture in a unique way, and considerable diversity exists within and across races, ethnicities, and cultural heritages.⁴⁵⁹ Counselors should recognize these differences and incorporate culturally appropriate knowledge, understanding, and attitudes into culturally responsive communication and services to support clients.⁴⁶⁰

With culturally responsive approaches, clients are more likely to feel heard, empowered, and safe, which can translate into stronger engagement in treatment and recovery services. Research suggests that SUD treatment programs with a higher degree of cultural responsiveness are associated with improved access and longer retention among certain underrepresented populations. These practices may also improve minority client treatment engagement.⁴⁶¹ Cultural responsiveness decreases disparities in treatment and recovery services among people with problematic substance use.⁴⁶²

Culturally responsive services require counselors to develop an understanding of the cultures of the specific clients with

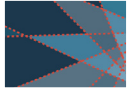
whom they are working, including how these cultures tend to view problematic substance use and its treatment.⁴⁶³ Becoming culturally responsive begins with a self-evaluation of personal biases, including how they may affect one's own ability to provide services. Counselors should then use this self-awareness to address their biases and provide inclusive care. This is an ongoing process that requires constant monitoring and learning.

RESOURCE ALERT: NATIONAL CLAS STANDARDS

The *National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care* (<https://thinkculturalhealth.hhs.gov/CLAS/>) contain 15 action steps designed to promote health equity, improve quality, and help end healthcare disparities by providing a blueprint for individuals and healthcare organizations to implement CLAS.

Awareness of SUD Treatment Barriers and Inequities

Research indicates that such factors as race and ethnicity, gender and sexual orientation, disability, and community can affect the ability of someone to receive appropriate SUD treatment and other services.⁴⁶⁴ Counselors should be sensitive to the needs of the special populations they are working with on recovery, and the plan of care may need to be adapted based on these needs. SAMHSA's publication *Adapting Evidence-Based Practices for Under-Resourced Populations* (<https://www.samhsa.gov/resource/ebp/adapting-evidence-based-practices-under-resourced-populations>) contains useful adaptation strategies; that publication's "Resources on Treating Particular Populations" section contains information on working with specific special populations—including individuals with co-occurring disorders and women—which is beyond the scope of this TIP. The following table lists some other relevant SAMHSA publications on special populations.



Population	Resource
American Indian and Alaska Native individuals	TIP 61, <i>Behavioral Health Services for American Indians and Alaska Natives</i> (https://store.samhsa.gov/product/TIP-61-Behavioral-Health-Services-For-American-Indians-and-Alaska-Natives/SMA18-5070)
Black/African American individuals	<i>The Opioid Crisis and the Black/African American Population: An Urgent Issue</i> (https://store.samhsa.gov/product/The-Opioid-Crisis-and-the-Black-African-American-Population-An-Urgent-Issue/PEP20-05-02-001)
Hispanic/Latino individuals	<i>The Opioid Crisis and the Hispanic/Latino Population: An Urgent Issue</i> (https://store.samhsa.gov/product/The-Opioid-Crisis-and-the-Hispanic-Latino-Population-An-Urgent-Issue/PEP20-05-02-002)
Individuals with HIV	<i>Advisory, Treating Substance Use Disorders Among People With HIV</i> (https://store.samhsa.gov/product/advisory-treating-substance-use-disorders-among-people-hiv/pep20-06-04-007)
Older adults	TIP 26, <i>Treating Substance Use Disorder in Older Adults</i> (https://store.samhsa.gov/product/treatment-improvement-protocol-tip-26-treating-substance-use-disorder-in-older-adults/PEP20-02-01-011)

Links to SAMHSA’s Practitioner Training and Centers of Excellence for special populations can be found at <https://www.samhsa.gov/practitioner-training>.

Race and Ethnicity

The prevalence of problematic substance use and SUDs varies by race and ethnicity. Research has shown that although Black individuals have lower levels of SUDs during adolescence compared with Hispanic people and White people, after age 25, Black individuals have a higher prevalence of substance use and SUDs than other populations. After age 35, Black men have a higher prevalence of overall substance use. Black women over 35 also report a higher prevalence of heavy drinking compared with Hispanic or White individuals.⁴⁶⁵ SAMHSA’s 2021 National Survey on Drug Use and Health found that the percentage of individuals ages 12 or older with a past-year SUD was higher among American Indian and Alaska Native or multiracial individuals than among Black, White, Hispanic, or Asian individuals.⁴⁶⁶

Researchers have noted the relationship between historical trauma, discrimination, and problematic substance use among minorities, suggesting that systemic effects

of racial and ethnic discrimination may result in increased rates of SUDs later in life for these populations.^{467,468} In addition, minority populations are more affected by the consequences of SUDs “in terms of incarceration, health problems, stigma, and violence.”⁴⁶⁹

The SUD treatment gap is significantly greater for Black and Hispanic adults than for White adults.⁴⁷⁰ Minority populations also face more barriers to SUD treatment completion and satisfaction than White populations do.^{471,472}

For example, in a small 2022 cross-sectional study of Black individuals seeking SUD treatment, more past experiences of racial discrimination in healthcare settings were connected to self-reported delay in seeking SUD care and anticipation of discrimination during SUD treatment.⁴⁷³ A small qualitative 2018 study of Hispanic individuals meeting diagnostic criteria for a recent SUD found that major reasons for avoiding specialty SUD treatment included⁴⁷⁴:

- A lack of interest in abstinence as a recovery goal.
- Concerns that providers wouldn’t treat problematic substance use effectively or in a culturally responsive way.

Findings indicate that bias is an ongoing concern for other minority groups as well, including Asian Americans and Native Americans, who report along with Black and Hispanic individuals that they still experience everyday forms of discrimination.⁴⁷⁵

Research also indicates that prescriptions for buprenorphine to treat OUD are concentrated among White individuals and people who self-pay or use private insurance for buprenorphine treatment. This disparity represents a significant inequity and barrier, given that buprenorphine treatment is effective and, unlike methadone, doesn't require regular in-person dispensing at a special clinic (opioid treatment program)^{476,477,478} that may require greater travel than other dispensing sites.⁴⁷⁹

Gender and Sexual Orientation

Like race and ethnicity, gender and sexual orientation affect SUD treatment engagement. Research finds that women have less access to SUD treatment than men do.⁴⁸⁰ Barriers thought to contribute to this disparity include childcare obligations, pregnancy, and greater financial limitations.^{481,482} Women are also more likely than men to report concern about the effect of being in treatment on their reputation or job.⁴⁸³

Gender disparities in SUD treatment participation have long been noted in treatment for AUD, the most prevalent SUD, with a lower percentage of women receiving needed AUD care.⁴⁸⁴ Findings from a study of patients at a large community health center in the Northeast suggest that one factor in this disparity in treatment participation may be that women who screen positive for AUD are less likely to receive a diagnosis of AUD compared with men who screen positive.⁴⁸⁵

Sexual and gender minorities are at elevated risk of problematic substance use compared with their heterosexual peers.⁴⁸⁶ Research indicates that sexual minority adults have between 1.6 and 3.1 times the odds of lifetime SUDs compared with their heterosexual counterparts.⁴⁸⁷

Although sexual and gender minorities overall are more likely to seek out SUD treatment than their heterosexual peers, they face barriers in accessing quality treatment. These barriers include stigma and bias as well as lack of provider knowledge about specific needs.^{488,489}

Only a limited number of programs are designed to serve LGBTQI+ populations. A 2020 national study looking at the availability of LGBT-specific services in mental health service and SUD treatment facilities found that fewer than one in five SUD treatment facilities reported programs specific to LGBT people.⁴⁹⁰

Rural Communities

People living in rural communities face distinct challenges related to problematic substance use and SUD treatment. Rural residents have fewer treatment options, including a relative lack of access to opioid treatment programs and buprenorphine treatment.⁴⁹¹ Compounding this issue, rural providers report feeling underprepared to deliver SUD treatment because of a lack of necessary supports and resources.⁴⁹² And rural residents are less likely than urban residents to be administered naloxone during an opioid overdose in the emergency department.⁴⁹³ The decision by the Drug Enforcement Administration in June 2021 to allow opioid treatment programs to operate mobile units may help to create increased access to care in rural areas where distance and transportation may have otherwise been significant obstacles for someone seeking treatment.⁴⁹⁴

Rural residents can also face social and cultural barriers to receiving SUD treatment, including stigma around drug use and treatment seeking in general, concerns about treatment anonymity in small communities, a lack of treatment coordination and integration in rural settings,⁴⁹⁵ and mistrust among some treatment seekers about the use of medications for SUDs.⁴⁹⁶ Many people living in rural areas also face economic



barriers and have health insurance gaps that affect their ability to afford SUD treatment. Lack of broadband Internet has also been cited as a barrier to telehealth treatment options in rural areas,⁴⁹⁷ although recent data suggest that significant progress has been made in increasing rural Internet access.⁴⁹⁸

The Health Resources & Services Administration's (HRSA) Federal Office of Rural Health Policy webpage (<https://www.hrsa.gov/rural-health>) provides and links to more information on problematic substance use in rural areas and federal and state responses to it. HRSA's Opioid Response webpage at <https://www.hrsa.gov/rural-health/opioid-response> contains substance use–related topics, as does the Rural Health Information Hub (<https://www.ruralhealthinfo.org/topics>).

Socioeconomic Status

A lower socioeconomic status increases a person's risk of SUDs and can affect treatment options. Socioeconomic disparities affect access and utilization of behavioral health services as well as substance use prevalence and patterns.⁴⁹⁹ An analysis of national survey data showed that among people who reported ever using illicit substances, those with a lower income (family income less than \$20,000) were 34 percent more likely to report having substance use–related problems compared with people in the highest income category.⁵⁰⁰ Also, insurance coverage, specifically lack of insurance among men of color and low socioeconomic status, creates barriers to accessing treatment.⁵⁰¹

Disability

People with disabilities are more likely to have problematic substance use than people without disabilities.^{502,503} Yet people with disabilities are less likely to receive treatment,⁵⁰⁴ in part because they can face a range of barriers to participating, including^{505,506}:

- Lack of accessible programs.
- Lack of specialized programs for people with co-occurring conditions, including individualized treatment plans that account for diverse literacy or cognitive capabilities.
- Transportation issues.
- Difficulty accessing treatment locations.
- Stigma and stereotypes.
- Insufficient clinician training on providing services to clients with disabilities.
- Lack of access to affordable quality care.⁵⁰⁷

People With Chronic Medical Conditions

People living with certain medical conditions, including HIV, hepatitis C virus (HCV), or chronic pain are more likely to have difficulties in accessing and receiving SUD treatment. Provider stigma may be a contributor to these barriers to SUD treatment.^{508,509} A study of people with HCV who inject drugs indicated that stigma negatively affected their ability to navigate and receive treatment.⁵¹⁰ Patients with chronic pain and SUDs also face barriers to treatment, including OUD medication, because of stigma.⁵¹¹

Lack of knowledge of appropriate referrals was another type of barrier to SUD treatment found by a qualitative study of HIV and SUD treatment providers' perspectives on treatment barriers to people living with both HIV and SUDs.⁵¹² Some of the HIV treatment providers interviewed were unfamiliar with the different levels of SUD care and reported that they had never referred a patient to SUD treatment.

People With Intersecting Identities

Limited research has looked at the effects of intersecting identities on SUD treatment.⁵¹³ More is known about the associations between intersecting identities and substance use, information that is useful for counselors.

For example, a study of the links between intersectional stigma and specific behavioral health outcomes among Black, Hispanic, and multiracial gay and bisexual men found a

significant combined effect of gay rejection sensitivity (anxious expectation of rejection for being gay) and racial discrimination on heavy drinking, through emotional regulation difficulties and internalizing symptoms of depression and anxiety.⁵¹⁴ In another example, the authors of a study on disparities in heavy episodic drinking, cannabis use, and smoking found greater prevalence of such substance use among Black and Hispanic LGB women compared with White LGB women.⁵¹⁵

Awareness of Stigma, Implicit Bias, and Discrimination

Stigma and Discrimination Among Healthcare Providers

Stigma, bias, and discrimination on the part of providers may play a key role in perpetuating healthcare disparities, including in the treatment of problematic substance use.⁵¹⁶ Healthcare providers may have biases against people with problematic substance use, which may affect the quality of care provided.⁵¹⁷

Research on hospitalized patients who have SUDs has found that these individuals experience stigma and discrimination from clinicians and other hospital staff.⁵¹⁸ In a study of emergency department physicians' attitudes toward patients with SUDs, physicians reported a lower regard for patients with SUDs than patients with other conditions. In fact, 54 percent of physicians who participated in the study said they at least "somewhat agree" that they "prefer not to work with patients with substance use who have pain."⁵¹⁹

Individuals who use illicit drugs while in a hospital can face an inconsistent and informal range of non-person-centered responses from individual providers, including use of security staff as responders to first instances of illicit use, increased monitoring, and administrative discharge. These responses do not take into account survey findings that some patients with illicit in-hospital use report that it stems from experiencing

stigma and inadequately treated pain or withdrawal.^{520,521,522} These findings highlight a need for more patient-centered, appropriate, and formalized institutional policies related to in-hospital patient drug use.^{523,524,525}

Counselors and Implicit Bias

Implicit bias is a prejudice or bias outside one's conscious awareness that can lead to a negative evaluation of a person based on such characteristics as race or gender. Counselors need to identify any implicit biases they may have against people with problematic substance use or in recovery, as these biases can have a negative effect on care and client rapport.⁵²⁶ If medication-assisted recovery is not part of the counselor's practice or their personal orientation regarding treatment, then the counselor should be conscious of any biases they may have toward individuals seeking or currently using medication for the treatment of SUD.

As one step in addressing any implicit bias they might have, counselors should take care with the language they use with and about clients who have problematic substance use. For example, counselors should⁵²⁷:

- **Use person-first language.** Someone actively using substances in a problematic way should not be referred to as a "substance abuser" or "addict," which can suggest that they, the person, are the problem. Instead, they can be referred to as a "person with problematic substance use," which indicates that they have a problem that can be addressed.
- **Not confuse substance use with SUD.** Counselors should refer to someone as having SUD only if they have received a clinical diagnosis.
- **Use neutral technical terms, rather than stigmatizing slang terms.** The classic example of this guidance is to refer to drug test results as "negative" or "positive," rather than "clean" or "dirty."



BYSTANDER INTERVENTIONS

An active bystander is a person who witnesses a situation, acknowledges the potential problem, and speaks up about it.⁵²⁸

Individuals can choose to be active bystanders when they encounter bias in a situation. The strategies below can help in situations where bias is observed. Counselors should approach these situations as opportunities to educate, rather than to criticize, by⁵²⁹:

- Using humor.
- Being literal or refusing to rely on the assumption being made.
- Asking questions that invite discussion.
- Stating that they are uncomfortable.
- Using direct communication.
- Reminding people of personal or institutional values, or both.

Strengths-Based Counseling

Strengths-based, person-centered counseling at its core involves^{530,531}:

- Focusing on clients' resources, rather than their deficits.
- Working with clients on enhancing their lives, rather than simply helping them manage problems or illness.
- Respecting clients' perspectives on their goals and needs, rather than determining these priorities for clients.

Principles of Strengths-Based Counseling

No single, agreed-upon set of principles for strengths-based counseling exists. Several leading theorists of the strengths-based model have articulated principles relevant for counseling people recovering from problematic substance use. Two somewhat overlapping examples appear below.

Two prominent theorists, Charles A. Rapp and Richard J. Goscha, developed six basic principles for using the model in mental health services⁵³²:

- Principle #1: People can recover, reclaim, and transform their lives.
- Principle #2: The focus is on an individual's strengths, rather than deficits.
- Principle #3: The community is viewed as an oasis of resources.
- Principle #4: The client is the director of the helping process.
- Principle #5: The worker–client relationship is primary and essential.
- Principle #6: The primary setting for our work is in the community.

Rapp and Goscha noted that the principle of viewing the community as an oasis of resources (Principle #3) entails looking for the opportunities and strengths that exist in all communities, even those that lack resources or whose resources may not be obvious. By “primary and essential” in Principle #5, Rapp and Goscha meant that a strong and trusting relationship with the practitioner is needed to create the right environment for mobilizing a client's resources and goals for recovery.⁵³³

Dennis Saleebey, another prominent theorist of the strengths-based model, set out these six principles in 2012 for social work practice⁵³⁴:

- Principle #1: Every individual, group, family, and community has strengths.
- Principle #2: Trauma and abuse, illness and struggle may be injurious, but they may also be sources of challenge and opportunity.
- Principle #3: Assume that you do not know the upper limits of the capacity to grow and change and take individual, group, and community aspirations seriously.
- Principle #4: We best serve clients by collaborating with them.

- Principle #5: Every environment is full of resources.
- Principle #6: Caring, caretaking, and context.

Principle #6 underscores the importance of caring relationships as strengths, including the therapeutic relationship.⁵³⁵

Strengths-based counseling doesn't call for counselors or their clients in recovery to ignore reality. This approach is **NOT** about⁵³⁶:

- Assuming that clients already have all the resources they need to change.
- Focusing only on clients' strengths.⁵³⁷
- Encouraging clients in recovery to "just think positive."

A strengths-based, person-centered approach acknowledges and addresses clients' problems, but doesn't let these problems drive clients' or counselors' expectations for what clients can ultimately achieve in recovery.

Strengths-Based, Person-Centered Assessment

A collaborative strengths-based, person-centered assessment identifies clients' current coping skills and abilities; family, social, and recovery supports; motivation; and other sources of recovery capital (discussed in "Recovery Capital Assessment" below). Counselors should view strengths broadly to include people's values; interpersonal skills; talents; knowledge and resilience gained from previous efforts to overcome problematic substance use, stressful life events, or adversity (including trauma); spirituality and faith; personal hopes, dreams, and goals; family, friend, and community connections; cultural and family narratives of resilience; and general skills in daily living.

Strengths-Based, Person-Centered Intake Approaches

A strengths-based, person-centered approach to counseling recognizes that even the questions asked at intake, whether on a form or in person, can influence clients' perceptions of their situation and their interest in engaging with a counselor. For example, a 2014 randomized study found that marriage and family therapy clients completing a strengths-based intake form listed significantly fewer problems and proposed significantly more solutions than did clients completing a problem-focused form.⁵³⁸

Examples of strengths-based, person-centered intake questions include^{539,540}:

- What do you do well?
- Tell me about a time when you felt like most things were going well. What were you doing to make them go well?
- How can I best help you?

Maslow's Hierarchy of Needs

The last question above reflects the fact that some clients will not regard addressing past or present problematic substance use as their top priority. Psychologist Abraham Maslow's Hierarchy of Needs, originally published in 1943 and now a staple of motivational theory, is based on his observation that people are motivated by unsatisfied needs and tend to want to fulfill basic needs—such as food, water, and shelter—before moving on to higher level needs. The five levels of Maslow's Hierarchy, often displayed as a pyramid, are, from basic to most complex^{541,542}:

- **Physiological needs**, such as food, water, and air.
- **Security and safety needs**, such as financial security, housing, and health care.



- **Social needs**, such as love and healthy social relationships.
- **Esteem needs**, such as appreciation and respect.
- **Self-actualization needs**, or the process of fulfilling personal potential.

Although the process of recovery does not always reflect this kind of linear order,⁵⁴³ the Hierarchy does effectively communicate that clients with substance use-related problems who have basic, pressing needs may be more focused on meeting those needs than on changing their substance use.⁵⁴⁴ A strengths-based, person-centered approach should include consideration of a client's hierarchy of needs, while acknowledging that there is a complex relationship between the levels.⁵⁴⁵ Clients may identify needs in various areas throughout their recovery, from managing withdrawal to establishing healthy social connections. Counselors should identify what needs matter most to clients by asking open-ended questions such as⁵⁴⁶:

- What are your most important needs right now?
- What areas of your life do you want to focus on to address these needs?

Chapter 4 contains an indepth discussion of resources that are available to individuals in recovery to help them meet their personal needs in areas such as health care, affordable housing (e.g., Housing First), nutrition, employment, and social connection.

Hopes and Dreams

Counselors can also ask clients to explore their hopes and dreams. Envisioning the

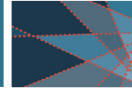
future can help people look ahead in a positive way and identify their core values. This exploration can also help clients identify their recovery goals and recognize how risk behaviors may get in the way of reaching these goals. Some questions include:

- What are your hopes for the future?
- What would you like your life to look like in 5 years?
- What recovery goals fit with your vision of the future?

Values Exercises

As part of a strengths-based, person-centered counseling approach, the consensus panel recommends conducting a values exercise with a client seeking or in recovery. Values can be thought of as the principles, qualities, and beliefs that are most important to an individual and that the individual most wants their life to reflect. The exercise of identifying values can help a client build motivation to enter or maintain recovery by making them more aware of how substance use conflicts with their values.^{547,548} This sort of values work is a key part of Acceptance and Commitment Therapy (discussed in Chapter 3),⁵⁴⁹ but also fits with other counseling approaches.⁵⁵⁰

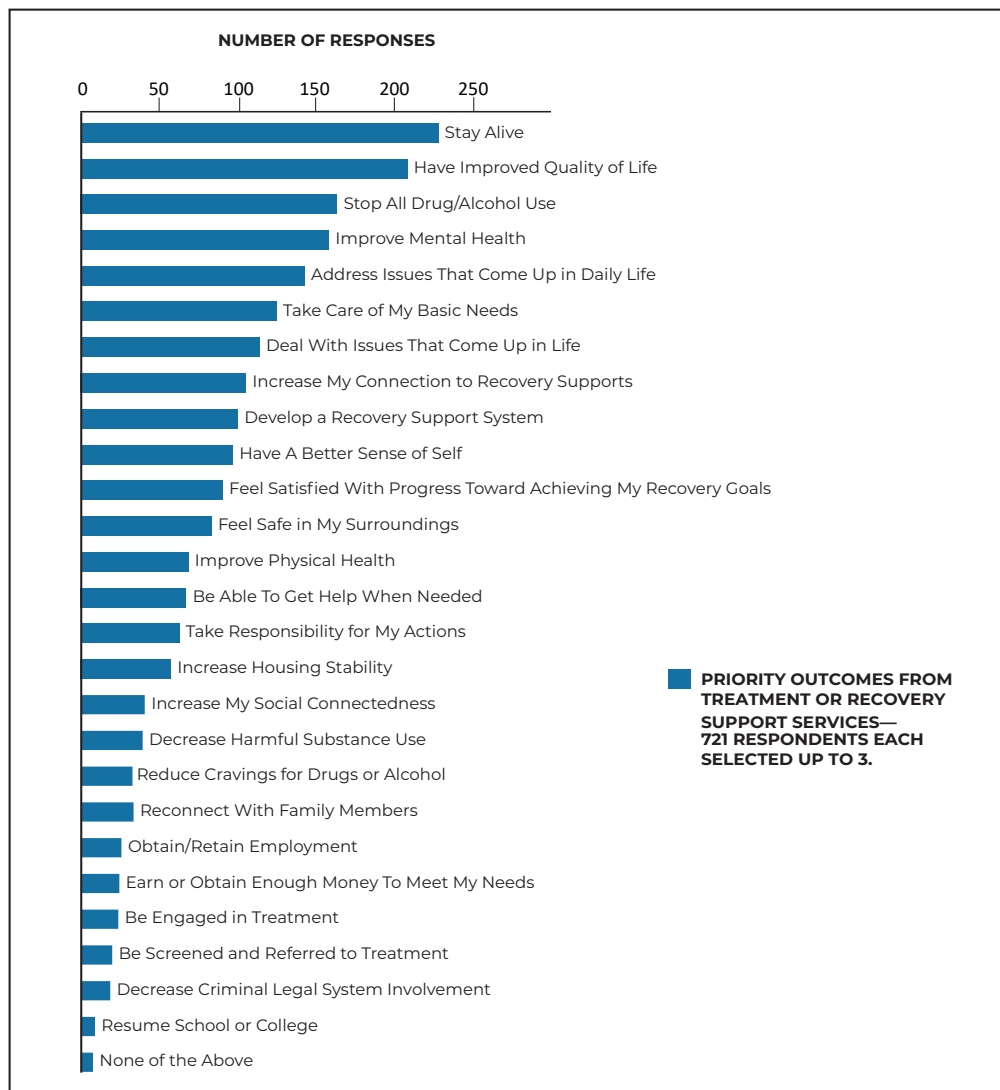
One widely used instrument is the Bull's Eye Exercise,^{551,552} available at https://webster.uaa.washington.edu/asp/website/site/assets/files/2367/values_exercise_bulls_eye.pdf. Another tool is the My Personal Values Worksheet (Exhibits 2.1 and 2.2). Having a client use values sort cards offers another way of conducting a values exercise.



PRIORITY OUTCOMES FOR RECIPIENTS OF SUD TREATMENT AND RECOVERY SUPPORT SERVICES

As part of a 2020 national survey on the relative importance of different SUD treatment and recovery support service outcomes, survey respondents with past or present substance use “challenges” (including SUDs) each chose up to three top outcomes from a list of options, without ranking their choices.⁵⁵³ The chart below shows the full list of options by the number of responses received. Although the survey results aren’t nationally representative, they do underscore that people with problematic substance use have diverse priorities for SUD treatment and recovery support service outcomes.⁵⁵⁴ Notably, people with lived experience of problematic substance use contributed to and reviewed the survey design.

**PRIORITY OUTCOMES RANKED HIGHEST TO LOWEST
BASED ON NUMBER OF RESPONSES**



Source: Adapted with permission.⁵⁵⁵

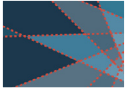


EXHIBIT 2.1. My Personal Values (Worksheet Part 1)

Deep down inside, what is important to you? What do you want your life to stand for?

Personal values are principles and beliefs we have about how we want to live our life and what kind of person we want to be. Values are directions we keep moving in. Values are an ongoing process. For example, if you want to be a loving, caring, supportive partner, that is a value—an ongoing process.

Use this diagram to help you look at your personal values. In each blank circle, fill in a value you hold. You do not have to use every circle, and you may add more circles as needed. **For help thinking about your values, take a look at the questions on the next page.**

Source: Reprinted with permission from PracticeMBRP.

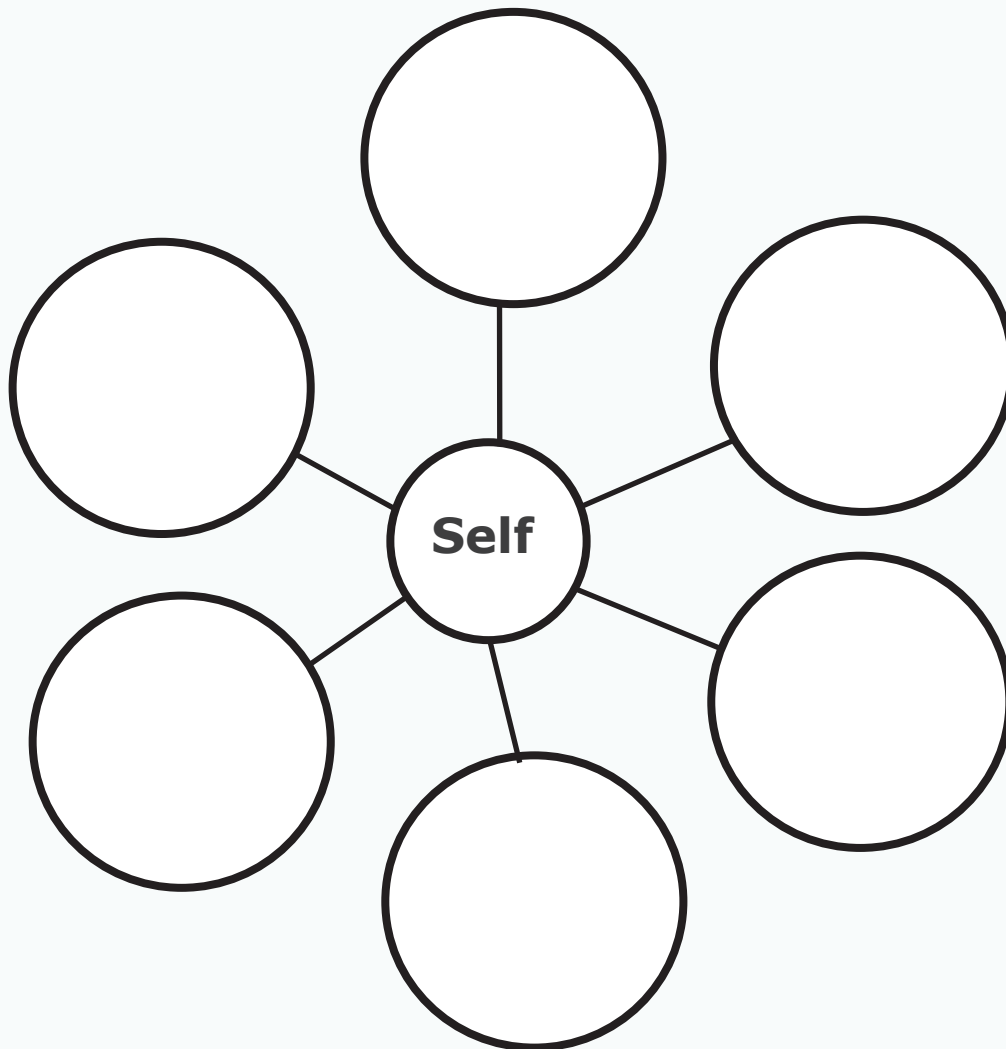


EXHIBIT 2.2. My Personal Values (Worksheet Part 2)

The following are areas of life that are valued by some people. Not everyone has the same values, and this is not a test to see whether you have the “correct” values. There may be certain areas that you don’t value much; you may skip them if you wish.

Family. What sort of brother/sister, son/daughter, uncle/aunt, family member do you want to be? What personal qualities would you like to bring to those relationships? What sort of relationships would you like to build? How would you interact with others if you were the “ideal you” in these relationships?

Marriage/couples/intimate relations. What sort of partner would you like to be in an intimate relationship? What personal qualities would you like to develop? What sort of relationship would you like to build? How would you interact with your partner if you were the “ideal you” in this relationship?

Parenting. What sort of parent would you like to be? What sort of qualities would you like to have? What sort of relationships would you like to build with your children? How would you behave if you were the “ideal you” as a parent?

Friendships. What sort of qualities would you like to bring to your friendships? If you could be the best friend possible, how would you behave towards your friends? What friendships would you like to build?

Career/employment. What do you value in your work? What would make it more meaningful? What kind of worker would you like to be? If you were living up to your own ideal standards, what personal qualities would you like to bring to your work? What sort of work relations would you like to build?

Education/personal growth and development. What do you value about learning, education, training, or personal growth? What new skills would you like to learn? What knowledge would you like to gain? What further education/learning appeals to you? What sort of student would you like to be? What personal qualities would you like to apply?

Recreation/fun/leisure. What sorts of hobbies, sports, or leisure activities do you enjoy? How would you like to relax/unwind? How would you like to have fun? What sorts of activities would you like to do?

Spirituality. Spirituality means different things to everyone. It may be connecting with nature, or it may be participation in an organized religious group. What is important to you in this area of life?

Citizenship/environment/community life. How would you like to contribute to your community or environment (e.g., through volunteering, or recycling, or supporting a group/charity/cause/political party)? What sort of environments would you like to create at home, at work, in your community? What environments would you like to spend more time in?

Health. What are your values related to maintaining your physical well-being? How do you want to look after your health, with regard to sleep, diet, exercise, smoking, alcohol, etc.? Why is this important?

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Decisional Balancing To Address Ambivalence About Changing Problematic Use

Motivation is a critical element of behavior change⁵⁵⁶ that can predict recovery from problematic substance use.^{557,558} As part of strengths-based, person-centered counseling, counselors can use a strategy from MI called decisional balancing to learn what clients with

active problematic substance use think they are getting out of such use and to help them find reasons to address it. MI is an evidence-based, person-centered counseling approach for helping people resolve ambivalence about changing behaviors. When clients observe that the costs of substance use outweigh the benefits, they may be motivated to reduce or stop it.⁵⁵⁹



Decisional balancing must be used carefully, as it may instead increase ambivalence among clients who are contemplating change. It is generally preferable to explore with clients what they get out of substance use before exploring possible reasons for change, as this allows the discussion to conclude with the arguments for change.^{560,561} More on decisional balancing and related MI strategies can be found in Chapter 3 and SAMHSA's TIP 35, *Enhancing Motivation for Change in Substance Use Disorder Treatment*, at <https://store.samhsa.gov/product/TIP-35-Enhancing-Motivation-for-Change-in-Substance-Use-Disorder-Treatment/PEP19-02-01-003>.

Recovery Capital Assessment

"Recovery capital" refers to the quantity and quality of resources available to individuals to begin and maintain long-term recovery from problematic substance use. These resources may be internal (e.g., physical health, values, hope) or external (e.g., community and cultural support, employment), and they can increase.^{562,563} The concept of recovery capital reflects the belief that everyone has strengths and resilience and that building on them is central to the recovery process. Having greater recovery capital is associated with positive outcomes, such as SUD treatment completion, attendance at follow-up appointments, and meeting one's recovery plan goals.^{564,565}

As part of providing recovery-oriented counseling, counselors need to understand the concept of recovery capital and incorporate it into their practice by working with clients seeking recovery to help them identify, access, and build their own recovery capital. Recovery capital is usually divided into four categories.

- **Personal recovery capital** includes "physical recovery capital," such as food, access to transportation, and safe housing as well as "human recovery capital," such as values, knowledge, educational/

job skills, problem-solving skills, internal motivation or commitment to recovery, and self-awareness.⁵⁶⁶

- **Family/social recovery capital** includes intimate relationships; biological family; family of choice; friends; and relationships at school, work, faith-based institutions, and community organizations that support individuals' recovery efforts.⁵⁶⁷
- **Community recovery capital** includes attitudes, policies, and resources in clients' communities that promote recovery from substance use-related problems through multiple pathways.
- **Cultural recovery capital** includes the availability of traditional and other culturally based pathways of recovery that help support clients from that culture. Cultural recovery capital also includes the values and beliefs associated with a culture that support recovery.⁵⁶⁸

Clients who have worked with peer specialists are likely to have already completed a recovery capital assessment at least once as part of receiving peer support services. Because recovery capital can change over time and no one universally accepted measure of it exists, including a recovery capital assessment as part of the overall assessment of clients with present or past problematic substance use can give counselors a better understanding of their recovery resources.

Some clients may find it challenging to identify their strengths or may say that they don't have any. Counselors can ask these clients how they have overcome adversity in the past, and how they have previously managed problematic substance use. Counselors can also reframe as potential strengths what these clients—and the counselors themselves—may think of as deficits. Some examples are in the following table.

Deficit	Reframed as a Strength
Client continues to spend time with friends who have problematic substance use.	Client desires connection with others.
Client's family is always in crisis.	Family has stayed together under stressful circumstances.
Client has a long history of problematic substance use, with multiple treatment episodes.	Client has continued to seek recovery support.

The consensus panel recommends asking clients to look at the skills they used to obtain substances and reframing those as strengths.

Assessing Recovery Capital

Several tools are available for assessing recovery capital. Clients can often complete assessments themselves. Some tools may be more appropriate for use in certain settings or with specific populations. Below is a description of several of these tools, including information about how to access them and limitations.

Substance Use Recovery Evaluator

(SURE). SURE is a brief, easy-to-complete, validated assessment that can help clients monitor and reflect on their recovery journey or their treatment outcomes. SURE collects information on 21 items within these categories: substance use, material resources, outlook on life, self-care, and relationships.⁵⁶⁹ A strength of the measure is that only 6 of the 21 items refer directly to the use of substances, highlighting how it is possible to be in recovery without focusing on abstinence.⁵⁷⁰

The SURE measure is not for use in settings such as residential rehabilitation or prisons. And because the tool was developed in Britain, the developers recommend

substituting culturally appropriate terms as needed when it is used in other countries.⁵⁷¹

More information about SURE can be found at <https://www.kcl.ac.uk/research/sure-substance-use-recovery-evaluator>.

Assessment of Recovery Capital (ARC).

ARC is a 50-item self-report measure validated for predicting recovery. ARC assesses recovery strengths using 10 domains:⁵⁷²

- Substance use
- Psychological health
- Physical health
- Community involvement
- Social support
- Meaningful activities
- Housing and safety
- Risk taking
- Coping and life functioning
- Recovery experience

Counselors can use ARC to identify SUD treatment barriers or interventions to increase recovery capital. Rehabilitation professionals in SUD treatment programs also can use ARC to assess recovery capital, informing the development of treatment plans with a focus on recovery capital.⁵⁷³

Brief Assessment of Recovery Capital-10

(BARC-10). BARC-10 is a brief measure of recovery capital based on the ARC. The measure examines client responses to 10 items across all the original domains of ARC.⁵⁷⁴

This validated measure takes about a minute to complete and provides a single unified dimension of recovery capital. It is appropriate for use in diverse settings, such as recovery support service settings or health clinics.⁵⁷⁵ More information is available in the BARC-10 information sheet developed for the Virginia Department of Behavioral Health & Developmental Services at <https://static1.squarespace.com/static/5cd33914797f74080d793b95/t/60678b620d8b4e517e4ca0b8/1617398627765/BARC-10+Information+Sheet.pdf>.



Strengths and Barriers Recovery Scale (SABRS). SABRS is an index of recovery capital based on the Life in Recovery survey. SABRS assesses five domains—work, finances, legal status, family and social relations, and citizenship—and includes retrospective information about strengths and barriers in active addiction and in recovery.⁵⁷⁶

More information on SABRS is available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7298842/>.

Some Limitations of and Further Work on Recovery Capital Assessments

Although widely used, the ARC and BARC-10 tools assume abstinence is the recovery goal, which doesn't align with current recovery approaches recognizing multiple pathways, and these instruments may not be generalizable to diverse populations.^{577,578}

Work is underway on a new assessment tool, the *Multidimensional Inventory of Recovery Capital* (MIRC). The items in the pilot measure were developed with feedback from service providers and people in recovery from problematic alcohol use, with significant participation by people identifying as LGBTQ+ and by people in recovery who are of color or low income. The participants in recovery also collectively reported using a variety of recovery pathways, and many reported having problems with other substances besides alcohol. The inventory can capture information about the effect on recovery outcomes of poverty, discrimination, and other disadvantages.⁵⁷⁹ The inventory covers these domains:

- Human
- Financial
- Social
- Community and cultural

More information about MIRC is available at <https://www.recoveryanswers.org/research-post/reflections-from-asking-recovering-individuals-about-how-best-measure-recovery-capital/>.

Chapter 4 has recommendations on practices to help build recovery capital.

Unconditional Positive Regard

Providing clients with unconditional positive regard from the outset of counseling work with them is a key aspect of strengths-based, person-centered counseling, regardless of the therapeutic approach used. (Unconditional positive regard refers to caring about, accepting, and valuing someone regardless of what they do or say.⁵⁸⁰) A 2018 meta-analysis found a small but positive association between the provision of positive regard and improved clinical outcomes that support positive regard's status as a central element of the therapeutic relationship for clients generally.⁵⁸¹

The authors of a 2019 study of emotional intelligence among addiction counselors noted that clients with substance use-related problems can face (and may pick up on) counselor frustration with the high rate of recurrence in the SUD treatment population. The authors emphasized the importance of providing clients in SUD treatment "with a nonjudgmental environment and an attitude of unconditional positive regard," saying, "This corrective experience can be especially therapeutic for these clients."⁵⁸²

The authors of the 2018 meta-analysis offered several reasons and recommendations for incorporating positive regard into clinical practice, including the following:⁵⁸³

- Consider that affirming clients can have many useful impacts, such as strengthening clients' engagement in therapy and sense of agency.
- Don't just feel good about clients, but express positive feelings toward them (within clinical boundaries) to support their sense of worth.
- Express regard in different ways, such as offering reassurance, creating positive narratives, and using positive body language.

- Be open, receptive, curious, and valuing of the client.⁵⁸⁴
- Let the client know that they are understood, known, and seen, which can help to release their potential for growth and reconfiguration.⁵⁸⁵

Cues for Health and Well-Being in Early Recovery

Traditional approaches to recovery have focused on identifying and reducing the impact of cues that can trigger substance use, and have suggested that individuals may return to such use when reintroduced to environments full of substance-related cues. More recent research suggests that another important element of recovery is identifying client-specific cues for healthy behaviors and positive thoughts. Such personalized “recovery cues” include images, objects, and sensory experiences that a client associates with recovery commitment and that produce positive cognitive–affective states.⁵⁸⁶

A recovery cue can be as simple as a pair of running shoes left by the door as a reminder to run. Other examples of visual recovery cues are:^{587,588}

- An image of a nature scene that the client associates with serenity.
- Photos of loved ones.
- A photo of a sponsor.
- Supportive text messages that the counselor has sent to the client.

Examples of audio recovery cues are:⁵⁸⁹

- Meditations.
- Nature sounds.
- Music recordings.
- An audio clip of the client reading a gratitude list.

Counselors can help clients identify a collection of such cues.

Coping and Avoidance Skills for Clients in Early Recovery

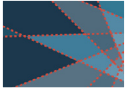
During early recovery, clients need to develop coping and avoidance skills to reduce risk of recurrence to use.⁵⁹⁰ Clients should determine which coping and avoidance skills work best for them.

Coping skills are helpful ways of thinking and acting that can manage impulses and cravings, reduce stress, and support problem-solving in early recovery.⁵⁹¹ Common strategies include:⁵⁹²

- Learning and practicing stress reduction techniques.
- Scheduling time for relaxation.
- Getting more sleep.
- Learning and applying problem-solving techniques.
- Identifying recreational activities.⁵⁹³
- Engaging in positive reframing.⁵⁹⁴ Positive reframing occurs when a client considers an alternative positive meaning of or perspective on a situation.⁵⁹⁵
- Writing or journaling.^{596,597}
- Using urge surfing techniques, or an approach to manage urges by observing the craving without overreacting to it.⁵⁹⁸ (Chapter 3 has a description and guided exercises.)

Clients in early recovery will also want to avoid high-risk situations through avoidance strategies or skills, which can help them divert their attention from urges and identify alternative activities to engage in.⁵⁹⁹ Common avoidance coping strategies include:

- Trying not to think about a problem.
- Distracting oneself with other activities.
- Avoiding people associated with past substance use.
- Altering travel routes to avoid triggering places.
- Removing drug paraphernalia from the home.⁶⁰⁰



Clients in early recovery may also need to be aware of coping mechanisms that can potentially become unhealthy, such as high or significantly increased caffeine or nicotine intake or binge eating. Chapter 3 provides more details about how counselors can help clients identify and develop positive coping and avoidance skills that fit into their treatment plan.

Self-Efficacy

Self-efficacy is commonly understood as a person's belief in their ability to take action to achieve a desired outcome.⁶⁰¹ In the context of substance use, a person with high self-efficacy has confidence in their ability to abstain or reduce such use in high-risk situations. An individual with low self-efficacy, on the other hand, is unsure of their ability to do so.⁶⁰² Research indicates that people in recovery with higher levels of self-efficacy have a greater likelihood of achieving their recovery goals.⁶⁰³

Enhancing a client's self-efficacy may be critical to fostering long-lasting behavior change and may help to sustain their recovery.⁶⁰⁴ A first step can be using validated instruments to assess the client's self-efficacy. Several examples follow:

- The **Alcohol Abstinence Self-Efficacy Scale** measures self-efficacy related to problematic alcohol use. The scale assesses both temptation to drink as well as confidence to abstain from alcohol use in 20 situations, using a 5-point Likert-type scale.⁶⁰⁵ The scale can be found in Appendix B of SAMHSA's TIP 35, *Enhancing Motivation for Change in Substance Use Disorder Treatment*, at <https://store.samhsa.gov/product/TIP-35-Enhancing-Motivation-for-Change-in-Substance-Use-Disorder-Treatment/PEP19-02-01-003>.
- The **Drug-Taking Confidence Questionnaire** assesses self-efficacy related to use of a particular substance. The 50-item, fee-based questionnaire measures how likely people are to resist

urges in specific situations, using a 6-point Likert-type scale.^{606,607}

- The **Drug Avoidance Self-Efficacy Scale (DASE)** measures self-efficacy for multiple substances. The scale includes 16 questions rated from 1 to 7 from "certainly yes" to "certainly no" in relation to how likely people are to avoid or resist the urge to use substances.⁶⁰⁸ The DASE instrument can be found at https://adai.uw.edu/instruments/pdf/Drug_Avoidance_Self_Efficacy_Scale_438.pdf.

Chapter 3 discusses another useful tool: the Confidence Ruler.

After evaluating a client's self-efficacy, the counselor can help them improve their self-efficacy by identifying their natural coping skills, teaching them new ones, and helping them practice the use of these skills. These assessments can also help the counselor identify the unique and personally relevant high-risk situations in which the client feels a greater sense of confidence or lacks confidence.⁶⁰⁹ Comparing situations in which a client has low and high confidence can help them recognize and apply helpful coping skills to low-confidence situations.

Importance of Substance-Free Activities in Recovery

Helping clients access low-cost, substance-free activities will support them on their recovery journey, in part by helping satisfy the needs that substance use filled. Research has highlighted the importance of engaging in substance-free activities as an alternative to use.^{610,611,612,613} Substance use **increases** in the absence of substance-free alternatives.⁶¹⁴ Looking specifically at harmful alcohol use, research indicates that it's less likely to occur in conditions where substance-free alternatives are low cost and readily available.^{615,616} As one study notes, people **recover** from problematic substance use when the availability of substance-free rewarding activities **increases**.⁶¹⁷

Counselors should help clients in recovery discover new ways (or rediscover past ways) to engage in rewarding substance-free activities that are safe, enjoyable, accessible, affordable, and personally meaningful for them.⁶¹⁸ Care should be taken to avoid activities that the client associates with their substance use. Examples of substance-free activities include:^{619,620}

- Praying or meditating.
- Attending religious services.
- Taking relaxing outdoor walks.
- Exercising.
- Doing low-cost home improvement activities.
- Crafting.
- Cleaning or decluttering one’s personal space.
- Playing a musical instrument.
- Writing.

Socializing with friends and family members may also be a good option, as long as they do not have their own problematic substance use.⁶²¹ A client’s ability to socialize can be affected by a variety of factors (e.g., a global pandemic that calls for social distancing, a client’s physical limitations or lack of transportation), so flexibility in terms of what constitutes “social interaction” may be needed (e.g., interactive and digital socializing as opposed to in-person socializing).⁶²²

Counselors can also help clients structure their days to incorporate enjoyable activities and encourage healthy choices during a period when they would normally engage in problematic substance use. For example, counselors could encourage clients to go for an outdoor walk or attend an exercise class in the evenings, if this is a time when problematic substance use would normally occur. Even small changes in the timing of activities may help deter problematic substance use⁶²³ and promote wellness.

Approach to Promoting a Healthy Life for Clients Beyond Early Recovery

This TIP takes the perspective that recovery extends beyond resolving problematic substance use to encompass living a healthy life. Counselors should help clients gain or further develop the resources, skills, and confidence to advance and even thrive in the four dimensions outlined below:^{624,625}

- **Health.** Maintaining good health by overcoming or managing one’s disease(s) as well as living in a physically and emotionally healthy way
- **Home.** Building a stable and safe place to live
- **Purpose.** Identifying meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors
- **Community.** Developing relationships and social networks that provide support, friendship, love, and hope



Chapter 4 discusses ways to encourage clients to work on these four domains so they can become more independent, build on their strengths, and enter into the life they want.⁶²⁶



Recovery Management Check-Ins and Checkups

Telephone check-ins and recovery management checkups (RMCs) are effective, proactive strategies for counselors to stay apprised of clients' recovery status and intervene early in actual recurrence of use.

Telephone check-ins involve regular telephone calls with clients in recovery to ask how things are going. Such check-ins typically take place frequently during early recovery or at other times when need for frequent contact is high; they become less frequent as an individual's recovery strengthens.^{627,628} To be recovery-oriented, such check-ins should include a focus on clients' development and application of their strengths and avoid being overly directive.^{629,630} Peer specialists often use telephone or text check-ins as part of their work with individuals in recovery.⁶³¹

RMCs are modeled after methods for providing long-term management of chronic medical conditions like diabetes and heart disease. RMCs involve post-SUD treatment in person or with telephone interviews to determine whether individuals need to reengage in treatment. The intervention provides the individual with tailored feedback on their recovery and, if return to treatment is needed, incorporates MI, problem-solving techniques, and assertive linkage. Major studies on implementing this intervention used quarterly checkups.⁶³²

Approach to Recurrence and Its Warning Signs

Counselors should be supportive of clients, regardless of whether they experience recurrence.⁶³³ Shaming clients or withholding

counseling after a recurrence will only limit clients' progress toward their long-term goals. Instead, counselors have an opportunity to help clients put a recurrence in perspective and reinforce that a recurrence does not mean they can't achieve recovery. Nor does it mean that the client is back at square one. Many people who have experienced recurrence one or more times go on to maintain long-term recovery.⁶³⁴

Using a person-centered, strengths-based approach and unconditional positive regard, counselors should affirm clients' efforts to continue in recovery and encourage them to reflect on their goals and how the recurrence could be an opportunity to gain greater insight and adjust their action plan. Clients who have a recurrence should hear from their counselors that they are not alone, because the counselors can offer continuous support while they navigate a path back to recovery.

When clients who take medication to support their recovery have a recurrence, a recovery-oriented approach views this event not as a reason for automatic discharge, but as a sign that dosage and other aspects of the treatment plan may need adjusting.^{635,636} Individuals taking medication for OUD are at especially high risk for overdose and death should their medication be discontinued. Counselors should refer to their facility policies for guidance in these situations.

As discussed in Chapter 1, recurrence, like recovery, is not an event but a process.⁶³⁷ Counselors and their clients can look out for warning signs that a recurrence may occur within months or weeks and take steps to avert it.⁶³⁸ Stressful life events such as divorce and legal troubles are also associated with recurrence.⁶³⁹

THE ABSTINENCE VIOLATION EFFECT

The abstinence violation effect (AVE) is a construct for explaining why some people who use a substance again after a period of abstinence experience more serious recurrence of use. People susceptible to AVE are theorized to engage in all-or-nothing thinking in which they interpret any use as total failure and not as a temporary setback. According to the theory, the internal conflict over this disconnect between their behavior and values and the associated feelings of guilt, shame, and hopelessness increase the risk of severe and continued recurrence.^{640,641,642} More information on AVE is in “Dealing With the Abstinence Violation Effect” in Chapter 3.

Counselor Responses to Warning Signs of a Recurrence

Awareness of common triggers and warning signs of a recurrence will help counselors proactively address them with a client if they arise. To respond to warning signs, counselors should:

- Talk to the client about outcome expectancies and urges.
- Identify triggers for recurrence to use.
- Assess the client’s confidence in high-risk situations.
- Evaluate the client’s motivation to continue with a treatment or recovery plan.
- Consider working with the client and any providers involved in developing the client’s treatment or recovery plan (such as a peer specialist) to incorporate approaches for avoiding a recurrence, or provide additional services, as needed.

Talking to the Client About Outcome Expectancies and Urges

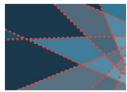
Outcome expectancies are anticipated consequences, positive or negative, that result from engaging in substance use.^{643,644} Research indicates that a recurrence to problematic substance use can result when outcome expectancies are too positive or are not addressed.⁶⁴⁵ Higher levels of positive outcome expectancies combined with higher levels of negative urgency (behaving impulsively when in a negative mood⁶⁴⁶) may increase the risk of a recurrence to use.⁶⁴⁷

Counselors can work with clients to identify the outcome expectancies (both positive and negative) for substance use. Counselors can also help clients identify goals and objectives that will help them avoid a recurrence.

Suggested steps to support a client in recognizing and addressing outcome expectancies include:⁶⁴⁸

- Listing the outcome expectancies for the substance use and resolved behavior (e.g., reduced use of substances).
- Discussing the reality of each expectation.
- Asking about the benefits of changing behavior (e.g., better quality of life).
- Asking the client to identify reasons to stop the behavior.
- Working with the client to develop specific goals and objectives.

Clients are more likely to adhere to a treatment or recovery plan if they think it will bring desirable outcomes that outweigh the benefits of engaging or reengaging in problematic substance use.⁶⁴⁹



RESOURCE ALERT: ADVANCE WARNING OF RELAPSE QUESTIONNAIRE

The Advance WARNING of RELapse (AWARE) questionnaire assesses the potential for a recurrence to problematic alcohol use based on certain warning signs. The self-reported questionnaire includes 28 items scored on a 7-point Likert scale.⁶⁵⁰ The higher the score, the higher the probability that the individual will recur to problematic alcohol use within the next 2 months.⁶⁵¹

Although the scale was originally designed to identify problematic alcohol use specifically, research has shown that it can be modified to identify the risk of substance use recurrence more generally.⁶⁵² Counselors should also discuss results of the questionnaire with clients in a nonjudgmental manner that offers neutral feedback about potential risk for a recurrence to use.

The AWARE questionnaire can be accessed at <https://casaa.unm.edu/inst/Aware.pdf>.

Identifying Triggers for Recurrence to Use

Counselors should also help clients identify their triggers for problematic substance use based on what they experienced in the past. Help them identify the following:⁶⁵³

- High-risk situations (i.e., who, where, when)
- External triggers (e.g., smells, sounds)
- Internal triggers (e.g., thoughts, feelings, physical cravings)

Once a client identifies these triggers, the counselor's role is to help them develop coping strategies that worked in the past and that might work again.⁶⁵⁴ To do this, the counselor should:

- Ask the client about strategies they could use now to avoid high-risk situations or external triggers as well as ways to manage internal triggers without engaging in problematic substance use.

