Chapter 3—Counseling Approaches for Promoting Harm Reduction and Preventing Recurrence

KEY MESSAGES

- Counselors can use multiple evidence-based psychosocial interventions and frameworks to help clients achieve their recovery goals, including harm reduction, trauma-informed care, motivational interviewing, cognitive–behavioral therapy, contingency management, mindfulness, acceptance and commitment therapy, and psychoeducation.
- Many psychosocial interventions and frameworks can be effectively combined to increase the odds of clients maintaining their recovery and preventing recurrence, regardless of their chosen recovery pathway.
- Family and social support are vitally important to facilitating recovery for people who have problematic substance use. Family therapy approaches can help strengthen families, leading to positive outcomes for the person in recovery and improved health and well-being for the entire family.
- Peer support services enhance counseling by connecting individuals in recovery to nonclinical professionals who have lived experience with problematic substance use, behavior change, and recovery. Peer support specialists can help clients access community resources; however, counselors also should be aware of recovery services in their local community.

Many people who need treatment for problematic substance use don't receive it. One major reason is that they don't believe they need help.[686] Other reasons people don't receive treatment include lack of insurance, the inability to pay insurance deductibles and copays, and the belief that treatment won't work. Others may not feel ready to stop their substance use.[687,688] Another key reason that people don't receive treatment is fear of the stigma associated with problematic substance use.[689]

Although many people enter recovery without professional help, people with substance use–related problems are more likely to experience long-term, stable recovery if they have access to a combination of counseling services, peer-based recovery supports, medications, and community-based recovery supports. Engaging clients in the recovery process includes establishing a collaborative alliance, helping clients resolve ambivalence about engaging in their chosen recovery pathways, working in partnership with clients to identify recovery goals, and supporting their work toward recovery tasks and goals.

Chapter 3 of this Treatment Improvement Protocol (TIP) is intended for counselors who are working with individuals in recovery from substance use–related problems, regardless of the service setting. This chapter reviews counseling approaches and interventions that can support individuals in recovery from problematic substance use, including:

- Harm Reduction.
- Trauma-Informed Approaches.
- Motivational Approaches.
- Family Therapy Approaches.
- Cognitive–Behavioral Therapy (CBT).
- Contingency Management (CM).
- Mindfulness and Acceptance-Based Approaches.
- Linkages to Peer and Community-Based Support Services.
- Psychoeducation.

For definitions of key terms that appear in this and other chapters, refer to the TIP's Executive Summary.

Harm Reduction

Overview of Harm Reduction

Harm reduction is an evidence-based, proactive approach designed to reduce the negative impacts of problematic substance use.[690] It's focused on meeting people "where they are" and on their own terms,[691,692] and includes compassionate and pragmatic strategies that aim to minimize harm related to problematic substance use. The goal of harm reduction is to enhance quality of life without requiring or advising abstinence or reduction of use.[693] According to the Substance Abuse and Mental Health Services Administration (SAMHSA), harm reduction is a "practical and transformative approach that incorporates community-driven public health strategies—including prevention, risk reduction, and health promotion—to empower people who use drugs (PWUD) and their families with the choice to live healthy, self-directed, and purpose-filled lives. Harm reduction centers the lived and living experience of PWUD, especially those in underserved communities, in these strategies and the practices that flow from them."[694]

RESOURCE ALERT: SAMHSA'S HARM REDUCTION FRAMEWORK

SAMHSA's Harm Reduction Framework outlines harm reduction pillars, principles, and core practice areas that underpin harm reduction initiatives, programs, and services. The document offers a history of harm reduction and resources to guide organizations as they strive to learn more about harm reduction strategies.

The Framework can be accessed at https://www.samhsa.gov/find-help/harm-reduction/framework.

Examples of harm reduction strategies include conducting overdose education and naloxone distribution (OEND) to reduce the risk of opioid overdose; offering test strips to check drugs for fentanyl and xylazine and support safer use; and supporting activities of daily living, including providing services to help people who are using substances obtain food, take showers, or connect with housing. **These activities have been found to reduce the risk of injury, illness, and death associated with substance use.[695]** Some harm reduction activities are also associated with reducing a person's problematic use of substances.[696] (Exhibit 3.1 contains examples of harm reduction services.)

Harm reduction is an approach designed to encourage positive change and reduce the negative health-related consequences of risky behavior that may be associated with substance use.[697,698] It is based on the premise that all people inherently deserve services that promote health, regardless of whether they have problematic substance use.[699] Given

that each person in recovery has their own recovery goals (which may or may not include abstinence from substances), harm reduction activities can encourage outcomes that help prevent overdose and infectious disease transmission for people who have problematic substance use.[700]

Harm reduction strategies are also highly effective in supporting safer substance use behaviors. For example, syringe services programs have limited the sharing of syringes, decreased HIV infection rates, and resulted in fewer overdose deaths.[701] Harm reduction strategies for opioid use disorder (OUD) have reduced the spread of infectious diseases, resulted in fewer opioid overdoses, and improved retention in and access to care.[702] Exhibit 3.2 describes SAMHSA's pillars and corresponding principles and core practice areas of harm reduction.

EXHIBIT 3.1. Harm Reduction Services

According to SAMHSA, harm reduction services can:

- Connect individuals to overdose education, counseling, and referral to treatment for infectious diseases and substance use disorders.
- Distribute opioid overdose reversal medications (i.e., naloxone) to individuals at risk of overdose or to those who might respond to an overdose.
- Lessen harms associated with drug use and related behaviors, such as high-risk sexual activity. Such behaviors may increase the risk of infectious diseases, including HIV, sexually transmitted infections, viral hepatitis, and bacterial and fungal infections.
- Reduce infectious disease transmission among people who use drugs, including those who inject drugs, by equipping them with accurate information and facilitating referral to resources.
- Reduce overdose deaths, promote linkages to care, and facilitate colocation of services as part of a comprehensive, integrated approach.
- Reduce stigma associated with substance use and co-occurring disorders.
- Promote a philosophy of hope and healing by incorporating people with lived experience of recovery in the management of harm reduction services, and connecting service recipients who have expressed interest to treatment, peer support workers, and other recovery support services.

Source: Adapted from material in the public domain. [703]

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EXHIBIT 3.2. Harm Reduction Pillars, Principles, and Core Practice Areas[704]

SAMHSA has outlined the following pillars and corresponding principles and core practice areas:

The six pillars state that harm reduction:

1. Is guided by people who use drugs and who have lived experience of drug use.
2. Embraces the inherent value of people.
3. Commits to deep engagement and community building.
4. Promotes equity, rights, and reparative social justice.
5. Offers the lowest barrier access and noncoercive support.
6. Focuses on any positive change, as defined by the person.

The 12 harm reduction principles call on providers to:

1. Respect autonomy.
2. Practice acceptance and hospitality.
3. Provide support.
4. Connect family (biological or chosen).
5. Provide many pathways to well-being across the continuum of health and social care.
6. Value practice-based evidence and on-the-ground experience.
7. Cultivate relationships.
8. Assist, not direct.
9. Promote safety.
10. Engage first.
11. Prioritize listening.
12. Work toward systems change.

The six core practice areas include:

1. **Safer practices**, which include education and support describing how to reduce risk. Examples include syringe services programs, safer smoking supplies distribution, and fentanyl and xylazine test strips.
2. **Safer settings**, including access to safe environments to live, find respite, practice safer use, and receive supports that are trauma informed and stigma free. Examples include day centers and social spaces that offer harm reduction services and access to safe and secure housing.
3. **Safer access to health care**, by ensuring access to person-centered and nonstigmatizing care that is trauma informed. Examples including low-barrier opioid treatment services and mobile and take-home methadone services.
4. **Safer transitions to care or connections** and access to harm-reduction-informed and trauma-informed care and services. Examples include expansion of telehealth and medication access and treatment on demand.
5. **Sustainable workforce and field**, including resources for maintaining a skilled, well-supported, and appropriately managed workforce. Examples include offering living wages and essential benefits for harm reduction workers and training and technical assistance for providers.
6. **Sustainable infrastructure**, or resources for building and maintaining a revitalized and community-led infrastructure to support harm reduction best practices and the needs of PWUD. Examples include hiring PWUD to inform policy at agencies and promoting education on the value of harm reduction services.

More information about SAMHSA's Harm Reduction Framework, including the pillars and principles, can be found at https://www.samhsa.gov/find-help/harm-reduction/framework*.*

Source: Adapted from Substance Abuse and Mental Health Services Administration. (2023). Harm reduction framework. https://www.samhsa.gov/find-help/harm-reduction/framework

Harm Reduction Methods

Several evidence-based harm reduction methods are available to support recovery from problematic substance use. Examples described below include safer injection practices, syringe services programs, OEND, drug checking using fentanyl and xylazine test strips, sexual health education and supports, protective behavioral strategies (PBS), and client goal-setting practices. Each intervention includes information for counselors who want to connect people in recovery with related resources in their community.

Safer Injection Practices

People who inject substances are at higher risk of disease transmission, including HIV and hepatitis C virus (HCV), as well as damage to their veins and other potentially serious soft tissue infections.[705,706] Those who inject substances may also be more likely to engage in high-risk sexual behaviors, such as unprotected sex, which may put them at higher risk of other sexually transmitted infections (STIs).[707] **Harm reduction practices that educate people about safer injection practices and offer clean supplies are essential for reducing exposure to infections and supporting safety with continued use.**

Counselors can access the resources in this chapter to share information with people in recovery about the importance of ensuring they have access to clean water and supplies; performing handwashing, basic hygiene, and wound care; and understanding other methods for reducing infection. Key areas to discuss include[708]:

- Cleaning hands and skin prior to injections.
- Using sterile equipment prior to each injection (the next section discusses syringe services programs).
- Cleaning used syringes with bleach if new syringes are not available.
- Understanding how to find and care for veins.
- Practicing appropriate hygiene to prevent infections following an injection.

Exhibit 3.3 identifies supplies that support safer injection practices.

RESOURCE ALERT: SAFER INJECTION PRACTICES

Counselors can access the following additional resources for more information about safer injection practices:

- The Safer Injecting Handbook, ninth edition (https://www.exchangesupplies.org/pdf/P303_9.pdf)
- National Harm Reduction Coalition, Getting Off Right: A Safety Manual for Injection Drug Users (https://harmreduction.org/issues/safer-drug-use/injection-safety-manual/)
- North Carolina Harm Reduction Coalition, Safer Injection Drug Use (https://www.nchrc.org/harm-reduction/safer-injection-drug-use/)

Syringe Services Programs

Access to clean needles and syringes helps to ensure that people who inject substances are at reduced risk of contracting HIV, viral hepatitis, or other bloodborne infections. **More than three decades of research supports the use of syringe services as safe, cost-effective, and life-saving programs for people who have problematic substance use.[709]** In fact, research indicates that new users of syringe services programs are five times more likely to enter substance use disorder (SUD) treatment and about three times more likely to stop using drugs than are people who inject substances who do not use these programs.[710]

EXHIBIT 3.3. Supplies To Support Safer Injection Practices[711]

Harm Reduction Supplies	Purpose
Sterile syringes	To reduce the risk of infection and the transmission of infectious diseases
Sterile water	A drug needs to be in liquid form to be injected. Sterile water is used for dissolving the drug prior to injection. Providing sterile water may decrease the risk of infection from using nonsterile water.
Cookers	A container that is used for heating a drug to facilitate dissolution. Often a bottle cap or spoon-like device. Providing cookers may decrease the risk of transmitting HCV.
Cotton	Used to filter insoluble contaminants from drugs dissolved in a solution. The cotton is placed in with the drug solution. A syringe is used to draw the drug through the cotton filter. The filter should be long-stranded cotton to prevent inadvertent injection of microscopic fibers.
Twist ties	Twisted around cooker to make a handle to prevent burn injuries
Tourniquet	To tie off arms or legs to make veins more prominent and minimize subcutaneous and intramuscular injection. Application and removal advice is important to prevent vascular injury.
Alcohol wipes	To clean the skin prior to injecting to reduce the risk of infection
Vitamin C/ascorbic acid powder	Provides acid to facilitate substance dissolution. Providing vitamin C may reduce risk of using less sterile products (e.g., lemon juice).
Bleach	To clean used syringe and injection equipment when sterile equipment is not available, to reduce risk of infection and transmission of infectious diseases
Source: Adapted from Harm reduction strategies for people who inject drugs: Considerations for pharmacists (p. 6), by C. Stock, M. Geier, and K. Nowicki, 2021, CPNP https://aapp.org/guideline/harmreduction*. Copyright 2021 by CPNP.* CC BY-NC 3.0*.*	

Most community-based syringe services programs provide access to sterile needles, syringes, and other injection equipment; facilitate safe disposal of used syringes; and offer a range of other services, including[712,713,714,715]:

- Referrals to SUD treatment programs.
- Screening, care, and treatment to prevent HIV, STIs, and viral hepatitis.
- Sexual health programming, including counseling and condom distribution.
- Education about overdose prevention and safer injection practices.
- Vaccinations.
- OEND.
- Referral to a range of other services.

RESOURCE ALERT: SYRINGE SERVICES PROGRAMS

Additional resources on needle and syringe services programs can be found below:

- The North America Syringe Exchange Network provides a directory of syringe services programs in the United States (https://nasen.org/directory).
- The Centers for Disease Control and Prevention (CDC) offers fact sheets and resources on syringe services programs (https://www.cdc.gov/ssp/index.html).
- The CDC produced a document highlighting effective strategies for implementing syringe services programs (https://www.cdc.gov/ssp/docs/SSP-Technical-Package.pdf).
- The National Institute on Drug Abuse also posts information on syringe services programs (https://nida.nih.gov/drug-topics/syringe-services-programs).

HARM REDUCTION STRATEGIES FOR ADDRESSING HCV

HCV infects liver cells, causing inflammation and damage. Chronic infection with HCV can lead to serious health problems, including cirrhosis and liver cancer.[716] The virus is spread through direct contact with the blood of someone who is infected with HCV.[717,718] Sharing syringes and injection equipment is the most common way that HCV is spread.[719,720] In fact, more than 60 percent of people newly infected with HCV identify injection drug use as a risk factor.[721] Harm reduction strategies can significantly reduce the risk of HCV infection among people recovering from problematic substance use who continue to inject substances.