- Ask the client to describe additional coping strategies.
- Evaluate the client's confidence in applying these coping strategies.

HUNGRY, ANGRY, LONELY, TIRED

The acronym HALT (Hungry, Angry, Lonely, Tired), from Alcoholics Anonymous®, offers a useful tool to give clients to help them remember to address important needs early on:⁶⁵⁵

- Don't get too **H**ungry can include an awareness—not only of avoiding being too hungry, but also focusing on healthy eating.
- Don't get too **A**ngry is a reminder to understand the causes of your anger and find healthy ways to feel and express that anger.
- Don't get too **L**onely is a reminder to connect with safe people, engage in social and recreational activities with others, and attend recovery support groups.
- Don't get too **T**ired is a reminder to get enough sleep and rest when fatigued.

Invite clients to say "HALT" to themselves when feeling stressed and then take appropriate action before the impulse to use or reengage in risk behaviors becomes overwhelming.⁶⁵⁶

Assessing the Client's Feelings of Confidence in High-Risk Situations

The Brief Situational Confidence Questionnaire (BSCQ) is a tool that can help assess clients' level of confidence in how well they would cope in common high-risk situations. The BSCQ is an eight-question measure that asks people to rate how confident they are in their ability at that moment to resist the urge to drink heavily or use drugs in eight situations. The questionnaire's scale ranges from 0 percent to 100 percent, with 0 percent indicating not at all confident and 100 percent indicating totally confident.⁶⁵⁷

The BSCQ form is available at https://www.nova.edu/gsc/forms/appendix_d_brief_situational_confidence_questionnaire.pdf. The instructions are available at <https://www.nova.edu/gsc/forms/BSCQ%20Instructions.pdf>.

Using a tool like the BSCQ can help clients better understand their confidence level in high-risk situations, which can be useful in setting realistic goals and developing individualized coping strategies.⁶⁵⁸

Assessing the Client’s Motivation To Continue With a Treatment or Recovery Plan

Motivation is fluid, changing over time and by situation. As discussed above, motivation to change can increase when reasons for change and specific goals become clear.⁶⁵⁹ Motivation can decrease when a person feels doubt or ambivalence about change.

Motivation to change includes another construct: “commitment to change.” A commitment to change implies the presence of a stronger desire that may help someone maintain recovery in the face of adverse circumstances. By assessing a client’s commitment to change, a counselor can evaluate the client’s motivation to continue with treatment or recovery.⁶⁶⁰

Several tools exist to assess commitment to change, including the following:

- **Stages of Change Readiness and Treatment Eagerness Scale (SOCRATES):** SOCRATES measures readiness to change and motivation to continue with treatment or recovery. The SOCRATES 8A is for alcohol use, and the SOCRATES 8D is for other substance use. The SOCRATES uses a 5-point scale ranging from 5 (strongly agree) to 1 (strongly disagree) and can assess recognition of the problem, ambivalence, and efforts to take steps. Changes in scores over time can help clients understand the impact of an intervention on problem recognition, ambivalence, and progress toward goals.⁶⁶¹
- **Commitment to Sobriety Scale:** This 5-item measure assesses level of commitment to recovery from problematic substance use. The scale rates agreement with statements concerning substance

use (e.g., “I will do whatever it takes to recover from my addiction” and “I never want to return to alcohol/drug use again”). It includes a 6-point scale ranging from strongly disagree (1) to strongly agree (6).⁶⁶² Use this tool with clients who have abstinence as their recovery goal.

- **Addiction Treatment Attitudes Questionnaire:** This measure assesses attitudes toward treatment and recovery. The questionnaire includes questions about commitment to lifelong abstinence (e.g., “I should never have another drink/drug” or “I believe I should never use alcohol or any mood-altering chemicals again”). Respondents rate their agreement with each statement, from 1 (strongly disagree) to 5 (strongly agree). Higher scores indicate more positive attitudes toward treatment.⁶⁶³ This tool is appropriate for use with clients who have abstinence as their recovery goal.

Through these tools, a counselor can explore a client’s internal and external reasons for entering and staying in treatment and recovery.

Reassessing the Client’s Treatment Plan or Recovery Plan and Support Services

When a client experiences a recurrence, it may be time to bolster or update their treatment or recovery plan and goals and reevaluate their need for other support services. Through an examination of triggers, coping strategies, warning signs, and motivation, the counselor and the client can explore revising the plan. Updates may include additional strategies for managing thoughts, urges, and impulses related to problematic use.⁶⁶⁴ Other revisions may include starting or increasing attendance at mutual-help meetings, participating in more recreational activities, and initiating or expanding delivery of peer support services.

A recurrence can lower a client’s motivation and confidence about continuing their recovery journey. The client may also need



support and guidance about ways to manage the negative thoughts and feelings caused by the recurrence itself. The counselor's role is to remind the client of their previous progress and to support them in moving forward through a recommitment to their recovery.⁶⁶⁵

Ways That Payment Systems Can Affect the Delivery of Care

SAMHSA recognizes that counselors in healthcare and behavioral health services must work within the realities and constraints of the payment systems that reimburse or fund their services. Variations in insurance plans and reimbursement rates and limitations on certain services can potentially act as barriers to receiving payment or make the payment process labor intensive and difficult, affecting the delivery of care. Being aware of these potential roadblocks can help providers who want to implement or increase recovery-oriented services plan and deliver care that not only meets the needs of the client but also can be reliably funded or paid for.

The literature on SUDs and payment processes identifies a variety of issues that providers should consider when planning services. These include:

- **Types of treatment covered.** Significant variation exists from one state to another and even within states regarding which services are covered by private insurance or such federal resources as Medicaid and Medicare, and which services are partially or entirely out-of-pocket costs for the client. For example, such core services as medically supervised withdrawal and residential or intensive outpatient treatment as well as some types of medication, may not be eligible for coverage.⁶⁶⁶
- **"Medical necessity."** Certain states will not cover services that are not considered to be a "medical necessity." For example, some states do not consider opioid withdrawal to be life threatening; therefore, treatment for opioid withdrawal is not covered under Medicaid in those states.⁶⁶⁷ Providers need to be aware of "medical necessity" criteria in their state or locality, or under the terms of the client's insurance provider.
- **Reimbursement rates and limits.** Services may be reimbursed at varying rates, even within the same state. In addition, some insurance providers limit the number of certain kinds of treatment sessions or screenings a client can receive,⁶⁶⁸ potentially denying that client the duration of treatment they truly need. This issue can be further complicated by insurance providers that reimburse services based on the number of "events" (e.g., face-to-face meetings), rather than on a value-based approach that rewards sustained positive outcomes.⁶⁶⁹
- **Service silos.** SUD treatment has historically been delivered separately from medical and psychiatric services, which can potentially disincentivize the collaborative approach and effective case management that are necessary to meet all the needs of individuals in recovery.^{670,671}
- **Fee schedules.** Certain fee schedules make it difficult or impossible to be reimbursed for needed services. For instance, if an individual sees a primary care provider and an addiction specialist on the same day, both providers may not be able to obtain reimbursement.⁶⁷² This may discourage, or even disincentivize, the use of integrated and multisystem care, which is fundamental to effective recovery-oriented services.
- **Prior authorization.** Some insurance providers and health plans require patients to obtain approval for certain types of care or medications prior to receiving them. Services and medications for the treatment of SUD have been subject to this requirement more frequently than other kinds of services, although some states are passing laws to change this.⁶⁷³ If a client's

insurance plan requires prior authorization, it may delay their ability to begin taking medication needed to treat OUD or AUD.

- **Lack of insurance.** Individuals seeking treatment for problematic substance use—particularly those who are also involved with the criminal justice system—are more likely than other populations to be uninsured.^{674,675}

To ensure adequate and appropriate delivery of care, providers need to be willing to work with their colleagues, supervisors, and resources in the community to find creative solutions to these issues. These may include:

- **Accessing federal grant funding.** Although the process of securing and implementing these resources can be lengthy, and the finite funding periods may limit the ability to plan long term,⁶⁷⁶ federal dollars remain a significant source of support for substance use treatment and recovery services. Funding opportunities can be located through the federal grants portal (<https://www.grants.gov/>), the Department of Health and Human Services' grants webpage (<https://www.grants.gov/web/grants/learn-grants/grant-making-agencies/departments-of-health-and-human-services.html>), SAMHSA (<https://www.samhsa.gov/grants>), HRSA, (<https://bhw.hrsa.gov/funding/apply-grant#behavioral-mental-health>), the National Institutes of Health (<https://www.nih.gov/grants-funding>), and CDC (<https://www.cdc.gov/grants/>).
- **Collecting program-level data to support funding applications.** A 2021 article in a National Academy of Medicine periodical identified the importance of formalized and thorough data collection at the program level, as this can be key to securing funding on an ongoing basis.⁶⁷⁷
- **Educating criminal justice-involved clients about Medicaid requirements.** Data from 2017 indicates that one in three referrals to SUD treatment come from

the criminal justice system.⁶⁷⁸ Individuals who are incarcerated are not eligible for Medicaid reimbursements for addiction services during incarceration; however, they can apply for restored eligibility while still incarcerated. This may speed up their ability to receive services after release.⁶⁷⁹

- **Increasing collaboration between, and the integration of, systems of care.** Providers can consistently advocate for systemic change that increases collaboration, improves coordination of care, and facilitates fuller case management. The Surgeon General's report on addiction notes that closer integration of SUD treatment services with mainstream healthcare systems can help address health disparities, reduce healthcare costs, and improve general health outcomes.⁶⁸⁰
- **Promoting awareness of the Paul Wellstone and Peter Domenici Mental Health Parity and Addiction Equity Act (MHPAEA).** This legislation,⁶⁸¹ signed into law in 2008, mandates that mental and substance use disorder treatment benefits under group and individual health insurance plans be comparable to medical benefits in terms of financial requirements and treatment limitations. The 2010 Patient Protection and Affordable Care Act expanded the reach of MHPAEA. Counselors and administrators can look for ways that this legislation can support enhanced program services.

Recovery-Oriented Systems of Care and Strengths-Based Counseling

Ideally, counseling for people in recovery takes place in the context of a recovery-oriented system of care (ROSC). **The consensus panel emphasizes that the ROSC concept applies across settings (e.g., behavioral health, primary care,**



criminal justice, social services) and across the recovery continuum. The benefits of participating in a ROSC can include:^{682,683,684,685}

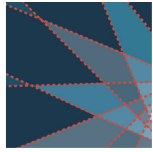
- Opportunities to have better coordination with clients' other providers, thereby promoting continuing, holistic care.
- Collaboration with other providers from multiple disciplines who have a recovery-oriented approach to care.
- Connections to other services and supports for clients in recovery, such as housing resources and child care.

Although no centralized listing of ROSCs exists, member centers of SAMHSA's ATTC Network share information on ROSCs and, in some cases, provide technical assistance with establishing them. (ATTC contact information

is at <https://attcnetwork.org/centers/selection>.) If no ROSC exists in a given area, a counselor can partner with like-minded providers and organizations to work toward developing one. Chapter 5 provides more information.

Conclusion

The competencies, strategies, and resources discussed in this chapter apply to recovery-oriented counseling, regardless of the setting or the particular counseling approach used in work with individuals considering or in recovery. Chapters 3 and 4 further discuss how to incorporate the concepts in this chapter into practice. Ideally, counseling is provided in the context of a ROSC that supports people before, during, and after SUD treatment, and, in some cases, even instead of treatment.



References

- 1 Substance Abuse and Mental Health Services Administration. (2012). *SAMHSA's working definition of recovery: 10 guiding principles of recovery* (p. 3) <https://store.samhsa.gov/sites/default/files/d7/priv/pep12-recdef.pdf>
- 2 Substance Abuse and Mental Health Services Administration. (2022). Recovery and recovery support. <https://www.samhsa.gov/find-help/recovery>
- 3 Ignaszewski, M. J. (2021). The epidemiology of drug abuse. *Journal of Clinical Pharmacology*, 61(Suppl. 2), S10–S17.
- 4 Substance Abuse and Mental Health Services Administration. (2022). *Key substance use and mental health indicators in the United States: Results from the 2021 National Survey on Drug Use and Health*. HHS Publication No. PEP22-07-01-005, NSDUH Series H-57. Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality.
- 5 Substance Abuse and Mental Health Services Administration. (2022). *Key substance use and mental health indicators in the United States: Results from the 2021 National Survey on Drug Use and Health*. HHS Publication No. PEP22-07-01-005, NSDUH Series H-57. Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality.
- 6 Han, B., Compton, W. M., Jones, C. M., Einstein, E. B., & Volkow, N. D. (2021). Methamphetamine use, methamphetamine use disorder, and associated overdose deaths among US adults. *JAMA Psychiatry*, 78(12), 1329–1342.
- 7 National Institute on Drug Abuse. (2023, February 9). Drug overdose death rates. <https://nida.nih.gov/research-topics/trends-statistics/overdose-death-rates>
- 8 Waller, R. C., Clark, K. J., Woodruff, A., Glossa, J., & Ostrovsky, A. (2021). Guide for future directions for the addiction and OUD treatment ecosystem [Discussion paper]. *NAM Perspectives*, 2021, 10.3147/202104b.
- 9 Office of the Surgeon General. (2016). *Facing addiction in America: The Surgeon General's report on alcohol, drugs, and health*. U.S. Department of Health and Human Services. <https://addiction.surgeongeneral.gov/sites/default/files/surgeon-generals-report.pdf>
- 10 Davidson, L., Rowe, M., DiLeo, P., Bellamy, C., & Delphin-Rittmon, M. (2021). Recovery-oriented systems of care: A perspective on the past, present, and future. *Alcohol Research: Current Reviews*, 41(1), 09.
- 11 Substance Abuse and Mental Health Services Administration. (2017). *Peer support*. https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tac/peer-support-2017.pdf
- 12 Substance Abuse and Mental Health Services Administration. (2012). *SAMHSA's working definition of recovery: 10 guiding principles of recovery*. <https://store.samhsa.gov/sites/default/files/d7/priv/pep12-recdef.pdf>
- 13 American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text revision). American Psychiatric Publishing.
- 14 American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text revision). American Psychiatric Publishing.
- 15 American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text revision). American Psychiatric Publishing.
- 16 Substance Abuse and Mental Health Services Administration. (2010). *Recovery-oriented systems of care (ROSC) resource guide*. Substance Abuse and Mental Health Services Administration.
- 17 Substance Abuse and Mental Health Services Administration. (2012). *Building bridges: People in recovery from addictions and mental health problems in dialogue*. HHS Publication No. (SMA) 12-4680. Substance Abuse and Mental Health Services Administration.



- 18 Nerlich, A. P., Landon, T. J., & Keegan, J. P. (2022). A vision for rehabilitation counseling: Appreciative inquiry through the eyes of our legacy leaders. *Rehabilitation Counselors and Educators Journal*, 31744.
- 19 Kelly, J. F., Bergman, B., Hoepfner, B. B., Vilsaint, C., & White, W. L. (2017). Prevalence and pathways of recovery from drug and alcohol problems in the United States population: Implications for practice, research, and policy. *Drug and Alcohol Dependence*, 181, 162–169.
- 20 Kelly, J. F., Abry, A. W., Milligan, C. M., Bergman, B. G., & Hoepfner, B. B. (2018). On being “in recovery”: A national study of prevalence and correlates of adopting or not adopting a recovery identity among individuals resolving drug and alcohol problems. *Psychology of Addictive Behaviors*, 32(6), 595–604.
- 21 Substance Abuse and Mental Health Services Administration. (2012). *SAMHSA’s working definition of recovery: 10 guiding principles of recovery*. Publication ID: PEP12-RECDEF. Substance Abuse and Mental Health Services Administration.
- 22 Substance Abuse and Mental Health Services Administration. (2012). *SAMHSA’s working definition of recovery: 10 guiding principles of recovery*. Publication ID: PEP12-RECDEF. Substance Abuse and Mental Health Services Administration.
- 23 Substance Abuse and Mental Health Services Administration. (2012). *Building bridges: People in recovery from addictions and mental health problems in dialogue*. HHS Publication No. (SMA) 12-4680. Substance Abuse and Mental Health Services Administration.
- 24 Substance Abuse and Mental Health Services Administration. (2010). *Recovery-oriented systems of care (ROSC) resource guide*. Substance Abuse and Mental Health Services Administration.
- 25 Substance Abuse and Mental Health Services Administration. (2012). *Building bridges: People in recovery from addictions and mental health problems in dialogue*. HHS Publication No. (SMA) 12-4680. Substance Abuse and Mental Health Services Administration.
- 26 Kaskutas, L. A., Borkman, T. J., Laudet, A., Ritter, L. A., Witbrodt, J., Subbaraman, M. S., ... Bond, J. (2014). Elements that define recovery: The experiential perspective. *Journal of Studies on Alcohol and Drugs*, 75(6), 999–1010.
- 27 Kelly, J. F., Abry, A. W., Milligan, C. M., Bergman, B. G., & Hoepfner, B. B. (2018). On being “in recovery”: A national study of prevalence and correlates of adopting or not adopting a recovery identity among individuals resolving drug and alcohol problems. *Psychology of Addictive Behaviors*, 32(6), 595–604.
- 28 Kelly, J. F., Abry, A. W., Milligan, C. M., Bergman, B. G., & Hoepfner, B. B. (2018). On being “in recovery”: A national study of prevalence and correlates of adopting or not adopting a recovery identity among individuals resolving drug and alcohol problems. *Psychology of Addictive Behaviors*, 32(6), 595–604.
- 29 Pew Charitable Trusts. (2021). *How licensed counselors could help address harmful substance use: Underutilized workforce could be leveraged to play critical role in prevention and treatment* [Issue brief].
- 30 University of Michigan Behavioral Health Workforce Research Center. (2019). *National analysis of peer support providers: Practice settings, requirements, roles, and reimbursement*. University of Michigan School of Public Health.
- 31 Substance Abuse and Mental Health Services Administration. (2021). *National Mental Health Services Survey (N-MHSS): 2020. Data on mental health treatment facilities*. Substance Abuse and Mental Health Services Administration.
- 32 Ballard, S. C., & Bender, S. L. (2022). A systematic review of social, emotional, and behavioral interventions and outcomes for students in alternative education. *Preventing School Failure: Alternative Education for Children and Youth*, 66(2), 136–149.
- 33 Substance Abuse and Mental Health Services Administration. (2015). *Screening and assessment of co-occurring disorders in the justice system*. HHS Publication No. PEP19-SCREEN-CODJS. Substance Abuse and Mental Health Services Administration.
- 34 NASW Center for Workforce Studies & Social Work Practice. (2011). *Social workers in social services agencies: Occupational profile*. National Association of Social Workers. https://ncwwi.org/files/Job_Analysis_Position_Requirements/Social_Workers_in_Social_Services_Agencies_-_Occupational_Profile.pdf

- 35 Nerlich, A. P., Landon, T. J., & Keegan, J. P. (2022). A vision for rehabilitation counseling: Appreciative inquiry through the eyes of our legacy leaders. *Rehabilitation Counselors and Educators Journal*, 31744.
- 36 Isvan, N., Gerber, R., Hughes, D., Battis, K., Anderson, E., & O'Brien, J. (2019). *Credentialing, licensing, and reimbursement of the SUD workforce: A review of policies and practices across the nation*. U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, Office of Disability, Aging, and Long-Term Care Policy.
- 37 Page, C., Beck, A. J., Buche, J., Singer, P.M., Vazquez, C., & Perron, B. (2017). *National assessment of scopes of practice for the behavioral health workforce*. University of Michigan School of Public Health, Behavioral Health Workforce Research Center.
- 38 Stanojlovic, M., & Davidson, L. (2021). Targeting the barriers in the substance use disorder continuum of care with peer recovery support. *Substance Abuse: Research and Treatment*, 15, 1178221820976988.
- 39 Watson, D. P., Brucker, K., McGuire, A., Snow-Hill, N. L., Xu, H., Cohen, A., ... Kline, J. A. (2020). Replication of an emergency department-based recovery coaching intervention and pilot testing of pragmatic trial protocols within the context of Indiana's Opioid State Targeted Response plan. *Journal of Substance Abuse Treatment*, 108, 88–94.
- 40 Substance Abuse and Mental Health Services Administration. (2022). *Key substance use and mental health indicators in the United States: Results from the 2021 National Survey on Drug Use and Health*. HHS Publication No. PEP22-07-01-005, NSDUH Series H-57. Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality.
- 41 Substance Abuse and Mental Health Services Administration. (2022). *Key substance use and mental health indicators in the United States: Results from the 2021 National Survey on Drug Use and Health*. HHS Publication No. PEP22-07-01-005, NSDUH Series H-57. Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality.
- 42 Centers for Disease Control and Prevention, National Center for Health Statistics. (2022, May 11). *U.S. overdose deaths in 2021 increased half as much as in 2020 — But are still up 15%* [Press release]. https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2022/202205.htm
- 43 Centers for Disease Control and Prevention, National Center for Health Statistics. (2022, May 11). *U.S. overdose deaths in 2021 increased half as much as in 2020 — But are still up 15%* [Press release]. https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2022/202205.htm
- 44 Substance Abuse and Mental Health Services Administration. (2021). *Treatment for stimulant use disorders*. Treatment Improvement Protocol (TIP) Series 33. SAMHSA Publication No. PEP21-02-01-004. Substance Abuse and Mental Health Services Administration.
- 45 Substance Abuse and Mental Health Services Administration. (2021). *Treatment for stimulant use disorders*. Treatment Improvement Protocol (TIP) Series 33. SAMHSA Publication No. PEP21-02-01-004. Substance Abuse and Mental Health Services Administration.
- 46 Ellis, M. S., Kasper, Z. A., & Scroggins, S. (2021). Shifting pathways of stimulant use among individuals with opioid use disorder: A retrospective analysis of the last thirty years. *Frontiers in Psychiatry*, 12, 2396.
- 47 Jones, C. M., Noonan, R. K., & Compton, W. M. (2020). Prevalence and correlates of ever having a substance use problem and substance use recovery status among adults in the United States, 2018. *Drug and Alcohol Dependence*, 214, 108169.
- 48 Kelly, J. F., Greene, M. C., Bergman, B. G., White, W. L., & Hoepfner, B. B. (2019). How many recovery attempts does it take to successfully resolve an alcohol or drug problem? Estimates and correlates from a national study of recovering U.S. adults. *Alcoholism: Clinical and Experimental Research*, 43(7), 1533–1544.
- 49 Substance Abuse and Mental Health Services Administration. (2022). *National Substance Use and Mental Health Services Survey (N-SUMHSS), 2021: Data on substance use and mental health treatment facilities*. HHS Publication No. PEP23-07-00-001. Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality.



- ⁵⁰ Substance Abuse and Mental Health Services Administration. (2022). *Key substance use and mental health indicators in the United States: Results from the 2021 National Survey on Drug Use and Health* (Figure 56). HHS Publication No. PEP22-07-01-005, NSDUH Series H-57. Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality.
- ⁵¹ U.S. Department of Health and Human Services, Assistant Secretary for Planning and Evaluation, Behavioral Health, Disability, and Aging Policy. (2020). *Understanding substance use disorder (SUD) treatment needs using assessment data: Final report*.
- ⁵² Waller, R. C., Clark, K. J., Woodruff, A., Glossa, J., & Ostrovsky, A. (2021). Guide for future directions for the addiction and OUD treatment ecosystem. *NAM Perspectives, 2021*, 10.3147/202104b.
- ⁵³ American Association for Community Psychiatry. (n.d.). LOCUS: Level of care utilization system for psychiatric and addiction services. <https://www.communitypsychiatry.org/keystone-programs/locus>
- ⁵⁴ Center for Mental Health Services. (2020). *National guidelines for behavioral health crisis care best practice toolkit*. Substance Abuse and Mental Health Services Administration.
- ⁵⁵ American Association for Community Psychiatry. (n.d.). LOCUS: Level of care utilization system for psychiatric and addiction services. <https://www.communitypsychiatry.org/keystone-programs/locus>
- ⁵⁶ Kelly, J. F., Bergman, B., Hoepfner, B. B., Vilsaint, C., & White, W. L. (2017). Prevalence and pathways of recovery from drug and alcohol problems in the United States population: Implications for practice, research, and policy. *Drug and Alcohol Dependence, 181*, 1862–1869.
- ⁵⁷ Ashford, R. D., Brown, A., Canode, B., Sledd, A., Potter, J. S., & Bergman, B. G. (2021). Peer-based recovery support services delivered at recovery community organizations: Predictors of improvements in individual recovery capital. *Addictive Behaviors, 119*, 106945.
- ⁵⁸ North America Syringe Exchange Network. (n.d.). SSP locations. Retrieved January 20, 2023, from <https://nasen.org/map/>
- ⁵⁹ Centers for Disease Control and Prevention, National Center for HIV, Viral Hepatitis, STD, and TB Prevention. (n.d.). Summary of information on the safety and effectiveness of syringe services programs (SSPs). <https://www.cdc.gov/ssp/syringe-services-programs-summary.html>
- ⁶⁰ Bloomberg American Health Initiative. (2018). *Fentanyl Overdose Reduction Checking Analysis Study: FORECAST*. Johns Hopkins Bloomberg School of Public Health.
- ⁶¹ Park, J. N., Frankel, S., Morris, M., Dieni, O., Fahey-Morrison, L., Luta, M., ... Sherman, S. G. (2021). Evaluation of fentanyl test strip distribution in two Mid-Atlantic syringe services programs. *International Journal on Drug Policy, 94*, 103196.
- ⁶² Office of the Surgeon General. (2016). *Facing addiction in America: The Surgeon General's report on alcohol, drugs, and health*. U.S. Department of Health and Human Services.
- ⁶³ Office of the Surgeon General. (2016). *Facing addiction in America: The Surgeon General's report on alcohol, drugs, and health*. U.S. Department of Health and Human Services.
- ⁶⁴ Heilig, M., MacKillop, J., Martinez, D., Rehm, J., Leggio, L., & Vanderschuren, L. (2021). Addiction as a brain disease revised: Why it still matters, and the need for consilience. *Neuropsychopharmacology, 46*(10), 1715–1723.
- ⁶⁵ Office of the Surgeon General. (2016). *Facing addiction in America: The Surgeon General's report on alcohol, drugs, and health*. U.S. Department of Health and Human Services.
- ⁶⁶ Heilig, M., MacKillop, J., Martinez, D., Rehm, J., Leggio, L., & Vanderschuren, L. (2021). Addiction as a brain disease revised: Why it still matters, and the need for consilience. *Neuropsychopharmacology, 46*(10), 1715–1723.
- ⁶⁷ Heilig, M., MacKillop, J., Martinez, D., Rehm, J., Leggio, L., & Vanderschuren, L. (2021). Addiction as a brain disease revised: Why it still matters, and the need for consilience. *Neuropsychopharmacology, 46*(10), 1715–1723.
- ⁶⁸ Witkiewitz, K., Litten, R. Z., & Leggio, L. (2019). Advances in the science and treatment of alcohol use disorder. *Science Advances, 5*(9), eaax4043.
- ⁶⁹ Witkiewitz, K., Montes, K. S., Schwebel, F. J., & Tucker, J. A. (2020). What is recovery? *Alcohol Research: Current Reviews, 40*(3).

- ⁷⁰ Acuff, S. F., Tucker, J. A., Vuchinich, R. E., & Murphy, J. G. (2022). Addiction is not (only) in the brain: Molar behavioral economic models of etiology and cessation of harmful substance use. In N. Heather, M. Field, A. C. Moss, & S. Satel (Eds.), *Evaluating the brain disease model of addiction* (pp. 459–474). Routledge.
- ⁷¹ Heilig, M., MacKillop, J., Martinez, D., Rehm, J., Leggio, L., & Vanderschuren, L. (2021). Addiction as a brain disease revised: Why it still matters, and the need for consilience. *Neuropsychopharmacology*, *46*(10), 1715–1723.
- ⁷² Witkiewitz, K., Litten, R. Z., & Leggio, L. (2019). Advances in the science and treatment of alcohol use disorder. *Science Advances*, *5*(9), eaax4043.
- ⁷³ Skewes, M. C., & Gonzalez, V. M. (2013). The biopsychosocial model of addiction. In A. W. Blume, D. J. Kavanagh, K. M. Kampman, M. E. Bates, M. E. Larimer, N. M. Petry, P. De Witte, & S. A. Ball (Eds.), *Principles of addiction: Vol. 1. Comprehensive addictive behaviors and disorders* (pp. 61–70). Elsevier.
- ⁷⁴ Kimball, T. G., Shumway, S. T., Bradshaw, S. D., & Soloski, K. L. (2020). A systemic understanding of addiction formation and the recovery process. In K. S. Wampler, M. Rastogi, & R. Singh (Eds.), *The handbook of systemic family therapy: Vol. 4. Systematic family therapy and global health issues* (pp. 325–355). Wiley.
- ⁷⁵ Giordano, G. M., Brando, F., Pezzella, P., De Angelis, M., Mucci, A., & Galderisi, S. (2022). Factors influencing the outcome of integrated therapy approach in schizophrenia: A narrative review of the literature. *Frontiers in Psychiatry*, 1975.
- ⁷⁶ Cohen, S. P., Vase, L., & Hooten, W. M. (2021). Chronic pain: An update on burden, best practices, and new advances. *Lancet*, *397*(10289), 2082–2097.
- ⁷⁷ Nicholas, M. K. (2022). The biopsychosocial model of pain 40 years on: Time for a reappraisal? *Pain*, *163*(Suppl. 1), S3–S14.
- ⁷⁸ Kimball, T. G., Shumway, S. T., Bradshaw, S. D., & Soloski, K. L. (2020). A systemic understanding of addiction formation and the recovery process. In K. S. Wampler, M. Rastogi, & R. Singh (Eds.), *The handbook of systemic family therapy: Vol. 4. Systematic family therapy and global health issues* (pp. 325–355). Wiley.
- ⁷⁹ Mitchell, M. R., & Potenza, M. N. (2014). Addictions and personality traits: Impulsivity and related constructs. *Current Behavioral Neuroscience Reports*, *1*(1), 1–12.
- ⁸⁰ Zilberman, N., Yadid, G., Efrati, Y., & Rassovsky, Y. (2020). Who becomes addicted and to what? Psychosocial predictors of substance and behavioral addictive disorders. *Psychiatry Research*, *291*, 113221.
- ⁸¹ Skewes, M. C., & Gonzalez, V. M. (2013). The biopsychosocial model of addiction. In A. W. Blume, D. J. Kavanagh, K. M. Kampman, M. E. Bates, M. E. Larimer, N. M. Petry, P. De Witte, & S. A. Ball (Eds.), *Principles of addiction: Vol. 1. Comprehensive addictive behaviors and disorders* (pp. 61–70). Elsevier.
- ⁸² Skewes, M. C., & Gonzalez, V. M. (2013). The biopsychosocial model of addiction. In A. W. Blume, D. J. Kavanagh, K. M. Kampman, M. E. Bates, M. E. Larimer, N. M. Petry, P. De Witte, & S. A. Ball (Eds.), *Principles of addiction: Vol. 1. Comprehensive addictive behaviors and disorders* (pp. 61–70). Elsevier.
- ⁸³ Kimball, T. G., Shumway, S. T., Bradshaw, S. D., & Soloski, K. L. (2020). A systemic understanding of addiction formation and the recovery process. In K. S. Wampler, M. Rastogi, & R. Singh (Eds.), *The handbook of systemic family therapy: Vol. 4. Systematic family therapy and global health issues* (pp. 325–355). Wiley.
- ⁸⁴ Skewes, M. C., & Gonzalez, V. M. (2013). The biopsychosocial model of addiction. In A. W. Blume, D. J. Kavanagh, K. M. Kampman, M. E. Bates, M. E. Larimer, N. M. Petry, P. De Witte, & S. A. Ball (Eds.), *Principles of addiction: Vol. 1. Comprehensive addictive behaviors and disorders* (pp. 61–70). Elsevier.
- ⁸⁵ Ewald, D. R., Strack, R. W., & Orsini, M. M. (2019). Rethinking addiction. *Global Pediatric Health*, *6*, 2333794X18821943.
- ⁸⁶ Centers for Disease Control and Prevention, Division of Nutrition, Physical Activity, and Obesity. (n.d.). *The built environment assessment tool manual*. <https://www.cdc.gov/nccdphp/dnpao/state-local-programs/built-environment-assessment/index.htm>
- ⁸⁷ Barnett, A. I., Hall, W., Fry, C. L., Dilkes-Frayne, E., & Carter, A. (2018). Drug and alcohol treatment providers' views about the disease model of addiction and its impact on clinical practice: A systematic review. *Drug and Alcohol Review*, *37*(6), 697–720.



- ⁸⁸ Volkow, N. D., Koob, G. F., & McLellan, A. T. (2016). Neurobiologic advances from the brain disease model of addiction. *New England Journal of Medicine*, 374(4), 363–371.
- ⁸⁹ Volkow, N. D., Koob, G. F., & McLellan, A. T. (2016). Neurobiologic advances from the brain disease model of addiction. *New England Journal of Medicine*, 374(4), 363–371.
- ⁹⁰ Office of the Surgeon General. (2016). *Facing addiction in America: The Surgeon General's report on alcohol, drugs, and health*. U.S. Department of Health and Human Services.
- ⁹¹ Office of the Surgeon General. (2016). *Facing addiction in America: The Surgeon General's report on alcohol, drugs, and health*. U.S. Department of Health and Human Services.
- ⁹² White, W., Kelly, J., & Roth, J. (2012). New addiction recovery support institutions: Mobilizing support beyond professional addiction treatment and recovery mutual aid. *Journal of Groups in Addiction & Recovery*, 7(2–4), 297–317.
- ⁹³ Best, D., De Alwis, S. J., & Burdett, D. (2017). The recovery movement and its implications for policy, commissioning and practice. *Nordic Studies on Alcohol and Drugs*, 34(2), 107–111.
- ⁹⁴ Substance Abuse and Mental Health Services Administration. (2012). *Building bridges: People in recovery from addictions and mental health problems in dialogue*. HHS Publication No. (SMA) 12-4680. Substance Abuse and Mental Health Services Administration.
- ⁹⁵ Gumbley, S. (2016). Recovery in the 21st century: From shame to strength. *Journal of Addictions Nursing*, 27(2), 143–147.
- ⁹⁶ Ersche, K. D., Meng, C., Ziauddeen, H., Stochl, J., Williams, G. B., Bullmore, E. T., & Robbins, T. W. (2020). Brain networks underlying vulnerability and resilience to drug addiction. *Proceedings of the National Academy of Sciences of the United States of America*, 117(26), 15253–15261.
- ⁹⁷ Moeller, S. J., & Paulus, M. P. (2018). Toward biomarkers of the addicted human brain: Using neuroimaging to predict relapse and sustained abstinence in substance use disorder. *Progress in Neuro-Psychopharmacology and Biological Psychiatry*, 80(Pt. B), 143–154.
- ⁹⁸ Klugah-Brown, B., Di, X., Zweerings, J., Mathiak, K., Becker, B., & Biswal, B. (2020). Common and separable neural alterations in substance use disorders: A coordinate-based meta-analysis of functional neuroimaging studies in humans. *Human Brain Mapping*, 41(16), 4459–4477.
- ⁹⁹ Deak, J. D., & Johnson, E. C. (2021). Genetics of substance use disorders: A review. *Psychological Medicine*, 51(13), 2189–2200.
- ¹⁰⁰ Demontis, D., Rajagopal, V. M., Thorgeirsson, T. E., Als, T. D., Grove, J., Leppälä, K., ... Børglum, A. D. (2019). Genome-wide association study implicates CHRNA2 in cannabis use disorder. *Nature Neuroscience*, 22(7), 1066–1074.
- ¹⁰¹ Egervari, G., Ciccocioppo, R., Jentsch, J. D., & Hurd, Y. L. (2018). Shaping vulnerability to addiction—The contribution of behavior, neural circuits and molecular mechanisms. *Neuroscience & Biobehavioral Reviews*, 85, 117–125.
- ¹⁰² National Institute on Drug Abuse. (2019, August). *Genetics and epigenetics of addiction DrugFacts*. <https://nida.nih.gov/publications/drugfacts/genetics-epigenetics-addiction>
- ¹⁰³ MedlinePlus. (2022). What are single nucleotide polymorphisms (SNPs)? <https://medlineplus.gov/genetics/understanding/genomicresearch/snp/>
- ¹⁰⁴ Johnson, E. C., Chang, Y., & Agrawal, A. (2020). An update on the role of common genetic variation underlying substance use disorders. *Current Genetic Medicine Reports*, 8(2), 35–46.
- ¹⁰⁵ Johnson, E. C., Demontis, D., Thorgeirsson, T. E., Walters, R. K., Polimanti, R., Hatoum, A. S., ... Agrawal, A. (2020). A large-scale genome-wide association study meta-analysis of cannabis use disorder. *Lancet Psychiatry*, 7(12), 1032–1045.
- ¹⁰⁶ Demontis, D., Rajagopal, V. M., Thorgeirsson, T. E., Als, T. D., Grove, J., Leppälä, K., ... Børglum, A. D. (2019). Genome-wide association study implicates CHRNA2 in cannabis use disorder. *Nature Neuroscience*, 22(7), 1066–1074.
- ¹⁰⁷ National Human Genome Research Institute. (2020). Genome-wide association studies fact sheet. <https://www.genome.gov/about-genomics/fact-sheets/Genome-Wide-Association-Studies-Fact-Sheet>
- ¹⁰⁸ MedlinePlus. (2021). What is epigenetics? <https://medlineplus.gov/genetics/understanding/howgeneswork/epigenome/>

- ¹⁰⁹ MedlinePlus. (2021). What is epigenetics? <https://medlineplus.gov/genetics/understanding/howgeneswork/epigenome/>
- ¹¹⁰ Baratta, A. M., Rathod, R. S., Plasil, S. L., Seth, A., & Homanics, G. E. (2021). Exposure to drugs of abuse induce effects that persist across generations. *International Review of Neurobiology*, *156*, 217–277.
- ¹¹¹ Salgado, S., & Kaplitt, M. G. (2015). The nucleus accumbens: A comprehensive review. *Stereotactic and Functional Neurosurgery*, *93*(2), 75–93.
- ¹¹² Baratta, A. M., Rathod, R. S., Plasil, S. L., Seth, A., & Homanics, G. E. (2021). Exposure to drugs of abuse induce effects that persist across generations. *International Review of Neurobiology*, *156*, 217–277.
- ¹¹³ Wanner, N. M., Colwell, M. L., & Faulk, C. (2019). The epigenetic legacy of illicit drugs: Developmental exposures and late-life phenotypes. *Environmental Epigenetics*, *5*(4), dvz022.
- ¹¹⁴ Szutorisz, H., & Hurd, Y. L. (2022, April 11). Overcoming addiction stigma: Epigenetic contributions to substance use disorders and opportunities for intervention. *Neuron*, S0896–6273(22)00254-9. Advance online publication. <https://doi.org/10.1016/j.neuron.2022.03.018>
- ¹¹⁵ Substance Abuse and Mental Health Services Administration. (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach*. <https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4884.pdf>
- ¹¹⁶ Substance Abuse and Mental Health Services Administration. (2018). *National Strategy for Trauma-Informed Care Operating Plan*. <https://www.samhsa.gov/sites/default/files/trauma-informed-care-operating-plan.pdf>
- ¹¹⁷ Substance Abuse and Mental Health Services Administration. (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach*. <https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4884.pdf>
- ¹¹⁸ Substance Abuse and Mental Health Services Administration. (2018). *National Strategy for Trauma-Informed Care Operating Plan*. <https://www.samhsa.gov/sites/default/files/trauma-informed-care-operating-plan.pdf>
- ¹¹⁹ Substance Abuse and Mental Health Services Administration. (2014). *Trauma-informed care in behavioral health services*. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4816. Substance Abuse and Mental Health Services Administration.
- ¹²⁰ Substance Abuse and Mental Health Services Administration. (2014). *Trauma-informed care in behavioral health services*. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4816. Substance Abuse and Mental Health Services Administration.
- ¹²¹ Ross, S. L., Sharma-Patel, K., Brown, E. J., Huntt, J. S., & Chaplin, W. F. (2021). Complex trauma and trauma-focused cognitive-behavioral therapy: How do trauma chronicity and PTSD presentation affect treatment outcome?. *Child Abuse & Neglect*, *111*, 104734.
- ¹²² Substance Abuse and Mental Health Services Administration. (2022, September 27). Trauma and violence. <https://www.samhsa.gov/trauma-violence>
- ¹²³ Larbi, E. A., Berendzen, H. M., Smith, D. A., Anderson, S. C., & Roary, M. (2022, July 27). Coping with community violence together. <https://www.samhsa.gov/blog/coping-community-violence-together>
- ¹²⁴ Substance Abuse and Mental Health Services Administration. (2009). *Addressing the specific needs of women*. Treatment Improvement Protocol (TIP) Series 51. HHS Publication No. (SMA) 13-4426. Substance Abuse and Mental Health Services Administration.
- ¹²⁵ Substance Abuse and Mental Health Services Administration. (2022, September 27). Trauma and violence. <https://www.samhsa.gov/trauma-violence>
- ¹²⁶ Centers for Disease Control and Prevention. (2019). Adverse childhood experiences (ACEs). Preventing early trauma to improve adult health. *CDC VitalSigns*.™ <https://www.cdc.gov/vitalsigns/aces/pdf/vs-1105-aces-H.pdf>
- ¹²⁷ Cicchetti, D., & Handley, E. D. (2019). Child maltreatment and the development of substance use and disorder. *Neurobiology of Stress*, *10*, 100144.
- ¹²⁸ Centers for Disease Control and Prevention. (2019). Adverse childhood experiences (ACEs). Preventing early trauma to improve adult health. *CDC VitalSigns*.™ <https://www.cdc.gov/vitalsigns/aces/pdf/vs-1105-aces-H.pdf>



- ¹²⁹ Cicchetti, D., & Handley, E. D. (2019). Child maltreatment and the development of substance use and disorder. *Neurobiology of Stress, 10*, 100144.
- ¹³⁰ Chandler, G. E., Kalmakis, K. A., & Murtha, T. (2018). Screening adults with substance use disorder for adverse childhood experiences. *Journal of Addictions Nursing, 29*(3), 172–178.
- ¹³¹ Cicchetti, D., & Handley, E. D. (2019). Child maltreatment and the development of substance use and disorder. *Neurobiology of Stress, 10*, 100144.
- ¹³² Chandler, G. E., Kalmakis, K. A., & Murtha, T. (2018). Screening adults with substance use disorder for adverse childhood experiences. *Journal of Addictions Nursing, 29*(3), 172–178.
- ¹³³ Petruccelli, K., Davis, J., & Berman, T. (2019). Adverse childhood experiences and associated health outcomes: A systematic review and meta-analysis. *Child Abuse and Neglect, 97*, 104127.
- ¹³⁴ Hughes, K., Bellis, M. A., Hardcastle, K. A., Sethi, D., Butchart, A., Mikton, C., ... Dunne, M. P. (2017). The effect of multiple adverse childhood experiences on health: A systematic review and meta-analysis. *Lancet. Public Health, 2*(8), e356–e366.
- ¹³⁵ Villamil Grest, C., Cederbaum, J. A., Lee, J. O., & Unger, J. B. (2021). Adverse childhood experiences and the substance use behaviors of Latinx youth. *Drug and Alcohol Dependence, 227*, 108936.
- ¹³⁶ Leza, L., Siria, S., López-Goñi, J. J., & Fernández-Montalvo, J. (2021). Adverse childhood experiences (ACEs) and substance use disorder (SUD): A scoping review. *Drug and Alcohol Dependence, 221*, 108563.
- ¹³⁷ Cicchetti, D., & Handley, E. D. (2019). Child maltreatment and the development of substance use and disorder. *Neurobiology of Stress, 10*, 100144.
- ¹³⁸ Swedo, E. A., Sumner, S. A., de Fijter, S., Werhan, L., Norris, K., Beauregard, J. L., ... Massetti, G. M. (2020). Adolescent opioid misuse attributable to adverse childhood experiences. *Journal of Pediatrics, 224*, 102–109.e3.
- ¹³⁹ Chandler, G. E., Kalmakis, K. A., & Murtha, T. (2018). Screening adults with substance use disorder for adverse childhood experiences. *Journal of Addictions Nursing, 29*(3), 172–178.
- ¹⁴⁰ Cerdeña, J. P., Rivera, L. M., & Spak, J. M. (2021). Intergenerational trauma in Latinxs: A scoping review. *Social Science & Medicine, 270*, 113662.
- ¹⁴¹ Gameon, J. A., & Skewes, M. C. (2021). Historical trauma and substance use among American Indian people with current substance use problems. *Psychology of Addictive Behaviors, 35*(3), 295–309.
- ¹⁴² Jackson, L., Jackson, Z., & Jackson, F. (2018). Intergenerational resilience in response to the stress and trauma of enslavement and chronic exposure to institutionalized racism. *Journal of Clinical Epigenetics, 4*(3), 15.
- ¹⁴³ Wilkins, E. J., Whiting, J. B., Watson, M. F., Russon, J. M., & Moncrief, A. M. (2013). Residual effects of slavery: What clinicians need to know. *Contemporary Family Therapy, 35*(1), 14–28.
- ¹⁴⁴ Lee, A. T., Chin, P., Nambiar, A., & Hill Haskins, N. (2023). Addressing intergenerational trauma in Black families: Trauma-informed socioculturally attuned family therapy. *Journal of Marital and Family Therapy*. Advance online publication. doi:10.1111/jmft.12632
- ¹⁴⁵ Amaro, H., Sanchez, M., Bautista, T., & Cox, R. (2021). Social vulnerabilities for substance use: Stressors, socially toxic environments, and discrimination and racism. *Neuropharmacology, 188*, 108518.
- ¹⁴⁶ Vanderzee, K. L., John, S. G., Edge, N., Pemberton, J. R., & Kramer, T. L. (2017). A preliminary evaluation of the Managing Youth Trauma Effectively program for substance-abusing women and their children. *Infant Mental Health Journal, 38*(3), 422–433.
- ¹⁴⁷ Cerdeña, J. P., Rivera, L. M., & Spak, J. M. (2021). Intergenerational trauma in Latinxs: A scoping review. *Social Science & Medicine, 270*, 113662.
- ¹⁴⁸ Wang, X., Lee, M. Y., & Quinn, C. R. (2022). Intergenerational transmission of trauma: Unpacking the effects of parental adverse childhood experiences. *Journal of Family Studies, 1–17*.

- ¹⁴⁹ Svingen, L., Dykstra, R. E., Simpson, J. L., Jaffe, A. E., Bevins, R. A., Carlo, G., ... Grant, K. M. (2016). Associations between family history of substance use, childhood trauma, and age of first drug use in persons with methamphetamine dependence. *Journal of Addiction Medicine, 10*(4), 269–273.
- ¹⁵⁰ Svingen, L., Dykstra, R. E., Simpson, J. L., Jaffe, A. E., Bevins, R. A., Carlo, G., ... Grant, K. M. (2016). Associations between family history of substance use, childhood trauma, and age of first drug use in persons with methamphetamine dependence. *Journal of Addiction Medicine, 10*(4), 269–273.
- ¹⁵¹ Meulewaeter, F., De Pauw, S. S. W., & Vanderplasschen, W. (2019). Mothering, substance use disorders and intergenerational trauma transmission: An attachment-based perspective. *Frontiers in Psychiatry, 10*, 728.
- ¹⁵² Skewes, M. C., & Blume, A. W. (2019). Understanding the link between racial trauma and substance use among American Indians. *American Psychologist, 74*(1), 88–100.
- ¹⁵³ Zapolski, T. C. B., Rowe, A. T., Clifton, R. L., Khazvand, S., Crichlow, Q. J., & Faidley, M. (2021, December 23). Examining the unique and additive effect of trauma and racial microaggressions on substance use risk among Black young adults. *Cultural Diversity and Ethnic Minority Psychology*. Advance online publication. doi:10.1037/cdp0000480
- ¹⁵⁴ Skewes, M. C., & Blume, A. W. (2019). Understanding the link between racial trauma and substance use among American Indians. *American Psychologist, 74*(1), 88–100.
- ¹⁵⁵ Skewes, M. C., & Blume, A. W. (2019). Understanding the link between racial trauma and substance use among American Indians. *American Psychologist, 74*(1), 88–100.
- ¹⁵⁶ Substance Abuse and Mental Health Services Administration. (2014). *Trauma-informed care in behavioral health services*. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 14-4816. Substance Abuse and Mental Health Services Administration.
- ¹⁵⁷ Parekh, R., Al-Mateen, C. S., Lisotto, M. J., & Carter, R. D. (Eds.). (2020). *Cultural psychiatry with children, adolescents, and families*. American Psychiatric Association Publishing.
- ¹⁵⁸ Dowling, B. A., Grigsby, T. J., Ziomek, G. J., & Schnarrs, P. W. (2022). Substance use outcomes for sexual and gender minority adults with a history of adverse childhood experiences: A scoping review. *Drug and Alcohol Dependence Reports, 6*, 100129.
- ¹⁵⁹ Dowling, B. A., Grigsby, T. J., Ziomek, G. J., & Schnarrs, P. W. (2022). Substance use outcomes for sexual and gender minority adults with a history of adverse childhood experiences: A scoping review. *Drug and Alcohol Dependence Reports, 6*, 100129.
- ¹⁶⁰ Parent, M. C., Arriaga, A. S., Gobble, T., & Wille, L. (2018). Stress and substance use among sexual and gender minority individuals across the lifespan. *Neurobiology of Stress, 10*, 100146.
- ¹⁶¹ Dowling, B. A., Grigsby, T. J., Ziomek, G. J., & Schnarrs, P. W. (2022). Substance use outcomes for sexual and gender minority adults with a history of adverse childhood experiences: A scoping review. *Drug and Alcohol Dependence Reports, 6*, 100129.
- ¹⁶² Parent, M. C., Arriaga, A. S., Gobble, T., & Wille, L. (2018). Stress and substance use among sexual and gender minority individuals across the lifespan. *Neurobiology of Stress, 10*, 100146.
- ¹⁶³ Yehuda, R., & Lehrner, A. (2018). Intergenerational transmission of trauma effects: Putative role of epigenetic mechanisms. *World Psychiatry, 17*(3), 243–257.
- ¹⁶⁴ Chan, J. C., Nugent, B. M., & Bale, T. L. (2018). Parental advisory: Maternal and paternal stress can impact offspring neurodevelopment. *Biological Psychiatry, 83*(10), 886–894.
- ¹⁶⁵ Thumfart, K. M., Jawaid, A., Bright, K., Flachsmann, M., & Mansuy, I. M. (2022). Epigenetics of childhood trauma: Long term sequelae and potential for treatment. *Neuroscience and Biobehavioral Reviews, 132*, 1049–1066.
- ¹⁶⁶ Chan, J. C., Nugent, B. M., & Bale, T. L. (2018). Parental advisory: Maternal and paternal stress can impact offspring neurodevelopment. *Biological Psychiatry, 83*(10), 886–894.
- ¹⁶⁷ Thumfart, K. M., Jawaid, A., Bright, K., Flachsmann, M., & Mansuy, I. M. (2022). Epigenetics of childhood trauma: Long term sequelae and potential for treatment. *Neuroscience and Biobehavioral Reviews, 132*, 1049–1066.