To stop the spread of HCV, individuals should:

- Get tested as soon as possible. If an individual tests negative, they can take steps to reduce their risk in the future, including through safer injection strategies, described below. If they test positive, medications can treat HCV.[722] An overview of these medications, including prescribing information, can be found at https://www.hepatitisc.uw.edu/page/treatment/drugs.
- Use safer injection strategies. This includes using sterile injection equipment and avoiding reusing or sharing equipment. More information about safer injection strategies to prevent the spread of HCV can be found at https://harmreduction.org/issues/hepatitis-c/basics-brochure/.

Naloxone and Overdose Education Kits

Naloxone, a medication that can rapidly reverse an opioid overdose, is an essential harm reduction tool for people who have problematic opioid use. Naloxone attaches to opioid receptors and reverses and blocks the effects of opioids. The medication, which is now available over the counter as a nasal spray as well as by prescription, can quickly restore normal breathing to a person if their breathing has slowed or stopped because of an opioid overdose.[723,724] In fact, **SAMHSA recommends that every client who has problematic opioid use or OUD receive opioid overdose prevention education and naloxone.[725]** Naloxone is generally not harmful. In the event of an ongoing overdose, the risk of death associated with opioid overdose is far greater than the risk of experiencing adverse effects from naloxone administration.[726]

However, counselors should be aware that naloxone may cause individuals to go into withdrawal.[727] For those with OUD, connection to medication-assisted recovery services is a critical next step following naloxone administration. Counselors can learn more about these symptoms and naloxone at https://www.samhsa.gov/medication-assisted-treatment/medications-counseling-related-conditions/naloxone.

RESOURCE ALERT: NALOXONE AND OVERDOSE PREVENTION EDUCATION

More information about naloxone and other overdose prevention education can be found at the following links:

- 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)
  - SAMHSA Opioid Overdose Prevention Toolkit (https://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit/SMA18-4742)
  - Naloxone webpage (https://www.samhsa.gov/medication-assisted-treatment/medications-counseling-related-conditions/naloxone)
- Prescribe To Prevent provides information about prescribing naloxone for overdose prevention, including educational handouts and videos (http://prescribetoprevent.org).
- The National Institute on Drug Abuse presents facts about naloxone for providers (https://nida.nih.gov/publications/drugfacts/naloxone).
- The Centers for Disease Control and Prevention offers fact sheets on reversing opioid overdoses with lifesaving naloxone (https://www.cdc.gov/opioids/naloxone/factsheets/index.html).
- OpiSafe offers a free smartphone app with interactive prompts for overdose rescue (https://opisafe.com/products/opirescue).

The Food and Drug Administration (FDA) has approved naloxone in both injectable and nasal spray form.[728] Information about naloxone, prescribing, and client and community education can be found in the *SAMHSA Opioid Overdose Prevention Toolkit* (https://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit/SMA18-4742).[729]

Naloxone is accessible in all states. However, the out-of-pocket cost to purchase naloxone may be high, creating a barrier for uninsured patients as well as for those who have insurance with high copays.[730] Counselors can learn more about where to access naloxone from their state health or behavioral health department as well as the following sources:

- NEXT Distro provides information about community-based naloxone programs and can be accessed at https://www.naloxoneforall.org/.
- The North America Syringe Exchange Network's syringe services locator identifies places where naloxone is offered (https://www.nasen.org/map/).

NALOXONE AS A HARM REDUCTION TOOL TO PREVENT OPIOID USE–RELATED OVERDOSES

Naloxone distribution, combined with overdose education programs, has successfully reduced opioid overdose deaths in recent years. In fact, communities with naloxone distribution and overdose education programs have shown greater reductions in overdose mortality, compared with those without such programs.[731] In one study, opioid overdose death rates were 27 to 46 percent lower in communities where naloxone and overdose education programs were in place.[732] Another study conducted in San Francisco found that 11 percent of participants used naloxone during an overdose, and 89 percent of overdoses were reversed in these cases. These data highlight the effectiveness of this medication in saving lives.[733,734]

Fentanyl and Xylazine Test Strips

The use of fentanyl has been associated with a significant increase in overdose and death rates.[735] Fentanyl is a powerful synthetic opioid that is 50 times stronger than heroin and 100 times stronger than morphine.[736,737] Although pharmaceutically produced fentanyl is prescribed to treat pain, illicitly manufactured fentanyl may be added to other substances, making those drugs more powerful and addictive. It is also difficult to tell whether a substance contains fentanyl, making the substance more dangerous.[738,739]

Fentanyl test strips, which can now be purchased with federal funding, can detect the presence of fentanyl within 5 minutes. They are an essential harm reduction tool for reducing overdose and deaths related to this substance.[740,741,742] The correct use of fentanyl test strips requires education about how to correctly dilute the solution being tested.[743]

Counselors can learn how to access and use fentanyl test strips through local syringe services programs. The North America Syringe Exchange Network's website has a map with links for locating many of these programs in their communities (https://www.nasen.org/map/).

Xylazine, also called "tranq" or "tranq dope," is a tranquilizer increasingly being added to other drugs, such as cocaine, heroin, and fentanyl, either to enhance the drug effects or increase street value by increasing their weight. Xylazine's effects can be life-threatening, particularly when combined with opioids, like fentanyl. Although it is FDA-approved for use in animals, xylazine is not approved for use in humans.

There are harm reduction strategies that can help address a potential xylazine overdose, including administering naloxone. Naloxone will not reverse the effects of xylazine. However, it should always be administered to anyone with a suspected overdose because xylazine is often mixed with other opioids.

Similar to fentanyl test strips, xylazine test strips can also be used to test for the presence of xylazine prior to use.[744]

For more information about xylazine test strips, including where you can obtain them, visit https://mattersnetwork.org/harmreduction/.

RESOURCE ALERT: FENTANYL AND XYLAZINE TEST STRIPS

More information about fentanyl test strips can be accessed from:

- The Centers for Disease Control and Prevention (https://www.cdc.gov/stopoverdose/fentanyl/fentanyl-test-strips.html).
- National Harm Reduction Coalition (https://harmreduction.org/issues/fentanyl/).
- Connecticut Department of Public Health (https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/AIDS--Chronic-Diseases/Prevention/DPH_FentanylTestStrips.pdf).
- New York State Office of Addiction Services and Supports (https://oasas.ny.gov/xylazine).

Access to Reproductive and Sexual Health Services

Sexual health services and education have been documented to prevent the transmission of HIV and other STIs as well as reduce the number of unplanned pregnancies. Studies indicate that **problematic substance use may put people at higher risk of getting HIV and other STIs as well as other infections.**[745]

Additionally, some people with problematic substance use may also engage in some form of sex work. In an examination of substance use among sex workers in 86 studies from 46 countries, more than a third of sex workers reported problematic substance use over their lifetime.[746] Sex workers who also have problematic substance use may be increasingly vulnerable to infectious diseases, including HIV and other STIs; violence, stigma, and discrimination;

and exploitation.[747] Clients who are using substances like methamphetamine and cocaine may engage in sex work as a means to obtain a source of income to pay for substances. These clients may feel ambivalent about abstaining from substance use in this case. Thus, for those who engage in sex work, counselors should help them develop safety plans, identify and avoid cues and triggers related to substance use, and take greater control over their reproductive health.[748]

Sexual health programs are particularly important for reducing harm among people who have problematic substance use, including those engaging in sex work.[749] These programs often include[750]:

- **Access to HIV prevention methods, such as preexposure prophylaxis (PrEP) and postexposure prophylaxis (PEP)**. PrEP and PEP are effective medications that are part of sexual health programs nationwide. These medications, described below, can prevent HIV transmission and be prescribed by primary care providers, community health centers, and other service providers.
  - PrEP can prevent infection in people who may be at risk for contracting HIV. The FDA has approved two daily oral medications for PrEP and a long-acting injectable form.[751] More information about PrEP can be found at https://www.hiv.gov/hiv-basics/hiv-prevention/using-hiv-medication-to-reduce-risk/pre-exposure-prophylaxis.
  - PEP can prevent HIV when taken within 72 hours (3 days) after a possible exposure.[752] More information about PEP can be found at https://www.hiv.gov/hiv-basics/hiv-prevention/using-hiv-medication-to-reduce-risk/post-exposure-prophylaxis.
  - HIV prevention and testing services can be found at https://npin.cdc.gov/search/organization/prevention/HIV.

RESOURCE ALERT: SEXUAL HEALTH SERVICES

- More information about birth control options, including their effectiveness, can be found at https://www.cdc.gov/reproductivehealth/contraception/index.htm.
- The National Harm Reduction Coalition publishes a pregnancy and substance use harm reduction toolkit with information about sexual health as well as other resources. It can be accessed at https://harmreduction.org/issues/pregnancy-and-substance-use-a-harm-reduction-toolkit/#section2.

- **Access to birth control options.** Offering birth control options, such as long-acting reversible contraceptives, birth control pills, condoms, and other types of contraceptives, is effective in reducing unplanned pregnancies and supporting sexual health. Birth control options should be offered in conjunction with STI testing and treatment services.
  - Studies indicate that women who inject substances may have unmet needs for reproductive health services, such as access to birth control.[753] They also may face many barriers to accessing this kind of care in traditional settings, including personal histories of trauma and judgmental treatment from providers, among other challenges.[754]
  - Increased access to sexual health services and contraception are needed and supported by organizations like the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists, which have also endorsed expanding access to comprehensive contraception services, including long-acting reversible contraceptives, as an essential harm reduction tool in the opioid epidemic response.[755]

- Broader access to these types of contraceptives and other contraceptive methods are important tools for people who have problematic substance use and who are interested in preventing pregnancy.
- Condom distribution programs have been implemented in communities across the country and have been shown to be effective for preventing the spread of HIV and other STIs as well as reducing unplanned pregnancies.[756]
- According to the Centers for Disease Control and Prevention, making condoms widely available through distribution programs is essential to successful HIV prevention.[757]
- More information about condom distribution programs, including where programs are located, can be found at https://www.cdc.gov/hiv/effective-interventions/prevent/condom-distribution-programs/index.html.

- **Comprehensive sexual education.** Offering comprehensive sexual education, including education on HIV and STI prevention and birth control options, is an essential part of promoting health and well-being for people who have problematic substance use.

Chapter 4 discusses further how counselors can help connect clients to providers, including gynecologists and obstetricians, who can help provide sexual and reproductive health services.

PBS

PBS are harm reduction strategies that can reduce the use and severity of consequences from problematic substance use.[758] Regarding problematic alcohol use, examples of PBS include defining limits around drinking and behavior, such as deciding not to exceed a set number of drinks or choosing not to engage in behaviors that lead to drinking quickly.[759] Some common activities used with PBS include brief motivational interventions, PBS skills training, personalized normative feedback, and PBS instruction.[760] Important considerations when discussing PBS with clients include the client's social environment, how substance use may be embedded in their culture, or how they connect socially.[761]

PBS have been studied as a harm reduction practice to address problematic marijuana use. By developing specific personal strategies for moderating use, **PBS were found to reduce impulsivity and risk taking related to marijuana use. They also were found to enhance protective factors among people with problematic marijuana use.[762]**

Client Goal Setting To Reduce Use

Client-driven goal setting can help clients interested in reducing substance use by allowing them to set individual and achievable goals. This type of goal setting does not often focus on abstinence. Rather, **clients identify goals related to reducing substance use–related harm or improving quality of life.[763]**

After initial goals are identified, counselors may ask open-ended questions and engage in strengths-based reflections to elicit client progress toward their harm reduction goals.

HARM REDUCTION STRATEGIES TO PREVENT STIMULANT OVERAMPING

"Overamping," although not recognized as a condition by medical professionals, is a term used to describe a constellation of physical and psychological symptoms[764] that one may experience after taking stimulants, such as cocaine. People experiencing overamping may feel physical or psychological symptoms, such as "feeling off" or experiencing paranoia, mania, or anxiety.[765,766] Other symptoms may include a strong desire to sleep or, conversely, severe sleeplessness with dehydration.[767] High blood pressure and heart disease can put people at higher risk of overamping and having a heart attack.[768]

Counselors can help clients avoid overamping in a number of ways, such as helping them to get their heart, blood pressure, and cholesterol checked to ensure they are in good health. They can encourage clients to try to get regular sleep, eat healthy foods, and stay hydrated. Counselors should also be aware of the symptoms of overamping, including[769]:

- Nausea and/or vomiting.
- Falling asleep.
- Chest pain or tightening.
- High temperature.
- Fast heart rate.
- Severe headache.
- Convulsions.

More information about preventing and recognizing stimulant overamping can be found in the National Harm Reduction Coalition's *Stimulant Overamping Basics Training Guide* at https://harmreduction.org/issues/overdose-prevention/overview/stimulant-overamping-basics/what-is-overamping/.

Counselors also can provide affirmations and encouragement to support ongoing goal actualization. Working collaboratively to track progress, counselors and their clients should discuss barriers to progress. However, **remaining supportive, regardless of client progress, is an essential part of this intervention.**[770]

Motivational interviewing (MI) can be a critical tool in supporting the development of goals. As discussed in subsequent sections of this chapter, MI is an effective, evidence-based technique for helping clients identify their strengths and goals as well as barriers to progress on those goals that may be preventing change. The core principles of MI are to express empathy and elicit clients' reasons for and commitment to addressing problematic substance use.[771,772] Counselors must be trained in skills and strategies involved in MI. These skills are particularly useful for helping clients identify goals to reduce or address problematic substance use.

RESOURCE ALERT: MI AND CLIENT GOAL SETTING

More information about client goal setting and MI can be found in 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.

Trauma-Informed Approaches

Many people experience trauma during their lifetime. Trauma can result from physically or emotionally harmful or life-threatening experiences that can cause lasting adverse effects on a person's well-being.[773] Trauma is in fact how we experience these events and can be different for various members of a family or community. Some clients

may experience trauma directly related to a specific event, whereas others may have trauma resulting from cumulative experiences of childhood abuse and neglect. Trauma and SUD often occur together, and the experience of trauma can result in or from problematic substance use.[774,775] For example, one study indicated that of individuals with posttraumatic stress disorder (PTSD), 46 percent also had an SUD.[776] **Failing to address trauma in people who have problematic substance use can lead to worse outcomes.[777]**

Counselors should **be able to recognize the effects of trauma on the lives of people in recovery and develop trauma-sensitive or trauma-responsive services.** Those who have survived trauma will vary in how they experience it. A client may have emotional reactions (e.g., anxiety, guilt, sadness, depression); physical reactions (e.g., sweating, nausea, fatigue, sleep disturbances); and cognitive reactions (e.g., difficulty concentrating, memory problems, self-blame); among many others. More information about immediate and delayed signs of trauma can be found in SAMHSA's TIP 57, *Trauma-Informed Care in Behavioral Health Services* (https://www.samhsa.gov/resource/ebp/tip-57-trauma-informed-care-behavioral-health-services).