- 168 Centers for Disease Control and Prevention. (2021). *Fast facts: Preventing intimate partner violence*. [https://www.cdc.gov/violenceprevention/intimatepartnerviolence/fastfact.html#:~:text=Intimate%20partner%20violence%20\(IPV\)%20is,and%20how%20severe%20it%20is](https://www.cdc.gov/violenceprevention/intimatepartnerviolence/fastfact.html#:~:text=Intimate%20partner%20violence%20(IPV)%20is,and%20how%20severe%20it%20is)
- 169 Centers for Disease Control and Prevention. (2021). *Fast facts: Preventing intimate partner violence*. [https://www.cdc.gov/violenceprevention/intimatepartnerviolence/fastfact.html#:~:text=Intimate%20partner%20violence%20\(IPV\)%20is,and%20how%20severe%20it%20is](https://www.cdc.gov/violenceprevention/intimatepartnerviolence/fastfact.html#:~:text=Intimate%20partner%20violence%20(IPV)%20is,and%20how%20severe%20it%20is)
- 170 Smith, S. G., Zhang, X., Basile, K. C., Merrick, M. T., Wang, J., Kresnow, M., & Chen, J. (2018). *The National Intimate Partner and Sexual Violence Survey (NISVS): 2015 data brief; Updated release*. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control.
- 171 Antebi-Gruszka, N., & Scheer, J. R. (2021). Associations between trauma-informed care components and multiple health and psychosocial risks among LGBTQ survivors of intimate partner violence. *Journal of Mental Health Counseling, 43*(2), 139–156.
- 172 Peitzmeier, S. M., Malik, M., Kattari, S. K., Marrow, E., Stephenson, R., Agénor, M., & Reisner, S. L. (2020). Intimate partner violence in transgender populations: Systematic review and meta-analysis of prevalence and correlates. *American Journal of Public Health, 110*(9), e1–e14.
- 173 Antebi-Gruszka, N., & Scheer, J. R. (2021). Associations between trauma-informed care components and multiple health and psychosocial risks among LGBTQ survivors of intimate partner violence. *Journal of Mental Health Counseling, 43*(2), 139–156.
- 174 Cafferky, B. M., Mendez, M., Anderson, J. R., & Stith, S. M. (2018). Substance use and intimate partner violence: A meta-analytic review. *Psychology of Violence, 8*(1), 110.
- 175 Cafferky, B. M., Mendez, M., Anderson, J. R., & Stith, S. M. (2018). Substance use and intimate partner violence: A meta-analytic review. *Psychology of Violence, 8*(1), 110.
- 176 Cafferky, B. M., Mendez, M., Anderson, J. R., & Stith, S. M. (2018). Substance use and intimate partner violence: A meta-analytic review. *Psychology of Violence, 8*(1), 110.
- 177 Phillips, H., Warshaw, C., & Kaewken, O. (2020). *Literature review: Intimate partner violence, substance use coercion, and the need for integrated service models*. National Center on Domestic Violence, Trauma, and Mental Health.
- 178 Warshaw, C., Lyon, E., Bland, P. J., Phillips, H., & Hooper, M. (2014). *Mental health and substance use coercion surveys: Report from the National Center on Domestic Violence, Trauma & Mental Health and the National Domestic Violence Hotline* (p. 12). National Center on Domestic Violence, Trauma & Mental Health; National Domestic Violence Hotline.
- 179 U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (n.d.). Social determinants of health. <https://health.gov/healthypeople/priority-areas/social-determinants-health>
- 180 Park, J. N., Rouhani, S., Beletsky, L., Vincent, L., Saloner, B., & Sherman, S. G. (2020). Situating the continuum of overdose risk in the social determinants of health: A new conceptual framework. *Milbank Quarterly, 98*(3), 700–746.
- 181 U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (n.d.). Social determinants of health. <https://health.gov/healthypeople/priority-areas/social-determinants-health>
- 182 Gómez, C. A., Kleinman, D. V., Pronk, N., Wrenn Gordon, G. L., Ochiai, E., Blakey, C., ... Brewer, K. H. (2021). Addressing health equity and social determinants of health through Healthy People 2030. *Journal of Public Health Management and Practice, 27*(Suppl. 6), S249–S257.
- 183 Artiga, S., & Hinton, E. (2018). *Beyond health care: The role of social determinants in promoting health and health equity*. Kaiser Family Foundation. <https://www.kff.org/racial-equity-and-health-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/>
- 184 U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (n.d.). Social and community context. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/social-and-community-context>

- 185 Shokoohi, M., Bauer, G. R., Kaida, A., Logie, C. H., Lacombe-Duncan, A., Milloy, M. J., ... Loutfy, M. (2019). Patterns of social determinants of health associated with drug use among women living with HIV in Canada: A latent class analysis. *Addiction, 114*(7), 1214–1224.
- 186 Swan, J. E., Aldridge, A., Joseph, V., Tucker, J. A., & Witkiewitz, K. (2021). Individual and community social determinants of health and recovery from alcohol use disorder three years following treatment. *Journal of Psychoactive Drugs, 53*(5), 394–403.
- 187 Swan, J. E., Aldridge, A., Joseph, V., Tucker, J. A., & Witkiewitz, K. (2021). Individual and community social determinants of health and recovery from alcohol use disorder three years following treatment. *Journal of Psychoactive Drugs, 53*(5), 394–403.
- 188 Assari, S., Smith, J., Mistry, R., Farokhnia, M., & Bazargan, M. (2019). Substance use among economically disadvantaged African American older adults; Objective and subjective socioeconomic status. *International Journal of Environmental Research and Public Health, 16*(10), 1826.
- 189 Cook, W. K., Mulia, M., & Libo, L. (2020). Subjective social status and financial hardship: Associations of alternative indicators of socioeconomic status with problem drinking in Asian Americans and Latinos. *Substance Use and Misuse, 55*(8), 1246–1256.
- 190 Hollingsworth, A., Ruhm, C., & Simon, K. (2017). Macroeconomic conditions and opioid abuse. *Journal of Health Economics, 56*, 222–233.
- 191 Azagba, S., Shan, L., Qeadan, F., & Wolfson, M. (2021). Unemployment rate, opioids misuse and other substance abuse: quasi-experimental evidence from treatment admissions data. *BMC Psychiatry, 21*(1), 22.
- 192 Austin, A. E., Shiue, K. Y., Naumann, R. B., Figgatt, M. C., Gest, C., & Shanahan, M. E. (2021). Associations of housing stress with later substance use outcomes: A systematic review. *Addictive Behaviors, 123*, 107076.
- 193 Altekruze, S. F., Cosgrove, C. M., Altekruze, W. C., Jenkins, R. A., & Blanco, C. (2020). Socioeconomic risk factors for fatal opioid overdoses in the United States: Findings from the Mortality Disparities in American Communities Study (MDAC). *PLoS One, 15*(1), e0227966.
- 194 Salas-Wright, C. P., Oh, S., Vaughn, M. G., Cohen, M., Scott, J. C., & Amodeo, M. (2019). Trends and drug-related correlates in residential mobility among young adults in the United States, 2003–2016. *Addictive Behaviors, 90*, 146–150.
- 195 Shearer, R. D., Howell, B. A., Bart, G., & Winkelmann, T. N. (2020). Substance use patterns and health profiles among US adults who use opioids, methamphetamine, or both, 2015–2018. *Drug and Alcohol Dependence, 214*, 108162.
- 196 Pettersen, H., Landheim, A., Skeie, I., Biong, S., Brodahl, M., Oute, J., & Davidson, L. (2019). How social relationships influence substance use disorder recovery: A collaborative narrative study. *Substance Abuse: Research and Treatment, 13*, 1178221819833379.
- 197 Nicholson, H. L., Jr., & Ford, J. A. (2019). Sociodemographic, neighborhood, psychosocial, and substance use correlates of cocaine use among Black adults: Findings from a pooled analysis of national data. *Addictive Behaviors, 88*, 182–186.
- 198 Nicholson, H. L., Jr., & Ford, J. A. (2019). Sociodemographic, neighborhood, psychosocial, and substance use correlates of cocaine use among Black adults: Findings from a pooled analysis of national data. *Addictive Behaviors, 88*, 182–186.
- 199 Amaro, H., Sanchez, M., Bautista, T., & Cox, R. (2021). Social vulnerabilities for substance use: Stressors, socially toxic environments, and discrimination and racism. *Neuropharmacology, 188*, 108518.
- 200 Amaro, H., Sanchez, M., Bautista, T., & Cox, R. (2021). Social vulnerabilities for substance use: Stressors, socially toxic environments, and discrimination and racism. *Neuropharmacology, 188*, 108518.
- 201 Amaro, H., Sanchez, M., Bautista, T., & Cox, R. (2021). Social vulnerabilities for substance use: Stressors, socially toxic environments, and discrimination and racism. *Neuropharmacology, 188*, 108518.
- 202 Substance Abuse and Mental Health Services Administration. (2020). *The opioid crisis and the Hispanic/Latino Population: An urgent Issue*. Publication No. PEP20-05-02-002. Substance Abuse and Mental Health Services Administration, Office of Behavioral Health Equity.



- ²⁰³ Garcini, L. M., Murray, K. E., Zhou, A., Klonoff, E. A., Myers, M. G., & Elder, J. P. (2016). Mental health of undocumented immigrant adults in the United States: A systematic review of methodology and findings. *Journal of Immigrant & Refugee Studies, 14*(1), 1–25.
- ²⁰⁴ Pinedo, M., Montero-Zamora, P., Pasch, K. E., & Schwartz, S. J. (2022). Immigration policies as political determinants of alcohol and drug misuse among US-born Latinos. *International Journal of Drug Policy, 106*, 103754.
- ²⁰⁵ Chichester, K., Drawve, G., Giménez-Santana, A., Sisson, M., McCleskey, B., Dye, D. W., ... Cropsey, K. (2020). Pharmacies and features of the built environment associated with opioid overdose: A geospatial comparison of rural and urban regions in Alabama, USA. *International Journal on Drug Policy, 79*, 102736.
- ²⁰⁶ Tempalski, B., Williams, L. D., Kolak, M., Ompad, D. C., Koschinsky, J., & McLafferty, S. L. (2022). Conceptualizing the socio-built environment: An expanded theoretical framework to promote a better understanding of risk for nonmedical opioid overdose outcomes in urban and non-urban settings (p. 705). *Journal of Urban Health, 99*, 701–716.
- ²⁰⁷ Cerdá, M., Ransome, Y., Keyes, K. M., Koenen, K. C., Tardiff, K., Vlahov, D., & Galea, S. (2013). Revisiting the role of the urban environment in substance use: The case of analgesic overdose fatalities. *American Journal of Public Health, 103*(12), 2252–2260.
- ²⁰⁸ Lee, E., & Santiago, A. M. (2021). Cumulative exposure to neighborhood conditions and substance use initiation among low-income Latinx and African American adolescents. *International Journal of Environmental Research and Public Health, 18*(20), 10831.
- ²⁰⁹ Lee, E., & Santiago, A. M. (2021). Cumulative exposure to neighborhood conditions and substance use initiation among low-income Latinx and African American adolescents. *International Journal of Environmental Research and Public Health, 18*(20), 10831.
- ²¹⁰ Sistani, F., de Bittner, M. R., & Shaya, F. T. (2023). Social determinants of health, substance use, and drug overdose prevention. *Journal of the American Pharmacists Association, 63*(2), 628–632.
- ²¹¹ Harwerth, J., Washburn, M., Lee, K., & Basham, R. E. (2022). Transportation barriers to outpatient substance use treatment programs: A scoping review. *Journal of Evidence-Based Social Work, 20*(2), 159–178.
- ²¹² Cook, W. K., Mulia, M., & Libo, L. (2020). Subjective social status and financial hardship: Associations of alternative indicators of socioeconomic status with problem drinking in Asian Americans and Latinos. *Substance Use and Misuse, 55*(8), 1246–1256.
- ²¹³ Morse, D. S., Cerulli, C., Hordes, M., El-Bassel, N., Bleasdale, J., Wilson, K., ... Przybyla, S. M. (2022). "I was 15 when I started doing drugs with my dad": Victimization, social determinants of health, and criminogenic risk among women opioid intervention court participants. *Journal of Interpersonal Violence, 37*, 21–22.
- ²¹⁴ Hollingsworth, A., Ruhm, C., & Simon, K. (2017). Macroeconomic conditions and opioid abuse. *Journal of Health Economics, 56*, 222–233.
- ²¹⁵ Vilsaint, C. L., NeMoyer, A., Fillbrunn, M., Sadikova, E., Kessler, R. C., Sampson, N. A., ... Alegría, M. (2019). Racial/ethnic differences in 12-month prevalence and persistence of mood, anxiety, and substance use disorders: Variation by nativity and socioeconomic status. *Comprehensive Psychiatry, 89*, 52–60.
- ²¹⁶ Amaro, H., Sanchez, M., Bautista, T., & Cox, R. (2021). Social vulnerabilities for substance use: Stressors, socially toxic environments, and discrimination and racism. *Neuropharmacology, 188*, 108518.
- ²¹⁷ Acevedo, A., Panas, L., & Garnick, D. (2018). Disparities in the treatment of substance use disorders: Does where you live matter? *Journal of Behavioral Health Services Research, 45*, 533–549.
- ²¹⁸ Substance Abuse and Mental Health Services Administration. (2023, January 9). About the Office of Behavioral Health Equity. <https://www.samhsa.gov/behavioral-health-equity/about>
- ²¹⁹ Swendsen, J., Conway, K. P., Degenhardt, L., Glantz, M., Jin, R., Merikangas, K. R., ... Kessler, R. C. (2010). Mental disorders as risk factors for substance use, abuse and dependence: Results from the 10-year follow-up of the National Comorbidity Survey. *Addiction, 105*, 1117–1128.

- 220 Conway, K. P., Swendsen, J., Husky, M. M., He, J., & Merikangas, K. R. (2016). Association of lifetime mental disorders and subsequent alcohol and illicit drug use: Results from the National Comorbidity Survey-Adolescent Supplement. *Journal of the American Academy of Child & Adolescent Psychiatry, 55*(4), 280–288.
- 221 National Institute on Drug Abuse. (2021). Why is there comorbidity between substance use disorders and mental illnesses? *Common Comorbidities with Substance Use Disorders Research Report*. <https://nida.nih.gov/publications/research-reports/common-comorbidities-substance-use-disorders/why-there-comorbidity-between-substance-use-disorders-mental-illnesses>
- 222 Turner, S., Mota, N., Bolton, J., & Sareen, J. (2018). Self-medication with alcohol or drugs for mood and anxiety disorders: A narrative review of the epidemiological literature. *Depression and Anxiety, 35*(9), 851–860.
- 223 Turner, S., Mota, N., Bolton, J., & Sareen, J. (2018). Self-medication with alcohol or drugs for mood and anxiety disorders: A narrative review of the epidemiological literature. *Depression and Anxiety, 35*(9), 851–860.
- 224 National Institute on Drug Abuse. (2021). Why is there comorbidity between substance use disorders and mental illnesses? *Common Comorbidities with Substance Use Disorders Research Report*. <https://nida.nih.gov/publications/research-reports/common-comorbidities-substance-use-disorders/why-there-comorbidity-between-substance-use-disorders-mental-illnesses>
- 225 National Institute on Drug Abuse. (2021). Why is there comorbidity between substance use disorders and mental illnesses? *Common Comorbidities with Substance Use Disorders Research Report*. <https://nida.nih.gov/publications/research-reports/common-comorbidities-substance-use-disorders/why-there-comorbidity-between-substance-use-disorders-mental-illnesses>
- 226 Substance Abuse and Mental Health Services Administration. (2020). *Substance use disorder treatment for people with co-occurring disorders*. Treatment Improvement Protocol (TIP) Series 42. SAMHSA Publication No. PEP20-02-01-004. Substance Abuse and Mental Health Services Administration.
- 227 Waller, R. C., Clark, K. J., Woodruff, A., Glossa, J., & Ostrovsky, A. (2021). Guide for future directions for the addiction and OUD treatment ecosystem [Discussion paper]. *NAM Perspectives, 2021*, 10.3147/202104b.
- 228 Office of the Surgeon General. (2016). *Facing addiction in America: The Surgeon General's report on alcohol, drugs, and health*. U.S. Department of Health and Human Services.
- 229 Office of the Surgeon General. (2016). *Facing addiction in America: The Surgeon General's report on alcohol, drugs, and health*. U.S. Department of Health and Human Services.
- 230 Waller, R. C., Clark, K. J., Woodruff, A., Glossa, J., & Ostrovsky, A. (2021). Guide for future directions for the addiction and OUD treatment ecosystem [Discussion paper]. *NAM Perspectives, 2021*, 10.3147/202104b.
- 231 Funke, M., Kaplan, M. C., Glover, H., Schramm-Sapyta, N., Muzyk, A., Mando-Vandrick, J., ... Eucker, S. A. (2021). Increasing naloxone prescribing in the emergency department through education and electronic medical record work-aids. *Joint Commission Journal on Quality and Patient Safety, 47*(6), 364–375.
- 232 Hawk, K., & D'Onofrio, G. (2018). Emergency department screening and interventions for substance use disorders. *Addiction Science and Clinical Practice, 13*(1), 18.
- 233 National Mental Health and Substance Use Policy Laboratory. (2021). *Use of medication-assisted treatment in emergency departments*. HHS Publication No. PEP21-PL-Guide-5. Substance Abuse and Mental Health Services Administration.
- 234 Suen, L. W., Makam, A. N., Snyder, H. R., Replinger, D., Kushel, M. B., Martin, M., & Nguyen, O. K. (2022). National prevalence of alcohol and other substance use disorders among emergency department visits and hospitalizations: NHAMCS 2014–2018. *Journal of General Internal Medicine, 37*, 2420–2428.
- 235 Hawk, K., & D'Onofrio, G. (2018). Emergency department screening and interventions for substance use disorders. *Addiction Science and Clinical Practice, 13*(1), 18.
- 236 Hawk, K., & D'Onofrio, G. (2018). Emergency department screening and interventions for substance use disorders. *Addiction Science and Clinical Practice, 13*(1), 18.



- 237 Hawk, K., Hoppe, J., Ketcham, E., LaPietra, A., Moulin, A., Nelson, L., ... D'Onofrio, G. (2021). Consensus recommendations on the treatment of opioid use disorder in the emergency department. *Annals of Emergency Medicine*, 78(3), 434–442.
- 238 Substance Abuse and Mental Health Services Administration. (2021). *Use of medication-assisted treatment in emergency departments*. HHS Publication No. PEP21-PL-Guide-5. Substance Abuse and Mental Health Services Administration, National Mental Health and Substance Use Policy Laboratory.
- 239 Philippine, T., Forsgren, E., DeWitt, C., Carter, I., McCollough, M., & Taira, B. R. (2022). Provider perspectives on emergency department initiation of medication assisted treatment for alcohol use disorder. *BMC Health Services Research*, 22(1), 456.
- 240 Boss, R., Daly, B., & Sadwith, T. (2020). *Addressing substance use in behavioral health crisis care: A companion resource to the SAMHSA Crisis Toolkit*. National Association of State Mental Health Program Directors.
- 241 Substance Abuse and Mental Health Services Administration. (2020). *National guidelines for behavioral health crisis care: Best practice toolkit*. Substance Abuse and Mental Health Services Administration.
- 242 National Association of State Mental Health Program Directors. (2020). *Addressing substance use in behavioral health crisis care: A companion resource to the SAMHSA Crisis Toolkit* (p. 21).
- 243 Substance Abuse and Mental Health Services Administration. (2023, March 23). 988 frequently asked questions. <https://www.samhsa.gov/find-help/988/faqs>
- 244 Boss, R., Daly, B., & Sadwith, T. (2020). *Addressing substance use in behavioral health crisis care: A companion resource to the SAMHSA Crisis Toolkit*. National Association of State Mental Health Program Directors.
- 245 Boss, R., Daly, B., & Sadwith, T. (2020). *Addressing substance use in behavioral health crisis care: A companion resource to the SAMHSA Crisis Toolkit*. National Association of State Mental Health Program Directors.
- 246 Substance Abuse and Mental Health Services Administration. (2020). *National guidelines for behavioral health crisis care: Best practice toolkit*. Substance Abuse and Mental Health Services Administration.
- 247 Substance Abuse and Mental Health Services Administration. (2020). *National guidelines for behavioral health crisis care: Best practice toolkit*. Substance Abuse and Mental Health Services Administration.
- 248 Boss, R., Daly, B., & Sadwith, T. (2020). *Addressing substance use in behavioral health crisis care: A companion resource to the SAMHSA Crisis Toolkit*. National Association of State Mental Health Program Directors.
- 249 Champagne-Langabeer, T., Bakos-Block, C., Yatsco, A., & Langabeer, J. R. (2020). Emergency medical services targeting opioid user disorder: An exploration of current out-of-hospital post-overdose interventions. *Journal of the American College of Emergency Physicians Open*, 1(6), 1230–1239.
- 250 Champagne-Langabeer, T., Bakos-Block, C., Yatsco, A., & Langabeer, J. R. (2020). Emergency medical services targeting opioid user disorder: An exploration of current out-of-hospital post-overdose interventions. *Journal of the American College of Emergency Physicians Open*, 1(6), 1230–1239.
- 251 Ehrhart, J. (2020). How EMS can help reduce opioid abuse. *EMS World*. <https://www.hmpgloballearningnetwork.com/site/emsworld/article/1223789/how-ems-can-help-reduce-opioid-abuse>
- 252 Clinical Info HIV.gov. (2021, June 3). *Guidelines for the use of antiretroviral agents in adults and adolescents with HIV*. <https://clinicalinfo.hiv.gov/en/guidelines/adult-and-adolescent-arv/substance-use-disorders-and-hiv>
- 253 Strathdee, S. A., Bristow, C. C., Gaines, T., & Shoptaw, S. (2021). Collateral damage: A narrative review on epidemics of substance use disorders and their relationships to sexually transmitted infections in the United States. *Sexually Transmitted Diseases*, 48(7), 466.
- 254 Marks, C., Carrasco-Escobar, G., Carrasco-Hernández, R., Johnson, D., Ciccarone, D., Strathdee, S. A., ... Bórquez, A. (2021). Methodological approaches for the prediction of opioid use-related epidemics in the United States: A narrative review and cross-disciplinary call to action. *Translational Research*, 234, 88–113.
- 255 Winetsky, D., Fox, A., Nijhawan, A., & Rich, J. D. (2020). Treating opioid use disorder and related infectious diseases in the criminal justice system. *Infectious Disease Clinics*, 34(3), 585–603.

- 256 Bositis, C. M., & Louis, J. S. (2019). HIV and substance use disorder: Role of the HIV physician. *Infectious Disease Clinics*, 33(3), 835–855.
- 257 Serota, D. P., Barocas, J. A., & Springer, S. A. (2020). Infectious complications of addiction: A call for a new subspecialty within infectious diseases. *Clinical Infectious Diseases*, 70(5), 968–972.
- 258 Rapoport, A. B., Fischer, L. S., Santibanez, S., Beekmann, S. E., Polgreen, P. M., & Rowley, C. F. (2018). Infectious diseases physicians' perspectives regarding injection drug use and related infections, United States, 2017. *Open Forum Infectious Diseases*, 5(7), ofy132.
- 259 NORC at the University of Chicago & Center for Health & Justice at TASC. (2021). *Report of the National Survey to Assess Law Enforcement-led Diversion and First Responder Deflection Programs in Response to the Opioid Crisis: Final report*. U.S. Department of Justice, Bureau of Justice Assistance, Comprehensive Opioid, Stimulant, and Substance Abuse Program.
- 260 NORC at the University of Chicago & Center for Health & Justice at TASC. (2021). *Report of the National Survey to Assess Law Enforcement-led Diversion and First Responder Deflection Programs in Response to the Opioid Crisis: Final report*. U.S. Department of Justice, Bureau of Justice Assistance, Comprehensive Opioid, Stimulant, and Substance Abuse Program.
- 261 Bureau of Justice Assistance, Comprehensive Opioid, Stimulant, and Substance Abuse Program. (2022). *Jail diversion models: Part I* (NCJ No: 304477). U.S. Department of Justice.
- 262 Spigt, M., & Scherrer, J. F. (2022). Family practice substance use disorder theme issue: Commentary. *Family Practice*, 39(2), 223–225.
- 263 Office of the Surgeon General. (2016). *Facing addiction in America: The Surgeon General's report on alcohol, drugs, and health*. U.S. Department of Health and Human Services.
- 264 Steinberg, J., Azofeifa, A., & Sigounas, G. (2019). Mobilizing primary care to address the opioid use disorder treatment gap. *Public Health Reports (Washington, D.C.)*, 134(5), 456–460.
- 265 U.S. Preventive Services Task Force, Krist, A. H., Davidson, K. W., Mangione, C. M., Barry, M. J., Cabana, M., ... Wong, J. B. (2020). Screening for unhealthy drug use: U.S. Preventive Services Task Force Recommendation Statement. *JAMA*, 323(22), 2301–2309.
- 266 McNeely, J., Kumar, P. C., Rieckmann, T., Sedlander, E., Farkas, S., Chollak, C., ... Rotrosen, J. (2018). Barriers and facilitators affecting the implementation of substance use screening in primary care clinics: A qualitative study of patients, providers, and staff. *Addiction Science & Clinical Practice*, 13(1), 8.
- 267 U.S. Preventive Services Task Force, Krist, A. H., Davidson, K. W., Mangione, C. M., Barry, M. J., Cabana, M., ... Wong, J. B. (2020). Screening for unhealthy drug use: U.S. Preventive Services Task Force Recommendation Statement. *JAMA*, 323(22), 2301–2309.
- 268 Townley, C., & Dorr, H. (2017). *Integrating substance use disorder treatment and primary care*. National Academy for State Health Policy.
- 269 Substance Abuse and Mental Health Services Administration. (2022). Coding for screening and brief intervention reimbursement. <https://www.samhsa.gov/sbirt/coding-reimbursement>
- 270 Centers for Medicare & Medicaid Services. (2022). *SBIRT services* (MLN904084). https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/sbirt_factsheet_icn904084.pdf
- 271 Scott, C. K., Grella, C. E., Dennis, M. L., & Nicholson, L. (2018). Linking individuals with substance use disorders (SUDs) in primary care to SUD treatment: The recovery management checkups-primary care (RMC-PC) pilot study. *Journal of Behavioral Health Services & Research*, 45(2), 160–173.
- 272 Scott, C. K., Dennis, M. L., Grella, C. E., Watson, D. P., Davis, J. P., & Hart, M. K. (2022, October 8). Using recovery management checkups for primary care to improve linkage to alcohol and other drug use treatment: A randomized controlled trial three month findings. *Addiction (Abingdon, England)*. Advance online publication. doi:org/10.1111/add.16064
- 273 Scott, C. (2022). Recovery management checkups for primary care experiment (RMC-PC). (ClinicalTrials.gov Identifier: NCT03746756). <https://clinicaltrials.gov/ct2/show/NCT03746756>
- 274 Health and Human Services Department. (2021). Practice guidelines for the administration of buprenorphine for treating opioid use disorder. *Federal Register*. <https://www.federalregister.gov/documents/2021/04/28/2021-08961/practice-guidelines-for-the-administration-of-buprenorphine-for-treating-opioid-use-disorder>



- ²⁷⁵ Substance Abuse and Mental Health Services Administration. (n.d.). Waiver elimination (MAT Act). Retrieved January 12, 2023, from <https://www.samhsa.gov/medication-assisted-treatment/removal-data-waiver-requirement>
- ²⁷⁶ Substance Abuse and Mental Health Services Administration. (2021). Prescribing pharmacotherapies for patients with alcohol use disorder. *Advisory*. SAMHSA Publication No. PEP20-02-02-015. Substance Abuse and Mental Health Services Administration.
- ²⁷⁷ Korthis, P. T., McCarty, D., Weimer, M., Bougatsos, C., Blazina, I., Zakher, B., ... Chou, R. (2017). Primary care-based models for the treatment of opioid use disorder: A scoping review. *Annals of Internal Medicine*, *166*(4), 268–278.
- ²⁷⁸ Buresh, M., Stern, R., & Rastegar, D. (2021). Treatment of opioid use disorder in primary care. *BMJ (Clinical Research Ed.)*, *373*, n784.
- ²⁷⁹ Korthis, P. T., McCarty, D., Weimer, M., Bougatsos, C., Blazina, I., Zakher, B., ... Chou, R. (2017). Primary care-based models for the treatment of opioid use disorder: A scoping review. *Annals of Internal Medicine*, *166*(4), 268–278.
- ²⁸⁰ Townley, C., & Dorr, H. (2017). *Integrating substance use disorder treatment and primary care*. National Academy for State Health Policy.
- ²⁸¹ McGinty, E. E., & Daumit, G. L. (2020). Integrating mental health and addiction treatment into general medical care: The role of policy. *Psychiatric Services*, *71*(11), 1163–1169.
- ²⁸² McGinty, E. E., & Daumit, G. L. (2020). Integrating mental health and addiction treatment into general medical care: The role of policy. *Psychiatric Services*, *71*(11), 1163–1169.
- ²⁸³ O'Malley, D. M., Abraham, C. M., Lee, H. S., Rubinstein, E. B., Howard, J., Hudson, S. V., ... Crabtree, B. F. (2022). Substance use disorder approaches in US primary care clinics with national reputations as workforce innovators. *Family Practice*, *39*(2), 282–291.
- ²⁸⁴ Stone, E. M., Kennedy-Hendricks, A., Barry, C. L., Bachhuber, M. A., & McGinty, E. E. (2021). The role of stigma in US primary care physicians' treatment of opioid use disorder. *Drug and Alcohol Dependence*, *221*, 108627.
- ²⁸⁵ Office of the Surgeon General. (2016). *Facing addiction in America: The Surgeon General's report on alcohol, drugs, and health*. U.S. Department of Health and Human Services.
- ²⁸⁶ Vogel, M. E., Kanzler, K. E., Aikens, J. E., & Goodie, J. L. (2017). Integration of behavioral health and primary care: Current knowledge and future directions. *Journal of Behavioral Medicine*, *40*(1), 69–84.
- ²⁸⁷ Lagisetty, P., Klasa, K., Bush, C., Heisler, M., Chopra, V., & Bohnert, A. (2017). Primary care models for treating opioid use disorders: What actually works? A systematic review. *PloS One*, *12*(10), e0186315.
- ²⁸⁸ Volk, J., Palanker, D., O'Brien, M., & Goe, C. (2021, June 23). *States' actions to expand telemedicine access during COVID-19 and future policy considerations*. [Issue brief]. Commonwealth Fund. <https://www.commonwealthfund.org/publications/issue-briefs/2021/jun/states-actions-expand-telemedicine-access-covid-19>
- ²⁸⁹ Cantor, J., McBain, R. K., Kofner, A., Hanson, R., Stein, B. D., & Yu, H. (2022). Telehealth adoption by mental health and substance use disorder treatment facilities in the COVID-19 pandemic. *Psychiatric Services (Washington, D.C.)*, *73*(4), 411–417.
- ²⁹⁰ Substance Abuse and Mental Health Services Administration. (2021). Using technology-based therapeutic tools in behavioral health services. *Advisory*. SAMHSA Publication No. PEP20-06-04-001. Substance Abuse and Mental Health Services Administration.
- ²⁹¹ Substance Abuse and Mental Health Services Administration. (2021). Using technology-based therapeutic tools in behavioral health services. *Advisory*. SAMHSA Publication No. PEP20-06-04-001. Substance Abuse and Mental Health Services Administration.
- ²⁹² Substance Abuse and Mental Health Services Administration. (2015). *Using technology-based therapeutic tools in behavioral health services*. Treatment Improvement Protocol (TIP) Series 60. HHS Publication No. (SMA) 15-4924. Substance Abuse and Mental Health Services Administration.
- ²⁹³ Substance Abuse and Mental Health Services Administration. (2021). *Using technology-based therapeutic tools in behavioral health services*. SAMHSA Publication No. PEP20-06-04-001. Substance Abuse and Mental Health Services Administration.

- ²⁹⁴ Sugarman, D. E., Busch, A. B., McHugh, R. K., Bogunovic, O. J., Trinh, C. D., Weiss, R. D., & Greenfield, S. F. (2021). Patients' perceptions of telehealth services for outpatient treatment of substance use disorders during the COVID-19 pandemic. *American Journal on Addictions, 30*(5), 445–452.
- ²⁹⁵ Mark, T. L., Treiman, K., Padwa, H., Henretty, K., Tzeng, J., & Gilbert, M. (2022). Addiction treatment and telehealth: Review of efficacy and provider insights during the COVID-19 pandemic. *Psychiatric Services, 73*(5), 484–491.
- ²⁹⁶ Ngo, Q. M., Braughton, J. E., Gliske, K., Waller, L. A., Sitar, S., Kretman, D. N., ... Welsh, J. W. (2022). In-person versus telehealth setting for the delivery of substance use disorder treatment: Ecologically valid comparison study. *JMIR Formative Research, 6*(4), e34408.
- ²⁹⁷ Mark, T. L., Treiman, K., Padwa, H., Henretty, K., Tzeng, J., & Gilbert, M. (2022). Addiction treatment and telehealth: Review of efficacy and provider insights during the COVID-19 pandemic. *Psychiatric Services, 73*(5), 484–491.
- ²⁹⁸ Harper, L. M. (2021). Telehealth approaches to improve opioid use care in pregnancy. *Clinical Obstetrics and Gynecology, 64*(2), 352–365.
- ²⁹⁹ Mark, T. L., Treiman, K., Padwa, H., Henretty, K., Tzeng, J., & Gilbert, M. (2021). Addiction treatment and telehealth: Review of efficacy and provider insights during the COVID-19 pandemic. *Psychiatric Services, 73*(5), 484–491.
- ³⁰⁰ Brett, A., Foster, H., Joseph, M., & Warrington, J. S. (2021). Patient-centered telehealth solution for observed urine collections in substance use disorder care delivery during COVID-19 and beyond. *Journal of Patient Experience, 8*, 23743735211033128.
- ³⁰¹ Poulsen, M. N., Santoro, W., Scotti, R., Henderson, C., Ruddy, M., & Colistra, A. (2022, September 20). Implementation of telemedicine delivery of medications for opioid use disorder in Pennsylvania treatment programs during COVID-19. *Journal of Addiction Medicine*. Advance online publication. doi:10.1097/ADM.0000000000001079
- ³⁰² Sweeney, M. M., Holtyn, A. F., Stitzer, M. L., & Gastfriend, D. R. (2022). Practical technology for expanding and improving substance use disorder treatment: Telehealth, remote monitoring, and digital health interventions. *Psychiatric Clinics of North America, 45*(3), 515–528.
- ³⁰³ Harper, L. M. (2021). Telehealth approaches to improve opioid use care in pregnancy. *Clinical Obstetrics and Gynecology, 64*(2), 352–365.
- ³⁰⁴ Substance Abuse and Mental Health Services Administration. (2021). Using technology-based therapeutic tools in behavioral health services. *Advisory*. SAMHSA Publication No. PEP20-06-04-001. Substance Abuse and Mental Health Services Administration.
- ³⁰⁵ Gallegos-Rejas, V. M., Thomas, E. E., Kelly, J. T., & Smith, A. C. (2023). A multi-stakeholder approach is needed to reduce the digital divide and encourage equitable access to telehealth. *Journal of Telemedicine and Telecare, 29*(1), 73–78.
- ³⁰⁶ Turcios, Y. (2023, March 22). Digital access: A super determinant of health. <https://www.samhsa.gov/blog/digital-access-super-determinant-health>
- ³⁰⁷ Peer Recovery Center of Excellence. (2021). *Peer recovery support: Evolving roles and settings: A literature review*.
- ³⁰⁸ Cos, T. A., LaPollo, A. B., Aussendorf, M., Williams, J. M., Malayter, K., & Festinger, D. S. (2020). Do peer recovery specialists improve outcomes for individuals with substance use disorder in an integrative primary care setting? A program evaluation. *Journal of Clinical Psychology in Medical Settings, 27*(4), 704–715.
- ³⁰⁹ Stanojlovic, M., & Davidson, L. (2021). Targeting the barriers in the substance use disorder continuum of care with peer recovery support. *Substance Abuse: Research and Treatment, 15*, 1178221820976988.
- ³¹⁰ National Council for Mental Wellbeing. (2022). *Establishing peer support services for overdose response: A toolkit for health departments*.
- ³¹¹ Eddie, D., Hoffman, L., Vilsaint, C., Abry, A., Bergman, B., Hoepfner, B., ... Kelly, J. F. (2019). Lived experience in new models of care for substance use disorder: A systematic review of peer recovery support services and recovery coaching. *Frontiers in Psychology, 10*, 1052.
- ³¹² Gagne, C. A., Finch, W. L., Myrick, K. J., & Davis, L. (2018). Peer workers in the behavioral and integrated health workforce: Opportunities and future directions. *American Journal of Preventive Medicine, 54*(6 Suppl. 3), S258–S266.



- ³¹³ Stack, E., Hildebran, C., Leichtling, G., Waddell, E. N., Leahy, J. M., Martin, E., & Korhuis, P. T. (2022). Peer recovery support services across the continuum: In community, hospital, corrections, and treatment and recovery agency settings; A narrative review. *Journal of Addiction Medicine, 16*(1), 93–100.
- ³¹⁴ Government Accountability Office. (2020). Substance use disorder: Medicaid coverage of peer support services for adults (GAO-20-616).
- ³¹⁵ National Council for Mental Wellbeing. (2022). *Establishing peer support services for overdose response: A toolkit for health departments*.
- ³¹⁶ Gagne, C., Olivet, J., & Davis, L. (2012). *Equipping behavioral health systems & authorities to promote peer specialist/peer recovery coaching services: Expert panel meeting report*. Substance Abuse and Mental Health Services Administration.
- ³¹⁷ Gagne, C., Olivet, J., & Davis, L. (2012). *Equipping behavioral health systems & authorities to promote peer specialist/peer recovery coaching services: Expert panel meeting report*. Substance Abuse and Mental Health Services Administration.
- ³¹⁸ Peer Recovery Center of Excellence. (2021). *Peer recovery support: Evolving roles and settings: A literature review*.
- ³¹⁹ Gagne, C., Olivet, J., & Davis, L. (2012). *Equipping behavioral health systems & authorities to promote peer specialist/peer recovery coaching services: Expert panel meeting report*. Substance Abuse and Mental Health Services Administration.
- ³²⁰ Gagne, C., Olivet, J., & Davis, L. (2012). *Equipping behavioral health systems & authorities to promote peer specialist/peer recovery coaching services: Expert panel meeting report*. Substance Abuse and Mental Health Services Administration.
- ³²¹ Bureau of Justice Assistance. (2022). *Peer recovery support services in correctional settings*. U.S. Department of Justice, Office of Justice Programs.
- ³²² Peer Recovery Center of Excellence. (2021). *Peer recovery support: Evolving roles and settings: A literature review*.
- ³²³ NORC at the University of Chicago & Center for Health & Justice at TASC. (2021). *Report of the Nation Survey to Assess First Responder Deflection Programs in Response to the Opioid Crisis: Final report*. U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance.
- ³²⁴ Gagne, C. A., Finch, W. L., Myrick, K. J., & Davis, L. (2018). Peer workers in the behavioral and integrated health workforce: Opportunities and future directions. *American Journal of Preventive Medicine, 54*(6 Suppl. 3), S258–S266.
- ³²⁵ Peer Recovery Center of Excellence. (2021). *Peer recovery support: Evolving roles and settings: A literature review*.
- ³²⁶ Almeida, M., Day, A., Smith, B., Bianco, C., & Fortuna, K. (2020). Actionable items to address challenges incorporating peer support specialists within an integrated mental health and substance use disorder system: Co-designed qualitative study. *Journal of Participatory Medicine, 12*(4), e17053.
- ³²⁷ Kelly, J. F., Greene, M. C., & Bergman, B. G. (2018). Beyond abstinence: Changes in indices of quality of life with time in recovery in a nationally representative sample of U.S. adults. *Alcoholism, Clinical and Experimental Research, 42*(4), 770–780.
- ³²⁸ Paquette, C. E., Daughters, S. B., & Witkiewitz, K. (2022). Expanding the continuum of substance use disorder treatment: Nonabstinence approaches. *Clinical Psychology Review, 91*, 102110.
- ³²⁹ Paquette, C. E., Daughters, S. B., & Witkiewitz, K. (2022). Expanding the continuum of substance use disorder treatment: Nonabstinence approaches. *Clinical Psychology Review, 91*, 102110.
- ³³⁰ Paquette, C. E., Daughters, S. B., & Witkiewitz, K. (2022). Expanding the continuum of substance use disorder treatment: Nonabstinence approaches. *Clinical Psychology Review, 91*, 102110.
- ³³¹ Hay, K. R., Huhn, A. S., Tompkins, D. A., & Dunn, K. E. (2019). Recovery goals and long-term treatment preference in persons who engage in nonmedical opioid use. *Journal of Addiction Medicine, 13*(4), 300–305.

- 332 Kaskutas, L. A., Borkman, T. J., Laudet, A., Ritter, L. A., Witbrodt, J., Subbaraman, M. S., ... Bond, J. (2014). Elements that define recovery: The experiential perspective. *Journal of Studies on Alcohol and Drugs*, 75(6), 999–1010.
- 333 Witbrodt, J., Kaskutas, L. A., & Grella, C. E. (2015). How do recovery definitions distinguish recovering individuals? Five typologies. *Drug and Alcohol Dependence*, 148, 109–117.
- 334 Roos, C. R., Nich, C., Mun, C. J., Babuscio, T. A., Mendonca, J., Miguel, A., ... Kiluk, B. D. (2019). Clinical validation of reduction in cocaine frequency level as an endpoint in clinical trials for cocaine use disorder. *Drug and Alcohol Dependence*, 205, 107648.
- 335 Bischof, G., Lange, N., Rumpf, H. J., & Preuss, U. W. (2021). Reduced drinking and harm reduction in the treatment of alcohol use disorders. *Drugs and Alcohol Today*, 21(1), 31–44.
- 336 Paquette, C. E., Daughters, S. B., & Witkiewitz, K. (2022). Expanding the continuum of substance use disorder treatment: Nonabstinence approaches. *Clinical Psychology Review*, 91, 102110.
- 337 Rosenberg, H., Grant, J., & Davis, A. K. (2020). Acceptance of non-abstinence as an outcome goal for individuals diagnosed with substance use disorders: A narrative review of published research. *Journal of Studies on Alcohol and Drugs*, 81(4), 405–415.
- 338 Hay, K. R., Huhn, A. S., Tompkins, D. A., & Dunn, K. E. (2019). Recovery goals and long-term treatment preference in persons who engage in nonmedical opioid use. *Journal of Addiction Medicine*, 13(4), 300–305.
- 339 Eddie, D., Bergman, B. G., Hoffman, L. A., & Kelly, J. F. (2022). Abstinence versus moderation recovery pathways following resolution of a substance use problem: Prevalence, predictors, and relationship to psychosocial well-being in a U.S. national sample. *Alcoholism, Clinical and Experimental Research*, 46(2), 312–325.
- 340 Kelly, J. F., Bergman, B., Hoepfner, B. B., Vilsaint, C., & White, W. L. (2017). Prevalence and pathways of recovery from drug and alcohol problems in the United States population: Implications for practice, research, and policy. *Drug and Alcohol Dependence*, 181, 162–169.
- 341 Eddie, D., Bergman, B. G., Hoffman, L. A., & Kelly, J. F. (2022). Abstinence versus moderation recovery pathways following resolution of a substance use problem: Prevalence, predictors, and relationship to psychosocial well-being in a U.S. national sample. *Alcoholism, Clinical and Experimental Research*, 46(2), 312–325.
- 342 Eddie, D., Bergman, B. G., Hoffman, L. A., & Kelly, J. F. (2022). Abstinence versus moderation recovery pathways following resolution of a substance use problem: Prevalence, predictors, and relationship to psychosocial well-being in a U.S. national sample. *Alcoholism, Clinical and Experimental Research*, 46(2), 312–325.
- 343 Paquette, C. E., Daughters, S. B., & Witkiewitz, K. (2022). Expanding the continuum of substance use disorder treatment: Nonabstinence approaches. *Clinical Psychology Review*, 91, 102110.
- 344 Davis, A. K., & Rosenberg, H. (2013). Acceptance of non-abstinence goals by addiction professionals in the United States. *Psychology of Addictive Behaviors*, 27(4), 1102–1109.
- 345 Rosenberg, H., Grant, J., & Davis, A. K. (2020). Acceptance of non-abstinence as an outcome goal for individuals diagnosed with substance use disorders: A narrative review of published research. *Journal of Studies on Alcohol and Drugs*, 81(4), 405–415.
- 346 Gumbley, S. (2016). Recovery in the 21st century: From shame to strength. *Journal of Addictions Nursing*, 27(2), 143–147.
- 347 Abt Associates & Hart Research Associates. (2010). *Pathways to healing and recovery: Perspectives from individuals with histories of alcohol and other drug problems*. Substance Abuse and Mental Health Services Administration.
- 348 Kelly, J. F., Bergman, B., Hoepfner, B. B., Vilsaint, C., & White, W. L. (2017). Prevalence and pathways of recovery from drug and alcohol problems in the United States population: Implications for practice, research, and policy. *Drug and Alcohol Dependence*, 181, 162–169.
- 349 Recovery Research Institute. (n.d.). Recovery 101. <https://www.recoveryanswers.org/recovery-101/pathways-to-recovery/>



- ³⁵⁰ Substance Abuse and Mental Health Services Administration. (2022, September 13). Recovery and recovery support. <https://www.samhsa.gov/find-help/recovery#recovery-support>
- ³⁵¹ Recovery Research Institute. (n.d.). Faith-based recovery support. <https://www.recoveryanswers.org/resource/faith-based-recovery-support/>
- ³⁵² Davidson, L., Rowe, M., DiLeo, P., Bellamy, C., & Delphin-Rittmon, M. (2021). Recovery-oriented systems of care: A perspective on the past, present, and future. *Alcohol Research: Current Reviews, 41*(1), 09.
- ³⁵³ Substance Abuse and Mental Health Services Administration. (2020). *Treating substance use disorder in older adults*. Treatment Improvement Protocol (TIP) Series 26. SAMHSA Publication No. PEP20-02-01-011. Substance Abuse and Mental Health Services Administration.
- ³⁵⁴ Recovery Research Institute. (n.d.). Faith-based recovery support. <https://www.recoveryanswers.org/resource/faith-based-recovery-support/>
- ³⁵⁵ Hidalgo, B. E., Derose, K. P., Kanouse, D. E., Mendel, P. J., Bluthenthal, R. N., & Oden, C. W. (2019). Urban religious congregations' responses to community substance use: An exploratory study of four cases. *Journal of Religion and Health, 58*(4), 1340–1355.
- ³⁵⁶ White, W. L. (2007). Addiction recovery: Its definition and conceptual boundaries. *Journal of Substance Abuse Treatment, 33*, 229–241.
- ³⁵⁷ Best, D., Vanderplasschen, W., Van de Mheen, D., De Maeyer, J., Colman, C., Vander Laenen, F., ... Nagelhout, G. E. (2018). REC-PATH (recovery pathways): Overview of a four-country study of pathways to recovery from problematic drug use. *Alcoholism Treatment Quarterly, 36*(4), 517–529.
- ³⁵⁸ American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.).
- ³⁵⁹ McLellan, A. T. (2017). Substance misuse and substance use disorders: Why do they matter in healthcare? *Transactions of the American Clinical and Climatological Association, 128*, 112–130.
- ³⁶⁰ Office of the Surgeon General. (2016). *Facing addiction in America: The Surgeon General's report on alcohol, drugs, and health*. U.S. Department of Health and Human Services.
- ³⁶¹ McCabe, S. E., West, B. T., Strobbe, S., & Boyd, C. J. (2018). Persistence/recurrence of and remission from DSM-5 substance use disorders in the United States: Substance-specific and substance-aggregated correlates. *Journal of Substance Abuse Treatment, 93*, 38–48.
- ³⁶² Larimer, M. E., Palmer, R. S., & Marlatt, G. A. (1999). Relapse prevention: An overview of Marlatt's cognitive-behavioral model. *Alcohol Research and Health, 23*(2), 151–160.
- ³⁶³ Marlatt, G. A., Parks, G. A., & Witkiewitz, K. (2002). *Clinical guidelines for implementing relapse prevention therapy: A guideline developed for behavioral health recovery management project*. University of Washington.
- ³⁶⁴ Marlatt, G. A., & Witkiewitz, K. (2005). Relapse prevention for alcohol and drug problems. In G. A. Marlatt & D. M. Donovan (Eds.), *Relapse prevention: Maintenance strategies in the treatment of addictive behaviors* (2nd ed., pp. 1–44). Guilford Press.
- ³⁶⁵ Office of the Surgeon General. (2016). *Facing addiction in America: The Surgeon General's report on alcohol, drugs, and health*. U.S. Department of Health and Human Services.
- ³⁶⁶ Ward, A., Freedland, T., Rohovit, J., & Meyer-Kalos, P. (2016). *Relapse prevention training* (Clinical Tip No. 6). Center for Practice Transformation, University of Minnesota.
- ³⁶⁷ Hsu, S. H., & Marlatt, G. A. (2011). Relapse prevention in substance use. In D. B. Cooper (Ed.), *Practice in mental health—substance use* (pp. 203–217). CRC Press.
- ³⁶⁸ Melemis, S. M. (2015). Relapse prevention and the five rules of recovery. *Yale Journal of Biology and Medicine, 88*(3), 325–332.
- ³⁶⁹ Melemis, S. M. (2015). Relapse prevention and the five rules of recovery. *Yale Journal of Biology and Medicine, 88*(3), 325–332.
- ³⁷⁰ Restrepo-Guzman, R., Li, D., & Lynn, G. (2020). Recovery from addiction: Maintenance and preventing relapse. In C. Marienfeld (Ed.), *Absolute Addiction Psychiatry Review* (pp. 87–101). Springer Nature.
- ³⁷¹ Melemis, S. M. (2015). Relapse prevention and the five rules of recovery. *Yale Journal of Biology and Medicine, 88*(3), 325–332.

- 372 Restrepo-Guzman, R., Li, D., & Lynn, G. (2020). Recovery from addiction: Maintenance and preventing relapse. In C. Marienfeld (Ed.), *Absolute Addiction Psychiatry Review* (pp. 87–101). Springer Nature.
- 373 Melemis, S. M. (2015). Relapse prevention and the five rules of recovery. *Yale Journal of Biology and Medicine*, 88(3), 325–332.
- 374 U.S. Department of Veterans Affairs. (2022). Reducing relapse risk. <https://www.va.gov/WHOLEHEALTHLIBRARY/tools/reducing-relapse-risk.asp>
- 375 U.S. Department of Veterans Affairs. (2022). Reducing relapse risk. <https://www.va.gov/WHOLEHEALTHLIBRARY/tools/reducing-relapse-risk.asp>
- 376 White, W. H. (2020, September 24). Stop kicking people out of addiction treatment (2020 update). *Recoveryblog*. <https://www.chestnut.org/Blog/Posts/363/William-White/2020/9/Stop-Kicking-People-out-of-Addiction-Treatment-2020-Update/blog-post/>
- 377 Walton, M. T. (2018). Administrative discharges in addiction treatment: Bringing practice in line with ethics and evidence. *Social Work*, 63(1), 85–90.
- 378 DiClemente, C. C., & Crisafulli, M. A. (2017). Alcohol relapse and change needs a broader view than counting drinks. *Alcoholism, Clinical and Experimental Research*, 41(2), 266–269.
- 379 Ignaszewski, M. J. (2021). The epidemiology of drug abuse. *Journal of Clinical Pharmacology*, 61(Suppl. 2), S10–S17.
- 380 Uhl, G. R., Koob, G. F., & Cable, J. (2019). The neurobiology of addiction. *Annals of the New York Academy of Sciences*, 1451(1), 5–28.
- 381 Ignaszewski, M. J. (2021). The epidemiology of drug abuse. *Journal of Clinical Pharmacology*, 61(Suppl. 2), S10–S17.
- 382 Laudet, A. (2018). 2013). “*Life in Recovery*”: *Report on the survey findings* (p. 1). Faces and Voices of Recovery.
- 383 Ignaszewski, M. J. (2021). The epidemiology of drug abuse. *Journal of Clinical Pharmacology*, 61(Suppl. 2), S10–S17.
- 384 Office of the Surgeon General. (2016). *Facing addiction in America: The Surgeon General’s report on alcohol, drugs, and health*. U.S. Department of Health and Human Services.
- 385 Peterson, C., Li, M., Xu, L., Mikosz, C. A., & Luo, F. (2021). Assessment of annual cost of substance use disorder in US hospitals. *JAMA Network Open*, 4(3), e210242.
- 386 Centers for Disease Control and Prevention, National Center for Health Statistics. (2021, November 17). *Drug overdose deaths in the U.S. top 100,000 annually* [Press release]. https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2021/20211117.htm
- 387 Centers for Disease Control. (2020). *Impaired driving: Get the facts*. https://www.cdc.gov/transportationsafety/impaired_driving/impaired_drv_factsheet.html
- 388 Murphy, S. M. (2020). The cost of opioid use disorder and the value of aversion. *Drug and Alcohol Dependence*, 217, 108382.
- 389 National Institute on Drug Abuse. (2021, December). How much does opioid treatment cost? *Medications to Treat Opioid Use Disorder Research Report*. <https://nida.nih.gov/publications/research-reports/medications-to-treat-opioid-addiction/how-much-does-opioid-treatment-cost>
- 390 The Pew Charitable Trusts. (2018) (2021). Local spending on jails tops \$25 billion in latest nationwide data [Issue brief].
- 391 United States Courts. (2017, August 17). Incarceration costs significantly more than supervision. <https://www.uscourts.gov/news/2017/08/17/incarceration-costs-significantly-more-supervision>
- 392 NORC at the University of Chicago. (2020, December 2). New analysis: Employers stand to save an average of \$8,500 for supporting each employee in recovery from a substance use disorder [Press release]. <https://www.norc.org/NewsEventsPublications/PressReleases/Pages/new-analysis-employers-stand-to-save-an-average-of-8500-for-supporting-each-employee-in-recovery-from-a-substance-use-dis.aspx>
- 393 Office of the Surgeon General. (2016). *Facing addiction in America: The Surgeon General’s report on alcohol drugs, and health*. U.S. Department of Health and Human Services.