Becoming trauma aware and informed is a first step in this process.[778] Counselors can use the information below to learn about types of trauma, understand how to recognize trauma, and identify ways to support people in recovery with a trauma history. The trauma-informed therapies in this section can help people in recovery manage trauma-specific symptoms, removing another barrier to their recovery.

Overview of Trauma-Informed Approaches

Trauma-informed care is grounded in an understanding of and responsiveness to the impact of trauma.[779] **Trauma-informed care is strengths-based, which requires that counselors be aware of their clients' trauma and understand that clients must be directly involved in their own care.** Clients become empowered and invested in the outcome when they have input into their goals and treatment.[780] **Trauma-informed care means attending to trauma-related symptoms and creating an environment that is responsive to the unique needs of individuals with histories of trauma.** Treatment is focused on reducing specific symptoms and restoring functioning, but it also addresses broader goals like building resiliency, reestablishing trust, and preventing retraumatization.[781]

PROVIDING TRAUMA-INFORMED SCREENING AND ASSESSMENT

Counselors should offer trauma-informed screening and assessment when working with clients. SAMHSA's TIP 57, *Trauma-Informed Care in Behavioral Health Services,* offers information about how counselors can create an effective screening and assessment environment for their clients who may have experienced trauma.[782] Specific guidance includes[783]:

- Clarifying for the client what they may expect in the screening and assessment process.
- Approaching the client in a supportive manner.
- Creating an atmosphere of trust, respect, acceptance, and thoughtfulness.
- Respecting the client's personal space.
- Adjusting the tone and volume of speech to match the client's level of engagement and level of comfort.
- Requesting only the information necessary for conducting the screening and assessment.

More information about how to conduct trauma-informed screening and assessment can be found in SAMHSA's TIP 57 at https://www.samhsa.gov/resource/ebp/tip-57-trauma-informed-care-behavioral-health-services.

Counselors should understand how to recognize trauma-related reactions, how to incorporate treatment interventions for trauma-related symptoms into clients' treatment plans, and how to help clients build a safety net to prevent further trauma.[784] **Trauma-informed approaches support both counselors and people in recovery.** This approach encourages better understanding of a client's potential trauma history and builds trust between the counselor and the person in recovery. It can also help counselors adapt interventions to ensure they are addressing the unique needs of the person in recovery.

Use of language in trauma-informed care is important. Counselors should ensure that interventions and interactions don't distress or retraumatize clients. Trauma can be grounded in relationships; thus, a counselor's role is essential to supporting their client. They should also avoid being confrontational or argumentative with clients or dismissive of their experiences and feelings. By minimizing or ignoring clients' responses and needs or pushing clients to talk in greater detail about their trauma, counselors run the risk of retraumatizing them.[785]

Elements and Principles of Trauma-Informed Care

SAMHSA has outlined the elements of trauma along with key principles of trauma-informed care in its strategic initiative for trauma and justice (Exhibit 3.4). Counselors should be aware of these foundational concepts as they integrate trauma-informed approaches into their work.[786] **Being trauma informed requires "recognizing that context plays a significant role in how individuals perceive and process traumatic events, whether acute or chronic."[787]** Key elements of a trauma-informed approach include[788]:

- **Realizing** the widespread effects of trauma and the various paths to recovery.
- **Recognizing** the signs and symptoms of trauma.
- **Responding** by putting this knowledge into practice.
- **Resisting** retraumatizing people in recovery by working to provide a supportive environment and examining language.

LANGUAGE MATTERS

Being culturally responsive is a key part of delivering trauma-informed services. Cultural responsiveness is honoring and respecting the beliefs, languages, interpersonal styles, and behaviors of individuals and families receiving services.[789] Use of language that supports clients and avoids retraumatizing them is essential. Counselors should receive training on cultural responsiveness and trauma-informed care to avoid using language that may trigger trauma.

In fact, use of the term "trauma-informed care" may also create challenges for clients. As one author noted, using the term[790]:

- Ignores the entirety of a client's experience by focusing only on that person's harm, injury, and trauma.
- Focuses on the treatment of a client's pathology (trauma), rather than the client's overall well-being.
- Presumes that the trauma is an individual experience, rather than a collective one.

For these reasons, some have suggested use of the term "healing-centered care," rather than trauma-informed care, with a more holistic focus on well-being and community.[791] This example further demonstrates the importance of using language that is sensitive to the needs of clients.[792]

RESOURCE ALERT: TRAUMA-INFORMED CARE IN BEHAVIORAL HEALTH

Counselors can access additional resources on trauma-informed care to support clients in their work. These include:

- **SAMHSA's TIP 57, *Trauma-Informed Care in Behavioral Health Services,*** which includes information about trauma awareness; understanding the impact of trauma, such as symptoms and related disorders; screening and assessment; clinical issues; and trauma-specific services. It also includes an implementation guide for behavioral health program administrators about becoming a trauma-informed organization. The TIP can be accessed at https://www.samhsa.gov/resource/ebp/tip-57-trauma-informed-care-behavioral-health-services.
- **The National Center for Trauma-Informed Care, Center for Health Care Strategies' Trauma-Informed Care Implementation Resource Center,** which offers consultation, technical assistance, education, outreach, and resources to support trauma-informed care in systems and programs. The focus of its work is to help health service providers and programs become more aware of the effects of trauma on clients, to adapt services to incorporate trauma-informed practices, and to help raise awareness of practices or processes that are more likely to retraumatize clients. The Center offers resources and materials for healthcare organizations to learn about and adopt best practices related to trauma-informed care. The resources can be found at https://www.traumainformedcare.chcs.org/.

EXHIBIT 3.4. Key Principles of a Trauma-Informed Approach

SAMHSA identifies six key principles of a trauma-informed approach[793]:

- Safety: Throughout the organization, staff and the people they serve, whether children or adults, feel physically and psychologically safe; the physical setting is safe; and interpersonal interactions promote a sense of safety.
- Trustworthiness and Transparency: Organizational operations and decisions are conducted with transparency, with the goal of building and maintaining trust with clients and family members, agency staff, and others involved in the organization.
- Peer Support: Peer support and mutual self-help are key vehicles for establishing safety and hope, building trust, and enhancing collaboration. Peers use their stories and lived experiences to promote recovery and healing.
- Collaboration and Mutuality: Importance is placed on partnering and the leveling of power between staff and clients, among organizational staff and clients, and among organizational staff from clerical and housekeeping personnel to administrators. Healing happens in relationships and in the meaningful sharing of power and decision making.
- Empowerment, Voice, and Choice: Throughout the organization and among the clients served, individuals' strengths and experiences are recognized and built upon. The organization fosters a belief in the primacy of the people served, in resilience, and in the ability of individuals, organizations, and communities to heal and promote recovery from trauma.
- Cultural, Historical, and Gender Issues: The organization actively moves past cultural stereotypes and biases; offers access to gender-responsive services; leverages the healing value of traditional cultural connections; incorporates policies, protocols, and processes that are responsive to the racial, ethnic, and cultural needs of individuals served; and recognizes and addresses historical trauma.

UNDERSTANDING PERPETRATION-INDUCED TRAUMA

When most people think about trauma, they think of victims of trauma. However, some people who have inflicted violence on others also have trauma from those experiences.[794] For example, veterans or others serving in combat situations who have been directly engaged in violent acts may develop trauma-related symptoms or PTSD because of their participation.[795,796] Studies indicate that killing someone during combat is a risk factor for the development of PTSD, a diagnosis closely linked with developing subsequent problematic substance use.[797,798]

Counselors should be aware of perpetration-induced trauma. The Department of Veterans Affairs' National Center for PTSD has resources available to support counselors and help them learn more about these issues.

- More information about the treatment of co-occurring PTSD and SUD can be accessed at https://www.ptsd.va.gov/professional/treat/cooccurring/tx_sud_va.asp.
- Information on trauma-informed care and treatment for trauma and PTSD, including a Community Provider Toolkit, can be found at https://www.ptsd.va.gov/professional/treat/care/index.asp.
- More information about types of trauma as well as manuals and tools to treat trauma is available at https://www.ptsd.va.gov/professional/treat/type/index.asp.

Trauma and Problematic Substance Use

As discussed in Chapter 1, people in recovery may have experienced trauma, defined by SAMHSA as a result of an event or series of events that are physically and emotionally harmful, or life threatening, and that have lasting adverse effects on a person's mental, physical, social, emotional, or spiritual well-being.[799] People experience trauma in different ways and may experience multiple traumatic events. Trauma can be acute, chronic, or complex.[800]

Counselors should be aware of the range of trauma that people in recovery may have experienced. They should also be conscious of the fact that clients may have experienced many different forms of trauma within their lifetimes.

Adverse childhood experiences are traumatic events that occur during childhood, such as physical or emotional abuse, or parental neglect.[801,802] Stress from these events can affect brain development, resulting in long-term negative health and emotional consequences for the person, including SUD.[803,804,805] Sexual abuse, which may occur during childhood, is closely linked with SUDs and has also been shown to disrupt the efficacy of SUD treatment.[806] Problematic substance use can also expose people to traumatic experiences, such as homelessness or gun violence.[807,808]

People in recovery may have also experienced historical, racial, or intergenerational trauma. Historical trauma refers to traumatic experiences or events shared by historically oppressed groups. Racial trauma results from exposure to racism, bias, and discrimination. Intergenerational trauma passes down from those who directly experience the trauma to subsequent generations. Intergenerational trauma can occur because of historical or racial trauma. People who experience these forms of trauma may be more likely to have problematic substance use. Intimate partner violence is also associated with problematic substance use. People who experience substance use coercion, defined as controlling or interfering with a partner's SUD treatment or forcing a partner to use substances, are more likely to have problematic substance use.[809]

Other forms of trauma associated with problematic substance use may include the experience of poverty, homelessness,[810] and food insecurity. Trauma may also result from involvement in the criminal justice system. In fact, trauma is disproportionately present in individuals with exposure to the

criminal justice system, and trauma exposure among people who are incarcerated has been associated with alcohol and substance use.[811] Another form of trauma, military combat trauma, is also associated with development of problematic substance use (more information can be found in the "Understanding Perpetration-Induced Trauma" box).[812] Each of these forms of trauma requires an individualized, trauma-informed, and culturally responsive approach by counselors.

Principles of a Trauma-Informed Care Framework for Counselors

Working with a person in recovery who has a history of trauma can be challenging. Counselors should be aware of trauma-informed care before working with individuals in recovery who have a history of trauma. SAMHSA's TIP 57, *Trauma-Informed Care in Behavioral Health Services*, includes information for counselors about trauma awareness; understanding the impact of trauma; clinical issues; and trauma-specific services. The TIP can be accessed at https://www.samhsa.gov/resource/ebp/tip-57-trauma-informed-care-behavioral-health-services. Counselors can use the following treatment principles to guide them in developing trauma-informed approaches that meet the needs of people in recovery who have a history of trauma. They include[813]:

- **Promoting trauma awareness.** Counselors should recognize the prevalence of trauma and its role in problematic substance use. For example, research indicates that there are high rates of comorbidity between SUD and posttraumatic stress disorder.[814] In fact, data indicate that those with SUD are 6.5 times more likely to have PTSD that those without SUD.[815] With the understanding that trauma and problematic substance use may often co-occur, counselors can tailor their work with those in recovery. However, counselors should not assume everyone has experienced trauma. Screening and assessment tools can help counselors to better understand the range of traumatic experiences that clients may have experienced. They should keep in mind that clients may avoid openly discussing traumatic events as these may evoke feelings of shame, guilt, or fear of retribution by others associated with the event. Thus, in some cases clients may be more likely to report trauma when they use self-administered screening tools.[816]
- **Recognizing trauma.** Once aware of a person in recovery's trauma history, a counselor can begin to understand where they may be coming from, working with them from a hopeful, strengths-based position, and building upon the belief that their "responses to traumatic experiences reflect creativity, self-preservation, and determination."[817]
- **Examining trauma in the context of the person in recovery's environment.** To understand a client's trauma history, a counselor must consider the environmental and individual, interpersonal, community, societal, cultural, and historical factors that played a role. The context of traumatic events can help inform and guide the counselor's approach to a client's treatment and recovery.
- **Minimizing retraumatization.** Counselors should ensure that they don't offer treatment or use language that may inadvertently retraumatize people in recovery. They should review their practices to determine whether they may retraumatize a person in recovery.
- **Creating a safe environment.** People in recovery should feel safe and supported in the environment where they meet with counselors. Avoiding potential triggers is critical to creating a safe environment for people in recovery. Asking clients to discuss the trauma can be a potential trigger and may retraumatize them in the process. Instead, educating clients about how discussing trauma may affect them may be the first step. Acknowledging

the relationship between problematic substance use and trauma and educating clients on the impact of trauma may allow them to begin to develop trust with their counselors so that they feel more comfortable sharing their trauma.

- **Identifying recovery as a primary goal.** Counselors need to bridge the gap between a person in recovery's problematic substance use and the traumatic experiences they may have had. If people in recovery engage in treatment for problematic substance use without addressing the role that trauma has played in their lives, they are less likely to experience recovery overall.[818] Helping clients develop the skills to recognize their own trauma and triggers and responses to that trauma may help them as they work towards their recovery.
- **Viewing trauma through a sociocultural lens.** Counselors should learn about the life experiences and cultural background of people in recovery as these are key elements for building culturally responsive practices. Culturally responsive practices should guide the recovery process.
- **Developing strategies to address secondary trauma and promote self-care.** Secondary trauma refers to the trauma that behavioral health service and other providers may experience through exposure to their clients' traumatic experiences.[819] Working with survivors of trauma may cause additional trauma-related symptoms for counselors. Counselors can reduce the risk of secondary trauma by monitoring their own mental health needs, seeking assistance from behavioral health service providers, and engaging in self-care activities.