- ³⁹⁴ Ignaszewski, M. J. (2021). The epidemiology of drug abuse. *Journal of Clinical Pharmacology*, *61*(Suppl. 2), S10–S17.
- ³⁹⁵ Substance Abuse and Mental Health Services Administration. (2010). *Recovery-oriented systems of care (ROSC) resource guide*. Substance Abuse and Mental Health Services Administration.
- ³⁹⁶ DiClemente, C. C., Norwood, A. E., Gregory, W. H., Travaglini, L., Graydon, M. M., & Corno, C. M. (2016). Consumer-centered, collaborative, and comprehensive care: The core essentials of recovery-oriented system of care. *Journal of Addictions Nursing*, *27*(2), 94–100.
- ³⁹⁷ DiClemente, C. C., Norwood, A. E., Gregory, W. H., Travaglini, L., Graydon, M. M., & Corno, C. M. (2016). Consumer-centered, collaborative, and comprehensive care: The core essentials of recovery-oriented system of care. *Journal of Addictions Nursing*, *27*(2), 94–100.
- ³⁹⁸ Substance Abuse and Mental Health Services Administration. (2012). *Operationalizing recovery-oriented systems: Expert panel meeting report*. Substance Abuse and Mental Health Services Administration.
- ³⁹⁹ Best, D., & Colman, C. (2019). Let's celebrate recovery. Inclusive cities working together to support social cohesion. *Addiction Research and Theory*, *27*(1), 55–64.
- ⁴⁰⁰ Davidson, L., Rowe, M., DiLeo, P., Bellamy, C., & Delphin-Rittmon, M. (2021). Recovery-oriented systems of care: A perspective on the past, present, and future. *Alcohol Research: Current Reviews*, *41*(1), 09.
- ⁴⁰¹ Davidson, L., Rowe, M., DiLeo, P., Bellamy, C., & Delphin-Rittmon, M. (2021). Recovery-oriented systems of care: A perspective on the past, present, and future. *Alcohol Research: Current Reviews*, *41*(1), 09.
- ⁴⁰² Illinois Department of Human Services. (n.d.). Illinois recovery oriented system of care (ROSC) councils. <https://www.dhs.state.il.us/page.aspx?item=117096>
- ⁴⁰³ New York State Office of Addiction Services and Supports. (n.d.). Recovery-oriented systems of care: The foundation for recovery in New York state. <https://oasas.ny.gov/providers/recovery-oriented-systems-care>
- ⁴⁰⁴ Bitting, S., Nash, A., & Ochoa, A. (2016). Houston recovery initiative: A rich case study of building recovery communities one voice at a time. *Journal of Addictions Nursing*, *27*(2), 120–126.
- ⁴⁰⁵ Ohio Association of County Behavioral Health Authorities. (n.d.). Recovery-oriented systems of care. https://www.oacbha.org/recovery-oriented-systems_of_c.php
- ⁴⁰⁶ Fitzgerald, M. (2019, February 4). Scott County, IN: Where it's cool to be in recovery [Blog post]. <https://niatx.attcnetwork.org/2019/01/scott-county-in-where-its-cool-to-be-in.html>
- ⁴⁰⁷ National Academies of Sciences, Engineering, and Medicine. (2016). *Measuring recovery from substance use or mental disorders: Workshop summary*. National Academies Press.
- ⁴⁰⁸ Brown, A. M., & Ashford, R. D. (2019). Recovery-informed theory: Situating the subjective in the science of substance use disorder recovery. *Journal of Recovery Science*, *1*(3), 1–15.
- ⁴⁰⁹ McDaniel, J. M., Brown, A. M., Thompson Heller, A., Johnston, T. W., Bergman, B., Bohler, R., ... Ashford, R. D. (2020). Interdisciplinary expansions: Applying recovery-informed theory to interdisciplinary areas of recovery science research. *Alcoholism Treatment Quarterly*, *38*(4), 457–469.
- ⁴¹⁰ Brown, A. M., & Ashford, R. D. (2019). Recovery-informed theory: Situating the subjective in the science of substance use disorder recovery. *Journal of Recovery Science*, *1*(3), 1–5.
- ⁴¹¹ Humphreys, K., & Bickel, W. K. (2018). Toward a neuroscience of long-term recovery from addiction (p. 875). *JAMA Psychiatry*, *75*(9), 875–876.
- ⁴¹² Humphreys, K., & Bickel, W. K. (2018). Toward a neuroscience of long-term recovery from addiction (p. 875). *JAMA Psychiatry*, *75*(9), 875–876.
- ⁴¹³ Daviet, R., Aydogan, G., Jagannathan, K., Spilka, N., Koellinger, P. D., Kranzler, H. R., ... Wetherill, R. R. (2022). Associations between alcohol consumption and gray and white matter volumes in the UK Biobank. *Nature Communications*, *13*(1), 1175.

- ⁴¹⁴ Hampton, W. H., Hanik, I. M., & Olson, I. R. (2019). Substance abuse and white matter: Findings, limitations, and future of diffusion tensor imaging research. *Drug and Alcohol Dependence, 197*, 288–298.
- ⁴¹⁵ Nie, L., Ghahremani, D. G., Mandelkern, M. A., Dean, A. C., Luo, W., Ren, A., ... London, E. D. (2021). The relationship between duration of abstinence and gray-matter brain structure in chronic methamphetamine users. *American Journal of Drug and Alcohol Abuse, 47*(1), 65–73.
- ⁴¹⁶ Korponay, C., Kosson, D. S., Decety, J., Kiehl, K. A., & Koenigs, M. (2017). Brain volume correlates with duration of abstinence from substance abuse in a region-specific and substance-specific manner. *Biological Psychiatry. Cognitive Neuroscience and Neuroimaging, 2*(7), 626–635.
- ⁴¹⁷ Meyerhoff, D. J., & Durazzo, T. C. (2020). Not all is lost for relapsers: Relapsers with low WHO risk drinking levels and complete abstainers have comparable regional gray matter volumes. *Alcoholism: Clinical and Experimental Research, 44*(7), 1479–1487.
- ⁴¹⁸ Martz, M. E., Hart, T., Heitzeg, M. M., & Peltier, S. J. (2020). Neuromodulation of brain activation associated with addiction: A review of real-time fMRI neurofeedback studies. *NeuroImage. Clinical, 27*, 102350.
- ⁴¹⁹ Coles, A. S., Kozak, K., & George, T. P. (2018). A review of brain stimulation methods to treat substance use disorders. *American Journal on Addictions, 27*(2), 71–91.
- ⁴²⁰ Luijckes, J., Segrave, R., de Joode, N., Figeo, M., & Denys, D. (2019). Efficacy of invasive and non-invasive brain modulation interventions for addiction. *Neuropsychology Review, 29*(1), 116–138.
- ⁴²¹ Ekhtiari, H., Tavakoli, H., Addolorato, G., Baeken, C., Bonci, A., Campanella, S., ... Hanlon, C.A. (2019). Transcranial electrical and magnetic stimulation (tES and TMS) for addiction medicine: A consensus paper on the present state of the science and the road ahead. *Neuroscience and Biobehavioral Reviews, 104*, 118–140.
- ⁴²² Torres-Castaño, A., Rivero-Santana, A., Perestelo-Pérez, L., Duarte-Díaz, A., Toledo-Chavarri, A., Ramos-García, V., ... Serrano-Pérez, P. (2021). Transcranial magnetic stimulation for the treatment of cocaine addiction: A systematic review. *Journal of Clinical Medicine, 10*(23), 5595.
- ⁴²³ Coles, A. S., Kozak, K., & George, T. P. (2018). A review of brain stimulation methods to treat substance use disorders. *American Journal on Addictions, 27*(2), 71–91.
- ⁴²⁴ Coles, A. S., Kozak, K., & George, T. P. (2018). A review of brain stimulation methods to treat substance use disorders. *American Journal on Addictions, 27*(2), 71–91.
- ⁴²⁵ Coles, A. S., Kozak, K., & George, T. P. (2018). A review of brain stimulation methods to treat substance use disorders. *American Journal on Addictions, 27*(2), 71–91.
- ⁴²⁶ Eddie, D., Bergman, B. G., Hoffman, L. A., & Kelly, J. F. (2022). Abstinence versus moderation recovery pathways following resolution of a substance use problem: Prevalence, predictors, and relationship to psychosocial well-being in a U.S. national sample. *Alcoholism, Clinical and Experimental Research, 46*(2), 312–325.
- ⁴²⁷ Witkiewitz, K., Pearson, M. R., Wilson, A. D., Stein, E. R., Votaw, V. R., Hallgren, K. A., ... Tucker, J. A. (2020). Can alcohol use disorder recovery include some heavy drinking? A replication and extension up to 9 years following treatment. *Alcoholism, Clinical and Experimental Research, 44*(9), 1862–1874.
- ⁴²⁸ Pearson, M. R., Wilson, A. D., Richards, D. K., & Witkiewitz, K. (2021). Reconsidering alcohol treatment non-responders: psychosocial functioning among heavy drinkers 3 years following treatment. *Addiction (Abingdon, England), 116*(5), 1262–1269.
- ⁴²⁹ Witkiewitz, K., Pearson, M. R., Wilson, A. D., Stein, E. R., Votaw, V. R., Hallgren, K. A., ... Tucker, J. A. (2020). Can alcohol use disorder recovery include some heavy drinking? A replication and extension up to 9 years following treatment. *Alcoholism, Clinical and Experimental Research, 44*(9), 1862–1874.
- ⁴³⁰ Kiluk, B. D., Babuscio, T. A., Nich, C., & Carroll, K. M. (2017). Initial validation of a proxy indicator of functioning as a potential tool for establishing a clinically meaningful cocaine use outcome. *Drug and Alcohol Dependence, 179*, 400–407.



- 431 Bickel, W. K., Johnson, M. W., Koffarnus, M. N., MacKillop, J., & Murphy, J. G. (2014). The behavioral economics of substance use disorders: Reinforcement pathologies and their repair. *Annual Review of Clinical Psychology, 10*, 641–677.
- 432 Acuff, S. F., Tucker, J. A., & Murphy, J. G. (2021). Behavioral economics of substance use: Understanding and reducing harmful use during the COVID-19 pandemic. *Experimental and Clinical Psychopharmacology, 29*(6), 739–749.
- 433 Field, M., Heather, N., Murphy, J. G., Stafford, T., Tucker, J. A., & Witkiewitz, K. (2020). Recovery from addiction: Behavioral economics and value-based decision making. *Psychology of Addictive Behaviors, 34*(1), 182–193.
- 434 White, W. (2013, July 13). Recovery durability: The 5-year set point [Blog post]. <https://www.chestnut.org/Blog/Posts/24/William-White/2013/7/Recovery-Durability-The-5Year-Set-Point/blog-post/blog-and-news-postings-details/>
- 435 Kelly, J. F., Greene, M. C., & Bergman, B. G. (2018). Beyond abstinence: Changes in indices of quality of life with time in recovery in a nationally representative sample of US adults. *Alcoholism: Clinical and Experimental Research, 42*(4), 770–780.
- 436 Schmidt, S., Mühlhan, H., & Power, M. (2006). The EUROHIS-QOL 8-item index: Psychometric results of a cross-cultural field study. *The European Journal of Public Health, 16*(4), 420–428.
- 437 American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.).
- 438 National Association of Recovery Residences. (n.d.). Recovery residence levels of support and standards criteria matrix. https://narronline.org/wp-content/uploads/2016/12/NARR_levels_summary.pdf
- 439 National Council for Mental Well-Being. (2021). *Demonstrating the value of recovery housing: Technical expert panel findings*.
- 440 Mericle, A. A., Slaymaker, V., Gliske, K., Ngo, Q., & Subbaraman, M. S. (2022). The role of recovery housing during outpatient substance use treatment. *Journal of Substance Abuse Treatment, 133*, 108638.
- 441 Mericle, A. A., Polcin, D. L., Hemberg, J., & Miles, J. (2017). Recovery housing: Evolving models to address resident needs. *Journal of Psychoactive Drugs, 49*(4), 352–361.
- 442 Recovery Research Institute. (n.d.). For people in treatment, who engages with recovery residences, and does it boost retention? <https://www.recoveryanswers.org/research-post/deeper-dive-recovery-residence-participants-who-more-likely-use-them-how-affect-engagement-outpatient-care/>
- 443 Kelly, J. F., Fallah-Sohy, N., Cristello, J., Stout, R. L., Jason, L. A., & Hoepfner, B. B. (2021). Recovery community centers: Characteristics of new attendees and longitudinal investigation of the predictors and effects of participation. *Journal of Substance Abuse Treatment, 124*, 108287.
- 444 Kelly, J. F., Fallah-Sohy, N., Cristello, J., Stout, R. L., Jason, L. A., & Hoepfner, B. B. (2021). Recovery community centers: Characteristics of new attendees and longitudinal investigation of the predictors and effects of participation. *Journal of Substance Abuse Treatment, 124*, 108287.
- 445 Kelly, J. F., Fallah-Sohy, N., Cristello, J., Stout, R. L., Jason, L. A., & Hoepfner, B. B. (2021). Recovery community centers: Characteristics of new attendees and longitudinal investigation of the predictors and effects of participation. *Journal of Substance Abuse Treatment, 124*, 108287.
- 446 Recovery Research Institute. (n.d.). Recovery community centers: Is participation in these newer recovery support services associated with better functioning and quality of life? <https://www.recoveryanswers.org/research-post/recovery-community-centers-associated-with-well-being/>
- 447 Bassuk, E. L., Hanson, J., Greene, R. N., Richard, M., & Laudet, A. (2016). Peer-delivered recovery support services for addictions in the United States: A systematic review. *Journal of Substance Abuse Treatment, 63*, 1–9.
- 448 Gagne, C. A., Finch, W. L., Myrick, K. J., & Davis, L. (2018). Peer workers in the behavioral and integrated health workforce: Opportunities and future directions (p. S263). *American Journal of Preventive Medicine, 54*(6 Suppl. 3), S258–S266.

- 449 Chapman, S., Blash, L. K., Mayer, K., & Spetz, J. (2018). Emerging roles for peer providers in mental and substance use disorders. *American Journal of Preventive Medicine, 54*(6 Suppl. 3), S267–S274.
- 450 Substance Abuse and Mental Health Services Administration. (2021). The substance use disorder counseling competency framework: An overview. *Advisory*. SAMHSA Publication No. PEP20-02-01-017. Substance Abuse and Mental Health Services Administration.
- 451 Raiker, N., Aouthmany, M., & Ezra, N. (2016). Dermatologic signs and symptoms of substance abuse. *Journal of Clinical & Experimental Dermatology Research, 7*(2), 1000337.
- 452 Metzl, J. M., & Hansen, H. (2014). Structural competency: Theorizing a new medical engagement with stigma and inequality. *Social Science & Medicine (1982), 103*, 126–133.
- 453 Ali, A., & Sichel, C. E. (2014). Structural competency as a framework for training in counseling psychology. *Counseling Psychologist, 42*(7), 901–918.
- 454 Sukhera, J., Knaak, S., Ungar, T., & Rehman, M. (2022). Dismantling structural stigma related to mental health and substance use: An educational framework. *Academic Medicine, 97*(2), 175–181.
- 455 Sukhera, J., Knaak, S., Ungar, T., & Rehman, M. (2022). Dismantling structural stigma related to mental health and substance use: An educational framework. *Academic Medicine, 97*(2), 175–181.
- 456 O’Gurek, D. T., & Henke, C. (2018). A practical approach to screening for social determinants of health. *Family Practice Management, 25*(3), 7–12.
- 457 Moen, M., Storr, C., German, D., Friedmann, E., & Johantgen, M. (2020). A review of tools to screen for social determinants of health in the United States: A practice brief. *Population Health Management, 23*(6), 422–429.
- 458 Moen, M., Storr, C., German, D., Friedmann, E., & Johantgen, M. (2020). A review of tools to screen for social determinants of health in the United States: A practice brief. *Population Health Management, 23*(6), 422–429.
- 459 Substance Abuse and Mental Health Services Administration. (2014). *Improving cultural competence*. Treatment Improvement Protocol (TIP) Series 59. HHS Publication No. (SMA) 14-4849. Substance Abuse and Mental Health Services Administration.
- 460 Substance Abuse and Mental Health Services Administration. (2014). *Improving cultural competence*. Treatment Improvement Protocol (TIP) Series 59. HHS Publication No. (SMA) 14-4849. Substance Abuse and Mental Health Services Administration.
- 461 Marsh, J. C., Amaro, H., Kong, Y., Khachikian, T., & Guerrero, E. (2021). Gender disparities in access and retention in outpatient methadone treatment for opioid use disorder in low-income urban communities. *Journal of Substance Abuse Treatment, 127*, 108399.
- 462 Substance Abuse and Mental Health Services Administration. (2014). *Improving cultural competence*. Treatment Improvement Protocol (TIP) Series 59. HHS Publication No. (SMA) 14-4849. Substance Abuse and Mental Health Services Administration.
- 463 Substance Abuse and Mental Health Services Administration. (2014). *Improving cultural competence*. Treatment Improvement Protocol (TIP) Series 59. HHS Publication No. (SMA) 14-4849. Substance Abuse and Mental Health Services Administration.
- 464 Amaro, H., Sanchez, M., Bautista, T., & Cox, R. (2021). Social vulnerabilities for substance use: Stressors, socially toxic environments, and discrimination and racism. *Neuropharmacology, 188*, 108518.
- 465 Amaro, H., Sanchez, M., Bautista, T., & Cox, R. (2021). Social vulnerabilities for substance use: Stressors, socially toxic environments, and discrimination and racism. *Neuropharmacology, 188*, 108518.
- 466 Substance Abuse and Mental Health Services Administration. (2022). *Key substance use and mental health indicators in the United States: Results from the 2021 National Survey on Drug Use and Health*. HHS Publication No. PEP22-07-01-005, NSDUH Series H-57. Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality.



- ⁴⁶⁷ Amaro, H., Sanchez, M., Bautista, T., & Cox, R. (2021). Social vulnerabilities for substance use: Stressors, socially toxic environments, and discrimination and racism. *Neuropharmacology*, *188*, 108518.
- ⁴⁶⁸ Gameon, J. A., & Skewes, M. C. (2021). Historical trauma and substance use among American Indian people with current substance use problems. *Psychology of Addictive Behaviors*, *35*(3), 295–309.
- ⁴⁶⁹ Mennis, J., & Stapler, G. J. (2016). Racial and ethnic disparities in outpatient substance use disorder treatment episode completion for different substances. *Journal of Substance Abuse Treatment*, *63*, 25–33.
- ⁴⁷⁰ Martin, C. E., Parlier-Ahmad, A. B., Beck, L., Scialli, A., & Terplan, M. (2022). Need for and receipt of substance use disorder treatment among adults, by gender, in the United States. *Public Health Reports (Washington, D.C.: 1974)*, *137*(5), 955–963.
- ⁴⁷¹ Matsuzaka, S., & Knapp, M. (2020). Anti-racism and substance use treatment: Addiction does not discriminate, but do we? *Journal of Ethnicity in Substance Abuse*, *19*(4), 567–593.
- ⁴⁷² Hall, O. T., Jordan, A., Teater, J., Dixon-Shambley, K., McKiever, M. E., Baek, M., ... Fielin, D. A. (2022). Experiences of racial discrimination in the medical setting and associations with medical mistrust and expectations of care among black patients seeking addiction treatment. *Journal of Substance Abuse Treatment*, *133*, 108551.
- ⁴⁷³ Hall, O. T., Jordan, A., Teater, J., Dixon-Shambley, K., McKiever, M. E., Baek, M., ... Fielin, D. A. (2022). Experiences of racial discrimination in the medical setting and associations with medical mistrust and expectations of care among black patients seeking addiction treatment. *Journal of Substance Abuse Treatment*, *133*, 108551.
- ⁴⁷⁴ Pinedo, M., Zemore, S., & Rogers, S. (2018). Understanding barriers to specialty substance abuse treatment among Latinos. *Journal of Substance Abuse Treatment*, *94*, 1–8.
- ⁴⁷⁵ American Psychological Association. (2016). *Stress in America™: The impact of discrimination*. Stress in America™ Survey. <https://www.apa.org/news/press/releases/stress/>
- ⁴⁷⁶ Substance Abuse and Mental Health Services Administration. (2020). *The opioid crisis and the Black/African American population: An urgent issue*. Publication No. PEP20-05-02-001. Substance Abuse and Mental Health Services Administration, Office of Behavioral Health Equity.
- ⁴⁷⁷ Lagisetty, P. A., Ross, R., Bohnert, A., Clay, M., & Maust, D. T. (2019). Buprenorphine treatment divide by race/ethnicity and payment. *JAMA Psychiatry*, *76*(9), 979–981.
- ⁴⁷⁸ Goedel, W. C., Shapiro, A., Cerdá, M., Tsai, J. W., Hadland, S. E., & Marshall, B. (2020). Association of racial/ethnic segregation with treatment capacity for opioid use disorder in counties in the United States. *JAMA Network Open*, *3*(4), e203711.
- ⁴⁷⁹ Kleinman, R. A. (2020). Comparison of driving times to opioid treatment programs and pharmacies in the US. *JAMA Psychiatry*, *77*(11), 1163–1171.
- ⁴⁸⁰ Marsh, J. C., Amaro, H., Kong, Y., Khachikian, T., & Guerrero, E. (2021). Gender disparities in access and retention in outpatient methadone treatment for opioid use disorder in low-income urban communities. *Journal of Substance Abuse Treatment*, *127*, 108399.
- ⁴⁸¹ Redmond, M. L., Smith, S., & Collins, T. C. (2020). Exploring African-American women's experiences with substance use treatment: A review of the literature. *Journal of Community Psychology*, *48*(2), 337–350.
- ⁴⁸² Martin, C. E., Parlier-Ahmad, A. B., Beck, L., Scialli, A., & Terplan, M. (2022). Need for and receipt of substance use disorder treatment among adults, by gender, in the United States. *Public Health Reports (Washington, D.C.: 1974)*, *137*(5), 955–963.
- ⁴⁸³ Martin, C. E., Parlier-Ahmad, A. B., Beck, L., Scialli, A., & Terplan, M. (2022). Need for and receipt of substance use disorder treatment among adults, by gender, in the United States. *Public Health Reports (Washington, D.C.: 1974)*, *137*(5), 955–963.
- ⁴⁸⁴ Martin, C. E., Parlier-Ahmad, A. B., Beck, L., Scialli, A., & Terplan, M. (2022). Need for and receipt of substance use disorder treatment among adults, by gender, in the United States. *Public Health Reports (Washington, D.C.: 1974)*, *137*(5), 955–963.

- ⁴⁸⁵ Batchelder, A. W., Stanton, A. M., Kirakosian, N., King, D., Grasso, C., Potter, J., ... O'Cleirigh, C. (2021). Mental health and substance use diagnoses and treatment disparities by sexual orientation and gender in a community health center sample. *LGBT Health, 8*(4), 290–299.
- ⁴⁸⁶ Williams, N. D., & Fish, J. N. (2020). The availability of LGBT-specific mental health and substance abuse treatment in the United States. *Health Services Research, 55*(6), 932–943.
- ⁴⁸⁷ Williams, N. D., & Fish, J. N. (2020). The availability of LGBT-specific mental health and substance abuse treatment in the United States. *Health Services Research, 55*(6), 932–943.
- ⁴⁸⁸ Williams, N. D., & Fish, J. N. (2020). The availability of LGBT-specific mental health and substance abuse treatment in the United States. *Health Services Research, 55*(6), 932–943.
- ⁴⁸⁹ Matsuzaka, S. (2018). Transgressing gender norms in addiction treatment: Transgender rights to access within gender-segregated facilities. *Journal of Ethnicity in Substance Abuse, 17*(4), 420–433.
- ⁴⁹⁰ Williams, N. D., & Fish, J. N. (2020). The availability of LGBT-specific mental health and substance abuse treatment in the United States. *Health Services Research, 55*(6), 932–943.
- ⁴⁹¹ Amiri, S., McDonell, M. G., Denney, J. T., Buchwald, D., & Amram, O. (2021). Disparities in access to opioid treatment programs and office-based buprenorphine treatment across the rural-urban and area deprivation continua: A US nationwide small area analysis. *Value in Health, 24*(2), 188–195.
- ⁴⁹² Lister, J. J., Weaver, A., Ellis, J. D., Himle, J. A., & Ledgerwood, D. M. (2020). A systematic review of rural-specific barriers to medication treatment for opioid use disorder in the United States. *American Journal of Drug and Alcohol Abuse, 46*(3), 273–288.
- ⁴⁹³ Lister, J. J., Weaver, A., Ellis, J. D., Himle, J. A., & Ledgerwood, D. M. (2020). A systematic review of rural-specific barriers to medication treatment for opioid use disorder in the United States. *American Journal of Drug and Alcohol Abuse, 46*(3), 273–288.
- ⁴⁹⁴ U.S. Drug Enforcement Administration. (2021, June 28). *DEA finalizes measures to expand medication-assisted treatment*. <https://www.dea.gov/press-releases/2021/06/28/dea-finalizes-measures-expand-medication-assisted-treatment>
- ⁴⁹⁵ Rural Health Information Hub. (n.d.). Barriers to preventing and treating substance use disorders in rural communities. Retrieved November 22, 2022, from <https://www.ruralhealthinfo.org/toolkits/substance-abuse/1/barriers>
- ⁴⁹⁶ Clary, E., Ribar, C., Weigensberg, E., Radel, L., & Madden, E. (2020). *Challenges in providing substance use disorder treatment to child welfare clients in rural communities*. U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation.
- ⁴⁹⁷ Substance Abuse and Mental Health Services Administration. (2016). Rural behavioral health: Telehealth challenges and opportunities. *In Brief, 9*(2).
- ⁴⁹⁸ Federal Communications Commission. (2021, January 19). FCC annual broadband report shows digital divide is rapidly closing. In *Inquiry concerning deployment of advanced telecommunications capability to all Americans in a reasonable and timely fashion*. GN Docket No. 20-269. <https://www.fcc.gov/document/fcc-annual-broadband-report-shows-digital-divide-rapidly-closing>
- ⁴⁹⁹ Lewis, B., Hoffman, L., Garcia, C. C., & Nixon, S. J. (2018). Race and socioeconomic status in substance use progression and treatment entry. *Journal of Ethnicity in Substance Abuse, 17*(2), 150–166.
- ⁵⁰⁰ Baptiste-Roberts, K., & Hossain, M. (2018). Socioeconomic disparities and self-reported substance abuse-related problems. *Addiction & Health, 10*(2), 112–122.
- ⁵⁰¹ Priester, M. A., Browne, T., Iachini, A., Clone, S., DeHart, D., & Seay, K. D. (2016). Treatment access barriers and disparities among individuals with co-occurring mental health and substance use disorders: An integrative literature review. *Journal of Substance Abuse Treatment, 61*, 47–59.
- ⁵⁰² Novotna, G., Johnner, R., McCarron, M., Novik, N., Jeffery, B., Taylor, M., & Jones, M. (2017). Assessment and treatment for persons with coexisting ability and substance use issues: A review and analysis of the literature. *Journal of Social Work in Disability & Rehabilitation, 16*(2), 141–160.



- 503 Czeisler, M. É., Board, A., Thierry, J. M., Czeisler, C. A., Rajaratnam, S. M. W., Howard, M. E., & Clarke, K. E. N. (2021). Mental health and substance use among adults with disabilities during the COVID-19 pandemic—United States, February–March 2021. *Morbidity and Mortality Weekly Report*, *70*(34), 1142–1149.
- 504 Czeisler, M. É., Board, A., Thierry, J. M., Czeisler, C. A., Rajaratnam, S. M. W., Howard, M. E., & Clarke, K. E. N. (2021). Mental health and substance use among adults with disabilities during the COVID-19 pandemic—United States, February–March 2021. *Morbidity and Mortality Weekly Report*, *70*(34), 1142–1149.
- 505 Ledingham, E., Adams, R. S., Heaphy, D., Duarte, A., & Reif, S. (2022). Perspectives of adults with disabilities and opioid misuse: Qualitative findings illuminating experiences with stigma and substance use treatment. *Disability and Health Journal*, 101292.
- 506 Novotna, G., Johner, R., McCarron, M., Novik, N., Jeffery, B., Taylor, M., & Jones, M. (2017). Assessment and treatment for persons with coexisting ability and substance use issues: A review and analysis of the literature. *Journal of Social Work in Disability & Rehabilitation*, *16*(2), 141–160.
- 507 Ledingham, E., Adams, R. S., Heaphy, D., Duarte, A., & Reif, S. (2022). Perspectives of adults with disabilities and opioid misuse: Qualitative findings illuminating experiences with stigma and substance use treatment. *Disability and Health Journal*, 101292.
- 508 Austin, E. J., Tsui, J. I., Barry, M. P., Tung, E., Glick, S. N., Ninburg, M., & Williams, E. C. (2022). Health care-seeking experiences for people who inject drugs with hepatitis C: Qualitative explorations of stigma. *Journal of Substance Abuse Treatment*, *137*, 108684.
- 509 Claborn, K., Hill, R., & Kioumarsis, A. (2021). Improving linkage and retention in treatment among people living with HIV and comorbid substance use. *AIDS Care*, 1–6. Advance online publication.
- 510 Austin, E. J., Tsui, J. I., Barry, M. P., Tung, E., Glick, S. N., Ninburg, M., & Williams, E. C. (2022). Health care-seeking experiences for people who inject drugs with hepatitis C: Qualitative explorations of stigma. *Journal of Substance Abuse Treatment*, *137*, 108684.
- 511 U.S. Department of Health and Human Services. (n.d.). *Pain management best practices inter-agency task force: Stigma Factsheet*. https://www.hhs.gov/sites/default/files/pmtf-fact-sheet-stigma_508-2019-08-13.pdf
- 512 Claborn, K., Hill, R., & Kioumarsis, A. (2021). Improving linkage and retention in treatment among people living with HIV and comorbid substance use. *AIDS Care*, 1–6. Advance online publication.
- 513 Stenersen, M. R., Thomas, K., Struble, C., Moore, K. E., Burke, C., & McKee, S. (2022). The impact of self-help groups on successful substance use treatment completion for opioid use: An intersectional analysis of race/ethnicity and sex. *Journal of Substance Abuse Treatment*, *136*, 108662.
- 514 English, D., Rendina, H. J., & Parsons, J. T. (2018). The effects of intersecting stigma: A longitudinal examination of minority stress, mental health, and substance use among Black, Latino, and multiracial gay and bisexual men. *Psychology of Violence*, *8*(6), 669–679.
- 515 Schuler, M. S., Prince, D. M., Breslau, J., & Collins, R. L. (2020). Substance use disparities at the intersection of sexual identity and race/ethnicity: Results from the 2015–2018 National Survey on Drug Use and Health. *LGBT Health*, *7*(6), 283–291.
- 516 Marcelin, J. R., Siraj, D. S., Victor, R., Kotadia, S., & Maldonado, Y. A. (2019). The impact of unconscious bias in healthcare: How to recognize and mitigate it. *Journal of Infectious Diseases*, *220*(220 Suppl. 2), S62–S73.
- 517 Biancarelli, D. L., Biello, K. B., Childs, E., Drainoni, M., Salhaney, P., Edeza, A., ... Bazzi, A. R. (2019). Strategies used by people who inject drugs to avoid stigma in healthcare settings. *Drug and Alcohol Dependence*, *198*, 80–86.
- 518 Amaro, H., Sanchez, M., Bautista, T., & Cox, R. (2021). Social vulnerabilities for substance use: Stressors, socially toxic environments, and discrimination and racism. *Neuropharmacology*, *188*, 108518.
- 519 Mendiola, C. K., Galetto, G., & Fingerhood, M. (2018). An exploration of emergency physicians' attitudes toward patients with substance use disorder (p. 133). *Journal of Addiction Medicine*, *12*(2), 132–135.

- 520 Martin, M., Snyder, H. R., Otway, G., Holpit, L., Day, L. W., & Seidman, D. (2022). In-hospital substance use policies: An opportunity to advance equity, reduce stigma, and offer evidence-based addiction care. *Journal of Addiction Medicine*, 10-1097.
- 521 Strike, C., Robinson, S., Guta, A., Tan, D. H., O'Leary, B., Cooper, C., ... Carusone, S. C. (2020). Illicit drug use while admitted to hospital: Patient and health care provider perspectives. *PLoS ONE*, 15(3), e0229713.
- 522 Muncan, B., Walters, S. M., Ezell, J., & Ompad, D. C. (2020). "They look at us like junkies:" Influences of drug use stigma on the healthcare engagement of people who inject drugs in New York City. *Harm Reduction Journal*, 17(53), online publication.
- 523 Strike, C., Robinson, S., Guta, A., Tan, D. H., O'Leary, B., Cooper, C., ... Carusone, S. C. (2020). Illicit drug use while admitted to hospital: Patient and health care provider perspectives. *PLoS ONE*, 15(3), e0229713.
- 524 Eaton, E. F., Westfall, A. O., McClesky, B., Paddock, C. S., Lane, P. S., Cropsey, K. L., & Lee, R. A. (2020, March). In-hospital illicit drug use and patient-directed discharge: Barriers to care for patients with injection-related infections. *Open Forum Infectious Diseases*, 7(3), ofaa074.
- 525 Martin, M., Snyder, H. R., Otway, G., Holpit, L., Day, L. W., & Seidman, D. (2022). In-hospital substance use policies: An opportunity to advance equity, reduce stigma, and offer evidence-based addiction care. *Journal of Addiction Medicine*, 10-1097.
- 526 Drake, C. D., Trent Codd, R., & Terry, C. (2018). Assessing the validity of implicit and explicit measures of stigma toward clients with substance use disorders among mental health practitioners. *Journal of Contextual Behavioral Science*, 8, 44-54.
- 527 Center for the Application of Prevention Technologies. (2017). *Words matter: How language choice can reduce stigma*. HHS Publication No. 508-2019-08-13. Substance Abuse and Mental Health Services Administration.
- 528 Rockefeller University. (n.d.). Bystander intervention. Retrieved July 7, 2022, from <https://www.rockefeller.edu/education-and-training/bystander-intervention/>
- 529 Tenney, L. (n.d.). Being an active bystander: Strategies for challenging the emergence of bias. The Ohio State University, Kirwan Institute for the Study of Race & Ethnicity. https://kirwaninstitute.osu.edu/sites/default/files/2019-08/Active_Bystander_Handout_2019.pdf
- 530 Young, A., Edwards, J. K., Nikels, H. J., & Standefer, S. R. (2017). Strengths-based counseling 2.0: Continuing the discussion. In J. K. Edwards, A. Young, & H. J. Nikels (Eds.), *Handbook of strengths-based clinical practices: Finding common factors*. Routledge.
- 531 Best, D., Edwards, M., Cano, I., Durrance, J., Leyman, J., & White, W. L. (2018, May-June). Strengths planning for building recovery capital. *Counselor*, 3, 32-37.
- 532 Goscha, R. J. (2020). Strengths model case management: Moving strengths from concept to action. In A. N. Mendenhall, & M. M. Carney (Eds.), *Rooted in strengths: Celebrating strengths perspective in social work* (pp. 165-186). University of Kansas, School of Social Welfare.
- 533 Rapp, C. A., & Goscha, R. J. (2012). *The strengths model: A recovery-oriented approach to mental health services* (3rd ed.). Oxford University Press.
- 534 Giacomucci, S. (2021). *Social work, sociometry, and psychodrama: Experiential approaches for group therapists, community leaders, and social workers*. Springer.
- 535 Giacomucci, S. (2021). *Social work, sociometry, and psychodrama: Experiential approaches for group therapists, community leaders, and social workers*. Springer.
- 536 Magyar-Moe, J. L., Owens, R. L., & Conoley, C. W. (2015). Positive psychological interventions in counseling: What every counseling psychologist should know. *Counseling Psychologist*, 43(4), 508-557.
- 537 Giacomucci, S. (2021). *Social work, sociometry, and psychodrama: Experiential approaches for group therapists, community leaders, and social workers*. Springer.
- 538 Richmond, C., Smock Jordan, S., Bischof, G., & Sauer, E. (2014). Effects of solution-focused versus problem-focused intake questions on pre-treatment change. *Journal of Systemic Therapies*, 33, 33-47.



- 539 Sanders, M. A. (2021, April 14). Strength-based counseling. Great Lakes ATTC. <https://attcnetwork.org/centers/great-lakes-attc/news/strength-based-counseling>
- 540 Richmond, C., Smock Jordan, S., Bischof, G., & Sauer, E. (2014). Effects of solution-focused versus problem-focused intake questions on pre-treatment change. *Journal of Systemic Therapies, 33*, 33–47.
- 541 Henwood, B. F., Derejko, K. S., Couture, J., & Padgett, D. K. (2015). Maslow and mental health recovery: A comparative study of homeless programs for adults with serious mental illness. *Administration and Policy in Mental Health, 42*(2), 220–228.
- 542 Addiction Technology Transfer Center Network. (2006). Treatment planning - Part 3: Putting it all together. *Addiction Messenger, 9*(6).
- 543 Henwood, B. F., Derejko, K. S., Couture, J., & Padgett, D. K. (2015). Maslow and mental health recovery: A comparative study of homeless programs for adults with serious mental illness. *Administration and Policy in Mental Health, 42*(2), 220–228.
- 544 Best, D., Day, E., McCarthy, T., Darlington, I., & Pinchbeck, K. (2008). The hierarchy of needs and care planning in addiction services: What Maslow can tell us about addressing competing priorities? *Addiction Research & Theory, 16*(4), 305–307.
- 545 Henwood, B. F., Derejko, K. S., Couture, J., & Padgett, D. K. (2015). Maslow and mental health recovery: A comparative study of homeless programs for adults with serious mental illness. *Administration and Policy in Mental Health, 42*(2), 220–228.
- 546 Henwood, B. F., Derejko, K. S., Couture, J., & Padgett, D. K. (2015). Maslow and mental health recovery: A comparative study of homeless programs for adults with serious mental illness. *Administration and Policy in Mental Health, 42*(2), 220–228.
- 547 Roos, C. R., Bowen, S., & Kober, H. (2022). The role of self-regulation strategies in recovery from alcohol use disorder. In J. A. Tucker & K. Witkiewitz (Eds.), *Dynamic pathways to recovery from alcohol use disorder: Meanings and methods*. Cambridge University Press.
- 548 Ameral, V., & Palm Reed, K. M. (2021). Envisioning a future: Values clarification in early recovery from opioid use disorder. *Journal of Substance Abuse Treatment, 121*, 108207.
- 549 Barrett, K., O'Connor, M., & McHugh, L. (2019). A systematic review of values-based psychometric tools within Acceptance and Commitment Therapy (ACT). *Psychological Record, 69*(4), 457–485.
- 550 Ameral, V., & Palm Reed, K. M. (2021). Envisioning a future: Values clarification in early recovery from opioid use disorder. *Journal of Substance Abuse Treatment, 121*, 108207.
- 551 Ameral, V., & Palm Reed, K. M. (2021). Envisioning a future: Values clarification in early recovery from opioid use disorder. *Journal of Substance Abuse Treatment, 121*, 108207.
- 552 Barrett, K., O'Connor, M., & McHugh, L. (2019). A systematic review of values-based psychometric tools within Acceptance and Commitment Therapy (ACT). *Psychological Record, 69*(4), 457–485.
- 553 Community Catalyst, Faces & Voices of Recovery, & American Society of Addiction Medicine. (2021). *Peers speak out: Priority outcomes for substance use treatment and services*.
- 554 Recovery Research Institute. (2021, August 26). Whose voice counts? Treatment outcomes prioritized by people with substance use challenges and their families. <https://www.recoveryanswers.org/research-post/whose-voice-counts-treatment-outcomes-prioritized-people-substance-use-challenges-and-families>
- 555 Community Catalyst, Faces & Voices of Recovery, & American Society of Addiction Medicine. (2021). *Peers speak out: Priority outcomes for substance use treatment and services* (Graph 1).
- 556 Flannery, M. (2017). Self-determination theory: Intrinsic motivation and behavioral change. *Oncology Nursing Forum, 44*(2), 155–156.
- 557 DiClemente, C. C., Corno, C. M., Graydon, M. M., Wiprovnick, A. E., & Knoblach, D. J. (2017). Motivational interviewing, enhancement, and brief interventions over the last decade: A review of reviews of efficacy and effectiveness. *Psychology of Addictive Behaviors, 31*(8), 862–887.
- 558 Substance Abuse and Mental Health Services Administration. (2019). *Enhancing motivation for change in substance use disorder treatment*. Treatment Improvement Protocol (TIP) Series 35. SAMHSA Publication No. PEP19-02-01-003. Substance Abuse and Mental Health Services Administration.

- 559 Substance Abuse and Mental Health Services Administration. (2019). *Enhancing motivation for change in substance use disorder treatment*. Treatment Improvement Protocol (TIP) Series 35. SAMHSA Publication No. PEP19-02-01-003. Substance Abuse and Mental Health Services Administration.
- 560 Miller, W. R., & Rollnick, S. (2013). *Motivational interviewing: Helping people change (3rd ed.)*. Guilford Press.
- 561 Substance Abuse and Mental Health Services Administration. (2019). *Enhancing motivation for change in substance use disorder treatment*. Treatment Improvement Protocol (TIP) Series 35. SAMHSA Publication No. PEP19-02-01-003. Substance Abuse and Mental Health Services Administration.
- 562 Substance Abuse and Mental Health Services Administration. (n.d.). *Peers supporting recovery from substance use disorders*. https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/peers-supporting-recovery-substance-use-disorders-2017.pdf
- 563 White, W. & Cloud, W. (2008). Recovery capital: A primer for addictions professionals. *Counselor*, 9(5), 22–27.
- 564 Sánchez, J., Sahker, E., & Arndt, S. (2020). The Assessment of Recovery Capital (ARC) predicts substance abuse treatment completion. *Addictive Behaviors*, 102, 106189.
- 565 Ashford, R. D., Brown, A., Canode, B., Sledd, A., Potter, J. S., & Bergman, B. G. (2021). Peer-based recovery support services delivered at recovery community organizations: Predictors of improvements in individual recovery capital. *Addictive Behaviors*, 119, 106945.
- 566 Radcliffe, P., Tompkins, C., Timpson, H., Eckley, L., Sumnall, H., Pendlebury, M., & Hay, G. (2016). "Once you've been there, you're always recovering": Exploring experiences, outcomes, and benefits of substance misuse recovery. *Drugs and Alcohol Today*, 16(1), 29–38.
- 567 Cloud, W., & Granfield, R. (2008). Conceptualizing recovery capital: Expansion of a theoretical construct. *Substance Use & Misuse*, 43(12–13), 1971–1986.
- 568 Cloud, W., & Granfield, R. (2008). Conceptualizing recovery capital: Expansion of a theoretical construct. *Substance Use & Misuse*, 43(12–13), 1971–1986.
- 569 Neale, J., Vitoratou, S., Finch, E., Lennon, P., Mitcheson, L., Panebianco, D., ... Marsden, J. (2016). Development and validation of 'SURE': A patient reported outcome measure (PROM) for recovery from drug and alcohol dependence. *Drug and Alcohol Dependence*, 165, 159–167.
- 570 Neale, J., Vitoratou, S., Finch, E., Lennon, P., Mitcheson, L., Panebianco, D., ... Marsden, J. (2016). Development and validation of 'SURE': A patient reported outcome measure (PROM) for recovery from drug and alcohol dependence. *Drug and Alcohol Dependence*, 165, 159–167.
- 571 Neale, J., Vitoratou, S., Finch, E., Lennon, P., Mitcheson, L., Panebianco, D., ... Marsden, J. (2016). Development and validation of 'SURE': A patient reported outcome measure (PROM) for recovery from drug and alcohol dependence. *Drug and Alcohol Dependence*, 165, 159–167.
- 572 Sánchez, J., Sahker, E., & Arndt, S. (2020). The Assessment of Recovery Capital (ARC) predicts substance abuse treatment completion. *Addictive Behaviors*, 102, 106189.
- 573 Sánchez, J., Sahker, E., & Arndt, S. (2020). The Assessment of Recovery Capital (ARC) predicts substance abuse treatment completion. *Addictive Behaviors*, 102, 106189.
- 574 Vilsaint, C. L., Kelly, J. F., Bergman, B. G., Groshkova, T., Best, D., & White, W. (2017). Development and validation of a Brief Assessment of Recovery Capital (BARC-10) for alcohol and drug use disorder. *Drug and Alcohol Dependence*, 177, 71–76.
- 575 Vilsaint, C. L., Kelly, J. F., Bergman, B. G., Groshkova, T., Best, D., & White, W. (2017). Development and validation of a Brief Assessment of Recovery Capital (BARC-10) for alcohol and drug use disorder. *Drug and Alcohol Dependence*, 177, 71–76.
- 576 Best, D., Sondhi, A., Brown, L., Nisic, M., Nagelhout, G. E., Martinelli, T., & Vanderplasschen, W. (2021). The Strengths and Barriers Recovery Scale (SABRS): Relationships matter in building strengths and overcoming barriers. *Frontiers in Psychology*, 12, 663447.
- 577 Bowen, E. A., Scott, C. F., Irish, A., & Nochajski, T. H. (2020). Psychometric properties of the Assessment of Recovery Capital (ARC) instrument in a diverse low-income sample. *Substance Use & Misuse*, 55(1), 108–118.



- 578 Bowen, E. A., Scott, C. F., Irish, A., & Nochajski, T. H. (2020). Psychometric properties of the Assessment of Recovery Capital (ARC) instrument in a diverse low-income sample. *Substance Use & Misuse, 55*(1), 108–118.
- 579 Bowen, E., Irish, A., LaBarre, C., Capozziello, N., Nochajski, T., & Granfield, R. (2022). Qualitative insights in item development for a comprehensive and inclusive measure of recovery capital. *Addiction Research & Theory, 1*–11.
- 580 American Psychological Association. (n.d.). Unconditional positive regard. In *APA dictionary of psychology*. <https://dictionary.apa.org/unconditional-positive-regard>
- 581 Farber, B. A., Suzuki, J. Y., & Lynch, D. A. (2018). Positive regard and psychotherapy outcome: A meta-analytic review. *Psychotherapy, 55*(4), 411.
- 582 Gutierrez, D., Butts, C. M., Lamberson, K. A., & Lassiter, P. S. (2019). Examining the contributions of trait emotional intelligence on addiction counselor burnout (p. 60). *Journal of Addictions & Offender Counseling, 40*(1), 52–64.
- 583 Farber, B. A., Suzuki, J. Y., & Lynch, D. A. (2018). Positive regard and psychotherapy outcome: A meta-analytic review. *Psychotherapy, 55*(4), 411.
- 584 Watson, J. C., & Sharbanee, J. M. (2022). Emotion-focused therapy—case conceptualization and treatment: Adults. In G. J. G. Asmundson (Ed.), *Comprehensive clinical psychology* (2nd ed., pp. 105–128). Elsevier.
- 585 Watson, J. C., & Sharbanee, J. M. (2022). Emotion-focused therapy—case conceptualization and treatment: Adults. In G. J. G. Asmundson (Ed.), *Comprehensive clinical psychology* (2nd ed., pp. 105–128). Elsevier.
- 586 Matto, H., & Seshaiyer, P. (2018). Harnessing the power of the recovering brain to promote recovery commitment and reduce relapse risk. *Journal for the Society for Social Work and Research, 9*(2), 341–358.
- 587 Matto, H. (2015). Biobehavioral response redirection: Innovations to activate personalized recovery cues and decrease relapse risk. *Journal of Social Work Practice in the Addictions, 15*, 450–453.
- 588 Matto, H., & Seshaiyer, P. (2018). Harnessing the power of the recovering brain to promote recovery commitment and reduce relapse risk. *Journal for the Society for Social Work and Research, 9*(2), 341–358.
- 589 Matto, H., & Seshaiyer, P. (2018). Harnessing the power of the recovering brain to promote recovery commitment and reduce relapse risk. *Journal for the Society for Social Work and Research, 9*(2), 341–358.
- 590 Substance Abuse and Mental Health Services Administration. (2019). *Enhancing motivation for change in substance use disorder treatment*. Treatment Improvement Protocol (TIP) Series 35. SAMHSA Publication No. PEP19-02-01-003. Substance Abuse and Mental Health Services Administration.
- 591 Substance Abuse and Mental Health Services Administration. (2019). *Enhancing motivation for change in substance use disorder treatment*. Treatment Improvement Protocol (TIP) Series 35. SAMHSA Publication No. PEP19-02-01-003. Substance Abuse and Mental Health Services Administration.
- 592 Substance Abuse and Mental Health Services Administration. (2019). *Enhancing motivation for change in substance use disorder treatment*. Treatment Improvement Protocol (TIP) Series 35. SAMHSA Publication No. PEP19-02-01-003. Substance Abuse and Mental Health Services Administration.
- 593 Page, J., & Townsend, J. (2018). The role of recreation and recreational therapists in developing a recovery-oriented identity for people with substance use disorders. *Alcoholism Treatment Quarterly, 36*(2), 238–254.
- 594 American Addiction Centers. (2022). Addiction as a coping mechanism and healthy alternatives. <https://americanaddictioncenters.org/sobriety-guide/coping-mechanism>
- 595 American Addiction Centers. (2022). Addiction as a coping mechanism and healthy alternatives. <https://americanaddictioncenters.org/sobriety-guide/coping-mechanism>
- 596 Shircliff, K., Liu, M., Prestigiacomo, C., Fry, M., Ladd, K., Gilbert, M. K., ... Cyders, M. A. (2022). Mixed methods prospective findings of the initial effects of the US COVID-19 pandemic on individuals in recovery from substance use disorder. *PloS One, 17*(7), e0270582.

- ⁵⁹⁷ Pinhasi-Vittorio, L. (2018). Writing, sharing, and healing: The interplay of literacy in the healing journey of the recovering from substance abuse. *Journal of Poetry Therapy, 31*(4), 209–223.
- ⁵⁹⁸ Santa Maria, D., Padhye, N., Yang, Y., Gallardo, K., Santos, G. M., Jung, J., & Businelle, M. (2018). Drug use patterns and predictors among homeless youth: Results of an ecological momentary assessment. *American Journal of Drug and Alcohol Abuse, 44*(5), 551–560.
- ⁵⁹⁹ LeCocq, M. R., Randall, P. A., Besheer, J., & Chaudhri, N. (2020). Considering drug-associated contexts in substance use disorders and treatment development. *Neurotherapeutics, 17*(1), 43–54.
- ⁶⁰⁰ Carpenter, K. M., & Kosanke, N. (n.d.) *Developing a behavioral treatment protocol in conjunction with MAT*. <http://pcssnow.org/wp-content/uploads/2015/02/Developing-a-Behavioral-Treatment-Protocol-in-conjunction-with-MAT.pdf>
- ⁶⁰¹ Kruger, E. S., Serier, K. N., Pfund, R. A., McKay, J. R., & Witkiewitz, K. (2021). Integrative data analysis of self-efficacy in 4 clinical trials for alcohol use disorder. *Alcoholism, Clinical and Experimental Research, 45*(11), 2347–2356.
- ⁶⁰² Kruger, E. S., Serier, K. N., Pfund, R. A., McKay, J. R., & Witkiewitz, K. (2021). Integrative data analysis of self-efficacy in 4 clinical trials for alcohol use disorder. *Alcoholism, Clinical and Experimental Research, 45*(11), 2347–2356.
- ⁶⁰³ Worley J. (2017). Recovery in substance use disorders: What to know to inform practice. *Issues in Mental Health Nursing, 38*(1), 80–91.
- ⁶⁰⁴ Müller, A., Znoj, H., & Moggi, F. (2019). How are self-efficacy and motivation related to drinking five years after residential treatment? A longitudinal multicenter study. *European Addiction Research, 25*(5), 213–223.
- ⁶⁰⁵ Substance Abuse and Mental Health Services Administration. (2019). *Enhancing motivation for change in substance use disorder treatment*. Treatment Improvement Protocol (TIP) Series 35. SAMHSA Publication No. PEP19-02-01-003. Substance Abuse and Mental Health Services Administration.
- ⁶⁰⁶ Kruger, E. S., Serier, K. N., Pfund, R. A., McKay, J. R., & Witkiewitz, K. (2021). Integrative data analysis of self-efficacy in 4 clinical trials for alcohol use disorder. *Alcoholism, Clinical and Experimental Research, 45*(11), 2347–2356.
- ⁶⁰⁷ Worley, J. (2017). Recovery in substance use disorders: What to know to inform practice. *Issues in Mental Health Nursing, 38*(1), 80–91.
- ⁶⁰⁸ Worley, J. (2017). Recovery in substance use disorders: What to know to inform practice. *Issues in Mental Health Nursing, 38*(1), 80–91.
- ⁶⁰⁹ Substance Abuse and Mental Health Services Administration. (2019). *Enhancing motivation for change in substance use disorder treatment*. Treatment Improvement Protocol (TIP) Series 35. SAMHSA Publication No. PEP19-02-01-003. Substance Abuse and Mental Health Services Administration.
- ⁶¹⁰ Luciano, M. T., McDevitt-Murphy, M. E., Murphy, J. G., Zakarian, R. J., & Olin, C. (2022). Open trial of a personalized feedback intervention and substance-free activity supplement for veterans with PTSD and hazardous drinking. *Journal of Behavioral and Cognitive Therapy, 32*(2), 136–144.
- ⁶¹¹ Murphy, J. G., Dennhardt, A. A., Martens, M. P., Borsari, B., Witkiewitz, K., & Meshesha, L. Z. (2019). A randomized clinical trial evaluating the efficacy of a brief alcohol intervention supplemented with a substance-free activity session or relaxation training. *Journal of Consulting and Clinical Psychology, 87*(7), 657.
- ⁶¹² Daughters, S. B., Magidson, J. F., Anand, D., Seitz-Brown, C. J., Chen, Y., & Baker, S. (2018). The effect of a behavioral activation treatment for substance use on post-treatment abstinence: A randomized controlled trial. *Addiction (Abingdon, England), 113*(3), 535–544.
- ⁶¹³ Magidson, J. F., Kleinman, M. B., Bradley, V., Anvari, M. S., Abidogun, T. M., Belcher, A. M., ... Felton, J. W. (2022). Peer recovery specialist-delivered, behavioral activation intervention to improve retention in methadone treatment: Results from an open-label, Type 1 hybrid effectiveness-implementation pilot trial. *International Journal on Drug Policy, 108*, 103813. Advance online publication.



- ⁶¹⁴ Murphy, J. G., Dennhardt, A. A., Martens, M. P., Borsari, B., Witkiewitz, K., & Meshesha, L. Z. (2019). A randomized clinical trial evaluating the efficacy of a brief alcohol intervention supplemented with a substance-free activity session or relaxation training. *Journal of Consulting and Clinical Psychology, 87*(7), 657.
- ⁶¹⁵ Luciano, M. T., McDevitt-Murphy, M. E., Murphy, J. G., Zakarian, R. J., & Olin, C. (2022). Open trial of a personalized feedback intervention and substance-free activity supplement for veterans with PTSD and hazardous drinking. *Journal of Behavioral and Cognitive Therapy, 32*(2), 136–144.
- ⁶¹⁶ Murphy, J. G., Dennhardt, A. A., Martens, M. P., Borsari, B., Witkiewitz, K., & Meshesha, L. Z. (2019). A randomized clinical trial evaluating the efficacy of a brief alcohol intervention supplemented with a substance-free activity session or relaxation training. *Journal of Consulting and Clinical Psychology, 87*(7), 657.
- ⁶¹⁷ Field, M., Heather, N., Murphy, J. G., Stafford, T., Tucker, J. A., & Witkiewitz, K. (2020). Recovery from addiction: Behavioral economics and value-based decision making. *Psychology of Addictive Behaviors: Journal of the Society of Psychologists in Addictive Behaviors, 34*(1), 182–193.
- ⁶¹⁸ Acuff, S. F., Tucker, J. A., & Murphy, J. G. (2021). Behavioral economics of substance use: Understanding and reducing harmful use during the COVID-19 pandemic. *Experimental and Clinical Psychopharmacology, 29*(6), 739–749.
- ⁶¹⁹ Acuff, S. F., Tucker, J. A., & Murphy, J. G. (2021). Behavioral economics of substance use: Understanding and reducing harmful use during the COVID-19 pandemic. *Experimental and Clinical Psychopharmacology, 29*(6), 739–749.
- ⁶²⁰ Acuff, S. F., Tucker, J. A., & Murphy, J. G. (2021). Behavioral economics of substance use: Understanding and reducing harmful use during the COVID-19 pandemic. *Experimental and Clinical Psychopharmacology, 29*(6), 739–749.
- ⁶²¹ Acuff, S. F., Tucker, J. A., & Murphy, J. G. (2021). Behavioral economics of substance use: Understanding and reducing harmful use during the COVID-19 pandemic. *Experimental and Clinical Psychopharmacology, 29*(6), 739–749.
- ⁶²² Acuff, S. F., Tucker, J. A., & Murphy, J. G. (2021). Behavioral economics of substance use: Understanding and reducing harmful use during the COVID-19 pandemic. *Experimental and Clinical Psychopharmacology, 29*(6), 739–749.
- ⁶²³ Acuff, S. F., Tucker, J. A., & Murphy, J. G. (2021). Behavioral economics of substance use: Understanding and reducing harmful use during the COVID-19 pandemic. *Experimental and Clinical Psychopharmacology, 29*(6), 739–749.
- ⁶²⁴ Substance Abuse and Mental Health Services Administration. (2012). *SAMHSA's working definition of recovery: 10 guiding principles of recovery*. <https://store.samhsa.gov/product/SAMHSA-s-Working-Definition-of-Recovery/PEP12-RECDEF>
- ⁶²⁵ Substance Abuse and Mental Health Services Administration. (2022). Recovery and recovery support. <https://www.samhsa.gov/find-help/recovery>
- ⁶²⁶ Substance Abuse and Mental Health Services Administration. (2012). *SAMHSA's working definition of recovery: 10 guiding principles of recovery*. <https://store.samhsa.gov/product/SAMHSA-s-Working-Definition-of-Recovery/PEP12-RECDEF>
- ⁶²⁷ Office of the Surgeon General. (2016). *Facing addiction in America: The Surgeon General's report on alcohol, drugs, and health*. U.S. Department of Health and Human Services.
- ⁶²⁸ Graser, Y., Stutz, S., Rösner, S., Moggi, F., & Soravia, L. M. (2021). Telephone- and text message-based continuing care after residential treatment for alcohol use disorder: A randomized clinical multicenter study. *Alcoholism, Clinical and Experimental Research, 45*(1), 224–233.
- ⁶²⁹ Krentzman, A. R. (2013). Review of the application of positive psychology to substance use, addiction, and recovery research. *Psychology of Addictive Behaviors, 27*(1), 151–165.
- ⁶³⁰ McKay, J. R. (2021). Impact of continuing care on recovery from substance use disorder. *Alcohol Research: Current Reviews, 41*(1), 01.
- ⁶³¹ Office of the Surgeon General. (2016). *Facing addiction in America: The Surgeon General's report on alcohol, drugs, and health*. U.S. Department of Health and Human Services.
- ⁶³² Scott, C. K., Grella, C. E., Dennis, M. L., & Nicholson, L. (2018). Linking individuals with substance use disorders (SUDs) in primary care to SUD treatment: The Recovery Management Checkups-Primary Care (RMC-PC) pilot study. *Journal of Behavioral Health Services & Research, 45*(2), 160–173.

- ⁶³³ Substance Abuse and Mental Health Services Administration. (2019). *Enhancing motivation for change in substance use disorder treatment*. Treatment Improvement Protocol (TIP) Series 35. SAMHSA Publication No. PEP19-02-01-003. Substance Abuse and Mental Health Services Administration.
- ⁶³⁴ Kelly, J. F., Greene, M. C., Bergman, B. G., White, W. L., & Hoepfner, B. B. (2019). How many recovery attempts does it take to successfully resolve an alcohol or drug problem? Estimates and correlates from a national study of recovering U.S. adults. *Alcoholism, Clinical and Experimental Research*, *43*(7), 1533–1544.
- ⁶³⁵ Substance Abuse and Mental Health Services Administration. (2021). *Medications for opioid use disorder*. Treatment Improvement Protocol (TIP) Series 63. SAMHSA Publication No. PEP21-02-01-002. Substance Abuse and Mental Health Services Administration.
- ⁶³⁶ Williams, I. L., & Bonner, E. (2020). Patient termination as the ultimate failure of addiction treatment: Reframing administrative discharge as clinical abandonment. *Journal of Social Work Values and Ethics*, *17*(1), 35–46.
- ⁶³⁷ Kelly, J. F., Greene, M. C., Bergman, B. G., White, W. L., & Hoepfner, B. B. (2019). How many recovery attempts does it take to successfully resolve an alcohol or drug problem? Estimates and correlates from a national study of recovering U.S. adults. *Alcoholism, Clinical and Experimental Research*, *43*(7), 1533–1544.
- ⁶³⁸ Guenzel, N., & MChargue, D. (2021, July 18). *Addiction relapse prevention* [StatPearls]. StatPearls Publishing.
- ⁶³⁹ McCabe, S. E., West, B. T., Strobbe, S., & Boyd, C. J. (2018). Persistence/recurrence of and remission from DSM-5 substance use disorders in the United States: Substance-specific and substance-aggregated correlates. *Journal of Substance Abuse Treatment*, *93*, 38–48.
- ⁶⁴⁰ Paquette, C. E., Daughters, S. B., & Witkiewitz, K. (2022). Expanding the continuum of substance use disorder treatment: Nonabstinence approaches. *Clinical Psychology Review*, *91*, 102110.
- ⁶⁴¹ Substance Abuse and Mental Health Services Administration. (2019). *Enhancing motivation for change in substance use disorder treatment*. Treatment Improvement Protocol (TIP) Series 35. SAMHSA Publication No. PEP19-02-01-003. Substance Abuse and Mental Health Services Administration.
- ⁶⁴² Melemis, S. M. (2015). Relapse prevention and the five rules of recovery. *Yale Journal of Biology and Medicine*, *88*, 325–332.
- ⁶⁴³ Reesor, L., Vaughan, E. M., Hernandez, D. C., & Johnston, C. A. (2017). Addressing outcomes expectancies in behavior change. *American Journal of Lifestyle Medicine*, *11*(6), 430–432.
- ⁶⁴⁴ Montes, K. S., Witkiewitz, K., Pearson, M. R., & Leventhal, A. M. (2019). Alcohol, tobacco, and marijuana expectancies as predictors of substance use initiation in adolescence: A longitudinal examination. *Psychology of Addictive Behaviors*, *33*(1), 26–34.
- ⁶⁴⁵ Reesor, L., Vaughan, E. M., Hernandez, D. C., & Johnston, C. A. (2017). Addressing outcomes expectancies in behavior change. *American Journal of Lifestyle Medicine*, *11*(6), 430–432.
- ⁶⁴⁶ Recovery Research Institute. (n.d.). Meditation helps heal the brain during opioid addiction treatment. <https://www.recoveryanswers.org/research-post/mind-synaptic-gap-can-mindfulness-meditation-help-heal-brain-opioid-addiction-treatment/>
- ⁶⁴⁷ Reesor, L., Vaughan, E. M., Hernandez, D. C., & Johnston, C. A. (2017). Addressing outcomes expectancies in behavior change. *American Journal of Lifestyle Medicine*, *11*(6), 430–432.
- ⁶⁴⁸ Reesor, L., Vaughan, E. M., Hernandez, D. C., & Johnston, C. A. (2017). Addressing outcomes expectancies in behavior change. *American Journal of Lifestyle Medicine*, *11*(6), 430–432.
- ⁶⁴⁹ Reesor, L., Vaughan, E. M., Hernandez, D. C., & Johnston, C. A. (2017). Addressing outcomes expectancies in behavior change. *American Journal of Lifestyle Medicine*, *11*(6), 430–432.
- ⁶⁵⁰ Gutierrez, D., Dorais, S., & Goshorn, J. R. (2020). Recovery as life transformation: Examining the relationships between recovery, hope, and relapse. *Substance Use & Misuse*, *55*(12), 1949–1957.
- ⁶⁵¹ Gutierrez, D., Dorais, S., & Goshorn, J. R. (2020). Recovery as life transformation: Examining the relationships between recovery, hope, and relapse. *Substance Use & Misuse*, *55*(12), 1949–1957.
- ⁶⁵² Berman, B. M., & Kurlancheek, K. (2021). The choice point model of acceptance and commitment therapy with inpatient substance use and co-occurring populations: A pilot study. *Frontiers in Psychology*, *12*, 758356.



- ⁶⁵³ Substance Abuse and Mental Health Services Administration. (2019). *Enhancing motivation for change in substance use disorder treatment*. Treatment Improvement Protocol (TIP) Series 35. SAMHSA Publication No. PEP19-02-01-003. Substance Abuse and Mental Health Services Administration.
- ⁶⁵⁴ Substance Abuse and Mental Health Services Administration. (2019). *Enhancing motivation for change in substance use disorder treatment*. Treatment Improvement Protocol (TIP) Series 35. SAMHSA Publication No. PEP19-02-01-003. Substance Abuse and Mental Health Services Administration.
- ⁶⁵⁵ Bradford Health Services. (2022). HALT: The dangers of hunger, anger, loneliness, and tiredness. <https://bradfordhealth.com/halt-hunger-anger-loneliness-tiredness/>
- ⁶⁵⁶ Marcovitz, D. E., McHugh, K. R., Roos, C., West, J. J., & Kelly, J. (2020). Overlapping mechanisms of recovery between professional psychotherapies and Alcoholics Anonymous. *Journal of Addiction Medicine, 14*(5), 367–375.
- ⁶⁵⁷ Substance Abuse and Mental Health Services Administration. (2019). *Enhancing motivation for change in substance use disorder treatment*. Treatment Improvement Protocol (TIP) Series 35. SAMHSA Publication No. PEP19-02-01-003. Substance Abuse and Mental Health Services Administration.
- ⁶⁵⁸ Substance Abuse and Mental Health Services Administration. (2019). *Enhancing motivation for change in substance use disorder treatment*. Treatment Improvement Protocol (TIP) Series 35. SAMHSA Publication No. PEP19-02-01-003. Substance Abuse and Mental Health Services Administration.
- ⁶⁵⁹ Substance Abuse and Mental Health Services Administration. (2019). *Enhancing motivation for change in substance use disorder treatment*. Treatment Improvement Protocol (TIP) Series 35. SAMHSA Publication No. PEP19-02-01-003. Substance Abuse and Mental Health Services Administration.
- ⁶⁶⁰ Kelly, J. F., & Greene, M. C. (2014). Beyond motivation: Initial validation of the commitment to sobriety scale. *Journal of Substance Abuse Treatment, 46*(2), 257–263.
- ⁶⁶¹ Kelly, J. F., & Greene, M. C. (2014). Beyond motivation: Initial validation of the commitment to sobriety scale. *Journal of Substance Abuse Treatment, 46*(2), 257–263.
- ⁶⁶² Kelly, J. F., & Greene, M. C. (2014). Beyond motivation: Initial validation of the commitment to sobriety scale. *Journal of Substance Abuse Treatment, 46*(2), 257–263.
- ⁶⁶³ Kelly, J. F., & Greene, M. C. (2014). Beyond motivation: Initial validation of the commitment to sobriety scale. *Journal of Substance Abuse Treatment, 46*(2), 257–263.
- ⁶⁶⁴ Substance Abuse and Mental Health Services Administration. (2019). *Enhancing motivation for change in substance use disorder treatment*. Treatment Improvement Protocol (TIP) Series 35. SAMHSA Publication No. PEP19-02-01-003. Substance Abuse and Mental Health Services Administration.
- ⁶⁶⁵ Substance Abuse and Mental Health Services Administration. (2019). *Enhancing motivation for change in substance use disorder treatment*. Treatment Improvement Protocol (TIP) Series 35. SAMHSA Publication No. PEP19-02-01-003. Substance Abuse and Mental Health Services Administration.
- ⁶⁶⁶ Dickson-Gomez, J., Weeks, M., Green, D., Boutouis, S., Galletly, C., & Christenso, E. (2022). Insurance barriers to substance use disorder treatment after passage of mental health and addiction parity laws and the Affordable Care Act: A qualitative analysis. *Drug and Alcohol Dependence Reports, 3*, 100053.
- ⁶⁶⁷ Dickson-Gomez, J., Weeks, M., Green, D., Boutouis, S., Galletly, C., & Christenso, E. (2022). Insurance barriers to substance use disorder treatment after passage of mental health and addiction parity laws and the Affordable Care Act: A qualitative analysis. *Drug and Alcohol Dependence Reports, 3*, 100053.
- ⁶⁶⁸ Dickson-Gomez, J., Weeks, M., Green, D., Boutouis, S., Galletly, C., & Christenso, E. (2022). Insurance barriers to substance use disorder treatment after passage of mental health and addiction parity laws and the Affordable Care Act: A qualitative analysis. *Drug and Alcohol Dependence Reports, 3*, 100053.
- ⁶⁶⁹ Waller, R. C., Clark, K. J., Woodruff, A., Glossa, J., & Ostrovsky, A. (2021). *Guide for future directions for the addiction and OUD treatment ecosystem*. National Academy of Medicine. <https://nam.edu/guide-for-future-directions-for-the-addiction-and-oud-treatment-ecosystem/>

- 670 Waller, R. C., Clark, K. J., Woodruff, A., Glossa, J., & Ostrovsky, A. (2021). *Guide for future directions for the addiction and OUD treatment ecosystem*. National Academy of Medicine. <https://nam.edu/guide-for-future-directions-for-the-addiction-and-oud-treatment-ecosystem/>
- 671 Office of the Surgeon General. (2016). *Facing addiction in America: The Surgeon General's report on alcohol, drugs, and health*. U.S. Department of Health and Human Services.
- 672 Waller, R. C., Clark, K. J., Woodruff, A., Glossa, J., & Ostrovsky, A. (2021). *Guide for future directions for the addiction and OUD treatment ecosystem*. National Academy of Medicine. <https://nam.edu/guide-for-future-directions-for-the-addiction-and-oud-treatment-ecosystem/>
- 673 Partnership to End Addiction. (2020). *Spotlight on legislation limiting the use of prior authorization for substance use disorder services and medications*. <https://drugfree.org/reports/spotlight-on-prior-authorization/>
- 674 Saloner, B., Bandara, S., Bachhuber, M. & Barry, C. L. (2017). Insurance coverage and treatment use under the Affordable Care Act among adults with mental and substance use disorders. *Psychiatric Services, 68*, 542–548.
- 675 Dickson-Gomez, J., Weeks, M., Green, D., Boutouis, S., Galletly, C., & Christenso, E. (2022). Insurance barriers to substance use disorder treatment after passage of mental health and addiction parity laws and the Affordable Care Act: A qualitative analysis. *Drug and Alcohol Dependence Reports, 3*, 100053.
- 676 Waller, R. C., Clark, K. J., Woodruff, A., Glossa, J., & Ostrovsky, A. (2021). *Guide for future directions for the addiction and OUD treatment ecosystem*. National Academy of Medicine. <https://nam.edu/guide-for-future-directions-for-the-addiction-and-oud-treatment-ecosystem/>
- 677 Waller, R. C., Clark, K. J., Woodruff, A., Glossa, J., & Ostrovsky, A. (2021). *Guide for future directions for the addiction and OUD treatment ecosystem*. National Academy of Medicine. <https://nam.edu/guide-for-future-directions-for-the-addiction-and-oud-treatment-ecosystem/>
- 678 Broderick, S. (2017, June 26). Addiction & the criminal justice system. Recovery Research Institute. <https://www.recoveryanswers.org/blog/recovery-answers-from-an-criminal-justice-public-policy-expert/>
- 679 HealthCare.gov. (n.d.). Health coverage for incarcerated people. U.S. Centers for Medicare & Medicaid Services. <https://www.healthcare.gov/incarcerated-people/>
- 680 Office of the Surgeon General. (2016). *Facing addiction in America: The Surgeon General's report on alcohol, drugs, and health*. U.S. Department of Health and Human Services.
- 681 Federal Register. (2013, November 11). Final rules under the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008; technical amendment to external review for multi-state plan program (pp. 68239–68296). 78 FR 68239. National Archives. <https://www.federalregister.gov/documents/2013/11/13/2013-27086/final-rules-under-the-paul-wellstone-and-pete-domenici-mental-health-parity-and-addiction-equity-act>
- 682 DiClemente, C. C., Norwood, A. E., Gregory, W. H., Travaglini, L., Graydon, M. M., & Corno, C. M. (2016). Consumer-centered, collaborative, and comprehensive care: The core essentials of recovery-oriented system of care. *Journal of Addictions Nursing, 27*(2), 94–100.
- 683 Bitting, S., Nash, A., & Ochoa, A. (2016). Houston Recovery Initiative: A rich case study of building recovery communities one voice at a time. *Journal of Addictions Nursing, 27*(2), 120–126.
- 684 University of Texas at Austin, Addiction Research Institute. (2018). Recovery support services project: Fiscal year 2017 final evaluation report. South Southwest ATTC. <https://attcnetwork.org/centers/south-southwest-attc/product/recovery-support-services-project-fiscal-year-2017-final>
- 685 Ashford, R. D., Brown, A. M., Ryding, R., & Curtis, B. (2020). Building recovery ready communities: The recovery ready ecosystem model and community framework. *Addiction Research & Theory, 28*(1), 1–11.
- 686 Substance Abuse and Mental Health Services Administration. (2022). *Key substance use and mental health indicators in the United States: Results from the 2021 National Survey on Drug Use and Health*. HHS Publication No. PEP22-07-01p-005. Substance Abuse and Mental Health Services Administration.



- 687 Substance Abuse and Mental Health Services Administration. (2018). *Key substance use and mental health indicators in the United States: Results from the 2017 National Survey on Drug Use and Health*. HHS Publication No. (SMA) 18-5068, NSDUH Series H-53. Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration.
- 688 Substance Abuse and Mental Health Services Administration. (2022). *Key substance use and mental health indicators in the United States: Results from the 2021 National Survey on Drug Use and Health*. HHS Publication No. PEP22-07-01-005. Substance Abuse and Mental Health Services Administration.
- 689 National Institute on Drug Abuse. (2020). Addressing the stigma that surrounds addiction [Blog post]. <https://nida.nih.gov/about-nida/noras-blog/2020/04/addressing-stigma-surrounds-addiction>
- 690 Substance Abuse and Mental Health Services Administration. (2022). Harm reduction. <https://www.samhsa.gov/find-help/harm-reduction>
- 691 Substance Abuse and Mental Health Services Administration. (2022). Harm reduction. <https://www.samhsa.gov/find-help/harm-reduction>
- 692 National Harm Reduction Coalition. (2020). *Principles of harm reduction*. <https://harmreduction.org/about-us/principles-of-harm-reduction/>
- 693 Fentress, T., Wald, S., Brah, A., Leemon, G., Reyes, R., Alkhamees, F., ... Collins, S. E. (2021). Dual study describing patient-driven harm reduction goal-setting among people experiencing homelessness and alcohol use disorder. *Experimental and Clinical Psychopharmacology*, 29(3), 261–271.
- 694 Substance Abuse and Mental Health Services Administration. (2023). Harm reduction framework. <https://www.samhsa.gov/find-help/harm-reduction/framework>
- 695 Huhn, A. S., & Gipson, C. D. (2021). Promoting harm reduction as a treatment outcome in substance use disorders. *Experimental and Clinical Psychopharmacology*, 29(3), 217–218.
- 696 Hyshka, E., Morris, H., Anderson-Baron, J., Nixon, L., Dong, K., & Salvalaggio, G. (2019). Patient perspectives on a harm reduction-oriented addiction medicine consultation team implemented in a large acute care hospital. *Drug and Alcohol Dependence*, 204, 107523.
- 697 Ashford, R. D., Curtis, B., & Brown, A. M. (2018). Peer-delivered harm reduction and recovery support services: Initial evaluation from a hybrid recovery community drop-in center and syringe exchange program. *Harm Reduction Journal*, 15(1), 52.
- 698 Substance Abuse and Mental Health Services Administration. (2022). *Harm reduction*. <https://www.samhsa.gov/find-help/harm-reduction>
- 699 U.S. Department of Health and Human Services. (n.d.). Overdose prevention strategy: Harm reduction. <https://www.hhs.gov/overdose-prevention/harm-reduction>
- 700 Hyshka, E., Morris, H., Anderson-Baron, J., Nixon, L., Dong, K., & Salvalaggio, G. (2019). Patient perspectives on a harm reduction-oriented addiction medicine consultation team implemented in a large acute care hospital. *Drug and Alcohol Dependence*, 204, 107523.
- 701 Ashford, R. D., Curtis, B., & Brown, A. M. (2018). Peer-delivered harm reduction and recovery support services: Initial evaluation from a hybrid recovery community drop-in center and syringe exchange program. *Harm Reduction Journal*, 15(1), 52.
- 702 Magwood, O., Salvalaggio, G., Beder, M., Kendall, C., Kpade, V., Daghmach, W., ... Pottie, K. (2020). The effectiveness of substance use interventions for homeless and vulnerably housed persons: A systematic review of systematic reviews on supervised consumption facilities, managed alcohol programs, and pharmacological agents for opioid use disorder. *PLoS One*, 15(1), e0227298.
- 703 Substance Abuse and Mental Health Services Administration. (2022). *Harm reduction*. <https://www.samhsa.gov/find-help/harm-reduction>
- 704 Substance Abuse and Mental Health Services Administration. (2023). Harm reduction framework. <https://www.samhsa.gov/find-help/harm-reduction/framework>
- 705 Stock, C., Geier, M., & Nowicki, K. (2018). *Harm reduction strategies for people who inject drugs: Considerations for pharmacists*. https://www.opioidlibrary.org/wp-content/uploads/2019/06/CPNP_HarmReductPharmacists.pdf
- 706 Capizzi, J., Leahy, J., Wheelock, H., Garcia, J., Strnad, L., Sikka, M., ... Menza, T. W. (2020). Population-based trends in hospitalizations due to injection drug use-related serious bacterial infections, Oregon, 2008 to 2018. *PLoS One*, 15(11), e0242165.

- 707 Chawla, N., & Sarkar, S. (2019). Defining “high-risk sexual behavior” in the context of substance use. *Journal of Psychosexual Health*, 1(1), 26–31.
- 708 Stock, C., Geier, M., & Nowicki, K. (2018). *Harm reduction strategies for people who inject drugs: Considerations for pharmacists*. https://www.opioidlibrary.org/wp-content/uploads/2019/06/CPNP_HarmReductPharmacists.pdf
- 709 Centers for Disease Control and Prevention. (2019). Summary of information on the safety and effectiveness of syringe services programs (SSPs). <https://www.cdc.gov/ssp/syringe-services-programs-summary.html>
- 710 Centers for Disease Control and Prevention. (2019). Summary of information on the safety and effectiveness of syringe services programs (SSPs). <https://www.cdc.gov/ssp/syringe-services-programs-summary.html>
- 711 Stock, C., Geier, M., & Nowicki, K. (2018). *Harm reduction strategies for people who inject drugs: Considerations for pharmacists*. https://www.opioidlibrary.org/wp-content/uploads/2019/06/CPNP_HarmReductPharmacists.pdf
- 712 Centers for Disease Control and Prevention. (2019). Syringe services programs (SSPs) FAQs. <https://www.cdc.gov/ssp/syringe-services-programs-faq.html>
- 713 Centers for Disease Control and Prevention. (2019). Syringe services programs (SSPs) FAQs. <https://www.cdc.gov/ssp/syringe-services-programs-faq.html>
- 714 Centers for Disease Control and Prevention. (2017). *Reducing harms from injection drug use & opioid use disorder with syringe services programs*. <https://www.cdc.gov/hiv/pdf/risk/cdchiv-fs-syringe-services.pdf>
- 715 Stock, S., Geier, M., & Nowicki, K. (2019). *Harm reduction strategies for people who inject drugs: Considerations for pharmacists*. https://www.opioidlibrary.org/wp-content/uploads/2019/06/CPNP_HarmReductPharmacists.pdf
- 716 Centers for Disease Control and Prevention. (2020). Hepatitis C. <https://www.cdc.gov/hepatitis/hcv/index.htm>
- 717 Centers for Disease Control and Prevention. (2020). Hepatitis C. <https://www.cdc.gov/hepatitis/hcv/index.htm>
- 718 National Harm Reduction Coalition. (2021). *Hepatitis C: Basics for people who use drugs (PWUD)*. <https://harmreduction.org/issues/hepatitis-c/basics-brochure/>
- 719 Centers for Disease Control and Prevention. (2020). Hepatitis C. <https://www.cdc.gov/hepatitis/hcv/index.htm>
- 720 National Harm Reduction Coalition. (2021). *Hepatitis C: Basics for people who use drugs (PWUD)*. <https://harmreduction.org/issues/hepatitis-c/basics-brochure/>
- 721 National Harm Reduction Coalition. (n.d.). Hepatitis C. [https://harmreduction.org/issues/hepatitis-c/#:~:text=Hepatitis%20C%20Prevention%20Means%20Using,programs%20\(SSPs\)%20in%20the%20U.S](https://harmreduction.org/issues/hepatitis-c/#:~:text=Hepatitis%20C%20Prevention%20Means%20Using,programs%20(SSPs)%20in%20the%20U.S)
- 722 National Harm Reduction Coalition. (2021). *Hepatitis C: Basics for people who use drugs (PWUD)*. <https://harmreduction.org/issues/hepatitis-c/basics-brochure/>
- 723 National Institute on Drug Abuse. (2022). *Naloxone DrugFacts*. <https://nida.nih.gov/publications/drugfacts/naloxone>
- 724 U.S. Food and Drug Administration. (2023). FDA approves first over-the-counter naloxone nasal spray. <https://www.fda.gov/news-events/press-announcements/fda-approves-first-over-counter-naloxone-nasal-spray>
- 725 Substance Abuse and Mental Health Services Administration. (2021). *Medications for opioid use disorder*. Treatment Improvement Protocol (TIP) Series 63. SAMHSA Publication No. PEP21-02-01-002. Substance Abuse and Mental Health Services Administration.
- 726 National Institute on Drug Abuse. (2022). *Naloxone DrugFacts*. <https://nida.nih.gov/publications/drugfacts/naloxone>
- 727 Substance Abuse and Mental Health Services Administration. (2022). Naloxone. <https://www.samhsa.gov/medication-assisted-treatment/medications-counseling-related-conditions/naloxone>
- 728 Food and Drug Administration. (2023). Naloxone and nalmefene. <https://www.fda.gov/drugs/postmarket-drug-safety-information-patients-and-providers/information-about-naloxone-and-nalmefene>

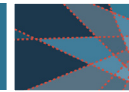


- ⁷²⁹ Substance Abuse and Mental Health Services Administration. (2021). *Medications for opioid use disorder*. Treatment Improvement Protocol (TIP) Series 63. Publication No. PEP21-02-01-002. Substance Abuse and Mental Health Services Administration.
- ⁷³⁰ Peet, E. D., Powell, D., & Pacula, R. L. (2022). Trends in out-of-pocket costs for naloxone by drug brand and payer in the US, 2010–2018. *JAMA Health Forum*, 3(8), e222663.
- ⁷³¹ Goldman, J. E., Waye, K. M., Periera, K. A., Krieger, M. S., Yedinak, J. L., & Marshall, B. (2019). Perspectives on rapid fentanyl test strips as a harm reduction practice among young adults who use drugs: A qualitative study. *Harm Reduction Journal*, 16(1), 3.
- ⁷³² National Institute on Drug Abuse. (2021). Is naloxone accessible? In *Medications to treat opioid use disorder research report*. <https://nida.nih.gov/download/21349/medications-to-treat-opioid-use-disorder-research-report.pdf?v=99088f7584dac93ddcfa98648065bfbe>
- ⁷³³ National Institute on Drug Abuse. (2021). Is naloxone accessible? In *Medications to treat opioid use disorder research report*. <https://nida.nih.gov/download/21349/medications-to-treat-opioid-use-disorder-research-report.pdf?v=99088f7584dac93ddcfa98648065bfbe>
- ⁷³⁴ Enteen, L., Bauer, J., McLean, R., Wheeler, E., Hurliaux, E., Kral, A. H., & Bamberger, J. D. (2010). Overdose prevention and naloxone prescription for opioid users in San Francisco. *Journal of Urban Health*, 87(6), 931–941.
- ⁷³⁵ Centers for Disease Control and Prevention. (2022). Fentanyl facts. <https://www.cdc.gov/stopoverdose/fentanyl/>
- ⁷³⁶ Wilson, N., Kariisa, M., Seth, P., Smith, H. & Davis, N. L. (2020). Drug and opioid-involved overdose deaths — United States, 2017–2018. *MMWR*, 69, 290–297.
- ⁷³⁷ Centers for Disease Control and Prevention. (2022). Fentanyl facts. <https://www.cdc.gov/stopoverdose/fentanyl/>
- ⁷³⁸ Centers for Disease Control and Prevention. (2022). Fentanyl facts. <https://www.cdc.gov/stopoverdose/fentanyl/>
- ⁷³⁹ Goldman, J. E., Waye, K. M., Periera, K. A., Krieger, M. S., Yedinak, J. L., & Marshall, B. (2019). Perspectives on rapid fentanyl test strips as a harm reduction practice among young adults who use drugs: A qualitative study. *Harm Reduction Journal*, 16(1), 3.
- ⁷⁴⁰ Centers for Disease Control and Prevention. (2022). Fentanyl facts. <https://www.cdc.gov/stopoverdose/fentanyl/>
- ⁷⁴¹ Goldman, J. E., Waye, K. M., Periera, K. A., Krieger, M. S., Yedinak, J. L., & Marshall, B. (2019). Perspectives on rapid fentanyl test strips as a harm reduction practice among young adults who use drugs: A qualitative study. *Harm Reduction Journal*, 16(1), 3.
- ⁷⁴² Substance Abuse and Mental Health Services Administration. (2021). Federal grantees may now use funds to purchase fentanyl test strips. <https://www.samhsa.gov/newsroom/press-announcements/202104070200>
- ⁷⁴³ Stock, C., Geier, M., & Nowicki, K. (2018). *Harm reduction strategies for people who inject drugs: Considerations for pharmacists*. https://www.opioidlibrary.org/wp-content/uploads/2019/06/CPNP_HarmReductPharmacists.pdf
- ⁷⁴⁴ Centers for Disease Control and Prevention. (2023). What should you know about xylazine. <https://www.cdc.gov/drugoverdose/deaths/other-drugs/xylazine/faq.html>
- ⁷⁴⁵ HIV.gov. (2018). Substance use and HIV risk. <https://www.hiv.gov/hiv-basics/hiv-prevention/reducing-risk-from-alcohol-and-drug-use/substance-use-and-hiv-risk>
- ⁷⁴⁶ Iversen, J., Long, P., Lutnick, A., & Maher, L. (2021). Patterns and epidemiology of illicit drug use among sex workers globally: A systematic review. In S. M. Goldenberg, R. Morgan Thomas, A. Forbes, & S. Baral (Eds.), *Sex work, health, and human rights: Global inequities, challenges, and opportunities for action* (p. 95–118). Springer.
- ⁷⁴⁷ Iversen, J., Long, P., Lutnick, A., & Maher, L. (2021). Patterns and epidemiology of illicit drug use among sex workers globally: A systematic review. In S. M. Goldenberg, R. Morgan Thomas, A. Forbes, & S. Baral (Eds.), *Sex work, health, and human rights: Global inequities, challenges, and opportunities for action* (p. 95–118). Springer.
- ⁷⁴⁸ Substance Abuse and Mental Health Services Administration. (2021). *Treatment for stimulant use disorders*. Treatment Improvement Protocol (TIP) Series 33. SAMHSA Publication No. PEP21-02-01-004. Substance Abuse and Mental Health Services Administration.

- 749 Substance Abuse and Mental Health Services Administration. (2022). Harm reduction. <https://www.samhsa.gov/find-help/harm-reduction>
- 750 Substance Abuse and Mental Health Services Administration. (2022). Harm reduction. <https://www.samhsa.gov/find-help/harm-reduction>
- 751 HIV.gov. (2022). Pre-exposure prophylaxis. <https://www.hiv.gov/hiv-basics/hiv-prevention/using-hiv-medication-to-reduce-risk/pre-exposure-prophylaxis>
- 752 HIV.gov. (2021). Post-exposure prophylaxis. <https://www.hiv.gov/hiv-basics/hiv-prevention/using-hiv-medication-to-reduce-risk/post-exposure-prophylaxis>
- 753 Owens, L., Gilmore, K., Terplan, M., Prager, S., & Micks, E. (2020). Providing reproductive health services for women who inject drugs: A pilot program. *Harm Reduction Journal*, 17(1), 47.
- 754 Owens, L., Gilmore, K., Terplan, M., Prager, S., & Micks, E. (2020). Providing reproductive health services for women who inject drugs: A pilot program. *Harm Reduction Journal*, 17(1), 47.
- 755 Stancil, S. L., Miller, M. K., Duello, A., Finocchiaro-Kessler, S., Goggin, K., Winograd, R. P., & Hurley, E. A. (2021). Long-acting reversible contraceptives (LARCs) as harm reduction: A qualitative study exploring views of women with histories of opioid misuse. *Harm Reduction Journal*, 18(1), 83.
- 756 Centers for Disease Control and Prevention. (2022). Condom distribution structural intervention (CDSI). <https://www.cdc.gov/hiv/effective-interventions/prevent/condom-distribution-programs/index.html>
- 757 Centers for Disease Control and Prevention. (2022). Condom distribution structural intervention (CDSI). <https://www.cdc.gov/hiv/effective-interventions/prevent/condom-distribution-programs/index.html>
- 758 Peterson, R., Kramer, M. P., Pinto, D., De Leon, A. N., Leary, A. V., Marin, A. A., ... Dvorak, R. D. (2021). A comprehensive review of measures of protective behavioral strategies across various risk factors and associated PBS-related interventions. *Experimental and Clinical Psychopharmacology*, 29(3), 236–250.
- 759 Pearson, M. R. (2013). Use of alcohol protective behavioral strategies among college students: A critical review. *Clinical Psychology Review*, 33(8), 1025–1040.
- 760 Peterson, R., Kramer, M. P., Pinto, D., De Leon, A. N., Leary, A. V., Marin, A. A., ... Dvorak, R. D. (2021). A comprehensive review of measures of protective behavioral strategies across various risk factors and associated PBS-related interventions. *Experimental and Clinical Psychopharmacology*, 29(3), 236–250.
- 761 Tyler, K. A., Schmitz, R. M., Ray, C. M., Adams, S. A., & Simons, L. G. (2018). The role of protective behavioral strategies, social environment, and housing type on heavy drinking among college students. *Substance Use & Misuse*, 53(5), 724–733.
- 762 Bravo, A. J., Anthenien, A. M., Prince, M. A., Pearson, M. R., & Marijuana Outcomes Study Team. (2017). Marijuana protective behavioral strategies as a moderator of the effects of risk/protective factors on marijuana-related outcomes. *Addictive Behaviors*, 69, 14–21.
- 763 Fentress, T., Wald, S., Brah, A., Leemon, G., Reyes, R., Alkhamees, F., ... Collins, S. E. (2021). Dual study describing patient-driven harm reduction goal-setting among people experiencing homelessness and alcohol use disorder. *Experimental and Clinical Psychopharmacology*, 29(3), 261–271.
- 764 Harding, R. W., Wagner, K. T., Fiuty, P., Smith, K. P., Page, K., & Wagner, K. D. (2022). “It’s called overamping”: Experiences of overdose among people who use methamphetamine. *Harm Reduction Journal*, 19(1), 1–11.
- 765 National Harm Reduction Coalition. (2020). *Stimulant overamping basics: Training guide*. <https://harmreduction.org/issues/overdose-prevention/overview/stimulant-overamping-basics/what-is-overamping/>
- 766 North Carolina Harm Reduction Coalition. (2023). Speed overdosing (overamping). <https://www.nchrc.org/naloxone-od-prevention-2/speed-overdose-overamping/>
- 767 Harding, R. W., Wagner, K. T., Fiuty, P., Smith, K. P., Page, K., & Wagner, K. D. (2022). “It’s called overamping”: Experiences of overdose among people who use methamphetamine. *Harm Reduction Journal*, 19(1), 1–11.
- 768 National Harm Reduction Coalition. (2020). *Stimulant overamping basics: Training guide*. <https://harmreduction.org/issues/overdose-prevention/overview/stimulant-overamping-basics/what-is-overamping/>



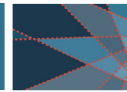
- 769 National Harm Reduction Coalition. (2020). *Stimulant overamping basics: Training guide*. <https://harmreduction.org/issues/overdose-prevention/overview/stimulant-overamping-basics/what-is-overamping/>
- 770 Fentress, T., Wald, S., Brah, A., Leemon, G., Reyes, R., Alkhamees, F., ... Collins, S. E. (2021). Dual study describing patient-driven harm reduction goal-setting among people experiencing homelessness and alcohol use disorder. *Experimental and Clinical Psychopharmacology*, 29(3), 261–271.
- 771 Substance Abuse and Mental Health Services Administration. (2019). *Enhancing motivation for change in substance use disorder treatment*. Treatment Improvement Protocol (TIP) Series 35. SAMHSA Publication No. PEP19-02-01-003. Substance Abuse and Mental Health Services Administration.
- 772 Substance Abuse and Mental Health Services Administration. (2019). *Enhancing motivation for change in substance use disorder treatment*. Treatment Improvement Protocol (TIP) Series 35. SAMHSA Publication No. PEP19-02-01-003. Substance Abuse and Mental Health Services Administration.
- 773 Substance Abuse and Mental Health Services Administration. (2022). Trauma and violence. <https://www.samhsa.gov/trauma-violence>
- 774 Substance Abuse and Mental Health Services Administration. (2022). Trauma and violence. <https://www.samhsa.gov/trauma-violence>
- 775 Lortye, S. A., Will, J. P., Marquenie, L. A., Goudriaan, A. E., Arntz, A., & de Waal, M. M. (2021). Treating posttraumatic stress disorder in substance use disorder patients with co-occurring posttraumatic stress disorder: Study protocol for a randomized controlled trial to compare the effectiveness of different types and timings of treatment. *BMC Psychiatry*, 21(1), 442.
- 776 Lortye, S. A., Will, J. P., Marquenie, L. A., Goudriaan, A. E., Arntz, A., & de Waal, M. M. (2021). Treating posttraumatic stress disorder in substance use disorder patients with co-occurring posttraumatic stress disorder: Study protocol for a randomized controlled trial to compare the effectiveness of different types and timings of treatment. *BMC Psychiatry*, 21(1), 442.
- 777 Substance Abuse and Mental Health Services Administration. (2020). *Substance use treatment for persons with co-occurring disorders*. Treatment Improvement Protocol (TIP) Series 42. SAMHSA Publication No. PEP20-02-01-004. Substance Abuse and Mental Health Services Administration.
- 778 Substance Abuse and Mental Health Services Administration. (2014). *Trauma-informed care in behavioral health services*. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4816. Substance Abuse and Mental Health Services Administration.
- 779 Hopper, E. K., Bassuk, E. L., & Olivet, J. (2010). Shelter from the storm: Trauma-informed care in homelessness services settings. *Open Health Services and Policy Journal*, 3, 80–100.
- 780 Substance Abuse and Mental Health Services Administration. (2014). *Trauma-informed care in behavioral health services*. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4816. Substance Abuse and Mental Health Services Administration.
- 781 Substance Abuse and Mental Health Services Administration. (2020). *Substance use treatment for persons with co-occurring disorders*. Treatment Improvement Protocol (TIP) Series 42. SAMHSA Publication No. PEP20-02-01-004. Substance Abuse and Mental Health Services Administration.
- 782 Substance Abuse and Mental Health Services Administration. (2014). *Trauma-informed care in behavioral health services*. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4816. Substance Abuse and Mental Health Services Administration.
- 783 Substance Abuse and Mental Health Services Administration. (2014). *Trauma-informed care in behavioral health services*. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4816. Substance Abuse and Mental Health Services Administration.
- 784 Substance Abuse and Mental Health Services Administration. (2014). *Trauma-informed care in behavioral health services*. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4816. Substance Abuse and Mental Health Services Administration.



- ⁷⁸⁵ Substance Abuse and Mental Health Services Administration. (2020). *Substance use treatment for persons with co-occurring disorders*. Treatment Improvement Protocol (TIP) Series 42. SAMHSA Publication No. PEP20-02-01-004. Substance Abuse and Mental Health Services Administration.
- ⁷⁸⁶ Substance Abuse and Mental Health Services Administration. (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach*. HHS Publication No. (SMA) 14-4884. Substance Abuse and Mental Health Services Administration.
- ⁷⁸⁷ Substance Abuse and Mental Health Services Administration. (2014). *Trauma-informed care in behavioral health services*. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4816. Substance Abuse and Mental Health Services Administration.
- ⁷⁸⁸ Substance Abuse and Mental Health Services Administration. (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach*. HHS Publication No. (SMA) 14-4884. Substance Abuse and Mental Health Services Administration.
- ⁷⁸⁹ Substance Abuse and Mental Health Services Administration. (2014). *Trauma-informed care in behavioral health services*. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4816. Substance Abuse and Mental Health Services Administration.
- ⁷⁹⁰ Ginwright, S. (2018). *The future of healing: Shifting from trauma informed care to healing centered engagement*. <https://ginwright.medium.com/the-future-of-healing-shifting-from-trauma-informed-care-to-healing-centered-engagement-634f557ce69c>
- ⁷⁹¹ Ginwright, S. (2018). *The future of healing: Shifting from trauma informed care to healing centered engagement*. <https://ginwright.medium.com/the-future-of-healing-shifting-from-trauma-informed-care-to-healing-centered-engagement-634f557ce69c>
- ⁷⁹² Ginwright, S. (2018). *The future of healing: Shifting from trauma informed care to healing centered engagement*. <https://ginwright.medium.com/the-future-of-healing-shifting-from-trauma-informed-care-to-healing-centered-engagement-634f557ce69c>
- ⁷⁹³ Substance Abuse and Mental Health Services Administration. (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach*. HHS Publication No. (SMA) 14-4884. Substance Abuse and Mental Health Services Administration.
- ⁷⁹⁴ Schaal, S., Koebach, A., Hinkel, H., & Elbert, T. (2015). Posttraumatic stress disorder according to DSM-5 and DSM-IV diagnostic criteria: A comparison in a sample of Congolese ex-combatants. *European Journal of Psychotraumatology*, 6, 24981.
- ⁷⁹⁵ Schaal, S., Koebach, A., Hinkel, H., & Elbert, T. (2015). Posttraumatic stress disorder according to DSM-5 and DSM-IV diagnostic criteria: A comparison in a sample of Congolese ex-combatants. *European Journal of Psychotraumatology*, 6, 24981.
- ⁷⁹⁶ Hecker, T., Hermenau, K., Crombach, A., & Elbert, T. (2015). Treating traumatized offenders and veterans by means of narrative exposure therapy. *Frontiers in Psychiatry*, 6, 80.
- ⁷⁹⁷ Pietrzak, R. H., Goldstein, R. B., Southwick, S. M., & Grant, B. F. (2011). Prevalence and Axis I comorbidity of full and partial posttraumatic stress disorder in the United States: Results from wave 2 of the National Epidemiologic Survey on Alcohol and Related Condition. *Journal of Anxiety Disorders*, 25(3), 456-465.
- ⁷⁹⁸ U.S. Department of Veterans Affairs. (2022). Trauma, PTSD and treatment. <https://www.ptsd.va.gov/professional/treat/cooccurring/index.asp>
- ⁷⁹⁹ Substance Abuse and Mental Health Services Administration. (2018). *National Strategy for Trauma-Informed Care Operating Plan*. <https://www.samhsa.gov/sites/default/files/trauma-informed-care-operating-plan.pdf>
- ⁸⁰⁰ Ross, S. L., Sharma-Patel, K., Brown, E. J., Hunt, J. S., & Chaplin, W. F. (2021). Complex trauma and trauma-focused cognitive-behavioral therapy: How do trauma chronicity and PTSD presentation affect treatment outcome?. *Child Abuse & Neglect*, 111, 104734.
- ⁸⁰¹ Centers for Disease Control and Prevention. (2019). Adverse childhood experiences (ACEs). Preventing early trauma to improve adult health. *CDC Vital signs*. <https://www.cdc.gov/vitalsigns/aces/pdf/vs-1105-aces-H.pdf>



- ⁸⁰² Cicchetti, D., & Handley, E. D. (2019). Child maltreatment and the development of substance use and disorder. *Neurobiology of Stress, 10*, 100144.
- ⁸⁰³ Centers for Disease Control and Prevention. (2019). Adverse childhood experiences (ACEs). Preventing early trauma to improve adult health. *CDC Vital signs*. <https://www.cdc.gov/vitalsigns/aces/pdf/vs-1105-aces-H.pdf>
- ⁸⁰⁴ Cicchetti, D., & Handley, E. D. (2019). Child maltreatment and the development of substance use and disorder. *Neurobiology of Stress, 10*, 100144.
- ⁸⁰⁵ Chandler, G. E., Kalmakis, K. A., & Murtha, T. (2018). Screening adults with substance use disorder for adverse childhood experiences. *Journal of Addictions Nursing, 29*(3), 172–178.
- ⁸⁰⁶ Parisi, A., Jordan, B., Jensen, T., & Howard, M. O. (2022). The impact of sexual victimization on substance use disorder treatment completion: A systematic review and meta-analysis. *Substance Abuse, 43*(1), 131–142.
- ⁸⁰⁷ Han, B. H., Doran, K. M., & Krawczyk, N. (2022). National trends in substance use treatment admissions for opioid use disorder among adults experiencing homelessness. *Journal of Substance Abuse Treatment, 132*, 108504.
- ⁸⁰⁸ McGinty, E. E., & Webster, D. W. (2017). The roles of alcohol and drugs in firearm violence. *JAMA Internal Medicine, 177*(3), 324–325.
- ⁸⁰⁹ Hill, A. L., Miller, E., Borrero, S., Zelazny, S., Miller-Walfish, S., Talis, J., ... Chang, J. C. (2021). Family planning providers' assessment of intimate partner violence and substance use. *Journal of Women's Health (2002), 30*(9), 1225–1232.
- ⁸¹⁰ Magwood, O., Salvalaggio, G., Beder, M., Kendall, C., Kpade, V., Daghmach, W., ... Pottie, K. (2020). The effectiveness of substance use interventions for homeless and vulnerably housed persons: A systematic review of systematic reviews on supervised consumption facilities, managed alcohol programs, and pharmacological agents for opioid use disorder. *PLoS One, 15*(1), e0227298.
- ⁸¹¹ Chaudhri, S., Zweig, K. C., Hebbar, P., Angell, S., & Vasan, A. (2019). Trauma-informed care: A strategy to improve primary healthcare engagement for persons with criminal justice system involvement. *Journal of General Internal Medicine, 34*(6), 1048–1052.
- ⁸¹² Vest, B. M., Hoopsick, R. A., Homish, D. L., Daws, R. C., & Homish, G. G. (2018). Childhood trauma, combat trauma, and substance use in National Guard and reserve soldiers. *Substance Abuse, 39*(4), 452–460.
- ⁸¹³ Substance Abuse and Mental Health Services Administration. (2014). *Trauma-informed care in behavioral health services*. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4816. Substance Abuse and Mental Health Services Administration.
- ⁸¹⁴ Back, S. E., Killeen, T., Badour, C. L., Flanagan, J. C., Allan, N. P., Ana, E. S., Lozano, B., Korte, K. J., Foa, E. B., & Brady, K. T. (2019). Concurrent treatment of substance use disorders and PTSD using prolonged exposure: A randomized clinical trial in military veterans. *Addictive Behaviors, 90*, 369–377.
- ⁸¹⁵ Back, S. E., Killeen, T., Badour, C. L., Flanagan, J. C., Allan, N. P., Ana, E. S., Lozano, B., Korte, K. J., Foa, E. B., & Brady, K. T. (2019). Concurrent treatment of substance use disorders and PTSD using prolonged exposure: A randomized clinical trial in military veterans. *Addictive Behaviors, 90*, 369–377.
- ⁸¹⁶ Substance Abuse and Mental Health Services Administration. (2014). *Trauma-informed care in behavioral health services*. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4816. Substance Abuse and Mental Health Services Administration.
- ⁸¹⁷ Substance Abuse and Mental Health Services Administration. (2014). *Trauma-informed care in behavioral health services*. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4816. Substance Abuse and Mental Health Services Administration.
- ⁸¹⁸ Substance Abuse and Mental Health Services Administration. (2015). *Trauma-informed care in behavioral health services: Quick guide for clinicians*. SAMHSA Publication No. (SMA) 15-4912. Substance Abuse and Mental Health Services Administration.



- ⁸¹⁹ Substance Abuse and Mental Health Services Administration. (2014). *Trauma-informed care in behavioral health services*. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 14-4816. Substance Abuse and Mental Health Services Administration.
- ⁸²⁰ Substance Abuse and Mental Health Services Administration. (2014). *Trauma-informed care in behavioral health services*. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4816. Substance Abuse and Mental Health Services Administration.
- ⁸²¹ Substance Abuse and Mental Health Services Administration. (2014). *Trauma-informed care in behavioral health services*. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4816. Substance Abuse and Mental Health Services Administration.
- ⁸²² Substance Abuse and Mental Health Services Administration. (2014). *Trauma-informed care in behavioral health services*. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4816. Substance Abuse and Mental Health Services Administration.
- ⁸²³ Waits, W., Marumoto, M., & Weaver, J. (2017). Accelerated resolution therapy (ART): A review and research to date. *Current Psychiatry Reports, 19*(3), 1–7.
- ⁸²⁴ Substance Abuse and Mental Health Services Administration. (2014). *Trauma-informed care in behavioral health services*. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4816. Substance Abuse and Mental Health Services Administration.
- ⁸²⁵ Substance Abuse and Mental Health Services Administration. (2014). *Trauma-informed care in behavioral health services*. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4816. Substance Abuse and Mental Health Services Administration.
- ⁸²⁶ Substance Abuse and Mental Health Services Administration. (2014). *Trauma-informed care in behavioral health services*. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4816. Substance Abuse and Mental Health Services Administration.
- ⁸²⁷ American Psychological Association. (n.d.). Dialectical behavior therapy. <https://dictionary.apa.org/dialectical-behavior-therapy>
- ⁸²⁸ Substance Abuse and Mental Health Services Administration. (2014). *Trauma-informed care in behavioral health services*. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4816. Substance Abuse and Mental Health Services Administration.
- ⁸²⁹ Substance Abuse and Mental Health Services Administration. (2014). *Trauma-informed care in behavioral health services*. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4816. Substance Abuse and Mental Health Services Administration.
- ⁸³⁰ Substance Abuse and Mental Health Services Administration. (2014). *Trauma-informed care in behavioral health services*. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4816. Substance Abuse and Mental Health Services Administration.
- ⁸³¹ Substance Abuse and Mental Health Services Administration. (2014). *Trauma-informed care in behavioral health services*. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4816. Substance Abuse and Mental Health Services Administration.
- ⁸³² Substance Abuse and Mental Health Services Administration. (2014). *Trauma-informed care in behavioral health services*. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4816. Substance Abuse and Mental Health Services Administration.
- ⁸³³ Substance Abuse and Mental Health Services Administration. (2014). *Trauma-informed care in behavioral health services*. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4816. Substance Abuse and Mental Health Services Administration.
- ⁸³⁴ Substance Abuse and Mental Health Services Administration. (2014). *Trauma-informed care in behavioral health services*. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4816. Substance Abuse and Mental Health Services Administration.
- ⁸³⁵ Substance Abuse and Mental Health Services Administration. (2014). *Trauma-informed care in behavioral health services*. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4816. Substance Abuse and Mental Health Services Administration.