AVOIDING RETRAUMATIZATION[820]

To avoid retraumatizing a person in recovery, counselors can:

- Talk to a person in recovery about cues they associate with the traumatic experience.
- Develop and maintain a supportive, empathetic, and collaborative relationship with the person in recovery.
- Encourage ongoing discussion with the person in recovery about their needs.
- Ensure they are available to meet with and discuss any concerns or problems the person in recovery is having throughout treatment.

Overview of Trauma-Informed Therapies

Trauma-informed therapies may include[821]:

- Providing psychoeducation, especially about the relationship between trauma and problematic substance use.
- Teaching coping and problem-solving skills about how to manage stress.
- Discussing retraumatization and developing strategies to prevent further victimization.
- Helping clients feel empowered and in control of their lives.
- Establishing a sense of safety in clients' daily lives and in treatment.
- Promoting resilience and offering hope for change and improvement.
- Teaching clients how to identify and respond adaptatively to triggers.
- Building a strong relationship, which includes trust, confidence, and self-worth.

Counselors can select from many trauma-informed therapies to support people in recovery with a trauma history (Exhibit 3.5).

EXHIBIT 3.5. Overview of Trauma-Informed Therapies

Therapy	Purpose	Brief Overview
Eye Movement Desensitization and Reprocessing (EMDR)[822]	EMDR therapy can help process experiences that are causing problems and distress. It is effective for treating PTSD and trauma. Consider using EMDR with clients who are more stable rather than with those initially seeking recovery support.	The treatment involves three main concentrations (past memories, present disturbances, future actions) and eight phases: (1) History and Treatment Planning; (2) Preparation; (3) Assessment and Reprocessing; (4) Desensitization; (5) Installation; (6) Body Scan; (7) Closure; and (8) Reevaluation. More information can be found at https://www.emdr.com/.
Accelerated Resolution Therapy (ART)[823]	ART includes imaginative therapy that can help those with PTSD, phobias, anxiety, depression, and trauma.	The therapy focuses on rescripting an individual's traumatic events through visualization and other techniques. More information can be found in *Accelerated Resolution Therapy for Posttraumatic Stress Disorder* at https://health.mil/Military-Health-Topics/Centers-of-Excellence/Psychological-Health-Center-of-Excellence/PHCoE-Research-and-Analytics/Psych-Health-Evidence-Briefs.
Exposure Therapy[824]	In exposure therapy, people in recovery describe and explore trauma-related memories with the eventual goal of decreasing and desensitizing traumatic thoughts.	Exposure therapy is recommended when the prominent trauma symptoms are intrusive thoughts, flashbacks, or trauma-related fears, panic, and avoidance. Clients explore trauma-related memories through a series of activities. Common methods include exposure through imagery or real life. More information can be found at https://www.apa.org/ptsd-guideline/patients-and-families/exposure-therapy.pdf.
Narrative Therapy[825]	Narrative therapy is premised on the idea that people are the experts on their own lives and can access existing resources to reduce the impact of problems in their lives. It was developed for treatment of PTSD and used to support treatment for other trauma.	Narrative therapy is based on CBT principles, particularly exposure therapy, and includes the use of stories in therapy with the client as the storyteller. Narrative is told and retold from the voice of the client to put the trauma in context of the survivor's life, defining options for change. More information can be found at https://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA14-4816 and https://www.apa.org/ptsd-guideline/treatments/narrative-exposure-therapy.

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Cognitive Processing Therapy (CPT)[826]	CPT was initially developed to address PTSD and depression in rape survivors; however, CPT can also support individuals with PTSD stemming from other types of traumatic experiences. It combines elements of existing treatments for PTSD.	CPT includes an exposure therapy component requiring clients to write a detailed account of their trauma. The client then reads the narrative aloud during a session and at home. The cognitive therapy aspect of CPT focuses on key themes, including safety, trust, power, control, self-esteem, and intimacy. More information can be found at https://www.apa.org/ptsd-guideline/treatments/cognitive-processing-therapy.
Dialectical Behavior Therapy (DBT)[827]	DBT was developed to support individuals who have significant challenges; for example, those experiencing suicidal thoughts or with borderline personality disorder.	DBT combines elements of CBT, behavior therapy, and mindfulness to help clients regulate and tolerate their emotions. More information can be found at https://www.mirecc.va.gov/visn16/dbt.asp.
Skills Training in Affective and Interpersonal Regulation[828]	This cognitive behavioral model adapts therapies from other models, including CBT and DBT. It focuses on addressing trauma related to child abuse.	Phase 1 consists of skills training in affect and interpersonal regulation derived from general CBT and DBT. Phase 2 features narrative therapy approaches. More information can be found at https://www.ptsd.va.gov/professional/continuing_ed/STAIR_online_training.asp.
Stress Inoculation Training (SIT)[829]	SIT is based on the premise that anxiety and fear experienced during trauma generalize to other objectively safe situations.	Treatment components include education, skills training, role-playing, guided self-talk, assertiveness training, and thought stopping, among other areas. More information can be found at https://www.ptsd.va.gov/understand_tx/stress_inoculation_training.asp.
Mindfulness Techniques for Trauma[830]	Mindfulness is based on the process of learning to be present in the moment. The goal is to help people with a trauma history observe their experiences, increase awareness, and tolerate uncomfortable emotions.	A variety of mindfulness practices are available to help clients manage traumatic stress and increase coping skills and resilience. More information can be found at https://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA14-4816.
Integrated Models		
Addiction and Trauma Recovery Integration Model[831]	This model supports clients in exploring anxiety, sexuality, self-harm, depression, anger, physical complaints and ailments, sleep difficulties, relationship challenges, and spiritual disconnection.	The model integrates CBT and other treatment models over a 12-week period, focusing on the body's responses to addiction and traumatic stress and the impact of trauma and addiction on the mind and spirit. More information can be found at https://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA14-4816.

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Concurrent Treatment of PTSD and Cocaine Dependence[832]	This approach is designed to treat co-occurring PTSD and cocaine dependence.	Includes a 16-session, twice-weekly individual outpatient psychotherapy model and combines imagery and in-person exposure therapy. More information can be found at https://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA14-4816.
Seeking Safety[833]	Seeking Safety helps clients attain safety from trauma and problematic substance use through an emphasis on ideals and simple, emotionally evocative language and quotations.	Offers strategies to help clients dealing with concurrent SUDs and histories of trauma. The approach covers 25 topics that address cognitive, behavioral, interpersonal, and case management domains. More information can be found at https://www.treatment-innovations.org/seeking-safety.html.
Substance Dependence PTSD Therapy[834]	This therapy combines existing treatments for PTSD and problematic substance use to help clients with a range of traumas.	A structured 40-session individual therapy focusing on coping skills, cognitive interventions, and creating a safe environment. The therapy draws on CBT models, anger management, relaxation training, HIV risk reduction, and motivational enhancement techniques. Also, it includes exposure therapy and psychoeducation about trauma. More information can be found at https://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA14-4816.
Trauma Affect Regulation: Guide for Education and Therapy (TARGET)[835]	TARGET is a strengths-based, resilience-building and recovery program that helps survivors understand how trauma changes the brain. It includes skills training for trauma survivors who have problematic substance use and co-occurring disorders.	TARGET is a seven-step approach to addressing PTSD symptoms. The seven steps are: focusing, recognizing triggers, conducting an emotion self-check, evaluating thoughts, defining goals, identifying options, and making a contribution. More information can be found at https://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA14-4816.
Trauma Recovery and Empowerment Model (TREM)[836]	TREM is a group intervention designed for female trauma survivors (sexual and physical abuse) with severe mental disorders.	The model develops recovery skills using techniques effective in trauma recovery services. It is informed by the role of gender in women's experiences of and coping with trauma. TREM addresses empowerment, trauma recovery, advanced trauma recovery issues, closing rituals, and modifications for special populations. More information can be found at https://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA14-4816.