- ⁸³⁶ Substance Abuse and Mental Health Services Administration. (2014). *Trauma-informed care in behavioral health services*. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4816. Substance Abuse and Mental Health Services Administration.
- ⁸³⁷ Miller, W. R., & Rollnick, S. (2002). *Motivational interviewing: Preparing people for change (2nd ed.)*. Guilford Press.
- ⁸³⁸ Miller, W. R., & Rollnick, S. (2013). *Motivational interviewing: Helping people change (3rd ed.)*. Guilford Press.
- ⁸³⁹ Arkowitz, H., Miller, W. R., & Rollnick, S. (2015). *Motivational interviewing in the treatment of psychological problems (2nd ed.)*. Guilford Press.
- ⁸⁴⁰ Shulman, M., Pruzan, K., & Carpenter, K. M. (2021). Motivational enhancement. In K. T. Brady, F. R. Levin, M. Galantar, & H. D. Kleber (Eds.), *The American Psychiatric Association Publishing textbook of substance use disorder treatment (6th ed., pp. 379–394)*. American Psychiatric Association Publishing.
- ⁸⁴¹ Shulman, M., Pruzan, K., & Carpenter, K. M. (2021). Motivational enhancement. In K. T. Brady, F. R. Levin, M. Galantar, & H. D. Kleber (Eds.), *The American Psychiatric Association Publishing textbook of substance use disorder treatment (6th ed., pp. 379–394)*. American Psychiatric Association Publishing.
- ⁸⁴² Shulman, M., Pruzan, K., & Carpenter, K. M. (2021). Motivational enhancement. In K. T. Brady, F. R. Levin, M. Galantar, & H. D. Kleber (Eds.), *The American Psychiatric Association Publishing textbook of substance use disorder treatment (6th ed., pp. 379–394)*. American Psychiatric Association Publishing.
- ⁸⁴³ Miller, W. R., & Rollnick, S. (2013). *Motivational interviewing: Helping people change (3rd ed.)*. Guilford Press.
- ⁸⁴⁴ Miller, W. R., & Sanchez, V. C. (1994). Motivating young adults for treatment and lifestyle change. In G. Howard & P. Nathan (Eds.), *Alcohol use and misuse by young adults* (pp. 55–82). University of Notre Dame Press.
- ⁸⁴⁵ Norcross, J. C., Krebs, P. M., & Prochaska, J. O. (2011). Stages of change. *Journal of Clinical Psychology, 67*(2), 143–154.
- ⁸⁴⁶ Forman, D. P., & Moyers, T. B. (2019). With odds of a single session, motivational interviewing is a good bet. *Psychotherapy (Chicago, Ill.), 56*(1), 62–66.
- ⁸⁴⁷ Miller, W. R., & Rollnick, S. (2013). *Motivational interviewing: Helping people change (3rd ed.)*. Guilford Press.
- ⁸⁴⁸ Substance Abuse and Mental Health Services Administration. (2019). *Enhancing motivation for change in substance use disorder treatment*. Treatment Improvement Protocol (TIP) Series 35. SAMHSA Publication No. PEP19-02-01-003. Substance Abuse and Mental Health Services Administration.
- ⁸⁴⁹ Hogue, A., Henderson, C. E., Becker, S. J., & Knight, D. K. (2018). Evidence base on outpatient behavioral treatments for adolescent substance use, 2014–2017: Outcomes, treatment delivery, and promising horizons. *Journal of Clinical Child and Adolescent Psychology, 47*(4), 499–526.
- ⁸⁵⁰ Santa Ana, E. J., LaRowe, S. D., Gebregziabher, M., Morgan-Lopez, A. A., Lamb, K., Beavis, K. A., ... Martino, S. (2021). Randomized controlled trial of group motivational interviewing for veterans with substance use disorders. *Drug and Alcohol Dependence, 223*, 108716.
- ⁸⁵¹ Perry, A. E., Martyn-St. James, M., Burns, L., Hewitt, C., Glanville, J. M., Aboaja, A., ... Swami, S. (2019). Interventions for drug-using offenders with co-occurring mental health problems. *Cochrane Database of Systematic Reviews*. doi:10.1002/14651858.CD010901.pub3
- ⁸⁵² Polcin, D. L., Korcha, R., Witbrodt, J., Mericle, A. A., & Mahoney, E. (2018). Motivational interviewing case management (MICM) for persons on probation or parole entering sober living houses. *Criminal Justice and Behavior, 45*(11), 1634–1659.
- ⁸⁵³ Madson, M., Schumacher, J., Baer, J., & Martino, S. (2016). Motivational interviewing for substance use: Mapping out the next generation of research. *Journal of Substance Abuse Treatment, 65*, 1–5.
- ⁸⁵⁴ Substance Abuse and Mental Health Services Administration. (2019). *Enhancing motivation for change in substance use disorder treatment*. Treatment Improvement Protocol (TIP) Series 35. SAMHSA Publication No. PEP19-02-01-003. Substance Abuse and Mental Health Services Administration.
- ⁸⁵⁵ Santa Ana, E. J., LaRowe, S. D., Gebregziabher, M., Morgan-Lopez, A. A., Lamb, K., Beavis, K. A., ... Martino, S. (2021). Randomized controlled trial of group motivational interviewing for veterans with substance use disorders. *Drug and Alcohol Dependence, 223*, 108716.

- ⁸⁵⁶ Madson, M., Schumacher, J., Baer, J., & Martino, S. (2016). Motivational interviewing for substance use: Mapping out the next generation of research. *Journal of Substance Abuse Treatment, 65*, 1–5.
- ⁸⁵⁷ DiClemente, C. C., Corno, C. M., Graydon, M. M., Wiprovnick, A. E., & Knoblach, D. J. (2017). Motivational interviewing, enhancement, and brief interventions over the last decade: A review of reviews of efficacy and effectiveness. *Psychology of Addictive Behaviors, 31*(8), 862–887.
- ⁸⁵⁸ Sayegh, C. S., Huey, S. J., Jr., Zara, E. J., & Jhaveri, K. (2017). Follow-up treatment effects of contingency management and motivational interviewing on substance use: A meta-analysis. *Psychology of Addictive Behaviors, 31*(4), 403–414.
- ⁸⁵⁹ Santa Ana, E. J., LaRowe, S. D., Gebregziabher, M., Morgan-Lopez, A. A., Lamb, K., Beavis, K. A., ... Martino, S. (2021). Randomized controlled trial of group motivational interviewing for veterans with substance use disorders. *Drug and Alcohol Dependence, 223*, 108716.
- ⁸⁶⁰ Copeland, J., Gates, P., & Pokorski, I. (2017). A narrative review of psychological cannabis use treatments with and without pharmaceutical adjunct. *Current Pharmaceutical Design, 22*(42), 6397–6408.
- ⁸⁶¹ Naar, S., & Safren, S. A. (2017). *Motivational interviewing and CBT: Combining strategies for maximum effectiveness*. Guilford Press.
- ⁸⁶² Sayegh, C. S., Huey, S. J., Jr., Zara, E. J., & Jhaveri, K. (2017). Follow-up treatment effects of contingency management and motivational interviewing on substance use: A meta-analysis. *Psychology of Addictive Behaviors, 31*(4), 403–414.
- ⁸⁶³ Substance Abuse and Mental Health Services Administration. (2020). *Substance use disorder treatment and family therapy*. Treatment Improvement Protocol (TIP) Series 39. SAMHSA Publication No. PEP20-02-02-012. Substance Abuse and Mental Health Services Administration.
- ⁸⁶⁴ Hogue, A., Schumm, J. A., MacLean, A., & Bobek, M. (2022). Couple and family therapy for substance use disorders: Evidence-based update 2010–2019. *Journal of Marital and Family Therapy, 48*(1), 178–203.
- ⁸⁶⁵ Substance Abuse and Mental Health Services Administration. (2020). *Substance use disorder treatment and family therapy*. Treatment Improvement Protocol (TIP) Series 39. SAMHSA Publication No. PEP20-02-02-012. Substance Abuse and Mental Health Services Administration.
- ⁸⁶⁶ Substance Abuse and Mental Health Services Administration. (2014). *Trauma-informed care in behavioral health services*. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4816. Substance Abuse and Mental Health Services Administration.
- ⁸⁶⁷ Substance Abuse and Mental Health Services Administration. (2020). *Substance use disorder treatment and family therapy*. Treatment Improvement Protocol (TIP) Series 39. SAMHSA Publication No. PEP20-02-02-012. Substance Abuse and Mental Health Services Administration.
- ⁸⁶⁸ Black, C. (2018). *Unspoken legacy: Addressing the impact of trauma and addiction within the family*. Central Recovery Press.
- ⁸⁶⁹ Substance Abuse and Mental Health Services Administration. (2020). *Substance use disorder treatment and family therapy*. Treatment Improvement Protocol (TIP) Series 39. SAMHSA Publication No. PEP20-02-02-012. Substance Abuse and Mental Health Services Administration.
- ⁸⁷⁰ Substance Abuse and Mental Health Services Administration. (2020). *Substance use disorder treatment and family therapy*. Treatment Improvement Protocol (TIP) Series 39. SAMHSA Publication No. PEP20-02-02-012. Substance Abuse and Mental Health Services Administration.
- ⁸⁷¹ Black, C. (2018). *Unspoken legacy: Addressing the impact of trauma and addiction within the family*. Central Recovery Press.
- ⁸⁷² Hogue, A., Schumm, J. A., MacLean, A., & Bobek, M. (2022). Couple and family therapy for substance use disorders: Evidence-based update 2010–2019. *Journal of Marital and Family Therapy, 48*(1), 178–203.
- ⁸⁷³ Haverfield, M. C., & Theiss, J. A. (2016). Parent's alcoholism severity and family topic avoidance about alcohol as predictors of perceived stigma among adult children of alcoholics: Implications for emotional and psychological resilience. *Health Communication, 31*(5), 606–616.



- ⁸⁷⁴ Haverfield, M. C., & Theiss, J. A. (2016). Parent's alcoholism severity and family topic avoidance about alcohol as predictors of perceived stigma among adult children of alcoholics: Implications for emotional and psychological resilience. *Health Communication, 31*(5), 606–616.
- ⁸⁷⁵ Smith, V. C., Wilson, C. R., & Committee on Substance Use and Prevention. (2016). Families affected by parental substance use. *Pediatrics, 138*(2), e20161575.
- ⁸⁷⁶ Haverfield, M. C., & Theiss, J. A. (2016). Parent's alcoholism severity and family topic avoidance about alcohol as predictors of perceived stigma among adult children of alcoholics: Implications for emotional and psychological resilience. *Health Communication, 31*(5), 606–616.
- ⁸⁷⁷ Lander, L., Howsare, J., & Byrne, M. (2013). The impact of substance use disorders on families and children: From theory to practice. *Social Work in Public Health, 28*(3–4), 194–205.
- ⁸⁷⁸ McCrady, B. S., & Flanagan, J. C. (2021). The role of the family in alcohol use disorder recovery for adults. *Alcohol Research: Current Reviews, 41*(1), 06.
- ⁸⁷⁹ Lander, L., Howsare, J., & Byrne, M. (2013). The impact of substance use disorders on families and children: From theory to practice. *Social Work in Public Health, 28*(3–4), 194–205.
- ⁸⁸⁰ McCrady, B. S., & Flanagan, J. C. (2021). The role of the family in alcohol use disorder recovery for adults. *Alcohol Research: Current Reviews, 41*(1), 06.
- ⁸⁸¹ McCrady, B. S., & Flanagan, J. C. (2021). The role of the family in alcohol use disorder recovery for adults. *Alcohol Research: Current Reviews, 41*(1), 06.
- ⁸⁸² Substance Abuse and Mental Health Services Administration. (2021). *Medications for opioid use disorder*. Treatment Improvement Protocol (TIP) Series 63. Publication No. PEP21-02-01-002. Substance Abuse and Mental Health Services Administration.
- ⁸⁸³ Smith, J. C., Alderman, L., Attell, B. K., Avila Rodriguez, W., Covington, J., Manteuffel, B., ... Minyard, K. (2021). Dynamics of parental opioid use and children's health and well-being: An integrative systems mapping approach. *Frontiers in Psychology, 12*, 687641.
- ⁸⁸⁴ Smith, J. C., Alderman, L., Attell, B. K., Avila Rodriguez, W., Covington, J., Manteuffel, B., ... Minyard, K. (2021). Dynamics of parental opioid use and children's health and well-being: An integrative systems mapping approach. *Frontiers in Psychology, 12*, 687641.
- ⁸⁸⁵ Substance Abuse and Mental Health Services Administration. (2021). *Medications for opioid use disorder*. Treatment Improvement Protocol (TIP) Series 63. Publication No. PEP21-02-01-002. Substance Abuse and Mental Health Services Administration.
- ⁸⁸⁶ Smith, J. C., Alderman, L., Attell, B. K., Avila Rodriguez, W., Covington, J., Manteuffel, B., ... Minyard, K. (2021). Dynamics of parental opioid use and children's health and well-being: An integrative systems mapping approach. *Frontiers in Psychology, 12*, 687641.
- ⁸⁸⁷ Smith, J. C., Alderman, L., Attell, B. K., Avila Rodriguez, W., Covington, J., Manteuffel, B., ... Minyard, K. (2021). Dynamics of parental opioid use and children's health and well-being: An integrative systems mapping approach. *Frontiers in Psychology, 12*, 687641.
- ⁸⁸⁸ Substance Abuse and Mental Health Services Administration. (2021). *Treatment for stimulant use disorders*. Treatment Improvement Protocol (TIP) Series 33. SAMHSA Publication No. PEP21-02-01-004. Substance Abuse and Mental Health Services Administration.
- ⁸⁸⁹ Substance Abuse and Mental Health Services Administration. (2021). *Treatment for stimulant use disorders*. Treatment Improvement Protocol (TIP) Series 33. SAMHSA Publication No. PEP21-02-01-004. Substance Abuse and Mental Health Services Administration.
- ⁸⁹⁰ Substance Abuse and Mental Health Services Administration. (2021). *Treatment for stimulant use disorders*. Treatment Improvement Protocol (TIP) Series 33. SAMHSA Publication No. PEP21-02-01-004. Substance Abuse and Mental Health Services Administration.
- ⁸⁹¹ Smith, J. C., Alderman, L., Attell, B. K., Avila Rodriguez, W., Covington, J., Manteuffel, B., ... Minyard, K. (2021). Dynamics of parental opioid use and children's health and well-being: An integrative systems mapping approach. *Frontiers in Psychology, 12*, 687641.
- ⁸⁹² Lander, L., Howsare, J., & Byrne, M. (2013). The impact of substance use disorders on families and children: From theory to practice. *Social Work in Public Health, 28*(3–4), 194–205.

- ⁸⁹³ Klostermann, K., & O'Farrell, T. J. (2021). Couple and family therapy in treatment of alcoholism and drug abuse. In N. el-Guebaly, G. Carrà, M. Galanter, & A. M. Baldacchino (Eds.), *Textbook of addiction treatment* (3rd ed.) (pp. 447–458). Springer.
- ⁸⁹⁴ Ariss, T., & Fairbairn, C. E. (2020). The effect of significant other involvement in treatment for substance use disorders: A meta-analysis. *Journal of Consulting and Clinical Psychology, 88*(6), 526–540.
- ⁸⁹⁵ Substance Abuse and Mental Health Services Administration. (2020). *Substance use disorder treatment and family therapy*. Treatment Improvement Protocol (TIP) Series 39. SAMHSA Publication No. PEP20-02-02-012. Substance Abuse and Mental Health Services Administration.
- ⁸⁹⁶ Substance Abuse and Mental Health Services Administration. (2020). *Substance use disorder treatment and family therapy*. Treatment Improvement Protocol (TIP) Series 39. SAMHSA Publication No. PEP20-02-02-012. Substance Abuse and Mental Health Services Administration.
- ⁸⁹⁷ Substance Abuse and Mental Health Services Administration. (2020). *Substance use disorder treatment and family therapy*. Treatment Improvement Protocol (TIP) Series 39. SAMHSA Publication No. PEP20-02-02-012. Substance Abuse and Mental Health Services Administration.
- ⁸⁹⁸ Liddle, H. A., Dakof, G. A., Rowe, C. L., Henderson, C., Greenbaum, P., Wang, W., & Alberga, L. (2018). Multidimensional family therapy as a community-based alternative to residential treatment for adolescents with substance use and co-occurring mental health disorders. *Journal of Substance Abuse Treatment, 90*, 47–56.
- ⁸⁹⁹ Substance Abuse and Mental Health Services Administration. (2020). *Substance use disorder treatment and family therapy*. Treatment Improvement Protocol (TIP) Series 39. SAMHSA Publication No. PEP20-02-02-012. Substance Abuse and Mental Health Services Administration.
- ⁹⁰⁰ Substance Abuse and Mental Health Services Administration. (2020). *Substance use disorder treatment and family therapy*. Treatment Improvement Protocol (TIP) Series 39. SAMHSA Publication No. PEP20-02-02-012. Substance Abuse and Mental Health Services Administration.
- ⁹⁰¹ Ariss, T., & Fairbairn, C. E. (2020). The effect of significant other involvement in treatment for substance use disorders: A meta-analysis. *Journal of Consulting and Clinical Psychology, 88*(6), 526–540.
- ⁹⁰² Substance Abuse and Mental Health Services Administration. (2020). *Substance use disorder treatment and family therapy*. Treatment Improvement Protocol (TIP) Series 39. SAMHSA Publication No. PEP20-02-02-012. Substance Abuse and Mental Health Services Administration.
- ⁹⁰³ Substance Abuse and Mental Health Services Administration. (2020). *Substance use disorder treatment and family therapy*. Treatment Improvement Protocol (TIP) Series 39. SAMHSA Publication No. PEP20-02-02-012. Substance Abuse and Mental Health Services Administration.
- ⁹⁰⁴ Meyers, R. J., Roozen, H. G., & Smith, J. E. (2011). The community reinforcement approach: An update of the evidence. *Alcohol Research & Health, 33*(4), 380–388.
- ⁹⁰⁵ Substance Abuse and Mental Health Services Administration. (2020). *Substance use disorder treatment and family therapy*. Treatment Improvement Protocol (TIP) Series 39. SAMHSA Publication No. PEP20-02-02-012. Substance Abuse and Mental Health Services Administration.
- ⁹⁰⁶ Ariss, T., & Fairbairn, C. E. (2020). The effect of significant other involvement in treatment for substance use disorders: A meta-analysis. *Journal of Consulting and Clinical Psychology, 88*(6), 526–540.
- ⁹⁰⁷ Substance Abuse and Mental Health Services Administration. (2020). *Substance use disorder treatment and family therapy*. Treatment Improvement Protocol (TIP) Series 39. SAMHSA Publication No. PEP20-02-02-012. Substance Abuse and Mental Health Services Administration.



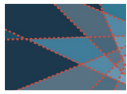
- ⁹⁰⁸ Hellum, R., Bilberg, R., Bischof, G., & Nielsen, A. S. (2021). How concerned significant others experience Community Reinforcement and Family Training (CRAFT) — A qualitative study. *BMC Family Practice, 22*(1), 241.
- ⁹⁰⁹ Substance Abuse and Mental Health Services Administration. (2020). *Substance use disorder treatment and family therapy*. Treatment Improvement Protocol (TIP) Series 39. SAMHSA Publication No. PEP20-02-02-012. Substance Abuse and Mental Health Services Administration.
- ⁹¹⁰ Substance Abuse and Mental Health Services Administration. (2020). *Substance use disorder treatment and family therapy*. Treatment Improvement Protocol (TIP) Series 39. SAMHSA Publication No. PEP20-02-02-012. Substance Abuse and Mental Health Services Administration.
- ⁹¹¹ Ariss, T., & Fairbairn, C. E. (2020). The effect of significant other involvement in treatment for substance use disorders: A meta-analysis. *Journal of Consulting and Clinical Psychology, 88*(6), 526–540.
- ⁹¹² Ariss, T., & Fairbairn, C. E. (2020). The effect of significant other involvement in treatment for substance use disorders: A meta-analysis. *Journal of Consulting and Clinical Psychology, 88*(6), 526–540.
- ⁹¹³ Ariss, T., & Fairbairn, C. E. (2020). The effect of significant other involvement in treatment for substance use disorders: A meta-analysis. *Journal of Consulting and Clinical Psychology, 88*(6), 526–540.
- ⁹¹⁴ Ariss, T., & Fairbairn, C. E. (2020). The effect of significant other involvement in treatment for substance use disorders: A meta-analysis. *Journal of Consulting and Clinical Psychology, 88*(6), 526–540.
- ⁹¹⁵ Ariss, T., & Fairbairn, C. E. (2020). The effect of significant other involvement in treatment for substance use disorders: A meta-analysis. *Journal of Consulting and Clinical Psychology, 88*(6), 526–540.
- ⁹¹⁶ Ariss, T., & Fairbairn, C. E. (2020). The effect of significant other involvement in treatment for substance use disorders: A meta-analysis. *Journal of Consulting and Clinical Psychology, 88*(6), 526–540.
- ⁹¹⁷ Ariss, T., & Fairbairn, C. E. (2020). The effect of significant other involvement in treatment for substance use disorders: A meta-analysis. *Journal of Consulting and Clinical Psychology, 88*(6), 526–540.
- ⁹¹⁸ Substance Abuse and Mental Health Services Administration. (2021). *National Survey of Substance Abuse Treatment Services (N-SSATS): 2020*. Data on substance abuse treatment facilities. Substance Abuse and Mental Health Services Administration.
- ⁹¹⁹ U.S. Department of Health & Human Services. (2016). *Facing addiction in America: The Surgeon General's report on alcohol, drugs, and health*.
- ⁹²⁰ Carroll, K. M., & Kiluk, B. D. (2017). Cognitive behavioral interventions for alcohol and drug use disorders: Through the stage model and back again. *Psychology of Addictive Behaviors, 31*(8), 847–861.
- ⁹²¹ Kiluk, B. D. (2019). Computerized cognitive behavioral therapy for substance use disorders: A summary of the evidence and potential mechanisms of behavior change. *Perspectives on Behavior Science, 42*(3), 465–478.
- ⁹²² Morin, J. F. G., Harris, M., & Conrod, P. J. (2017). A review of CBT treatments for substance use disorders. Oxford Handbooks Online. <https://www.oxfordhandbooks.com/view/10.1093/oxfordhb/9780199935291.001.0001/oxfordhb-9780199935291-e-57>
- ⁹²³ American Society of Addiction Medicine. (n.d.). *The ASAM Criteria® Assessment Interview Guide*. <https://www.asam.org/asam-criteria/criteria-intake-assessment-form>
- ⁹²⁴ Scherer, K. R. (2005). Unconscious Processes in Emotion: The Bulk of the Iceberg. In L. F. Barrett, P. M. Niedenthal, & P. Winkielman (Eds.), *Emotion and consciousness* (pp. 312–334). The Guilford Press.
- ⁹²⁵ Sivec, H. J., & Montesano, V. L. (2013). Clinical process examples of cognitive behavioral therapy for psychosis. *Psychotherapy, 50*(3), 458–463.
- ⁹²⁶ Morin, J. F. G., Harris, M., & Conrod, P. J. (2017). A review of CBT treatments for substance use disorders. Oxford Handbooks Online. <https://www.oxfordhandbooks.com/view/10.1093/oxfordhb/9780199935291.001.0001/oxfordhb-9780199935291-e-57>

- ⁹²⁷ Substance Abuse and Mental Health Services Administration. (2019). *Enhancing motivation for change in substance use disorder treatment*. Treatment Improvement Protocol (TIP) Series 35. SAMHSA Publication No. PEP19-02-01-003. Substance Abuse and Mental Health Services Administration.
- ⁹²⁸ Marlatt, G. A., & Donovan, D. M. (Eds.). (2005). *Relapse prevention: Maintenance strategies in the treatment of addictive behaviors* (2nd ed.). Guilford Press.
- ⁹²⁹ Marlatt, G. A., Parks, G. A., & Witkiewitz, K. (2002). *Clinical guidelines for implementing relapse prevention therapy: A guideline developed for behavioral health recovery management project*. University of Washington.
- ⁹³⁰ National Institute on Drug Abuse. (1998). *A cognitive behavioral approach: treating cocaine addiction*. Therapy manuals for drug addiction, Manual Number 1. National Institutes of Health Publication Number 98-4308. U.S. Department of Health and Human Services.
- ⁹³¹ Ray, L. A., Meredith, L. R., Kiluk, B. D., Walthers, J., Carroll, K. M., & Magill, M. (2020). Combined pharmacotherapy and cognitive behavioral therapy for adults with alcohol or substance use disorders: A systematic review and meta-analysis. *JAMA Network Open*, 3(6), e208279-e208279.
- ⁹³² Magill, M., Ray, L., Kiluk, B., Hoadley, A., Bernstein, M., Tonigan, J. S., & Carroll, K. (2019). A meta-analysis of cognitive-behavioral therapy for alcohol or other drug use disorders: Treatment efficacy by contrast condition. *Journal of Consulting and Clinical Psychology*, 87(12), 1093.
- ⁹³³ Ray, L. A., Meredith, L. R., Kiluk, B. D., Walthers, J., Carroll, K. M., & Magill, M. (2020). Combined pharmacotherapy and cognitive behavioral therapy for adults with alcohol or substance use disorders: A systematic review and meta-analysis. *JAMA Network Open*, 3(6), e208279-e208279.
- ⁹³⁴ Ray, L. A., Meredith, L. R., Kiluk, B. D., Walthers, J., Carroll, K. M., & Magill, M. (2020). Combined pharmacotherapy and cognitive behavioral therapy for adults with alcohol or substance use disorders: A systematic review and meta-analysis. *JAMA Network Open*, 3(6), e208279-e208279.
- ⁹³⁵ Magill, M., Ray, L., Kiluk, B., Hoadley, A., Bernstein, M., Tonigan, J. S., & Carroll, K. (2019). A meta-analysis of cognitive-behavioral therapy for alcohol or other drug use disorders: Treatment efficacy by contrast condition. *Journal of Consulting and Clinical Psychology*, 87(12), 1093.
- ⁹³⁶ Carroll, K. M., & Kiluk, B. D. (2017). Cognitive behavioral interventions for alcohol and drug use disorders: Through the stage model and back again. *Psychology of Addictive Behaviors*, 31(8), 847-861.
- ⁹³⁷ Carroll, K. M., & Kiluk, B. D. (2017). Cognitive behavioral interventions for alcohol and drug use disorders: Through the stage model and back again. *Psychology of Addictive Behaviors*, 31(8), 847-861.
- ⁹³⁸ Carroll, K. M., & Kiluk, B. D. (2017). Cognitive behavioral interventions for alcohol and drug use disorders: Through the stage model and back again. *Psychology of Addictive Behaviors*, 31(8), 847-861.
- ⁹³⁹ Kiluk, B. D. (2019). Computerized cognitive behavioral therapy for substance use disorders: A summary of the evidence and potential mechanisms of behavior change. *Perspectives on Behavior Science*, 42(3), 465-478.
- ⁹⁴⁰ Petry, N. M., Alessi, S. M., Olmstead, T. A., Rash, C. J., & Zajac, K. (2017). Contingency management treatment for substance use disorders: How far has it come, and where does it need to go? *Psychology of Addictive Behaviors*, 31(8), 897-906.
- ⁹⁴¹ National Institute on Drug Abuse. (2018). Contingency management interventions/ motivational incentives (alcohol, stimulants, opioids, marijuana, nicotine). In *Principles of drug addiction treatment: A research-based guide* (3rd ed.). <https://nida.nih.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/preface>
- ⁹⁴² Regier, P. S., & Redish, A. D. (2015). Contingency management and deliberative decision-making processes. *Frontiers in Psychiatry*, 6, 76.
- ⁹⁴³ AshaRani, P. V., Hombali, A., Seow, E., Ong, W. J., Tan, J. H., & Subramaniam, M. (2020). Non-pharmacological interventions for methamphetamine use disorder: A systematic review. *Drug and Alcohol Dependence*, 212, 108060.



- ⁹⁴⁴ Brown, H. D., & DeFulio, A. (2020). Contingency management for the treatment of methamphetamine use disorder: A systematic review. *Drug and Alcohol Dependence*, *216*, 108307.
- ⁹⁴⁵ Bolívar, H. A., Klemperer, E. M., Coleman, S. R., DeSarno, M., Skelly, J. M., & Higgins, S. T. (2021). Contingency management for patients receiving medication for opioid use disorder: A systematic review and meta-analysis. *JAMA Psychiatry*, *78*(10), 1092–1102.
- ⁹⁴⁶ Winters, K. C., Mader, J., Budney, A. J., Stanger, C., Knapp, A. A., & Walker, D. D. (2021). Interventions for cannabis use disorder. *Current Opinion in Psychology*, *38*, 67–74.
- ⁹⁴⁷ Dallery, J., Raiff, B. R., Kim, S. J., Marsch, L. A., Stitzer, M., & Grabinski, M. J. (2017). Nationwide access to an internet-based contingency management intervention to promote smoking cessation: A randomized controlled trial. *Addiction*, *112*(5), 875–883.
- ⁹⁴⁸ Brown, H. D., & DeFulio, A. (2020). Contingency management for the treatment of methamphetamine use disorder: A systematic review. *Drug and Alcohol Dependence*, *216*, 108307.
- ⁹⁴⁹ AshaRani, P. V., Hombali, A., Seow, E., Ong, W. J., Tan, J. H., & Subramaniam, M. (2020). Non-pharmacological interventions for methamphetamine use disorder: A systematic review. *Drug and Alcohol Dependence*, *212*, 108060.
- ⁹⁵⁰ Bolívar, H. A., Klemperer, E. M., Coleman, S. R., DeSarno, M., Skelly, J. M., & Higgins, S. T. (2021). Contingency management for patients receiving medication for opioid use disorder: A systematic review and meta-analysis. *JAMA Psychiatry*, *78*(10), 1092–1102.
- ⁹⁵¹ De Crescenzo, F., Ciabattini, M., D'Alò, G. L., De Giorgi, R., Del Giovane, C., Cassar, C., ... Cipriani, A. (2018). Comparative efficacy and acceptability of psychosocial interventions for individuals with cocaine and amphetamine addiction: A systematic review and network meta-analysis. *PLoS Medicine*, *15*(12), e1002715.
- ⁹⁵² Ginley, M. K., Pfund, R. A., Rash, C. J., & Zajac, K. (2021). Long-term efficacy of contingency management treatment based on objective indicators of abstinence from illicit substance use up to 1 year following treatment: A meta-analysis. *Journal of Consulting and Clinical Psychology*, *89*(1), 58–71.
- ⁹⁵³ Ginley, M. K., Pfund, R. A., Rash, C. J., & Zajac, K. (2021). Long-term efficacy of contingency management treatment based on objective indicators of abstinence from illicit substance use up to 1 year following treatment: A meta-analysis. *Journal of Consulting and Clinical Psychology*, *89*(1), 58–71.
- ⁹⁵⁴ Pfund, R. A., Cook, J. E., McAfee, N. W., Huskinson, S. L., & Parker, J. D. (2021). Challenges to conducting contingency management treatment for substance use disorders: Practice recommendations for clinicians. *Professional Psychology, Research and Practice*, *52*(2), 137–145.
- ⁹⁵⁵ Pfund, R. A., Cook, J. E., McAfee, N. W., Huskinson, S. L., & Parker, J. D. (2021). Challenges to conducting contingency management treatment for substance use disorders: Practice recommendations for clinicians. *Professional Psychology, Research and Practice*, *52*(2), 137–145.
- ⁹⁵⁶ Dallery, J., Defulio, A., & Raiff, B. R. (2023). Digital contingency management in the treatment of substance use disorders. *Policy Insights from the Behavioral and Brain Sciences*, *10*(1), 51–58.
- ⁹⁵⁷ Dallery, J., Defulio, A., & Raiff, B. R. (2023). Digital contingency management in the treatment of substance use disorders. *Policy Insights from the Behavioral and Brain Sciences*, *10*(1), 51–58.
- ⁹⁵⁸ Dallery, J., Defulio, A., & Raiff, B. R. (2023). Digital contingency management in the treatment of substance use disorders. *Policy Insights from the Behavioral and Brain Sciences*, *10*(1), 51–58.
- ⁹⁵⁹ Coughlin, L. N., Salino, S., Jennings, C., Lacek, M., Townsend, W., Koffarnus, M. N., & Bonar, E. E. (2023). A systematic review of remotely delivered contingency management treatment for substance use. *Journal of Substance Use and Addiction Treatment*, *147*, 208977.
- ⁹⁶⁰ Getty, C. A., Morande, A., Lynskey, M., Weaver, T., & Metrebian, N. (2019). Mobile telephone-delivered contingency management interventions promoting behaviour change in individuals with substance use disorders: A meta-analysis. *Addiction (Abingdon, England)*, *114*(11), 1915–1925.

- ⁹⁶¹ Coughlin, L. N., Salino, S., Jennings, C., Lacey, M., Townsend, W., Koffarnus, M. N., & Bonar, E. E. (2023). A systematic review of remotely delivered contingency management treatment for substance use. *Journal of Substance Use and Addiction Treatment*, *147*, 208977.
- ⁹⁶² Getty, C. A., Morande, A., Lynskey, M., Weaver, T., & Metrebian, N. (2019). Mobile telephone-delivered contingency management interventions promoting behaviour change in individuals with substance use disorders: A meta-analysis. *Addiction (Abingdon, England)*, *114*(11), 1915–1925.
- ⁹⁶³ Hammond, A. S., Sweeney, M. M., Chikosi, T. U., & Stitzer, M. L. (2021). Digital delivery of a contingency management intervention for substance use disorder: A feasibility study with DynamiCare Health. *Journal of Substance Abuse Treatment*, *126*, 108425.
- ⁹⁶⁴ Recovery Research Institute. (n.d.). Technology-enhanced contingency management: Exploring the feasibility. <https://www.recoveryanswers.org/research-post/contingency-management-app-exploring-feasibility-automated-digital-contingency-management-substance-use-disorder/>
- ⁹⁶⁵ Koob, G. F., & Volkow, N. D. (2016). Neurobiology of addiction: A neurocircuitry analysis. *Lancet Psychiatry*, *3*(8), 760–773.
- ⁹⁶⁶ Milivojevic, V., & Sinha, R. (2018). Central and peripheral markers of stress response for addiction risk and relapse vulnerability. *Trends in Molecular Medicine*, *24*(2), 173–186.
- ⁹⁶⁷ Milivojevic, V., & Sinha, R. (2018). Central and peripheral markers of stress response for addiction risk and relapse vulnerability. *Trends in Molecular Medicine*, *24*(2), 173–186.
- ⁹⁶⁸ Koob, G. F., & Volkow, N. D. (2016). Neurobiology of addiction: A neurocircuitry analysis. *Lancet Psychiatry*, *3*(8), 760–773.
- ⁹⁶⁹ *Psychology Today*. (2022). Mindfulness. Sussex. <https://www.psychologytoday.com/us/basics/mindfulness>
- ⁹⁷⁰ Witkiewitz, K., Greenfield, B. L., & Bowen, S. (2013). Mindfulness-based relapse prevention with racial and ethnic minority women. *Addictive Behaviors*, *38*(12), 2821–2824.
- ⁹⁷¹ Greenfield, B. L., Roos, C., Hagler, K. J., Stein, E., Bowen, S., & Witkiewitz, K. A. (2018). Race/ethnicity and racial group composition moderate the effectiveness of mindfulness-based relapse prevention for substance use disorder. *Addictive Behaviors*, *81*, 96–103.
- ⁹⁷² Korecki, J. R., Schwebel, F. J., Votaw, V. R., & Witkiewitz, K. (2020). Mindfulness-based programs for substance use disorders: A systematic review of manualized treatments. *Substance Abuse Treatment, Prevention, and Policy*, *15*(1), 51.
- ⁹⁷³ Marlatt, G. A., Dillworth, T. M., Bowen, S. W., Parks, G. A., & MacPherson, L. M. (2004). Vipassana meditation as a treatment for alcohol and drug use disorders. In S. C. Hayes, V. M. Follette, & M. M. Linehan (Eds.), *Mindfulness and acceptance: Expanding the cognitive-behavioral tradition* (pp. 261–287). Guilford Press.
- ⁹⁷⁴ Priddy, S. E., Howard, M. O., Hanley, A. W., Riquino, M. R., Friberg-Felsted, K., & Garland, E. L. (2018). Mindfulness meditation in the treatment of substance use disorders and preventing future relapse: Neurocognitive mechanism and clinical implications. *Substance Abuse and Rehabilitation*, *9*, 103–114.
- ⁹⁷⁵ Bowen, S., Chawla, N., Grow, J., & Marlatt, G. A. (2021). *Mindfulness-based relapse prevention for addictive behaviors: A clinician's guide* (2nd ed.). Guilford Press.
- ⁹⁷⁶ Priddy, S. E., Howard, M. O., Hanley, A. W., Riquino, M. R., Friberg-Felsted, K., & Garland, E. L. (2018). Mindfulness meditation in the treatment of substance use disorders and preventing future relapse: Neurocognitive mechanism and clinical implications. *Substance Abuse and Rehabilitation*, *9*, 103–114.
- ⁹⁷⁷ Garland, E. L. (2007). The meaning of mindfulness: A second-order cybernetics of stress, metacognition, and coping. *Complementary Health Practice Review*, *12*(1), 15–30.
- ⁹⁷⁸ Lutz, A., Slagter, H. A., Dunne, J. D., Davidson, R. J. (2008). Attention regulation and monitoring in meditation. *Trends in Cognitive Science*, *12*(4), 163–169.
- ⁹⁷⁹ Bowen, S., Chawla, N., Grow, J., & Marlatt, G. A. (2021). *Mindfulness-based relapse prevention for addictive behaviors: A clinician's guide* (2nd ed.). Guilford Press.



- ⁹⁸⁰ Kabat-Zinn, J., Lipworth L., & Burney, R. (1985). The clinical use of mindfulness meditation for the self-regulation of chronic pain. *Journal of Behavioral Health Medicine*, 8(2), 163–190.
- ⁹⁸¹ Kabat-Zinn, J., Lipworth, L., Burney, R., Sellers, W., & Brew, M. (1984). Reproducibility and four year follow-up of a training program in mindfulness meditation for the self-regulation of chronic pain. *Pain*, 18, S303.
- ⁹⁸² Korecki, J. R., Schwebel, F. J., Votaw, V. R., & Witkiewitz, K. (2020). Mindfulness-based programs for substance use disorders: A systematic review of manualized treatments. *Substance Abuse Treatment, Prevention, and Policy*, 15(1), 51.
- ⁹⁸³ Korecki, J. R., Schwebel, F. J., Votaw, V. R., & Witkiewitz, K. (2020). Mindfulness-based programs for substance use disorders: A systematic review of manualized treatments. *Substance Abuse Treatment, Prevention, and Policy*, 15(1), 51.
- ⁹⁸⁴ Garland, E. L., Baker, A. K., Riquino, M. R., & Priddy, S. E. (2019). Mindfulness-oriented recovery enhancement: A review of its theoretical underpinnings, clinical application, and biobehavioral mechanisms. In I. Ivztan (Ed.), *Handbook of mindfulness-based programmes: Mindfulness interventions from education to health and therapy* (Ch. 26). Routledge.
- ⁹⁸⁵ Amaro, H., & Black, D. S. (2017). Moment-by-moment in women's recovery: Randomized controlled trial protocol to test the efficacy of a mindfulness-based intervention on treatment retention and relapse prevention among women in residential treatment for substance use disorder. *Contemporary Clinical Trials*, 62, 146–152.
- ⁹⁸⁶ Korecki, J. R., Schwebel, F. J., Votaw, V. R., & Witkiewitz, K. (2020). Mindfulness-based programs for substance use disorders: A systematic review of manualized treatments. *Substance Abuse Treatment, Prevention, and Policy*, 15(1), 51.
- ⁹⁸⁷ Bowen, S., Chawla, N., Grow, J., & Marlatt, G. A. (2021). *Mindfulness-based relapse prevention for addictive behaviors: A clinician's guide* (2nd ed.). Guilford Press.
- ⁹⁸⁸ Korecki, J. R., Schwebel, F. J., Votaw, V. R., & Witkiewitz, K. (2020). Mindfulness-based programs for substance use disorders: A systematic review of manualized treatments. *Substance Abuse Treatment, Prevention, and Policy*, 15(1), 51.
- ⁹⁸⁹ Roos, C., Kirouac, M., Stein, E., Wilson, A., Bowen, S., & Witkiewitz, K. (2019). An open trial of rolling admission mindfulness-based relapse prevention (Rolling MBRP): Feasibility, acceptability, dose-response relations, and mechanism. *Mindfulness (NY)*, 10(6), 1062–1073.
- ⁹⁹⁰ Roos, C., Kirouac, M., Stein, E., Wilson, A., Bowen, S., & Witkiewitz, K. (2019). An open trial of rolling admission mindfulness-based relapse prevention (Rolling MBRP): Feasibility, acceptability, dose-response relations, and mechanism. *Mindfulness (NY)*, 10(6), 1062–1073.
- ⁹⁹¹ Witkiewitz, K., Bowen, S., Harrop, E. N., Douglas, H., Enkema, M., & Sedgwick, C. (2014). Mindfulness-based treatment to prevent addictive behavior relapse: Theoretical models and hypothesized mechanisms of change. *Substance Use & Misuse*, 49(5), 513–524.
- ⁹⁹² Witkiewitz, K., Bowen, S., Harrop, E. N., Douglas, H., Enkema, M., & Sedgwick, C. (2014). Mindfulness-based treatment to prevent addictive behavior relapse: Theoretical models and hypothesized mechanisms of change. *Substance Use & Misuse*, 49(5), 513–524.
- ⁹⁹³ Zhang, D., Lee, E. K. P., Mak, E. C. W., Ho, C. Y., & Wong, S. Y. S. (2021). Mindfulness-based interventions: An overall review. *British Medical Bulletin*, 138(1) 41–57.
- ⁹⁹⁴ Ergas, O. (2015). The deeper teachings of mindfulness-based 'interventions' as a reconstruction of 'education.' *Journal of Philosophy Education*, 49(2), 203–220.
- ⁹⁹⁵ Witkiewitz, K., Bowen, S., Harrop, E. N., Douglas, H., Enkema, M., & Sedgwick, C. (2014). Mindfulness-based treatment to prevent addictive behavior relapse: Theoretical models and hypothesized mechanisms of change. *Substance Use & Misuse*, 49(5), 513–524.
- ⁹⁹⁶ Bowen, S., Chawla, N., Grow, J., & Marlatt, G. A. (2021). *Mindfulness-based relapse prevention for addictive behaviors: A clinician's guide* (2nd ed.). Guilford Press.

- ⁹⁹⁷ Harris, R. (n.d.). *What is mindfulness?* <https://www.actmindfully.com.au/about-mindfulness/>
- ⁹⁹⁸ Bowen, S., Chawla, N., Grow, J., & Marlatt, G. A. (2021). *Mindfulness-based relapse prevention for addictive behaviors: A clinician's guide* (2nd ed.). Guilford Press.
- ⁹⁹⁹ Bowen, S., Chawla, N., Grow, J., & Marlatt, G. A. (2021). *Mindfulness-based relapse prevention for addictive behaviors: A clinician's guide* (2nd ed.). Guilford Press.
- ¹⁰⁰⁰ Bowen, S., Chawla, N., Grow, J., & Marlatt, G. A. (2021). *Mindfulness-based relapse prevention for addictive behaviors: A clinician's guide* (2nd ed.). Guilford Press.
- ¹⁰⁰¹ Project Air. (2018). *A mindfulness activity you might like: Leaves on a stream.* <https://documents.uow.edu.au/content/groups/public/@web/@project-air/documents/doc/uow247535.pdf>
- ¹⁰⁰² Bowen, S., Chawla, N., Grow, J., & Marlatt, G. A. (2021). *Mindfulness-based relapse prevention for addictive behaviors: A clinician's guide* (2nd ed.). Guilford Press.
- ¹⁰⁰³ Bowen, S., Chawla, N., Grow, J., & Marlatt, G. A. (2021). *Mindfulness-based relapse prevention for addictive behaviors: A clinician's guide* (2nd ed.). Guilford Press.
- ¹⁰⁰⁴ Zhang, D., Lee, E. K. P., Mak, E. C. W., Ho, C. Y., & Wong, S. Y. S. (2021). Mindfulness-based interventions: An overall review. *British Medical Bulletin*, *138*(1) 41–57.
- ¹⁰⁰⁵ Sancho, M., De Gracia, M., Rodriguez, R. C., Mallorqui-Bague, N., Sanchez-Gonzalez, J., Trujols, J., ... Menchon, J. M. (2018). Mindfulness-based interventions for the treatment of substance and behavioral addictions: A systematic review. *Frontiers in Psychiatry*, *9*, 95.
- ¹⁰⁰⁶ Cavicchioli, M., Movalli, M., & Maffei, C. (2018). The clinical efficacy of mindfulness-based treatments for alcohol and drugs use disorders: A meta-analytic review of randomized and nonrandomized controlled trials. *European Addiction Research*, *24*(3), 137–162.
- ¹⁰⁰⁷ Li, W., Howard, M. O., Garland, E. L., McGovern, P., & Lazar, M. (2017). Mindfulness treatment for substance misuse: A systematic review and meta-analysis. *Journal of Substance Abuse Treatment*, *75*, 62–96.
- ¹⁰⁰⁸ Roos, C., Kirouac, M., Stein, E., Wilson, A., Bowen, S., & Witkiewitz, K. (2019). An open trial of rolling admission mindfulness-based relapse prevention (Rolling MBRP): Feasibility, acceptability, dose-response relations, and mechanism. *Mindfulness (NY)*, *10*(6), 1062–1073.
- ¹⁰⁰⁹ Zhang, D., Lee, E. K. P., Mak, E. C. W., Ho, C. Y., & Wong, S. Y. S. (2021). Mindfulness-based interventions: An overall review. *British Medical Bulletin*, *138*(1), 41–57.
- ¹⁰¹⁰ Ergas, O. (2015). The deeper teachings of mindfulness-based 'interventions' as a reconstruction of 'education.' *Journal of Philosophy Education*, *49*(2), 203–220.
- ¹⁰¹¹ Witkiewitz, K., Greenfield, B. L., & Bowen, S. (2013). Mindfulness-based relapse prevention with racial and ethnic minority women. *Addictive Behaviors*, *38*(12), 2821–2824.
- ¹⁰¹² Greenfield, B. L., Roos, C., Hagler, K. J., Stein, E., Bowen, S., & Witkiewitz, K. A. (2018). Race/ethnicity and racial group composition moderate the effectiveness of mindfulness-based relapse prevention for substance use disorder. *Addictive Behaviors*, *81*, 96–103.
- ¹⁰¹³ Osaji, J., Ojimba, C., & Ahmed, S. (2020). The use of acceptance and commitment therapy in substance use disorders: A review of literature. *Journal of Clinical Medicine Research*, *12*(10), 629–633.
- ¹⁰¹⁴ Mallik, D., Kaplan, J., Somohano, V., Bergman, A., & Bowen, S. (2021). Examining the role of craving, mindfulness, and psychological flexibility in a sample of individuals with substance use disorder. *Substance Use & Misuse*, *56*(6), 782–786.
- ¹⁰¹⁵ Shorey, R. C., Gawrysiak, M. J., Elmquist, J., Brem, M., Anderson, S., & Stuart, G. L. (2017). Experiential avoidance, distress tolerance, and substance use cravings among adults in residential treatment for substance use disorders. *Journal of Addictive Diseases*, *36*(3), 151–157.
- ¹⁰¹⁶ Lee, E. B., An, W., Levin, M. E., & Twohig, M. P. (2015). An initial meta-analysis of acceptance and commitment therapy for treating substance use disorders. *Drug and Alcohol Dependence*, *155*, 1–7.



- ¹⁰¹⁷ Dindo, L., Van Liew, J. R., & Arch, J. J. (2017). Acceptance and commitment therapy: A transdiagnostic behavioral intervention for mental health and mental conditions. *Neurotherapeutics*, *14*(3), 546–553.
- ¹⁰¹⁸ Substance Abuse and Mental Health Services Administration. (2021). *Prevention and treatment of anxiety, depression, and suicidal thoughts and behaviors among college students*. SAMHSA Publication No. PEP21-06-05-002. Substance Abuse and Mental Health Services Administration, National Mental Health and Substance Use Policy Laboratory.
- ¹⁰¹⁹ Kashdan, T. B., & Rottenberg, J. (2010). Psychological flexibility as a fundamental aspect of health. *Clinical Psychology Review*, *30*(7), 865–878.
- ¹⁰²⁰ Levin, M. E., MacLane, C., Daflos, S., Seeley, J., Hayes, S. C., Biglan, A., & Pistorello, J. (2014). Examining psychological inflexibility as a transdiagnostic process across psychological disorders. *Journal of Contextual Behavioral Science*, *3*(3), 155–163.
- ¹⁰²¹ Dindo, L., Van Liew, J. R., & Arch, J. J. (2017). Acceptance and commitment therapy: A transdiagnostic behavioral intervention for mental health and medical conditions. *Neurotherapeutics*, *14*(3), 546–553.
- ¹⁰²² Dindo, L., Van Liew, J. R., & Arch, J. J. (2017). Acceptance and commitment therapy: a transdiagnostic behavioral intervention for mental health and medical conditions. *Neurotherapeutics*, *14*(3), 546–553.
- ¹⁰²³ Polk, K., & Schoendorff, B. (2022). Moving toward what's important: An intro to the ACT Matrix. Praxis. <https://www.praxiscet.com/posts/moving-toward-what-is-important-intro-act-matrix/>
- ¹⁰²⁴ Gordon, T. (2017). What is psychological flexibility? New Harbinger. <https://www.newharbinger.com/blog/self-help/what-is-psychological-flexibility/>
- ¹⁰²⁵ Krafft, J., Potts, S., Schoendorff, B., & Levin, M. E. (2019). A randomized controlled trial of multiple versions of an acceptance and commitment therapy matrix app for well-being. *Behavior Modification*, *43*(2), 246–272.
- ¹⁰²⁶ Polk, K., & Schoendorff, B. (2022). Moving toward what's important: An intro to the ACT Matrix. Praxis. <https://www.praxiscet.com/posts/moving-toward-what-is-important-intro-act-matrix/>
- ¹⁰²⁷ Knight, S. (2022). *How to use the ACT Matrix in the field of addiction: Values & the future self*. <https://www.youtube.com/watch?v=qX4iPQBH3Z0>
- ¹⁰²⁸ Krafft, J., Potts, S., Schoendorff, B., & Levin, M. E. (2019). A randomized controlled trial of multiple versions of an acceptance and commitment therapy matrix app for well-being. *Behavior Modification*, *43*(2), 246–272.
- ¹⁰²⁹ Dindo, L., Van Liew, J. R., & Arch, J. J. (2017). Acceptance and commitment therapy: A transdiagnostic behavioral intervention for mental health and mental conditions. *Neurotherapeutics*, *14*(3), 546–553.
- ¹⁰³⁰ Feliu-Soler, A., Montesinos, F., Gutierrez-Martinez, O., Scott, W., McCracken, L. M., & Luciano, J. V. (2018). Current status of acceptance and commitment therapy for chronic pain: A narrative review. *Journal of Pain Research*, *11*, 2145–2159.
- ¹⁰³¹ Osaji, J., Ojimba, C., & Ahmed, S. (2020). The use of acceptance and commitment therapy in substance use disorders: A review of literature. *Journal of Clinical Medicine Research*, *12*(10), 629–633.
- ¹⁰³² Lee, E. B., An, W., Levin, M. E., & Twohig, M. P. (2015). An initial meta-analysis of acceptance and commitment therapy for treating substance use disorders. *Drug and Alcohol Dependence*, *155*, 1–7.
- ¹⁰³³ Substance Abuse and Mental Health Services Administration. (2021). *Prevention and treatment of anxiety, depression, and suicidal thoughts and behaviors among college students*. SAMHSA Publication No. PEP21-06-05-002. Substance Abuse and Mental Health Services Administration, National Mental Health and Substance Use Policy Laboratory.
- ¹⁰³⁴ Substance Abuse and Mental Health Services Administration. (2021). *Prevention and treatment of anxiety, depression, and suicidal thoughts and behaviors among college students*. SAMHSA Publication No. PEP21-06-05-002. Substance Abuse and Mental Health Services Administration, National Mental Health and Substance Use Policy Laboratory.
- ¹⁰³⁵ Krafft, J., Potts, S., Schoendorff, B., & Levin, M. E. (2019). A randomized controlled trial of multiple versions of an acceptance and commitment therapy matrix app for well-being. *Behavior Modification*, *43*(2), 246–272.

- ¹⁰³⁶ Lee, E. B., An, W., Levin, M. E., & Twohig, M. P. (2015). An initial meta-analysis of acceptance and commitment therapy for treating substance use disorders. *Drug and Alcohol Dependence, 155*, 1–7.
- ¹⁰³⁷ Krafft, J., Potts, S., Schoendorff, B., & Levin, M. E. (2019). A randomized controlled trial of multiple versions of an acceptance and commitment therapy matrix app for well-being. *Behavior Modification, 43*(2), 246–272.
- ¹⁰³⁸ Feliu-Soler, A., Montesinos, F., Gutierrez-Martinez, O., Scott, W., McCracken, L. M., & Luciano, J. V. (2018). Current status of acceptance and commitment therapy for chronic pain: A narrative review. *Journal of Pain Research, 11*, 2145–2159.
- ¹⁰³⁹ Kelly, J. F. (2017). Tens of millions successfully in long-term recovery—Let us find out how they did it. *Addiction, 112*(5), 762–763.
- ¹⁰⁴⁰ Bassuk, E. L., Hanson, J., Greene, R. N., Richard, M., & Laudet, A. (2016). Peer-delivered recovery support services for addictions in the United States: A systematic review. *Journal of Substance Abuse Treatment, 63*, 1–9.
- ¹⁰⁴¹ Tracy, K., & Wallace, S. P. (2016). Benefits of peer support groups in the treatment of addiction. *Substance Abuse and Rehabilitation, 7*, 143–154.
- ¹⁰⁴² Stanojlović, M., & Davidson, L. (2021). Targeting the barriers in the substance use disorder continuum of care with peer recovery support. *Substance Abuse: Research and Treatment, 15*, 1178221820976988.
- ¹⁰⁴³ Gagne, C. A., Finch, W. L., Myrick, K. J., & Davis, L. M. (2018). Peer workers in the behavioral and integrated health workforce: Opportunities and future directions. *American Journal of Preventive Medicine, 54*(6), S258–S266.
- ¹⁰⁴⁴ Tracy, K., & Wallace, S. P. (2016). Benefits of peer support groups in the treatment of addiction. *Substance Abuse and Rehabilitation, 7*, 143–154.
- ¹⁰⁴⁵ Research Recovery Institute. (2023). 12-Step facilitation (TSF). <https://www.recoveryanswers.org/resource/twelve-step-facilitation-tsf/>
- ¹⁰⁴⁶ Kelly, J. F., Abry, A., Ferri, M., & Humphreys, K. (2020). Alcoholics Anonymous and 12-step facilitation treatments for alcohol use disorder: A distillation of a 2020 Cochrane Review for clinicians and policy makers. *Alcohol and Alcoholism, 55*(6), 641–651.
- ¹⁰⁴⁷ Kelly, J. F., Abry, A., Ferri, M., & Humphreys, K. (2020). Alcoholics Anonymous and 12-step facilitation treatments for alcohol use disorder: A distillation of a 2020 Cochrane review for clinicians and policy makers. *Alcohol and Alcoholism, 55*(6), 641–651.
- ¹⁰⁴⁸ Magill, M., Martino, S., & Wampold, B. (2021). The principles and practices of psychoeducation with alcohol or other drug use disorders: A review and brief guide. *Journal of Substance Abuse Treatment, 126*, 108442.
- ¹⁰⁴⁹ Ekhtiari, H., Rezapour, T., Aupperle, R. L., & Paulus, M. P. (2017). Neuroscience-informed psychoeducation for addiction medicine: A neurocognitive perspective. *Progress in Brain Research, 235*, 239–264.
- ¹⁰⁵⁰ Magill, M., Martino, S., & Wampold, B. (2021). The principles and practices of psychoeducation with alcohol or other drug use disorders: A review and brief guide. *Journal of Substance Abuse Treatment, 126*, 108442.
- ¹⁰⁵¹ Substance Abuse and Mental Health Services Administration. (2021). *Treatment for stimulant use disorders*. Treatment Improvement Protocol (TIP) Series 33. SAMHSA Publication No. PEP21-02-01-004. Substance Abuse and Mental Health Services Administration.
- ¹⁰⁵² Substance Abuse and Mental Health Services Administration. (2021). *Treatment for stimulant use disorders*. Treatment Improvement Protocol (TIP) Series 33. SAMHSA Publication No. PEP21-02-01-004. Substance Abuse and Mental Health Services Administration.
- ¹⁰⁵³ Ekhtiari, H., Rezapour, T., Aupperle, R. L., & Paulus, M. P. (2017). Neuroscience-informed psychoeducation for addiction medicine: A neurocognitive perspective. *Progress in Brain Research, 235*, 239–264.
- ¹⁰⁵⁴ Kargin, M., & Hicdurmaz, D. (2020). Psychoeducation program for substance use disorder: Effect on relapse rate, social functioning, perceived wellness, and coping. *Journal of Psychosocial Nursing and Mental Health Services, 58*(8), 39–47.
- ¹⁰⁵⁵ Ekhtiari, H., Rezapour, T., Aupperle, R. L., & Paulus, M. P. (2017). Neuroscience-informed psychoeducation for addiction medicine: A neurocognitive perspective. *Progress in Brain Research, 235*, 239–264.



- ¹⁰⁵⁶ Ekhtiari, H., Rezapour, T., Aupperle, R. L., & Paulus, M. P. (2017). Neuroscience-informed psychoeducation for addiction medicine: A neurocognitive perspective. *Progress in Brain Research, 235*, 239–264.
- ¹⁰⁵⁷ National Institute on Drug Abuse. (2020). Drugs and the brain. In *Drugs, brains, and behavior: The science of addiction*. <https://nida.nih.gov/publications/drugs-brains-behavior-science-addiction/drugs-brain>
- ¹⁰⁵⁸ National Institute on Drug Abuse. (2020). Drugs and the brain. In *Drugs, brains, and behavior: The science of addiction*. <https://nida.nih.gov/publications/drugs-brains-behavior-science-addiction/drugs-brain>
- ¹⁰⁵⁹ National Institute on Drug Abuse. (2020). Drugs and the brain. In *Drugs, brains, and behavior: The science of addiction*. <https://nida.nih.gov/publications/drugs-brains-behavior-science-addiction/drugs-brain>
- ¹⁰⁶⁰ National Institute on Drug Abuse. (2020). Drugs and the brain. In *Drugs, brains, and behavior: The science of addiction*. <https://nida.nih.gov/publications/drugs-brains-behavior-science-addiction/drugs-brain>
- ¹⁰⁶¹ National Institute on Drug Abuse. (2020). Drugs and the brain. In *Drugs, brains, and behavior: The science of addiction*. <https://nida.nih.gov/publications/drugs-brains-behavior-science-addiction/drugs-brain>
- ¹⁰⁶² Ekhtiari, H., Rezapour, T., Aupperle, R. L., & Paulus, M. P. (2017). Neuroscience-informed psychoeducation for addiction medicine: A neurocognitive perspective. *Progress in Brain Research, 235*, 239–264.
- ¹⁰⁶³ Substance Abuse and Mental Health Services Administration. (2021). *Medications for opioid use disorder*. Treatment Improvement Protocol (TIP) Series 63. SAMHSA Publication No. PEP21-02-01-002. Substance Abuse and Mental Health Services Administration.
- ¹⁰⁶⁴ Recovery Research Institute. (n.d.). The neuroscience of addiction recovery. <https://www.recoveryanswers.org/recovery-101/brain-in-recovery/>
- ¹⁰⁶⁵ Recovery Research Institute. (n.d.). The neuroscience of addiction recovery. <https://www.recoveryanswers.org/recovery-101/brain-in-recovery/>
- ¹⁰⁶⁶ Ekhtiari, H., Rezapour, T., Aupperle, R. L., & Paulus, M. P. (2017). Neuroscience-informed psychoeducation for addiction medicine: A neurocognitive perspective. *Progress in Brain Research, 235*, 239–264.
- ¹⁰⁶⁷ National Institute on Drug Abuse. (2020). What is drug addiction? In *Drugs, brains, and behavior: The science of addiction*. <https://nida.nih.gov/publications/drugs-brains-behavior-science-addiction/drug-misuse-addiction>
- ¹⁰⁶⁸ National Institute on Drug Abuse. (2020). What is drug addiction? In *Drugs, brains, and behavior: The science of addiction*. <https://nida.nih.gov/publications/drugs-brains-behavior-science-addiction/drug-misuse-addiction>
- ¹⁰⁶⁹ Recovery Research Institute. (n.d.). Addiction 101: Definitions and terminology. <https://www.recoveryanswers.org/addiction-101/definitions-terminology/>
- ¹⁰⁷⁰ National Institute on Drug Abuse. (2020). Drugs and the brain. In *Drugs, brains, and behavior: The science of addiction*. <https://nida.nih.gov/publications/drugs-brains-behavior-science-addiction/drugs-brain>
- ¹⁰⁷¹ National Institute on Drug Abuse. (2020). What is drug addiction? In *Drugs, brains, and behavior: The science of addiction*. <https://nida.nih.gov/publications/drugs-brains-behavior-science-addiction/drug-misuse-addiction>
- ¹⁰⁷² National Institute on Drug Abuse. (2020). What is drug addiction? In *Drugs, brains, and behavior: The science of addiction*. <https://nida.nih.gov/publications/drugs-brains-behavior-science-addiction/drug-misuse-addiction>
- ¹⁰⁷³ Recovery Research Institute. (n.d.). *Addiction: The risk factors*. <https://www.recoveryanswers.org/media/risk-factors-for-addiction-development/>
- ¹⁰⁷⁴ Ekhtiari, H., Rezapour, T., Aupperle, R. L., & Paulus, M. P. (2017). Neuroscience-informed psychoeducation for addiction medicine: A neurocognitive perspective. *Progress in Brain Research, 235*, 239–264.

- ¹⁰⁷⁵ Substance Abuse and Mental Health Services Administration. (2022). Mental health and substance use disorders. <https://www.samhsa.gov/find-help/disorders>
- ¹⁰⁷⁶ National Institute on Drug Abuse. (2020). Preventing drug misuse and addiction: The best strategy. In *Drugs, brains, and behavior: The science of addiction*. <https://nida.nih.gov/publications/drugs-brains-behavior-science-addiction/preventing-drug-misuse-addiction-best-strategy>
- ¹⁰⁷⁷ Indian Health Service. (n.d.). Myths about substance use disorders. <https://www.ihs.gov/asap/patients/myths/>
- ¹⁰⁷⁸ Substance Abuse and Mental Health Services Administration. (2022). Harm reduction. <https://www.samhsa.gov/find-help/harm-reduction>
- ¹⁰⁷⁹ Substance Abuse and Mental Health Services Administration. (2022). Harm reduction. <https://www.samhsa.gov/find-help/harm-reduction>
- ¹⁰⁸⁰ National Harm Reduction Coalition. (2020). *Principles of harm reduction*. <https://harmreduction.org/about-us/principles-of-harm-reduction/>
- ¹⁰⁸¹ Fentress, T., Wald, S., Brah, A., Leemon, G., Reyes, R., Alkhamees, F., ... Collins, S. E. (2021). Dual study describing patient-driven harm reduction goal-setting among people experiencing homelessness and alcohol use disorder. *Experimental and Clinical Psychopharmacology*, 29(3), 261–271.
- ¹⁰⁸² Huhn, A. S., & Gipson, C. D. (2021). Promoting harm reduction as a treatment outcome in substance use disorders. *Experimental and Clinical Psychopharmacology*, 29(3), 217–218.
- ¹⁰⁸³ National Institute on Drug Abuse. (2021). Words matter: Preferred language for talking about addiction. <https://nida.nih.gov/drug-topics/addiction-science/words-matter-preferred-language-talking-about-addiction>
- ¹⁰⁸⁴ National Institute on Drug Abuse. (2021). Words matter: Preferred language for talking about addiction. <https://nida.nih.gov/drug-topics/addiction-science/words-matter-preferred-language-talking-about-addiction>
- ¹⁰⁸⁵ National Institute on Drug Abuse. (2021). Words matter: Preferred language for talking about addiction. <https://nida.nih.gov/drug-topics/addiction-science/words-matter-preferred-language-talking-about-addiction>
- ¹⁰⁸⁶ National Institute on Drug Abuse. (2021). Words matter: Preferred language for talking about addiction. <https://nida.nih.gov/drug-topics/addiction-science/words-matter-preferred-language-talking-about-addiction>
- ¹⁰⁸⁷ Ashford, R. D., Brown, A. M., & Curtis, B. (2018). Substance use, recovery, and linguistics: The impact of word choice on explicit and implicit bias. *Drug and Alcohol Dependence*, 189, 131–138.
- ¹⁰⁸⁸ Wilke, E., Markon, K. E., Freedland, T. A. (2022). *Predictors of client dropout from intensive outpatient treatment for substance use disorders*. Research Brief No. 9. Center for Practice Transformation, University of Minnesota.
- ¹⁰⁸⁹ Substance Abuse and Mental Health Services Administration. (2021). *Treatment for stimulant use disorders*. Treatment Improvement Protocol (TIP) Series 33. SAMHSA Publication No. PEP21-02-01-004. Substance Abuse and Mental Health Services Administration.
- ¹⁰⁹⁰ Recovery Answers. (n.d.). *Addictionary®*. <https://www.recoveryanswers.org/addiction-ary/>
- ¹⁰⁹¹ Recovery Answers. (n.d.). *Addictionary®*. <https://www.recoveryanswers.org/addiction-ary/>
- ¹⁰⁹² Substance Abuse and Mental Health Services Administration. (2010). Protracted withdrawal. *Substance Abuse Treatment Advisory*, 9(1).
- ¹⁰⁹³ Haskell, B. (2022). Identification and evidence-based treatment of post-acute withdrawal syndrome. *Journal for Nurse Practitioners*, 18(3), 272–275.
- ¹⁰⁹⁴ Substance Abuse and Mental Health Services Administration. (2019). *Enhancing motivation for change in substance use disorder treatment*. Treatment Improvement Protocol (TIP) Series 35. SAMHSA Publication No. PEP19-02-01-003. Substance Abuse and Mental Health Services Administration.
- ¹⁰⁹⁵ Substance Abuse and Mental Health Services Administration. (2010). Protracted withdrawal. *Substance Abuse Treatment Advisory*, 9(1).
- ¹⁰⁹⁶ Substance Abuse and Mental Health Services Administration. (2010). Protracted withdrawal. *Substance Abuse Treatment Advisory*, 9(1).



- ¹⁰⁹⁷ Substance Abuse and Mental Health Services Administration. (2019). *Enhancing motivation for change in substance use disorder treatment*. Treatment Improvement Protocol (TIP) Series 35. SAMHSA Publication No. PEP19-02-01-003. Substance Abuse and Mental Health Services Administration.
- ¹⁰⁹⁸ Substance Abuse and Mental Health Services Administration. (2019). *Enhancing motivation for change in substance use disorder treatment*. Treatment Improvement Protocol (TIP) Series 35. SAMHSA Publication No. PEP19-02-01-003. Substance Abuse and Mental Health Services Administration.
- ¹⁰⁹⁹ Substance Abuse and Mental Health Services Administration. (2010). Protracted withdrawal. *Substance Abuse Treatment Advisory*, 9(1).
- ¹¹⁰⁰ Substance Abuse and Mental Health Services Administration. (2010). Protracted withdrawal. *Substance Abuse Treatment Advisory*, 9(1).
- ¹¹⁰¹ Substance Abuse and Mental Health Services Administration. (2010). Protracted withdrawal. *Substance Abuse Treatment Advisory*, 9(1).
- ¹¹⁰² Substance Abuse and Mental Health Services Administration. (2010). Protracted withdrawal. *Substance Abuse Treatment Advisory*, 9(1).
- ¹¹⁰³ Substance Abuse and Mental Health Services Administration. (2019). *Enhancing motivation for change in substance use disorder treatment*. Treatment Improvement Protocol (TIP) Series 35. SAMHSA Publication No. PEP19-02-01-003. Substance Abuse and Mental Health Services Administration.
- ¹¹⁰⁴ Substance Abuse and Mental Health Services Administration. (2010). Protracted withdrawal. *Substance Abuse Treatment Advisory*, 9(1).
- ¹¹⁰⁵ Wakeman, S. E., Larochele, M. R., Ameli, O., Chaisson, C. E., McPheeters, J. T., Crown, W. H., Azocar, F., & Sanghavi, D. M. (2020). Comparative effectiveness of different treatment pathways for opioid use disorder. *JAMA Network Open*, 3(2), e1920622.
- ¹¹⁰⁶ Substance Abuse and Mental Health Services Administration. (2021). *Medications for opioid use disorder*. Treatment Improvement Protocol (TIP) Series 63. SAMHSA Publication No. PEP21-02-01-002. Substance Abuse and Mental Health Services Administration.
- ¹¹⁰⁷ Substance Abuse and Mental Health Services Administration. (2021). *Medications for opioid use disorder*. Treatment Improvement Protocol (TIP) Series 63. SAMHSA Publication No. PEP21-02-01-002. Substance Abuse and Mental Health Services Administration.
- ¹¹⁰⁸ Substance Abuse and Mental Health Services Administration. (2021). *Medications for opioid use disorder*. Treatment Improvement Protocol (TIP) Series 63. SAMHSA Publication No. PEP21-02-01-002. Substance Abuse and Mental Health Services Administration.
- ¹¹⁰⁹ Substance Abuse and Mental Health Services Administration. (2021). *Medications for opioid use disorder*. Treatment Improvement Protocol (TIP) Series 63. SAMHSA Publication No. PEP21-02-01-002. Substance Abuse and Mental Health Services Administration.
- ¹¹¹⁰ Substance Abuse and Mental Health Services Administration. (2015). *Medication for the treatment of alcohol use disorder: A brief guide*. SAMHSA Publication No. SMA15-4907. Substance Abuse and Mental Health Services Administration.
- ¹¹¹¹ Substance Abuse and Mental Health Services Administration. (2021). *Medications for opioid use disorder*. Treatment Improvement Protocol (TIP) Series 63. SAMHSA Publication No. PEP21-02-01-002. Substance Abuse and Mental Health Services Administration.
- ¹¹¹² Substance Abuse and Mental Health Services Administration. (2022). Medications, counseling, and related conditions. <https://www.samhsa.gov/medication-assisted-treatment/medications-counseling-related-conditions#opioid-dependency-medications>
- ¹¹¹³ Substance Abuse and Mental Health Services Administration. (2021). *Medications for opioid use disorder*. Treatment Improvement Protocol (TIP) Series 63. SAMHSA Publication No. PEP21-02-01-002. Substance Abuse and Mental Health Services Administration.
- ¹¹¹⁴ Substance Abuse and Mental Health Services Administration. (2021). *Medications for opioid use disorder*. Treatment Improvement Protocol (TIP) Series 63. SAMHSA Publication No. PEP21-02-01-002. Substance Abuse and Mental Health Services Administration.

- 1115 Substance Abuse and Mental Health Services Administration. (2021). *Medications for opioid use disorder*. Treatment Improvement Protocol (TIP) Series 63. SAMHSA Publication No. PEP21-02-01-002. Substance Abuse and Mental Health Services Administration.
- 1116 Substance Abuse and Mental Health Services Administration. (2022). Medications, counseling, and related conditions. <https://www.samhsa.gov/medication-assisted-treatment/medications-counseling-related-conditions#opioid-dependency-medications>
- 1117 Substance Abuse and Mental Health Services Administration. (2015). *Medication for the treatment of alcohol use disorder: A brief guide*. SAMHSA Publication No. SMA15-4907. Substance Abuse and Mental Health Services Administration.
- 1118 Substance Abuse and Mental Health Services Administration. (2021). *Medications for opioid use disorder*. Treatment Improvement Protocol (TIP) Series 63. SAMHSA Publication No. PEP21-02-01-002. Substance Abuse and Mental Health Services Administration.
- 1119 Substance Abuse and Mental Health Services Administration. (2021). *Medications for opioid use disorder*. Treatment Improvement Protocol (TIP) Series 63. SAMHSA Publication No. PEP21-02-01-002. Substance Abuse and Mental Health Services Administration.
- 1120 U.S. Food and Drug Administration. (2022). Vivitrol: Prescribing information. https://www.accessdata.fda.gov/drugsatfda_docs/label/2022/021897s057lbl.pdf
- 1121 U.S. Food and Drug Administration. (2022). Vivitrol: Prescribing information. https://www.accessdata.fda.gov/drugsatfda_docs/label/2022/021897s057lbl.pdf
- 1122 Substance Abuse and Mental Health Services Administration. (2021). *Medications for opioid use disorder*. Treatment Improvement Protocol (TIP) Series 63. SAMHSA Publication No. PEP21-02-01-002. Substance Abuse and Mental Health Services Administration.
- 1123 Substance Abuse and Mental Health Services Administration. (2021). *Medications for opioid use disorder*. Treatment Improvement Protocol (TIP) Series 63. SAMHSA Publication No. PEP21-02-01-002. Substance Abuse and Mental Health Services Administration.
- 1124 Substance Abuse and Mental Health Services Administration. (2021). *Medications for opioid use disorder*. Treatment Improvement Protocol (TIP) Series 63. SAMHSA Publication No. PEP21-02-01-002. Substance Abuse and Mental Health Services Administration.
- 1125 Substance Abuse and Mental Health Services Administration. (2021). *Medications for opioid use disorder*. Treatment Improvement Protocol (TIP) Series 63. SAMHSA Publication No. PEP21-02-01-002. Substance Abuse and Mental Health Services Administration.
- 1126 Substance Abuse and Mental Health Services Administration. (2021). *Medications for opioid use disorder*. Treatment Improvement Protocol (TIP) Series 63. SAMHSA Publication No. PEP21-02-01-002. Substance Abuse and Mental Health Services Administration.
- 1127 U.S. Food and Drug Administration. (2017). Sublocade (buprenorphine extended-release) injection: Prescribing information. https://www.accessdata.fda.gov/drugsatfda_docs/label/2017/209819s000lbl.pdf
- 1128 Substance Abuse and Mental Health Services Administration. (2022). Naloxone. <https://www.samhsa.gov/medication-assisted-treatment/medications-counseling-related-conditions/naloxone>
- 1129 Substance Abuse and Mental Health Services Administration. (2022). Naloxone. <https://www.samhsa.gov/medication-assisted-treatment/medications-counseling-related-conditions/naloxone>
- 1130 Substance Abuse and Mental Health Services Administration. (2022). Naloxone. <https://www.samhsa.gov/medication-assisted-treatment/medications-counseling-related-conditions/naloxone>
- 1131 Substance Abuse and Mental Health Services Administration. (2022). Naloxone. <https://www.samhsa.gov/medication-assisted-treatment/medications-counseling-related-conditions/naloxone>
- 1132 Substance Abuse and Mental Health Services Administration. (2015). *Medication for the treatment of alcohol use disorder: A brief guide*. SAMHSA Publication No. SMA15-4907. Substance Abuse and Mental Health Services Administration.



- ¹¹³³ Substance Abuse and Mental Health Services Administration. (2022). Medications, counseling, and related conditions. <https://www.samhsa.gov/medication-assisted-treatment/medications-counseling-related-conditions#opioid-dependency-medications>
- ¹¹³⁴ Substance Abuse and Mental Health Services Administration. (2015). *Medication for the treatment of alcohol use disorder: A brief guide*. SAMHSA Publication No. SMA15-4907. Substance Abuse and Mental Health Services Administration.
- ¹¹³⁵ Substance Abuse and Mental Health Services Administration. (2022). Medications, counseling, and related conditions. <https://www.samhsa.gov/medication-assisted-treatment/medications-counseling-related-conditions#opioid-dependency-medications>
- ¹¹³⁶ Substance Abuse and Mental Health Services Administration. (2015). *Medication for the treatment of alcohol use disorder: A brief guide*. <https://store.samhsa.gov/product/Medication-for-the-Treatment-of-Alcohol-Use-Disorder-A-Brief-Guide/SMA15-4907>
- ¹¹³⁷ Substance Abuse and Mental Health Services Administration. (2022). Medications, counseling, and related conditions. <https://www.samhsa.gov/medication-assisted-treatment/medications-counseling-related-conditions#opioid-dependency-medications>
- ¹¹³⁸ Substance Abuse and Mental Health Services Administration. (2015). *Medication for the treatment of alcohol use disorder: A brief guide*. SAMHSA Publication No. SMA15-4907. Substance Abuse and Mental Health Services Administration.
- ¹¹³⁹ Substance Abuse and Mental Health Services Administration. (2022). Medications, counseling, and related conditions. <https://www.samhsa.gov/medication-assisted-treatment/medications-counseling-related-conditions#opioid-dependency-medications>
- ¹¹⁴⁰ Substance Abuse and Mental Health Services Administration. (2015). *Medication for the treatment of alcohol use disorder: A brief guide*. SAMHSA Publication No. SMA15-4907. Substance Abuse and Mental Health Services Administration.
- ¹¹⁴¹ Substance Abuse and Mental Health Services Administration. (2021). *Medications for opioid use disorder*. Treatment Improvement Protocol (TIP) Series 63. SAMHSA Publication No. PEP21-02-01-002. Substance Abuse and Mental Health Services Administration.
- ¹¹⁴² Substance Abuse and Mental Health Services Administration. (2015). *Medication for the treatment of alcohol use disorder: A brief guide*. SAMHSA Publication No. SMA15-4907. Substance Abuse and Mental Health Services Administration.
- ¹¹⁴³ Substance Abuse and Mental Health Services Administration. (2021). *Medications for opioid use disorder*. Treatment Improvement Protocol (TIP) Series 63. SAMHSA Publication No. PEP21-02-01-002. Substance Abuse and Mental Health Services Administration.
- ¹¹⁴⁴ Substance Abuse and Mental Health Services Administration. (2021). *Medications for opioid use disorder*. Treatment Improvement Protocol (TIP) Series 63. Publication No. PEP21-02-01-002. Substance Abuse and Mental Health Services Administration.
- ¹¹⁴⁵ Substance Abuse and Mental Health Services Administration. (2022). Medications, counseling, and related conditions. <https://www.samhsa.gov/medication-assisted-treatment/medications-counseling-related-conditions>
- ¹¹⁴⁶ National Institute on Drug Abuse. (2018). Cognitive-behavioral therapy (alcohol, marijuana, cocaine, methamphetamine, nicotine). In *Principles of drug addiction treatment: A research-based guide* (3rd ed.). <https://nida.nih.gov/sites/default/files/podat-3rdEd-508.pdf>
- ¹¹⁴⁷ National Institute on Drug Abuse. (2018). Cognitive-behavioral therapy (alcohol, marijuana, cocaine, methamphetamine, nicotine). In *Principles of drug addiction treatment: A research-based guide* (3rd ed.). <https://nida.nih.gov/sites/default/files/podat-3rdEd-508.pdf>
- ¹¹⁴⁸ Madden, E. F., Prevedel, S., Light, T., & Sulzer, S. H. (2021). Intervention stigma toward medications for opioid use disorder: A systematic review. *Substance Use & Misuse*, 56(14), 2181–2201.
- ¹¹⁴⁹ Trivedi, M. H., Walker, R., Ling, W., Dela Cruz, A., Sharma, G., Carmody, T., ... Shoptaw, S. (2021). Bupropion and naltrexone in methamphetamine use disorder. *New England Journal of Medicine*, 384(2), 140–153.

- ¹¹⁵⁰ Grim, B. J., & Grim, M. E. (2019). Belief, behavior, and belonging: How faith is indispensable in preventing and recovering from substance abuse. *Journal of Religion and Health, 58*(5), 1713–1750.
- ¹¹⁵¹ Witkiewitz, K., McCallion, E., & Kirouac, M. (2016). Religious affiliation and spiritual practices: An examination of the role of spirituality in alcohol use and alcohol use disorder. *Alcohol Research: Current Reviews, 38*(1), 55–58.
- ¹¹⁵² Hai, A. H., Wigmore, B., Franklin, C., Shorkey, C., von Sternberg, K., Cole, A. H., Jr., & DiNitto, D. M. (2021). Efficacy of two-way prayer meditation in improving the psychospiritual well-being of people with substance use disorders: A pilot randomized controlled trial. *Substance Abuse, 42*(4), 832–841.
- ¹¹⁵³ Ghahremani, D. G. (2017). Craving, prayer, and the brain. *American Journal of Drug and Alcohol Abuse, 43*(1), 1–3.
- ¹¹⁵⁴ Galanter, M., Josipovic, Z., Dermatis, H., Weber, J., & Millard, M. A. (2017). An initial fMRI study on neural correlates of prayer in members of Alcoholics Anonymous. *American Journal of Drug and Alcohol Abuse, 43*(1), 44–54.
- ¹¹⁵⁵ Ghahremani, D. G. (2017). Craving, prayer, and the brain. *American Journal of Drug and Alcohol Abuse, 43*(1), 1–3.
- ¹¹⁵⁶ Bai, Z. (2021). Does frequent prayer help reduce alcohol use? Heterogeneity in religious contexts and drinking styles. *Mental Health, Religion & Culture, 24*(2), 151–163.
- ¹¹⁵⁷ Smoyer, A. B. (2016). Being on the mat: A process evaluation of trauma-informed yoga for women with substance use disorders. *Journal of Sociology and Social Welfare, 43*(4), 61.
- ¹¹⁵⁸ Brooks, J., Lawlor, S., Turetzkin, S., Goodnight, C. W., & Galantino, M. L. (2021). Yoga for substance use disorder in women: A systematic review. *International Journal of Yoga Therapy, 31*(1), Article 21.
- ¹¹⁵⁹ Walia, N., Matas, J., Turner, A., Gonzalez, S., & Zoorob, R. (2021). Yoga for substance use: A systematic review. *Journal of the American Board of Family Medicine, 34*(5), 964–973.
- ¹¹⁶⁰ Brooks, J., Lawlor, S., Turetzkin, S., Goodnight, C. W., & Galantino, M. L. (2021). Yoga for substance use disorder in women: A systematic review. *International Journal of Yoga Therapy, 31*(1), Article 21.
- ¹¹⁶¹ Greene, D. (2021). Yoga: A holistic approach to addiction treatment and recovery. *OBM Integrative and Complementary Medicine, 6*(4), 1–1.
- ¹¹⁶² Fishbein, D., Miller, S., Herman-Stahl, M., Williams, J., Lavery, B., Markovitz, L., ... Johnson, M. (2016). Behavioral and psychophysiological effects of a yoga intervention on high-risk adolescents: A randomized control trial. *Journal of Child and Family Studies, 25*(2), 518–529.
- ¹¹⁶³ Walia, N., Matas, J., Turner, A., Gonzalez, S., & Zoorob, R. (2021). Yoga for substance use: A systematic review. *Journal of the American Board of Family Medicine, 34*(5), 964–973.
- ¹¹⁶⁴ Lander, L., Chiasson-Downs, K., Andrew, M., Rader, G., Dohar, S., & Waibogha, K. (2018). Yoga as an adjunctive intervention to medication-assisted treatment with buprenorphine+naloxone. *Journal of Addiction Research & Therapy, 9*(1), 354.
- ¹¹⁶⁵ Greene, D. (2021). Yoga: A holistic approach to addiction treatment and recovery. *OBM Integrative and Complementary Medicine, 6*(4), 1–1.
- ¹¹⁶⁶ Park, C. L., Russell, B. S., & Fendrich, M. (2018). Mind-body approaches to prevention and intervention for alcohol and other drug use/abuse in young adults. *Medicines, 5*(3), 64.
- ¹¹⁶⁷ Walia, N., Matas, J., Turner, A., Gonzalez, S., & Zoorob, R. (2021). Yoga for substance use: A systematic review. *Journal of the American Board of Family Medicine, 34*(5), 964–973.
- ¹¹⁶⁸ Tibbitts, D. C., Aicher, S. A., Sugg, J., Handloser, K., Eisman, L., Booth, L. D., & Bradley, R. D. (2021). Program evaluation of trauma-informed yoga for vulnerable populations. *Evaluation and Program Planning, 88*, 101946.
- ¹¹⁶⁹ Smoyer, A. B. (2016). Being on the mat: A process evaluation of trauma-informed yoga for women with substance use disorders. *Journal of Sociology and Social Welfare, 43*(4), 61.
- ¹¹⁷⁰ Tibbitts, D. C., Aicher, S. A., Sugg, J., Handloser, K., Eisman, L., Booth, L. D., & Bradley, R. D. (2021). Program evaluation of trauma-informed yoga for vulnerable populations. *Evaluation and Program Planning, 88*, 101946.
- ¹¹⁷¹ Smoyer, A. B. (2016). Being on the mat: A process evaluation of trauma-informed yoga for women with substance use disorders. *Journal of Sociology and Social Welfare, 43*(4), 61.



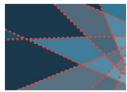
- ¹¹⁷² Kapoor, A. (2021). Resilience counseling: Building resilience with the help of counselors. <https://www.calmsage.com/what-is-resilience-counseling/#:~:text=Resilience%20counseling%20helps%20you%20discover%20who%20you%20are,what%20does%20not%20work%20and%20what%20actually%20works>
- ¹¹⁷³ Rudzinski, K., McDonough, P., Gartner, R., & Strike, C. (2017). Is there room for resilience? A scoping review and critique of substance use literature and its utilization of the concept of resilience. *Substance Abuse Treatment, Prevention, and Policy, 12*(1), 41.
- ¹¹⁷⁴ Rudzinski, K., McDonough, P., Gartner, R., & Strike, C. (2017). Is there room for resilience? A scoping review and critique of substance use literature and its utilization of the concept of resilience. *Substance Abuse Treatment, Prevention, and Policy, 12*(1), 41.
- ¹¹⁷⁵ Friedberg, A., & Malefakis, D. (2018). Resilience, trauma, and coping. *Psychodynamic Psychiatry, 46*(1), 81–113.
- ¹¹⁷⁶ Mehl-Madrona, L., & Mainguy, B. (2014). Introducing healing circles and talking circles into primary care. *Permanente Journal, 18*(2), 4–9.
- ¹¹⁷⁷ Mehl-Madrona, L., & Mainguy, B. (2014). Introducing healing circles and talking circles into primary care. *Permanente Journal, 18*(2), 4–9.
- ¹¹⁷⁸ Healing Justice Project. (n.d.). Restorative justice and the circle process. <https://healingjusticeproject.org/circle-process>
- ¹¹⁷⁹ Vemireddy, R. (2020). The role of Native American healing traditions within allopathic medicine. *Inquiries Journal, 12*(12), 1.
- ¹¹⁸⁰ Mehl-Madrona, L., & Mainguy, B. (2014). Introducing healing circles and talking circles into primary care. *Permanente Journal, 18*(2), 4–9.
- ¹¹⁸¹ Vemireddy, R. (2020). The role of Native American healing traditions within allopathic medicine. *Inquiries Journal, 12*(12), 1.
- ¹¹⁸² Marsh, T. N., Coholic, D., Cote-Meek, S., & Najavits, L. M. (2015). Blending Aboriginal and Western healing methods to treat intergenerational trauma with substance use disorder in Aboriginal peoples who live in Northeastern Ontario, Canada. *Harm Reduction Journal, 12*, 14.
- ¹¹⁸³ Vemireddy, R. (2020). The role of Native American healing traditions within allopathic medicine. *Inquiries Journal, 12*(12), 1.
- ¹¹⁸⁴ Vemireddy, R. (2020). The role of Native American healing traditions within allopathic medicine. *Inquiries Journal, 12*(12), 1.
- ¹¹⁸⁵ Substance Abuse and Mental Health Services Administration. (n.d.). SAMHSA's working definition of recovery from mental disorders and substance use disorders. https://www.naadac.org/assets/2416/samhsa_working-definition_of_recovery.pdf#:~:text=Through%20the%20Recovery%20Support%20Strategic%20Initiative%2C%20SAMHSA%20has,Home%3A%20a%20stable%20and%20safe%20place%20to%20live%3B
- ¹¹⁸⁶ Substance Abuse and Mental Health Services Administration. (2022). Recovery and recovery support. <https://www.samhsa.gov/find-help/recovery>
- ¹¹⁸⁷ Substance Abuse and Mental Health Services Administration. (n.d.). SAMHSA's working definition of recovery from mental disorders and substance use disorders. https://www.naadac.org/assets/2416/samhsa_working-definition_of_recovery.pdf#:~:text=Through%20the%20Recovery%20Support%20Strategic%20Initiative%2C%20SAMHSA%20has,Home%3A%20a%20stable%20and%20safe%20place%20to%20live%3B
- ¹¹⁸⁸ Substance Abuse and Mental Health Services Administration. (2022). Recovery and recovery support. <https://www.samhsa.gov/find-help/recovery>
- ¹¹⁸⁹ Substance Abuse and Mental Health Services Administration. (n.d.). SAMHSA's working definition of recovery from mental disorders and substance use disorders. https://www.naadac.org/assets/2416/samhsa_working-definition_of_recovery.pdf#:~:text=Through%20the%20Recovery%20Support%20Strategic%20Initiative%2C%20SAMHSA%20has,Home%3A%20a%20stable%20and%20safe%20place%20to%20live%3B
- ¹¹⁹⁰ Substance Abuse and Mental Health Services Administration. (2012). *SAMHSA's working definition of recovery: 10 guiding principles of recovery*. <https://store.samhsa.gov/sites/default/files/d7/priv/pep12-recdef.pdf>
- ¹¹⁹¹ Wu, L. T., Ghitza, U. E., Zhu, H., Spratt, S., Swartz, M., & Mannelli, P. (2018). Substance use disorders and medical comorbidities among high-need, high-risk patients with diabetes. *Drug and Alcohol Dependence, 186*, 86–93.

- ¹¹⁹² Wu, L. T., Ghitza, U. E., Zhu, H., Spratt, S., Swartz, M., & Mannelli, P. (2018). Substance use disorders and medical comorbidities among high-need, high-risk patients with diabetes. *Drug and Alcohol Dependence, 186*, 86–93.
- ¹¹⁹³ Substance Abuse and Mental Health Services Administration. (2019). *Get connected: Linking older adults with resources on medication, alcohol, and mental health*. HHS Publication No. (SMA) 03-3824. Substance Abuse and Mental Health Services Administration.
- ¹¹⁹⁴ Substance Abuse and Mental Health Services Administration. (2019). *Get connected: Linking older adults with resources on medication, alcohol, and mental health*. HHS Publication No. (SMA) 03-3824. Substance Abuse and Mental Health Services Administration.
- ¹¹⁹⁵ Centers for Medicare & Medicaid Services. (2014). *From coverage to care: A roadmap to better care and a healthier you*. <https://marketplace.cms.gov/outreach-and-education/downloads/c2c-pick-a-provider.pdf>
- ¹¹⁹⁶ Centers for Medicare & Medicaid Services. (2014). *From coverage to care: A roadmap to better care and a healthier you*. <https://marketplace.cms.gov/outreach-and-education/downloads/c2c-pick-a-provider.pdf>
- ¹¹⁹⁷ Chang G. (2020). Maternal substance use: Consequences, identification, and interventions. *Alcohol Research: Current Reviews, 40*(2), 06.
- ¹¹⁹⁸ Hirai, A. H., Ko, J. Y., Owens, P. L., Stocks, C., & Patrick, S. W. (2021). Neonatal abstinence syndrome and maternal opioid-related diagnoses in the US, 2010–2017. *JAMA, 325*(2), 146–155.
- ¹¹⁹⁹ Furray, A., & Foster, D. (2015). Substance use in the perinatal period. *Current Psychiatry Reports, 17*(11), 91.
- ¹²⁰⁰ American Society of Addiction Medicine and the American College of Obstetricians and Gynecologists. (2017). *Clinical recommendations: Opioid use and opioid use disorder in pregnancy*. <https://www.asam.org/quality-care/clinical-recommendations/ OUD-in-Pregnancy>
- ¹²⁰¹ American Society of Addiction Medicine and the American College of Obstetricians and Gynecologists. (2017). *Clinical recommendations: Opioid use and opioid use disorder in pregnancy*. <https://www.asam.org/quality-care/clinical-recommendations/ OUD-in-Pregnancy>
- ¹²⁰² American Society of Addiction Medicine and the American College of Obstetricians and Gynecologists. (2017). *Clinical recommendations: Opioid use and opioid use disorder in pregnancy*. <https://www.asam.org/quality-care/clinical-recommendations/ OUD-in-Pregnancy>
- ¹²⁰³ Haight, S. C., Ko, J. Y., Tong, V. T., Bohm, M. K., & Callaghan, W. M. (2018). Opioid use disorder documented at delivery hospitalization—United States, 1999–2014. *Morbidity and Mortality Weekly Report, 67*(31), 845.
- ¹²⁰⁴ Chang G. (2020). Maternal substance use: Consequences, identification, and interventions. *Alcohol Research: Current Reviews, 40*(2), 06.
- ¹²⁰⁵ Chang G. (2020). Maternal substance use: Consequences, identification, and interventions. *Alcohol Research: Current Reviews, 40*(2), 06.
- ¹²⁰⁶ Substance Abuse and Mental Health Services Administration. (2022). Marijuana and pregnancy. <https://www.samhsa.gov/marijuana/marijuana-pregnancy#:~:text=No%20amount%20of%20marijuana%20has,for%20them%20or%20their%20children>
- ¹²⁰⁷ American Society of Addiction Medicine and the American College of Obstetricians and Gynecologists. (2017). *Clinical recommendations: Opioid use and opioid use disorder in pregnancy*. <https://www.asam.org/quality-care/clinical-recommendations/ OUD-in-Pregnancy>
- ¹²⁰⁸ American Society of Addiction Medicine and the American College of Obstetricians and Gynecologists. (2017). *Clinical recommendations: Opioid use and opioid use disorder in pregnancy*. <https://www.asam.org/quality-care/clinical-recommendations/ OUD-in-Pregnancy>
- ¹²⁰⁹ American College of Obstetricians and Gynecologists. (2020). Opposition to criminalization of individuals during pregnancy and the postpartum period. [https://www.acog.org/clinical-information/policy-and-position-statements/statements-of-policy/2020/opposition-criminalization-of-individuals-pregnancy-and-postpartum-period#:~:text=Clear%20evidence%20exists%20that%20criminalization,infant%20\(7%2C%209\)](https://www.acog.org/clinical-information/policy-and-position-statements/statements-of-policy/2020/opposition-criminalization-of-individuals-pregnancy-and-postpartum-period#:~:text=Clear%20evidence%20exists%20that%20criminalization,infant%20(7%2C%209))



- ¹²¹⁰ Svikis, D. S., Golden, A. S., Huggins, G. R., Pickens, R. W., McCaul, M. E., Velez, M. L., ... Ball, C. E. (1997). Cost-effectiveness of treatment for drug-abusing pregnant women. *Drug and Alcohol Dependence*, 45(1-2), 105–113.
- ¹²¹¹ HIV.gov. (2018). *Substance use and HIV risk*. <https://www.hiv.gov/hiv-basics/hiv-prevention/reducing-risk-from-alcohol-and-drug-use/substance-use-and-hiv-risk>
- ¹²¹² Substance Abuse and Mental Health Services Administration. (2022). Harm reduction. <https://www.samhsa.gov/find-help/harm-reduction>
- ¹²¹³ Centers for Disease Control and Prevention. (2022). Condom distribution structural intervention (CDSI). <https://www.cdc.gov/hiv/effective-interventions/prevent/condom-distribution-programs/index.html>
- ¹²¹⁴ Iversen, J., Long, P., Lutnick, A., & Maher, L. (2021). Patterns and epidemiology of illicit drug use among sex workers globally: A systematic review. In S. M. Goldenberg, R. Morgan Thomas, A. Forbes, & S. Baral (Eds.), *Sex work, health, and human rights: Global inequities, challenges, and opportunities for action* (pp. 95–118). Springer.
- ¹²¹⁵ Iversen, J., Long, P., Lutnick, A., & Maher, L. (2021). Patterns and epidemiology of illicit drug use among sex workers globally: A systematic review. In S. M. Goldenberg, R. Morgan Thomas, A. Forbes, & S. Baral (Eds.), *Sex work, health, and human rights: Global inequities, challenges, and opportunities for action* (pp. 95–118). Springer.
- ¹²¹⁶ American Hospital Association. (2017). *Transportation and the role of hospitals*. <https://www.aha.org/system/files/hpoe/Reports-HPOE/2017/sdoh-transportation-role-of-hospitals.pdf>
- ¹²¹⁷ Bryant, S. (2021). *Transportation barriers to medical appointments*. https://www.montgomerycountymd.gov/OLO/Resources/Files/2021_Reports/OLOReport2021-11.pdf
- ¹²¹⁸ Biancarelli, D. L., Biello, K. B., Childs, E., Drainoni, M., Salhaney, P., Edeza, A., ... Bazzi, A. R. (2019). Strategies used by people who inject drugs to avoid stigma in healthcare settings. *Drug and Alcohol Dependence*, 198, 80–86.
- ¹²¹⁹ Substance Abuse and Mental Health Services Administration. (2021). *Treatment for stimulant use disorders*. Treatment Improvement Protocol 33. Publication No: PEP21-02-01-004. Substance Abuse and Mental Health Services Administration.
- ¹²²⁰ Mahboub, N., Rizk, R., Karavetian, M., & de Vries, N. (2020). Nutritional status and eating habits of people who use drugs and/or are undergoing treatment for recovery: A narrative review. *Nutrition Reviews*, 79(6), 627–635.
- ¹²²¹ Sason, A., Adelson, M., Herzman-Harari, S., & Peles, E. (2018). Knowledge about nutrition, eating habits and weight reduction intervention among methadone maintenance treatment patients. *Journal of Substance Abuse Treatment*, 86, 52–59.
- ¹²²² Mahboub, N., Rizk, R., Karavetian, M., & de Vries, N. (2020). Nutritional status and eating habits of people who use drugs and/or are undergoing treatment for recovery: A narrative review. *Nutrition Reviews*, 79(6), 627–635.
- ¹²²³ Wiss, D. A. (2019). The role of nutrition in addiction recovery: What we know and what we don't. In I. Danovitch & L. J. Mooney (Eds.), *The assessment and treatment of addiction: Best practices and new frontiers*. (pp. 21–42). Elsevier.
- ¹²²⁴ Wiss, D. A. (2019). The role of nutrition in addiction recovery: What we know and what we don't. In I. Danovitch & L. J. Mooney (Eds.), *The assessment and treatment of addiction: Best practices and new frontiers*. (pp. 21–42). Elsevier.
- ¹²²⁵ Chavez, M. N., & Rigg, K. K. (2020). Nutritional implications of opioid use disorder: A guide for drug treatment providers. *Psychology of Addictive Behaviors*, 34(6), 699–707.
- ¹²²⁶ Savoie-Roskos, M. R., Yaughner, A. C., Condie, A. W., Murza, G., Voss, M. W., & Atisme, K. (n.d.). Diet, nutrition, and substance use disorder. Utah State University Extension. Retrieved December 1, 2022, from <https://extension.usu.edu/heart/research/diet-nutriton-and-substance-use-disorder>
- ¹²²⁷ Formplus. (2022). What is nutritional assessment? <https://www.formpl.us/blog/nutritional-assessment#:~:text=%20Types%20of%20Nutritional%20Assessment%20%201%20Anthropometric,the%20simplest%20and%20most%20practical%20method...%20More%20>

- ¹²²⁸ Feltner, C., Peat, C., Reddy, S., Riley, S., Berkman, N., Middleton, J. C., ... Jonas, D. E. (2022). *Screening for eating disorders in adolescents and adults: An evidence review for the U.S. preventive services task force*. Evidence Synthesis No. 212. AHRQ Publication No. 21-05284-EF-1. Agency for Healthcare Research and Quality.
- ¹²²⁹ Houchins, J. R., Kelly, M. M., & Phillips, K. A. (2019). Motives for illicit drug use among individuals with body dysmorphic disorder. *Journal of Psychiatric Practice*, *25*(6), 427–436.
- ¹²³⁰ Ibrahim, N., Alameddine, M., Brennan, J., Sessine, M., Holliday, C., & Ghaferi, A. A. (2019). New onset alcohol use disorder following bariatric surgery. *Surgical Endoscopy*, *33*(8), 2521–2530.
- ¹²³¹ Chavez, M. N., & Rigg, K. K. (2020). Nutritional implications of opioid use disorder: A guide for drug treatment providers. *Psychology of Addictive Behaviors*, *34*(6), 699–707.
- ¹²³² Wiss, D. A. (2019). A biopsychosocial overview of the opioid crisis: Considering nutrition and gastrointestinal health. *Frontiers in Public Health*, *7*, 193.
- ¹²³³ Wiss, D. A. (2019). The role of nutrition in addiction recovery: What we know and what we don't. In I. Danovitch & L. J. Mooney (Eds.), *The assessment and treatment of addiction: Best practices and new frontiers*. (pp. 21–42). Elsevier.
- ¹²³⁴ Crane, M. (n.d.). Nutrition for addiction recovery. American Addiction Centers. Retrieved December 1, 2022, from <https://recovery.org/treatment-therapy/nutrition/>
- ¹²³⁵ Gay, I. C., Tran, D. T., & Paquette, D. W. (2018). Alcohol intake and periodontitis in adults aged ≥ 30 years: NHANES 2009–2012. *Journal of Periodontology*, *89*(6), 625–634.
- ¹²³⁶ Gupta, M., Gokarakonda, S. B., & Attia, F. N. (2022). Withdrawal syndromes. In *StatPearls*. StatPearls Publishing.
- ¹²³⁷ Crane, M. (n.d.). Nutrition for addiction recovery. American Addiction Centers. Retrieved December 1, 2022, from <https://recovery.org/treatment-therapy/nutrition/>
- ¹²³⁸ Bahdila, D., Aldosari, M., Abdullah, A., Nelson, J. L., Hegazi, F., Badamia, R., ... Agaku, I. T. (2020). Cocaine, polysubstance abuse, and oral health outcomes, NHANES 2009–2014. *Journal of Periodontology*, *91*(8), 1039–1048.
- ¹²³⁹ Mahboub, N., Rizk, R., Karavetian, M., & de Vries, N. (2020). Nutritional status and eating habits of people who use drugs and/or are undergoing treatment for recovery: A narrative review. *Nutrition Reviews*, *79*(6), 627–635.
- ¹²⁴⁰ Wiss, D. A. (2019). The role of nutrition in addiction recovery: What we know and what we don't. In I. Danovitch & L. J. Mooney (Eds.), *The assessment and treatment of addiction: Best practices and new frontiers*. (pp. 21–42). Elsevier.
- ¹²⁴¹ Wiss, D. A. (2019). The role of nutrition in addiction recovery: What we know and what we don't. In I. Danovitch & L. J. Mooney (Eds.), *The assessment and treatment of addiction: Best practices and new frontiers*. (pp. 21–42). Elsevier.
- ¹²⁴² Chavez, M. N., & Rigg, K. K. (2020). Nutritional implications of opioid use disorder: A guide for drug treatment providers. *Psychology of Addictive Behaviors*, *34*(6), 699–707.
- ¹²⁴³ Vertava Health. (n.d.). Nutrition and wellness for drug and alcohol addiction treatment. Retrieved December 1, 2022, from <https://vertavahealth.com/addiction-treatment/nutrition-wellness/>
- ¹²⁴⁴ Wiss, D. A. (2019). The role of nutrition in addiction recovery: What we know and what we don't. In I. Danovitch & L. J. Mooney (Eds.), *The assessment and treatment of addiction: Best practices and new frontiers* (pp. 21–42). Elsevier.
- ¹²⁴⁵ Wiss, D. A. (2019). The role of nutrition in addiction recovery: What we know and what we don't. In I. Danovitch & L. J. Mooney (Eds.), *The assessment and treatment of addiction: Best practices and new frontiers* (pp. 21–42). Elsevier.
- ¹²⁴⁶ Chavez, M. N., & Rigg, K. K. (2020). Nutritional implications of opioid use disorder: A guide for drug treatment providers. *Psychology of Addictive Behaviors*, *34*(6), 699–707.
- ¹²⁴⁷ Wiss, D. A. (2019). The role of nutrition in addiction recovery: What we know and what we don't. In I. Danovitch & L. J. Mooney (Eds.), *The assessment and treatment of addiction: Best practices and new frontiers* (pp. 21–42). Elsevier.
- ¹²⁴⁸ Chavez, M. N., & Rigg, K. K. (2020). Nutritional implications of opioid use disorder: A guide for drug treatment providers. *Psychology of Addictive Behaviors*, *34*(6), 699–707.



- ¹²⁴⁹ Wiss, D. A. (2019). The role of nutrition in addiction recovery: What we know and what we don't. In I. Danovitch & L. J. Mooney (Eds.), *The assessment and treatment of addiction: Best practices and new frontiers* (pp. 21–42). Elsevier.
- ¹²⁵⁰ Nelson, M. (n.d.). How substance abuse disrupts nutrition. Advanced Recovery Systems. <https://www.drugrehab.com/guides/nutrition/>
- ¹²⁵¹ Wiss, D. A. (2019). The role of nutrition in addiction recovery: What we know and what we don't. In I. Danovitch & L. J. Mooney (Eds.), *The assessment and treatment of addiction: Best practices and new frontiers* (pp. 21–42). Elsevier.
- ¹²⁵² Savoie-Roskos, M. R., Yaughner, A. C., Condie, A. W., Murza, G., Voss, M. W., & Atisme, K. (n.d.). Diet, nutrition, and substance use disorder. Utah State University Extension. Retrieved December 1, 2022, from <https://extension.usu.edu/heart/research/diet-nutriton-and-substance-use-disorder>
- ¹²⁵³ Abrantes, A. M., & Blevins, C. E. (2019). Exercise in the context of substance use treatment: Key issues and future directions. *Current Opinion in Psychology, 30*, 103–108.
- ¹²⁵⁴ Ashdown-Franks, G., Firth, J., Carney, R., Carvalho, A. F., Hallgren, M., Koyanagi, A., ... Stubbs, B. (2020). Exercise as medicine for mental and substance use disorders: A meta-review of the benefits for neuropsychiatric and cognitive outcomes. *Sports Medicine, 50*(1), 151–170.
- ¹²⁵⁵ Ashdown-Franks, G., Firth, J., Carney, R., Carvalho, A. F., Hallgren, M., Koyanagi, A., ... Stubbs, B. (2020). Exercise as medicine for mental and substance use disorders: A meta-review of the benefits for neuropsychiatric and cognitive outcomes. *Sports Medicine, 50*(1), 151–170.
- ¹²⁵⁶ Thompson, T. P., Horrell, J., Taylor, A. H., Wanner, A., Husk, K., Wei, Y., ... Wallace, G. (2020). Physical activity and the prevention, reduction, and treatment of alcohol and other drug use across the lifespan (The PHASE review): A systematic review. *Mental Health and Physical Activity, 19*, 100360.
- ¹²⁵⁷ Brellenthin, A. G., & Lee, D. C. (2018). Physical activity and the development of substance use disorders: Current knowledge and future directions. *Progress in Preventive Medicine, 3*(3), e0018.
- ¹²⁵⁸ Abrantes, A. M., & Blevins, C. E. (2019). Exercise in the context of substance use treatment: Key issues and future directions. *Current Opinion in Psychology, 30*, 103–108.
- ¹²⁵⁹ Centers for Disease Control and Prevention. (2022). Benefits of physical activity. <https://www.cdc.gov/physicalactivity/basics/pa-health/index.htm>
- ¹²⁶⁰ Ashdown-Franks, G., Firth, J., Carney, R., Carvalho, A. F., Hallgren, M., Koyanagi, A., ... Stubbs, B. (2020). Exercise as medicine for mental and substance use disorders: A meta-review of the benefits for neuropsychiatric and cognitive outcomes. *Sports Medicine, 50*(1), 151–170.
- ¹²⁶¹ Ashdown-Franks, G., Firth, J., Carney, R., Carvalho, A. F., Hallgren, M., Koyanagi, A., ... Stubbs, B. (2020). Exercise as medicine for mental and substance use disorders: A meta-review of the benefits for neuropsychiatric and cognitive outcomes. *Sports Medicine, 50*(1), 151–170.
- ¹²⁶² Brellenthin, A. G., & Lee, D. C. (2018). Physical activity and the development of substance use disorders: Current knowledge and future directions. *Progress in Preventive Medicine, 3*(3), e0018.
- ¹²⁶³ Ashdown-Franks, G., Firth, J., Carney, R., Carvalho, A. F., Hallgren, M., Koyanagi, A., ... Stubbs, B. (2020). Exercise as medicine for mental and substance use disorders: A meta-review of the benefits for neuropsychiatric and cognitive outcomes. *Sports Medicine, 50*(1), 151–170.
- ¹²⁶⁴ Thompson, T. P., Horrell, J., Taylor, A. H., Wanner, A., Husk, K., Wei, Y., ... Wallace, G. (2020). Physical activity and the prevention, reduction, and treatment of alcohol and other drug use across the lifespan (The PHASE review): A systematic review. *Mental Health and Physical Activity, 19*, 100360.
- ¹²⁶⁵ Brellenthin, A. G., & Lee, D. C. (2018). Physical activity and the development of substance use disorders: Current knowledge and future directions. *Progress in Preventive Medicine, 3*(3), e0018.
- ¹²⁶⁶ U.S. Department of Health and Human Services. (2018). *Health care providers: Talk to your patients about physical activity*. https://health.gov/sites/default/files/2021-02/PAG_MYW_FactSheet_HCP_508c.pdf

- ¹²⁶⁷ U.S. Department of Health and Human Services. (n.d.). Walk. Run. Dance. Play. What's your move? <https://health.gov/moveyourway#adults>
- ¹²⁶⁸ Abrantes, A. M., & Blevins, C. E. (2019). Exercise in the context of substance use treatment: Key issues and future directions. *Current Opinion in Psychology, 30*, 103–108.
- ¹²⁶⁹ Abrantes, A. M., & Blevins, C. E. (2019). Exercise in the context of substance use treatment: Key issues and future directions. *Current Opinion in Psychology, 30*, 103–108.
- ¹²⁷⁰ Abrantes, A. M., & Blevins, C. E. (2019). Exercise in the context of substance use treatment: Key issues and future directions. *Current Opinion in Psychology, 30*, 103–108.
- ¹²⁷¹ Recovery Research Institute. (n.d.). Motivational interviewing and enhancement therapies. Retrieved December 1, 2022, from <https://www.recoveryanswers.org/resource/motivational-interviewing-motivational-enhancement-therapies-mi-met/>
- ¹²⁷² Abrantes, A. M., & Blevins, C. E. (2019). Exercise in the context of substance use treatment: Key issues and future directions. *Current Opinion in Psychology, 30*, 103–108.
- ¹²⁷³ Chakravorty, S., Vandrey, R. G., He, S., & Stein, M. D. (2018). Sleep management among patients with substance use disorders. *Medical Clinics, 102*(4), 733–743.
- ¹²⁷⁴ Miller, M. B., Donahue, M. L., Carey, K. B., & Scott-Sheldon, L. A. (2017). Insomnia treatment in the context of alcohol use disorder: A systematic review and meta-analysis. *Drug and Alcohol Dependence, 181*, 200–207.
- ¹²⁷⁵ American Academy of Sleep Medicine.™ (2020). Healthy sleep habits. <https://sleepeducation.org/healthy-sleep/healthy-sleep-habits/>
- ¹²⁷⁶ Sleep Foundation. (2022). Sleep hygiene. <https://www.sleepfoundation.org/sleep-hygiene>
- ¹²⁷⁷ Polcin, D. L., & Korcha, R. (2017). Housing status, psychiatric symptoms, and substance abuse outcomes among sober living house residents over 18 months. *Addictive Disorders & Their Treatment, 16*(3), 138–150.
- ¹²⁷⁸ Chavira, D., & Jason, L. (2017). The impact of limited housing opportunities on formerly incarcerated people in the context of addiction recovery. *Journal of Addictive Behaviors and Therapy, 1*(1), 02.
- ¹²⁷⁹ Magwood, O., Salvalaggio, G., Beder, M., Kendall, C., Kpade, V., Daghmach, W., ... Pottie, K. (2020). The effectiveness of substance use interventions for homeless and vulnerably housed persons: A systematic review of systematic reviews on supervised consumption facilities, managed alcohol programs, and pharmacological agents for opioid use disorder. *PLoS One, 15*(1), e0227298.
- ¹²⁸⁰ Baker, O., Wellington, C., Price, C. R., Tracey, D., Powell, L., Loffredo, S., Moscariello, S., & Meyer, J. P. (2023). Experience delivering an integrated service model to people with criminal justice system involvement and housing insecurity. *BMC Public Health, 23*(1), 222.
- ¹²⁸¹ Duque, R. B. (2021). Black health matters too... especially in the era of Covid-19: How poverty and race converge to reduce access to quality housing, safe neighborhoods, and health and wellness services and increase the risk of co-morbidities associated with global pandemics. *Journal of Racial and Ethnic Health Disparities, 8*(4), 1012–1025.
- ¹²⁸² Substance Abuse and Mental Health Services Administration (2022, September 26). Affordable housing models and recovery. <https://www.samhsa.gov/homelessness-programs-resources/hpr-resources/affording-housing-models-recovery>
- ¹²⁸³ Magwood, O., Salvalaggio, G., Beder, M., Kendall, C., Kpade, V., Daghmach, W., ... Pottie, K. (2020). The effectiveness of substance use interventions for homeless and vulnerably housed persons: A systematic review of systematic reviews on supervised consumption facilities, managed alcohol programs, and pharmacological agents for opioid use disorder. *PLoS One, 15*(1), e0227298.
- ¹²⁸⁴ Pfefferle, S. G., Karon, S. S., & Wyant, B. (2019). *Choice matters: Housing models that may promote recovery for individuals and families facing opioid use disorder*. U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation.
- ¹²⁸⁵ Rezansoff, S. N., Moniruzzaman, A., Fazel, S., McCandless, L., Procyshyn, R., & Somers, J. M. (2017). Housing First improves adherence to antipsychotic medication among formerly homeless adults with schizophrenia: Results of a randomized controlled trial. *Schizophrenia Bulletin, 43*(4), 852–861.



- ¹²⁸⁶ Pfefferle, S. G., Karon, S. S., & Wyant, B. (2019). *Choice matters: Housing models that may promote recovery for individuals and families facing opioid use disorder*. U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation.
- ¹²⁸⁷ Magwood, O., Salvalaggio, G., Beder, M., Kendall, C., Kpade, V., Daghmach, W., ... Pottie, K. (2020). The effectiveness of substance use interventions for homeless and vulnerably housed persons: A systematic review of systematic reviews on supervised consumption facilities, managed alcohol programs, and pharmacological agents for opioid use disorder. *PLoS One*, *15*(1), e0227298.
- ¹²⁸⁸ Substance Abuse and Mental Health Services Administration (n.d.). *Recovery housing: Best practices and suggested guidelines*. <https://www.samhsa.gov/sites/default/files/housing-best-practices-100819.pdf>
- ¹²⁸⁹ Pfefferle, S. G., Karon, S. S., & Wyant, B. (2019). *Choice matters: Housing models that may promote recovery for individuals and families facing opioid use disorder*. U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation.
- ¹²⁹⁰ Substance Abuse and Mental Health Services Administration (n.d.). *Recovery housing: Best practices and suggested guidelines*. <https://www.samhsa.gov/sites/default/files/housing-best-practices-100819.pdf>
- ¹²⁹¹ National Council for Behavioral Health. (n.d.). *Building recovery: State policy guide for supporting recovery housing*. <https://www.thenationalcouncil.org/resources/building-recovery-state-policy-guide-for-supporting-recovery-housing/>
- ¹²⁹² National Association of Recovery Residences. (2012). *A primer on recovery residences: FAQs from the National Association of Recovery Residences*. <https://narronline.org/wp-content/uploads/2014/06/Primer-on-Recovery-Residences-09-20-2012a.pdf>
- ¹²⁹³ National Council for Behavioral Health. (n.d.). *Building recovery: State policy guide for supporting recovery housing*. <https://www.thenationalcouncil.org/resources/building-recovery-state-policy-guide-for-supporting-recovery-housing/>
- ¹²⁹⁴ National Alliance for Recovery Residences. (2018). NARR standard 3.0. https://narronline.org/wp-content/uploads/2018/11/NARR-Standard_V.3.0_release_11-2018.pdf
- ¹²⁹⁵ Substance Abuse and Mental Health Services Administration. (n.d.). *Recovery housing: Best practices and suggested guidelines*. <https://www.samhsa.gov/sites/default/files/housing-best-practices-100819.pdf>
- ¹²⁹⁶ National Association of Recovery Residences. (2012). *A primer on recovery residences: FAQs from the National Association of Recovery Residences*. <https://narronline.org/wp-content/uploads/2014/06/Primer-on-Recovery-Residences-09-20-2012a.pdf>
- ¹²⁹⁷ HUD Exchange. (n.d.). Continuum of care (CoC) program eligibility requirements. [https://www.hudexchange.info/programs/coc/coc-program-eligibility-requirements/#:~:text=Transitional%20housing%20\(TH\)%20is%20designed,housing%20with%20accompanying%20supportive%20services](https://www.hudexchange.info/programs/coc/coc-program-eligibility-requirements/#:~:text=Transitional%20housing%20(TH)%20is%20designed,housing%20with%20accompanying%20supportive%20services)
- ¹²⁹⁸ Homeless Hub. (n.d.). Transitional housing. Retrieved December, 1, 2022, from <https://www.homelesshub.ca/solutions/housing-accommodation-and-supports/transitional-housing>
- ¹²⁹⁹ Homeless Hub. (n.d.). Transitional housing. Retrieved December 1, 2022, from <https://www.homelesshub.ca/solutions/housing-accommodation-and-supports/transitional-housing>
- ¹³⁰⁰ Aubry, T., Bloch, G., Brcic, V., Saad, A., Magwood, O., Abdalla, T., ... Pottie, K. (2020). Effectiveness of permanent supportive housing and income assistance interventions for homeless individuals in high-income countries: A systematic review. *Lancet, Public Health*, *5*(6), e342–e360.
- ¹³⁰¹ Substance Abuse and Mental Health Services Administration. (2021). Behavioral health services for people who are homeless. *Advisory*. SAMHSA Publication No. PEP20-06-04-003. Substance Abuse and Mental Health Services Administration.
- ¹³⁰² National Alliance to End Homelessness. (n.d.). *Housing First fact sheet*. <https://endhomelessness.org/wp-content/uploads/2022/02/Housing-First-Fact-Sheet-Feb-2022.pdf>

- ¹³⁰³ Substance Abuse and Mental Health Services Administration. (2021). Behavioral health services for people who are homeless. *Advisory*. SAMHSA Publication No. PEP20-06-04-003. Substance Abuse and Mental Health Services Administration.
- ¹³⁰⁴ Pfefferle, S. G., Karon, S. S., & Wyant, B. (2019). *Choice matters: Housing models that may promote recovery for individuals and families facing opioid use disorder*. U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation.
- ¹³⁰⁵ HUD Exchange. (2022). Homelessness prevention. <https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/esg-program-components/homelessness-prevention/>
- ¹³⁰⁶ Shinn, M., & Cohen, R. (2019). *Homelessness prevention: A review of the literature*. http://www.evidenceonhomelessness.com/wp-content/uploads/2019/02/Homelessness_Prevention_Literature_Synthesis.pdf
- ¹³⁰⁷ Shinn, M., & Cohen, R. (2019). *Homelessness prevention: A review of the literature*. http://www.evidenceonhomelessness.com/wp-content/uploads/2019/02/Homelessness_Prevention_Literature_Synthesis.pdf
- ¹³⁰⁸ Corporation for Supportive Housing. (n.d.). *Health centers and coordinated entry: How and why to engage with local homeless systems*. Retrieved December 1, 2022, from <https://www.csh.org/wp-content/uploads/2017/05/Coordinated-Entry-and-Health-Centers-1.pdf>
- ¹³⁰⁹ U.S. Department of Housing and Urban Development. (n.d.). *Coordinated entry: Core elements*. <https://files.hudexchange.info/resources/documents/Coordinated-Entry-Core-Elements.pdf>
- ¹³¹⁰ MassHousing. (n.d.). Housing stability. Retrieved June 13, 2023, from <https://www.masshousing.com/en/programs-outreach/housing-stability>
- ¹³¹¹ Pallatino, C., Chang, J. C., & Krans, E. E. (2021). The intersection of intimate partner violence and substance use among women with opioid use disorder. *Substance Abuse*, 42(2), 197–204.
- ¹³¹² National Network to End Domestic Violence. (2013). *Transitional housing: Models & rent structures*. https://nnedv.org/wp-content/uploads/2019/07/Library_TH_2018_Housing_Models_Rent_Structures.pdf
- ¹³¹³ U.S. Department of Housing and Urban Development. (n.d.). *Rapid re-housing*. <https://files.hudexchange.info/resources/documents/Rapid-Re-Housing-Brief.pdf>
- ¹³¹⁴ National Low Income Housing Coalition. (2022). *The gap: A shortage of affordable rental homes*. <https://nlihc.org/gap#:~:text=The%20U.S.%20has%20a%20shortage,extremely%20low%2Dincome%20renter%20households>
- ¹³¹⁵ National Low Income Housing Coalition. (2022). *The gap: A shortage of affordable rental homes*. <https://nlihc.org/gap#:~:text=The%20U.S.%20has%20a%20shortage,extremely%20low%2Dincome%20renter%20households>
- ¹³¹⁶ U.S. Department of Housing and Urban Development. (n.d.). HUD’s public housing program. Retrieved December 1, 2022, from https://www.hud.gov/topics/rental_assistance/phprog#:~:text=WHAT%20IS%20PUBLIC%20HOUSING%3F,rise%20apartments%20for%20elderly%20families
- ¹³¹⁷ U.S. Department of Housing and Urban Development. (n.d.). *Housing Choice vouchers fact sheet*. Retrieved December 1, 2022, from https://www.hud.gov/topics/housing_choice_voucher_program_section_8#hcv01
- ¹³¹⁸ U.S. Department of Housing and Urban Development. (n.d.). *Housing Choice vouchers fact sheet*. Retrieved December 1, 2022, from https://www.hud.gov/topics/housing_choice_voucher_program_section_8#hcv01
- ¹³¹⁹ Edemekong, P. F., Bomgaars D. L., Sukumaran S., & Schoo, C. (2022). Activities of daily living. In: *StatPearls* [Internet]. StatPearls Publishing.
- ¹³²⁰ Substance Abuse and Mental Health Services Administration. (2022). Recovery and recovery support. <https://www.samhsa.gov/find-help/recovery>
- ¹³²¹ McKay, J. R. (2016). Making the hard work of recovery more attractive for those with substance use disorders. *Addiction*, 112, 751–757.
- ¹³²² Jayawickreme, E., Infurna, F. J., Alajak, K., Blackie, L., Chopik, W. J., Chung, J. M., ... Zonneveld, R. (2021). Post-traumatic growth as positive personality change: Challenges, opportunities, and recommendations. *Journal of Personality*, 89(1), 145–165.



- ¹³²³ Dunlop, W. L., & Tracy, J. L. (2013). Sobering stories: Narratives of self-redemption predict behavioral change and improved health among recovering alcoholics. *Journal of Personality and Social Psychology, 104*(3), 576–590.
- ¹³²⁴ Subhani, M., Talat, U., Knight, H., Morling, J. R., Jones, K. A., Aithal, G. P., ... Rennick-Egglestone, S. (2022). Characteristics of alcohol recovery narratives: Systematic review and narrative synthesis. *PLoS One, 17*(5), e0268034.
- ¹³²⁵ Dingle, G. A., Cruwys, T., & Frings, D. (2015). Social identities as pathways into and out of addiction. *Frontiers in Psychology, 6*, 1795.
- ¹³²⁶ Dingle, G. A., Cruwys, T., & Frings, D. (2015). Social identities as pathways into and out of addiction. *Frontiers in Psychology, 6*, 1795.
- ¹³²⁷ Dingle, G. A., Cruwys, T., & Frings, D. (2015). Social identities as pathways into and out of addiction. *Frontiers in Psychology, 6*, 1795.
- ¹³²⁸ Dingle, G. A., Cruwys, T., & Frings, D. (2015). Social identities as pathways into and out of addiction. *Frontiers in Psychology, 6*, 1795.
- ¹³²⁹ Gutierrez, D., Dorais, S., & Goshorn, J. R. (2020). Recovery as life transformation: Examining the relationships between recovery, hope, and relapse. *Substance Use & Misuse, 55*(12), 1949–1957.
- ¹³³⁰ Frings, D., & Albery, P. (2015). The social identity model of cessation maintenance: Formulation and initial evidence. *Addictive Behaviors, 44*, 35–75.
- ¹³³¹ Dingle, G. A., Cruwys, T., & Frings, D. (2015). Social identities as pathways into and out of addiction. *Frontiers in Psychology, 6*, 1795.
- ¹³³² Gutierrez, D., Dorais, S., & Goshorn, J. R. (2020). Recovery as life transformation: Examining the relationships between recovery, hope, and relapse. *Substance Use & Misuse, 55*(12), 1949–1957.
- ¹³³³ Beckwith, M., Best, D., Lubman, D., Dingle, G., & Perryman, C. (2015). Predictors of flexibility in social identity among people entering a therapeutic community for substance abuse. *Alcohol Treatment Quarterly, 33*, 93–104.
- ¹³³⁴ Dingle, G. A., Cruwys, T., & Frings, D. (2015). Social identities as pathways into and out of addiction. *Frontiers in Psychology, 6*, 1795.
- ¹³³⁵ Dingle, G. A., Stark, C., Cruwys, T., & Best, D. (2015). Breaking good: Breaking ties with social groups may be good for recovery from substance misuse. *British Journal of Social Psychology, 54*, 236–254.
- ¹³³⁶ Dingle, G. A., Cruwys, T., & Frings, D. (2015). Social identities as pathways into and out of addiction. *Frontiers in Psychology, 6*, 1795.
- ¹³³⁷ Earnshaw, V. A. (2020). Stigma and substance use disorders: A clinical, research, and advocacy agenda. *American Psychologist, 75*(9), 1300–1311.
- ¹³³⁸ Collinson, B., & Best, D. (2019). Promoting recovery from substance misuse through engagement with community assets: Asset based community engagement. *Substance Abuse: Research and Treatment, 13*, 1–14.
- ¹³³⁹ Best, D., Beckwith, M., Haslam, C., Haslam, S. A., Jetten, J., Mawson, E., & Lubman, D. (2015). Overcoming alcohol and other drug addiction as a process of social identity transition: The social identity model of recovery (SIMOR). *Addiction Research and Theory, 24*(2), 111–123.
- ¹³⁴⁰ Collinson, B., & Best, D. (2019). Promoting recovery from substance misuse through engagement with community assets: Asset based community engagement. *Substance Abuse: Research and Treatment, 13*, 1–14.
- ¹³⁴¹ Earnshaw, V. A. (2020). Stigma and substance use disorders: A clinical, research, and advocacy agenda. *American Psychologist, 75*(9), 1300–1311.
- ¹³⁴² Crutchfield, D. A., & Guss, C. D. (2018). Achievement linked to recovery from addiction: Discussing education, vocation, and non-addict identity. *Alcoholism Treatment Quarterly, 37*(3), 1–18.
- ¹³⁴³ Smith, J. (2021, December 29). How to stay sober in college: Tips and resources. [Addictionresources.net](https://addictionresources.net).
- ¹³⁴⁴ Association of Recovery in Higher Education. (2022). Standards and recommendations. <https://collegiaterecovery.org/standards-recommendations/>
- ¹³⁴⁵ Magura, S., & Marshall, T. (2020). The effectiveness of interventions intended to improve employment outcomes for persons with substance use disorder: An updated systematic review. *Substance Use & Misuse, 55*(13), 2230–2236.

- ¹³⁴⁶ Harrison, J., Krieger, M. J., & Johnson, H. A. (2020). Review of individual placement and support employment intervention for persons with substance use disorder. *Substance Use & Misuse, 55*(4), 636–643.
- ¹³⁴⁷ Vilsaint, C. L., Hoffman, L. A., & Kelly, J. F. (2020). Perceived discrimination in addiction recovery: Assessing the prevalence, nature, and correlates using a novel measure in a U.S. national sample. *Drug and Alcohol Dependence, 206*, 107667.
- ¹³⁴⁸ Eddie, D., Vilsaint, C. L., Hoffman, L. A., Bergman, B. G., Kelly, J. F., & Hoepfner, B. B. (2020). From working on recovery to working in recovery: Employment status among a nationally representative U.S. sample of individuals who have resolved a significant alcohol or other drug problem. *Journal of Substance Abuse Treatment, 113*, 108000.
- ¹³⁴⁹ Substance Abuse and Mental Health Services Administration. (2021). *Substance use disorders recovery with a focus on employment and education*. HHS Publication No. PEP21-PL-Guide-6. National Mental Health and Substance Use Policy Laboratory. Substance Abuse and Mental Health Services Administration.
- ¹³⁵⁰ Peer Recovery Center of Excellence. (n.d.). *Recovery friendly workplace toolkit*. Retrieved December 1, 2022, from <https://peerrecoverynow.org/product/recovery-friendly-workplace-toolkit/>
- ¹³⁵¹ Centers for Disease Control and Prevention. (2020, July 27). Workplace supported recovery program. National Institute for Occupational Safety and Health.
- ¹³⁵² Sigurdsson, S. O., Ring, B. M., O'Reilly, K., & Silverman, K. (2012). Barriers to employment among unemployed drug users: Age predicts severity. *American Journal of Drug and Alcohol Abuse, 38*(6), 580–587.
- ¹³⁵³ Crutchfield, D. A., & Güss, C. D. (2019). Achievement linked to recovery from addiction: Discussing education, vocation, and non-addict identity. *Alcoholism Treatment Quarterly, 37*(3), 359–376.
- ¹³⁵⁴ Sahker, E., Ali, S. R., & Arndt, S. (2019). Employment recovery capital in the treatment of substance use disorders: Six-month follow-up observations. *Drug and Alcohol Dependence, 205*, 107624.
- ¹³⁵⁵ ADA National Network. (2020). The ADA, addiction, recovery, and employment. <https://adata.org/factsheet/ada-addiction-recovery-and-employment>
- ¹³⁵⁶ Ghetti, C., Chen, X. J., Brenner, A. K., Hakvoort, L. G., Lien, L., Fachner, J., & Gold, C. (2022). Music therapy for people with substance use disorders. *Cochrane Database of Systematic Reviews, 5*(5), CD012576.
- ¹³⁵⁷ Silverman, M. J. (2022). A cluster-randomized trial comparing songwriting and recreational music therapy via craving and withdrawal in adults on a detoxification unit. *Substance Use & Misuse, 57*(5), 759–768.
- ¹³⁵⁸ Ghetti, C., Chen, X. J., Brenner, A. K., Hakvoort, L. G., Lien, L., Fachner, J., & Gold, C. (2022). Music therapy for people with substance use disorders. *Cochrane Database of Systematic Reviews, 5*(5), CD012576.
- ¹³⁵⁹ Pinhasi-Vittorio, L. (2018). Writing, sharing, and healing: The interplay of literacy in the healing journey of the recovering from substance abuse. *Journal of Poetry Therapy, 31*(4), 209–223.
- ¹³⁶⁰ Pinhasi-Vittorio, L. (2018). Writing, sharing, and healing: The interplay of literacy in the healing journey of the recovering from substance abuse. *Journal of Poetry Therapy, 31*, 1–15.
- ¹³⁶¹ Krentzman, A. R., Hoepfner, B. B., Hoepfner, S. S., & Barnett, N. P. (2022). Development, feasibility, acceptability, and impact of a positive psychology journaling intervention to support addiction recovery. *Journal of Positive Psychology*. doi:10.1080/17439760.2022.2070531
- ¹³⁶² Leis, J. A., & Morrison, C. I. (2021). An integrative review of arts-based strategies for addressing pain and substance use disorder during the opioid crisis. *Health Promotion Practice, 22*(Suppl. 1), 44S–52S.
- ¹³⁶³ Bowling, D. L., Gahr, J., Ancochea, P. G., Hoeschele, M., Canoine, V., Fusani, L., & Fitch, W. T. (2022). Endogenous oxytocin, cortisol, and testosterone in response to group singing. *Hormones and Behavior, 139*, 105105.
- ¹³⁶⁴ Fancourt, D., & Finn, S. (2019). *What is the evidence on the role of the arts in improving health and well-being? A scoping review*. World Health Organization.



- ¹³⁶⁵ Lookatch, S. J., Wimberly, A. S., & McKay, J. R. (2019). Effects of social support and 12-step involvement on recovery among people in continuing care for cocaine dependence. *Substance Use & Misuse, 54*(13), 2144–2155.
- ¹³⁶⁶ Rural Health Information Hub. (2022). Identify assets/resources available. <https://www.ruralhealthinfo.org/toolkits/rural-toolkit/1/asset-identification>
- ¹³⁶⁷ Recovery Café Network. (n.d.). *What is the recovery café network?* Retrieved December 1, 2022, from <https://www.opioidlibrary.org/wp-content/uploads/2019/09/RCN-One-Page.pdf>
- ¹³⁶⁸ National Institute on Drug Abuse. (2018). *Principles of drug addiction treatment: A research-based guide*. <https://nida.nih.gov/sites/default/files/podat-3rdEd-508.pdf>
- ¹³⁶⁹ Kelly, J. F., Humphreys, K., & Ferri, M. (2020). Alcoholics Anonymous and other 12-step programs for alcohol use disorder. *Cochrane Database of Systematic Reviews, 3*(3), CD012880.
- ¹³⁷⁰ Tracy, K., & Wallace, S. P. (2016). Benefits of peer support groups in the treatment of addiction. *Substance Abuse and Rehabilitation, 7*, 143–154.
- ¹³⁷¹ Kelly, J. F., Abry, A., Ferri, M., & Humphreys, K. (2020). Alcoholics Anonymous and 12-step facilitation treatments for alcohol use disorder: A distillation of a 2020 Cochrane review for clinicians and policy makers. *Alcohol and Alcoholism, 55*(6), 641–651.
- ¹³⁷² Kelly, J. F., Abry, A., Ferri, M., & Humphreys, K. (2020). Alcoholics Anonymous and 12-step facilitation treatments for alcohol use disorder: A distillation of a 2020 Cochrane review for clinicians and policy makers. *Alcohol and Alcoholism, 55*(6), 641–651.
- ¹³⁷³ Kelly, J. F., Abry, A., Ferri, M., & Humphreys, K. (2020). Alcoholics Anonymous and 12-step facilitation treatments for alcohol use disorder: A distillation of a 2020 Cochrane review for clinicians and policy makers. *Alcohol and Alcoholism, 55*(6), 641–651.
- ¹³⁷⁴ Bartholomew, N. G., & Simpson, D. D. (2005). *Building social networks*. <http://ibr.tcu.edu/wp-content/uploads/2013/06/TMA05Aug-social.pdf>
- ¹³⁷⁵ Kelly, J. F., Abry, A., Ferri, M., & Humphreys, K. (2020). Alcoholics Anonymous and 12-step facilitation treatments for alcohol use disorder: A distillation of a 2020 Cochrane review for clinicians and policy makers. *Alcohol and Alcoholism, 55*(6), 641–651.
- ¹³⁷⁶ Kelly, J. F., Fallah-Sohy, N., Cristello, J., Stout, R. L., Jason, L. A., & Hoepfner, B. B. (2021). Recovery community centers: Characteristics of new attendees and longitudinal investigation of the predictors and effects of participation. *Journal of Substance Abuse Treatment, 124*, 108287.
- ¹³⁷⁷ Kelly, J. F., Fallah-Sohy, N., Cristello, J., Stout, R. L., Jason, L. A., & Hoepfner, B. B. (2021). Recovery community centers: Characteristics of new attendees and longitudinal investigation of the predictors and effects of participation. *Journal of Substance Abuse Treatment, 124*, 108287.
- ¹³⁷⁸ Owens, M. D., Banta-Green, C. J., Newman, A., Marren, R., & Takushi, R. (2022). Insights into a recovery community center model: Results from qualitative interviews with staff and member facilitators from recovery cafe in Seattle, Washington. *Alcoholism Treatment Quarterly, 1–14*.
- ¹³⁷⁹ Kelly, J. F., Stout, R. L., Jason, L. A., Fallah-Sohy, N., Hoffman, L. A., & Hoepfner, B. B. (2020). One-stop shopping for recovery: An investigation of participant characteristics and benefits derived from U.S. recovery community centers. *Alcoholism, Clinical and Experimental Research, 44*(3), 711–721.
- ¹³⁸⁰ Owens, M. D., Banta-Green, C. J., Newman, A., Marren, R., & Takushi, R. (2022). Insights into a recovery community center model: Results from qualitative interviews with staff and member facilitators from recovery cafe in Seattle, Washington. *Alcoholism Treatment Quarterly, 1–14*.
- ¹³⁸¹ Kelly, J. F., Stout, R. L., Jason, L. A., Fallah-Sohy, N., Hoffman, L. A., & Hoepfner, B. B. (2020). One-stop shopping for recovery: An investigation of participant characteristics and benefits derived from U.S. recovery community centers. *Alcoholism: Clinical and Experimental Research, 44*(3), 711–721.

- ¹³⁸² Kelly, J. F., Stout, R. L., Jason, L. A., Fallah-Sohy, N., Hoffman, L. A., & Hoepfner, B. B. (2020). One-stop shopping for recovery: An investigation of participant characteristics and benefits derived from U.S. recovery community centers. *Alcoholism, Clinical and Experimental Research, 44*(3), 711–721.
- ¹³⁸³ Owens, M. D., Banta-Green, C. J., Newman, A., Marren, R., & Takushi, R. (2022). Insights into a recovery community center model: Results from qualitative interviews with staff and member facilitators from recovery cafe in Seattle, Washington. *Alcoholism Treatment Quarterly, 1*–14.
- ¹³⁸⁴ Recovery Café Network. (n.d.). *What is the recovery café network?* Retrieved December 1, 2022, from <https://www.opioidlibrary.org/wp-content/uploads/2019/09/RCN-One-Pager.pdf>
- ¹³⁸⁵ Recovery Café Network. (n.d.). *What is the recovery café network?* Retrieved December 1, 2022, from <https://www.opioidlibrary.org/wp-content/uploads/2019/09/RCN-One-Pager.pdf>
- ¹³⁸⁶ Owens, M. D., Banta-Green, C. J., Newman, A., Marren, R., & Takushi, R. (2022). Insights into a recovery community center model: Results from qualitative interviews with staff and member facilitators from recovery cafe in Seattle, Washington. *Alcoholism Treatment Quarterly, 1*–14.
- ¹³⁸⁷ Kelly, J. F., Fallah-Sohy, N., Cristello, J., Stout, R. L., Jason, L. A., & Hoepfner, B. B. (2021). Recovery community centers: Characteristics of new attendees and longitudinal investigation of the predictors and effects of participation. *Journal of Substance Abuse Treatment, 124*, 108287.
- ¹³⁸⁸ Kelly, J. F., Fallah-Sohy, N., Cristello, J., Stout, R. L., Jason, L. A., & Hoepfner, B. B. (2021). Recovery community centers: Characteristics of new attendees and longitudinal investigation of the predictors and effects of participation. *Journal of Substance Abuse Treatment, 124*, 108287.
- ¹³⁸⁹ Substance Abuse and Mental Health Services Administration. (2021). Using technology-based therapeutic tools in behavioral health services. *Advisory*. Publication No. PEP20-06-04-001. Substance Abuse and Mental Health Services Administration.
- ¹³⁹⁰ Mid-America ATTC. (2021). BHMEDS-R3 behavioral health medications. <https://attcnetwork.org/centers/mid-america-attc/product/bhmeds-r3-behavioral-health-medications>
- ¹³⁹¹ NOMO. (n.d.). Nomo sobriety clocks. Retrieved December 1, 2022, from <https://saynomo.com/>
- ¹³⁹² Sober Grid. (2021). Sober Grid. <https://www.sobergrid.com/>
- ¹³⁹³ Substance Abuse and Mental Health Services Administration. (2015). Suicide Safe mobile app. <https://store.samhsa.gov/product/suicide-safe>
- ¹³⁹⁴ Substance Abuse and Mental Health Services Administration. (2021). Using technology-based therapeutic tools in behavioral health services. *Advisory*. Publication No. PEP20-06-04-001. Substance Abuse and Mental Health Services Administration.
- ¹³⁹⁵ Wang, K., Varma, D. S., & Prospero, M. (2018). A systematic review of the effectiveness of mobile apps for monitoring and management of mental health symptoms or disorders. *Journal of Psychiatric Research, 107*, 73–78.
- ¹³⁹⁶ Lustgarten, S. D., Garrison, Y. L., Sinnard, M. T., & Flynn, A. W. (2020). Digital privacy in mental healthcare: Current issues and recommendations for technology use. *Current Opinion in Psychology, 36*, 25–31.
- ¹³⁹⁷ Substance Abuse and Mental Health Services Administration. (2021). Using technology-based therapeutic tools in behavioral health services. *Advisory*. Publication No. PEP20-06-04-001. Substance Abuse and Mental Health Services Administration.
- ¹³⁹⁸ Davidson, L., Rowe, M., DiLeo, P., Bellamy, C., & Delphin-Rittmon, M. (2021). Recovery-oriented systems of care: A perspective on the past, present, and future. *Alcohol Research: Current Reviews, 41*(1), 09.
- ¹³⁹⁹ White, W. L. (2008). *Recovery management and recovery-oriented systems of care: Scientific rationale and promising practices*. Northeast Addiction Technology Transfer Center, Great Lakes Addiction Technology Transfer Center, and Philadelphia Department of Behavioral Health/Mental Retardation Services.
- ¹⁴⁰⁰ Best, D., & Colman, C. (2019). Let's celebrate recovery: Inclusive cities working together to support social cohesion. *Addiction Research and Theory, 27*(1), 55–64.



- ¹⁴⁰¹ State of Connecticut Department of Mental Health and Addiction Services. (2008). *Practice guidelines for recovery-oriented care for mental health and substance use conditions* (2nd ed.). Author.
- ¹⁴⁰² New York State Office of Addiction Services and Supports. (n.d.). Recovery-oriented systems of care. <https://oasas.ny.gov/providers/recovery-oriented-systems-care>
- ¹⁴⁰³ Minero, V. A., Best, D., Brown, L., Patton, D., & Vanderplasschen, W. (2022). Differences in addiction and recovery gains according to gender—gender barriers and specific differences in overall strengths growth. *Substance Abuse Treatment, Prevention, and Policy*, 17(21).
- ¹⁴⁰⁴ Wiebe, R. P., Griffin, A. M., Zheng, Y., Harris, K. S., & Cleveland, H. H. (2018). Twelve steps, two factors: Coping strategies moderate the association between craving and daily 12-Step use in a college recovery community. *Substance Use & Misuse*, 53(1), 114–127.
- ¹⁴⁰⁵ State of Ohio. (n.d.). Mental health and addiction recovery supports. <https://ohio.gov/residents/resources/recovery-supports#:~:text=Recovery%20supports%20foster%20health%20and, and%20find%20necessary%20social%20supports>
- ¹⁴⁰⁶ Substance Abuse and Mental Health Services Administration. (2021). *National Survey of Substance Abuse Treatment Services (N-SSATS): 2020. Data on substance abuse treatment facilities*. Substance Abuse and Mental Health Services Administration.
- ¹⁴⁰⁷ Garner, B. R., & Hunter, B. D. (2014). Predictors of staff turnover and turnover intentions within addiction treatment settings: Change over time matters. *Substance Abuse: Research and Treatment*, 8, 63–71.
- ¹⁴⁰⁸ Community Tool Box. (n.d.). *Section 14. SWOT analysis: Strengths, weaknesses, opportunities, and threats*. University of Kansas, Center for Community Health and Development. <https://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/swot-analysis/main>
- ¹⁴⁰⁹ Texas Christian University, Institute of Behavioral Research. (2006). *TCU CJ organizational readiness for change (TCU CJ ORC)*. Author.
- ¹⁴¹⁰ Center for Substance Abuse Treatment. (2009). *Implementing change in substance abuse treatment programs*. Technical Assistance Publication (TAP) Series 31. HHS Publication No. (SMA) 09-4377. Substance Abuse and Mental Health Services Administration.
- ¹⁴¹¹ Boyle, M., Loveland, D., & George, S. (2011). Implementing recovery management in a treatment organization. In J. F. Rosenbaum (Series Ed.), *Current clinical psychiatry. Addiction recovery management: Theory, research and practice* (J. F. Kelly & W. L. White, Eds., pp. 235–258). Humana Press.
- ¹⁴¹² ADAMHS. (2022). *Measuring the impact of ROSC in Hancock County*. <https://www.yourpathtohealth.org/measuring-the-impact-of-rosc-in-hancock-county/>
- ¹⁴¹³ ADAMHS. (n.d.). About us. <https://www.yourpathtohealth.org/adamhs/>
- ¹⁴¹⁴ ADAMHS. (n.d.). Recovery Community Organization Outreach Project in Hancock County, Ohio. <https://bja.ojp.gov/doc/fy-2021-COSSAP-narrative-Hancock-County.pdf>
- ¹⁴¹⁵ Fitzgerald, M. (2017, September 20). Recovering as a community: Hancock County, Ohio [Blog post]. ATTC/NIATx Service Improvement Blog. <https://niatx.attcnetwork.org/2017/09/recovering-as-community-hancock-county.html>
- ¹⁴¹⁶ ADAMHS. (2022). *Measuring the impact of ROSC in Hancock County*. <https://www.yourpathtohealth.org/measuring-the-impact-of-rosc-in-hancock-county/>
- ¹⁴¹⁷ ADAMHS. (2022). *Measuring the impact of ROSC in Hancock County*. <https://www.yourpathtohealth.org/measuring-the-impact-of-rosc-in-hancock-county/>
- ¹⁴¹⁸ Flaherty, M. T., Stuby, P., & Kose, W. (2018). Addressing the opioid epidemic in rural America. *Psychiatric Services*, 69(10), 1114.
- ¹⁴¹⁹ Hancock County Board of Alcohol, Drug Addiction and Mental Health Services. (n.d.). *Ohio Department of Mental Health and Addiction Services (OhioMHAS) community plan guidelines SFY 2021 and 2022* [Completed template]. <https://mha.ohio.gov/static/SupportingProviders/ApplyforFunding/ForCurrentAwardees/2021/Hancock.pdf>
- ¹⁴²⁰ ROSC Implementation FY21Q4 Scorecard Report – Draft August 2021. (n.d.). <https://www.yourpathtohealth.org/measuring-the-impact-of-rosc-in-hancock-county/>

- ¹⁴²¹ ADAMHS. (2022). *Measuring the impact of ROSC in Hancock County*. <https://www.yourpathtohealth.org/measuring-the-impact-of-rosc-in-hancock-county/>
- ¹⁴²² Flaherty, M. T., Stuby, P., & Kose, W. (2018). Addressing the opioid epidemic in rural America. *Psychiatric Services*, 69(10), 1114.
- ¹⁴²³ Hancock County Common Pleas Court. (n.d.). Drug court. <https://www.co.hancock.oh.us/government-services/common-pleas-court/self-help/drug-court>
- ¹⁴²⁴ ADAMHS. (2022). *Measuring the impact of ROSC in Hancock County*. <https://www.yourpathtohealth.org/measuring-the-impact-of-rosc-in-hancock-county/>
- ¹⁴²⁵ ADAMHS. (n.d.). Recovery community organization outreach project in Hancock County, Ohio. <https://bja.ojp.gov/doc/fy-2021-COSSAP-narrative-Hancock-County.pdf>
- ¹⁴²⁶ ADAMHS. (2022). *Measuring the impact of ROSC in Hancock County*. <https://www.yourpathtohealth.org/measuring-the-impact-of-rosc-in-hancock-county/>
- ¹⁴²⁷ Sheedy, C. K., & Whitter, M. (2009). *Guiding principles and elements of recovery oriented systems of care: What do we know from the research?* HHS Publication No. (SMA) 09-4439. Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment.
- ¹⁴²⁸ White, W. L., Schwartz, J., Adson, A., Weiner, H., Toth, P. W., Lanza, J., ... Pettit, L. (2007). *The role of clinical supervision in recovery-oriented systems of behavioral healthcare*. Philadelphia Department of Behavioral Health and Mental Retardation Services.
- ¹⁴²⁹ White, W. L., Schwartz, J., Adson, A., Weiner, H., Toth, P. W., Lanza, J., ... Pettit, L. (2007). *The role of clinical supervision in recovery-oriented systems of behavioral healthcare*. Philadelphia Department of Behavioral Health and Mental Retardation Services.
- ¹⁴³⁰ State of Connecticut Department of Mental Health and Addiction Services. (2008). *Practice guidelines for recovery-oriented care for mental health and substance use conditions* (2nd ed., p. 35). Author.
- ¹⁴³¹ Collinson, B., & Best, D. (2019). Promoting recovery from substance misuse through engagement with community assets: Asset based community engagement. *Substance Abuse: Research and Treatment*, 13, 1178221819876575.
- ¹⁴³² O'Connell, M. J., Flanagan, E., Delphin-Rittmon, M. E., & Davidson, L. (2020). Enhancing outcomes for persons with co-occurring disorders through skills training and peer recovery support. *Journal of Mental Health (Abingdon, England)*, 29(1), 6–11.
- ¹⁴³³ State of Connecticut Department of Mental Health and Addiction Services. (2008). *Practice guidelines for recovery-oriented care for mental health and substance use conditions* (2nd ed., p. 43). Author.
- ¹⁴³⁴ Substance Abuse and Mental Health Services Administration. (2015). *Using technology-based therapeutic tools in behavioral health services*. Treatment Improvement Protocol (TIP) Series 60. HHS Publication No. (SMA) 15-4924. Substance Abuse and Mental Health Services Administration.
- ¹⁴³⁵ Loveland, D. (2014). Creating a front door to engage and retain individuals with a SUD. In *Engagement strategies: Supporting wellness and recovery conference*. Presentation at the meeting of Community Care and Western Psychiatric Institute and Clinic, State College, PA.
- ¹⁴³⁶ State of Connecticut Department of Mental Health and Addiction Services. (2008). *Practice guidelines for recovery-oriented care for mental health and substance use conditions* (2nd ed., pp. 7–8). Author.
- ¹⁴³⁷ Borkman, T. (1998). Is recovery planning any different from treatment planning? *Journal of Substance Abuse Treatment*, 15(1), 31–42.
- ¹⁴³⁸ Wellness Recovery Action Plan. (2023). Addictions – Wellness Recovery Action Plan. <https://www.wellnessrecoveryactionplan.com/wrap-can-help/addictions/>
- ¹⁴³⁹ Wellness Recovery Action Plan. (2023). Addictions – Wellness Recovery Action Plan. <https://www.wellnessrecoveryactionplan.com/wrap-can-help/addictions/>
- ¹⁴⁴⁰ O'Connell, M. J., Tondora, J., Kidd, S. A., Stayner, D., Hawkins, D., & Davidson, L. (2007). *RSA-R person in recovery version*. <https://portal.ct.gov/-/media/DMHAS/Recovery/RSAselfpdf.pdf>



- ¹⁴⁴¹ O'Connell, M. J., Tondora, J., Kidd, S. A., Stayner, D., Hawkins, D., & Davidson, L. (2007). *RSA-R family member/significant other version*. <https://portal.ct.gov/-/media/DMHAS/Recovery/RSAfamilypdf.pdf>
- ¹⁴⁴² State of Connecticut Department of Mental Health and Addiction Services. (2008). *Practice guidelines for recovery-oriented care for mental health and substance use conditions* (2nd ed., p. 46). Author.
- ¹⁴⁴³ Collinson, B., & Best, D. (2019). Promoting recovery from substance misuse through engagement with community assets: Asset based community engagement. *Substance Abuse: Research and Treatment, 13*, 1178221819876575.
- ¹⁴⁴⁴ Dulin, P. L., & Gonzalez, V. M. (2017). Smartphone-based, momentary intervention for alcohol cravings amongst individuals with an alcohol use disorder. *Psychology of Addictive Behaviors, 31*(5), 601.
- ¹⁴⁴⁵ Elswick, A., & Fallin-Bennett, A. (2020). Voices of hope: A feasibility study of telephone recovery support. *Addictive Behaviors, 102*, 106182.
- ¹⁴⁴⁶ Mark, T. L., Treiman, K., Padwa, H., Henretty, K., Tzeng, J., & Gilbert, M. (2021). Addiction treatment and telehealth: Review of efficacy and provider insights during the COVID-19 pandemic. *Psychiatric Services, 1*–8.
- ¹⁴⁴⁷ Muroff, J., Robinson, W., Chassler, D., López, L. M., Lundgren, L., Guauque, C., ... Gustafson, D. H. (2019). An outcome study of the CASA-CHES smartphone relapse prevention tool for Latinx Spanish-speakers with substance use disorders. *Substance Use & Misuse, 54*(9), 1438–1449.
- ¹⁴⁴⁸ Scott, C. K., Dennis, M. L., Johnson, K., & Grella, C. E. (2020). A randomized clinical trial of smartphone self-managed recovery support services. *Journal of Substance Abuse Treatment, 117*, 108089.
- ¹⁴⁴⁹ Sugarman, D. E., Busch, A., McHugh, R. K., & Bogunovic, O. J. (2021). Patients' perceptions of telehealth services for outpatient treatment of substance use disorders during the COVID-19 pandemic. *American Journal on Addictions, 30*(5), 445–452.
- ¹⁴⁵⁰ Wiebe, R. P., Griffin, A. M., Zheng, Y., Harris, K., & Cleveland, H. H. (2018). Twelve steps, two factors: Coping strategies moderate the association between craving and daily 12-Step use in a college recovery community. *Substance Use & Misuse, 53*(1), 114–127.
- ¹⁴⁵¹ Center for Substance Abuse Treatment. (2012). *Integrating substance abuse treatment and vocational services*. Treatment Improvement Protocol (TIP) Series 38. HHS Publication No. (SMA) 12-4216. Substance Abuse and Mental Health Services Administration.
- ¹⁴⁵² State of Connecticut Department of Mental Health and Addiction Services. (2008). *Practice guidelines for recovery-oriented care for mental health and substance use conditions* (2nd ed., p. 16). Author.
- ¹⁴⁵³ Whiteford, H., McKeon, G., Harris, M., Diminic, S., Siskind, D., & Scheurer, R. (2014). System-level intersectoral linkages between the mental health and non-clinical support sectors: A qualitative systematic review. *Australian and New Zealand Journal of Psychiatry, 48*(10), 895–906.
- ¹⁴⁵⁴ Substance Abuse and Mental Health Services Administration. (2014). *Guidelines for recovery-oriented practice in agencies and organizations: Practice guidance domain 5: Integrating services, supports, and community resources*. Unpublished manuscript.
- ¹⁴⁵⁵ White, W., & Kurtz, E. (2006). Linking addiction treatment and communities of recovery: A primer for addiction counselors, recovery coaches and the recovery community. Institute for Research, Education and Training in Addictions.
- ¹⁴⁵⁶ White, W. L., & Kurtz, E. (2006). *The varieties of recovery experience: A primer for addiction treatment professionals and recovery advocates*. Great Lakes Addiction Technology Transfer Center, University of Illinois at Chicago.
- ¹⁴⁵⁷ White, W. L., Kurtz, E., & Sanders, M. (2006). *Recovery management*. Great Lakes Addiction Technology Transfer Center, University of Illinois at Chicago.
- ¹⁴⁵⁸ Substance Abuse and Mental Health Services Administration. (2017). *Guidelines for successful transition of people with mental or substance use disorders from jail and prison: Implementation guide*. HHS Publication No. (SMA)-16-4998. Substance Abuse and Mental Health Services Administration.

- ¹⁴⁵⁹ Heaps, M. M., Lurigio, A. J., Rodriguez, P., Lyons, T., & Brookes, L. (2009). Recovery-oriented care for drug-abusing offenders. *Addiction Science & Clinical Practice, 5*(1), 31–36.
- ¹⁴⁶⁰ University of Southern Maine. (2022). Recovery oriented campus center. <https://usm.maine.edu/recovery-oriented-campus-center/>
- ¹⁴⁶¹ Woll, P. (2007). *Alcohol and other drug problems among addiction professionals—Proceedings from the 2006–2007 symposium series*. Southeast Addiction Technology Transfer Center, National Center for Primary Care at Morehouse School of Medicine.
- ¹⁴⁶² Substance Abuse and Mental Health Services Administration. (2020). *Substance use disorder treatment for people with co-occurring disorders*. Treatment Improvement Protocol (TIP) Series 42. SAMHSA Publication No. PEP20-02-01-004. Substance Abuse and Mental Health Services Administration.
- ¹⁴⁶³ Garner, B. R., & Hunter, B. D. (2014). Predictors of staff turnover and turnover intentions within addiction treatment settings: Change over time matters. *Substance Abuse: Research and Treatment, 8*, 63–71.
- ¹⁴⁶⁴ Woll, P. (2007). *Alcohol and other drug problems among addiction professionals—Proceedings from the 2006–2007 symposium series*. Southeast Addiction Technology Transfer Center, National Center for Primary Care at Morehouse School of Medicine.
- ¹⁴⁶⁵ Rosengren, D. B., Baer, J. S., Hartzler, B., Dunn, C. W., Wells, E. A., & Ogle, R. (2009). *Video assessment of simulated encounters-revised (VASE-R) scoring form*. https://adai.uw.edu/instruments/PDF/VASERScoringForm_145.pdf
- ¹⁴⁶⁶ Ashford, R. D., Brown, A., Canode, B., Sledd, A., Potter, J. S., & Bergman, B. G. (2021). Peer-based recovery support services delivered at recovery community organizations: Predictors of improvements in individual recovery capital. *Addictive Behaviors, 119*, 106945.
- ¹⁴⁶⁷ Cos, T. A., La Pollo, A. B., Aussendorf, M., & Williams, J. M. (2020). Do peer recovery specialists improve outcomes for individuals with substance use disorder in an integrative primary care setting? A program evaluation. *Journal of Clinical Psychology in Medical Settings, 27*(4), 704–715.
- ¹⁴⁶⁸ Kleinman, M. B., Doran, K. M., Felton, J. W., & Satinsky, E. (2020). Implementing a peer recovery coach model to reach low-income, minority individuals not engaged in substance use treatment. *Substance Abuse, 42*(9), 1–15.
- ¹⁴⁶⁹ O’Connell, M. J., Flanagan, E. H., Delphin-Rittmon, M. E., & Davidson, L. (2020). Enhancing outcomes for persons with co-occurring disorders through skills training and peer recovery support. *Journal of Mental Health (Abingdon, England), 29*(1), 6–11.
- ¹⁴⁷⁰ Scannell, C. (2021). By helping others we help ourselves: Insights from peer support workers in substance use recovery. *Advances in Mental Health, 1995452*.
- ¹⁴⁷¹ Stack, E., Hildebran, C., Leichtling, G., & Waddell, E. N. (2021). Peer recovery support services across the continuum: In community, hospital, corrections, and treatment and recovery agency settings—A narrative review. *Journal of Addiction Medicine, 16*(1), 93–100.
- ¹⁴⁷² White, W., & Cloud, W. (2008). Recovery capital: A primer for addictions professionals. *Counselor, 9*(5), 22–27.
- ¹⁴⁷³ Martin, E., Jordan, A., Razavi, M., Burnham, IV, V., Linfoot, A., Knudson, E., ... Dumas, L. (2017). *Substance use disorder peer supervision competencies*. The Regional Facilitation Center.
- ¹⁴⁷⁴ Martin, E., Jordan, A., Razavi, M., Burnham, V., IV, Linfoot, A., Knudson, E., ... Dumas, L. (2017). *Substance use disorder peer supervision competencies*. The Regional Facilitation Center.
- ¹⁴⁷⁵ White, W. L., Schwartz, J., Adson, A., Weiner, H., Toth, P. W., Lanza, J., ... Pettit, L. (2007). *The role of clinical supervision in recovery-oriented systems of behavioral healthcare*. Philadelphia Department of Behavioral Health and Mental Retardation Services.