Motivational Approaches

Overview of MI and Motivational Enhancement

MI is an evidence-based counseling approach that helps people engage in and comply with treatment. It is a person-centered counseling approach[837,838] designed for helping people resolve ambivalence about changing risk behaviors. MI focuses on enhancing intrinsic motivation (motivation from within a person).

MI has been used in counseling for a wide variety of SUDs, smoking cessation, gambling disorder, eating disorders, anxiety, depression, co-occurring disorders (CODs), and medication and treatment adherence. It has also demonstrated success as a culturally sensitive counseling approach because the counselor's focus is on understanding clients' cultural contexts and distinctive perspectives.[839] **MI is particularly useful in heightening clients' motivation to engage in behavioral health services, become actively involved in continuing care activities, and make lifestyle changes** (e.g., engaging in health-promoting behaviors like weight management, diabetes management, healthy sleep habits, smoking cessation, and exercise) that support recovery.

Motivational enhancement therapy (MET) is a brief, evidence-based, manualized intervention that applies MI principles and processes to problematic substance use. It was initially developed for a study conducted by the National Institute on Alcohol Abuse and Alcoholism's Project MATCH, which evaluated the efficacy of several treatments for alcohol use disorder (AUD).[840] **Although the basic components of MET are similar to the components of MI, MET offers providers the chance to link their work with clients to individually tailored assessment feedback and to offer a menu of choices that can help clients make progress toward their desired behavior changes.**[841] MET's structure as a brief intervention makes it particularly useful for providers who have limited time or opportunity to elicit change conversations with their clients.[842]

Core Skills and Processes

MI focuses on helping clients resolve ambivalence about changing specific risk behaviors. It is essentially a conversational style that encourages clients to reflect on their personal values and to consider how engaging in risk behaviors does not align with those values. MI also can heighten a clients' awareness that recovery is possible and increase confidence in their ability to make difficult lifestyle changes that sustain ongoing recovery. **MI is consistent with the person-centered, strengths-based counseling focus of recovery-oriented behavioral health services.**

For core interviewing skills of MI, remember the acronym OARS[843]:

- Ask **O**pen questions, which elicit a story, instead of simply gathering information.
- Offer **A**ffirmations of the client's strengths, skills, abilities, and inherent worth.
- Engage in **R**eflective listening to help build the alliance, improve self-efficacy, and reinforce "change talk" (i.e., the desire, ability, reasons, need, commitment, activation, or preparation to take steps to change risk behaviors and adopt lifestyle changes that support recovery).
- **S**ummarize the client's experience and understanding of the problem; values, hopes, dreams, and goals; ambivalence about treatment and change; and action steps for change.

Underlying this core interviewing method is the spirit of MI, which includes working in collaboration with clients, accepting their inherent worth and autonomy, showing compassion for their distress, striving to understand their perspective, and helping them draw on their own wisdom.

The core interviewing method and the underlying spirit of MI establish a collaborative, respectful treatment alliance and fosters client engagement in treatment. Exhibit 3.6 offers some simple ways for counselors to evaluate whether they are engaging clients in a conversation in the spirit of MI.

Elements of MI Approaches

Several elements of MI are effective at helping engage clients in their recovery goals. This section focuses on two of those elements: the FRAMES approach and decisional balancing.

Using the FRAMES Approach

The FRAMES approach uses an acronym to describe six components designed to elicit clients' self-awareness and develop clients' confidence in their ability to change unhealthy behaviors. The six components are **f**eedback, **r**esponsibility, **a**dvice, **m**enu of options, **e**mpathy, and **s**elf-efficacy. Using the acronym, counselors should[844]:

- Provide personalized **feedback** to clients about their problematic substance use.
- Empower clients to engage in behavior changes that support their recoveries by taking **responsibility** for their choices.
- Ask the client if they can offer directive or educational **advice** in the form of suggestions.
- Give the client a **menu** of options to help them make choices that will promote engagement and facilitate their recoveries.
- Demonstrate **empathy** by using reflective listening.
- Help clients enhance their **self-efficacy.** Review past successes, identify strengths, and build confidence.

EXHIBIT 3.6. MI Conversational Strategies for Engaging With Individuals In or Seeking Recovery

Counselors should consider the following MI conversational strategies when working with clients:

1. Listening more than talking
2. Talking with clients to learn about their concerns without making assumptions about what the problem may be
3. Not trying to "fix" clients or trying to convince them to change
4. Inviting clients to think about their own ideas for change
5. Encouraging clients to think about their reasons for not changing
6. Asking if it is okay to give feedback
7. Not offering advice without asking for permission first
8. Offering ideas, but not assuming they are right
9. Telling clients that doubts they may have about change is normal
10. Helping clients identify their past successes and challenges and relating them to their present efforts to change
11. Working to understand clients instead of trying to convince them to understand the counselor
12. Summarizing what clients are saying instead of what the counselor thinks
13. Understanding that the client's opinions matter more than the counselor's
14. Remembering that clients are able to make their own choices

Sources: Adapted from Kruszynski, R., Kubek, P. M., Myers, D., & Evenden, J. (2012). MI reminder card (Am I doing this right?) *Cleveland, OH: Center for Evidence-Based Practices at Case Western Reserve University. 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.*

Practicing Decisional Balancing

Decisional balancing is a strategy that is used to help clients make decisions without favoring a specific direction of change. **This strategy can be a way for clients to assess their readiness for change.** However, decisional balancing may increase ambivalence among clients who are contemplating change.

Counselors can help clients who are in recovery from problematic substance use explore the benefits and drawbacks of change by communicating the positive and negative aspects of using substances. The positive aspects of substance use serve as the reasons for not making a change (sustain talk). Alternatively, the negative aspects of substance use indicate reasons that support making a change (change talk). **When the costs of use outweigh the benefits, motivation to reduce or stop substance use increases.** It may be preferable to explore with clients what they "get out of" substance use before exploring possible reasons for change. Thus, clients are left with their own arguments for why they may want to change.

Counselors can use the following strategies to help clients practice decisional balancing:

- **Assessing where clients view themselves on the decisional scale.** Use validated instruments that provide scores, such as the Alcohol Decisional Balance Scale and the Drug Use Decisional Balance Scale. The University of Maryland Baltimore County's Decisional Balance Scales resource contains more information (https://habitslab.umbc.edu/decisional-balance-scales/).
- **Exploring the benefits and drawbacks of substance use and behavior change with clients** by:
  - Inviting clients to develop written lists highlighting the positives and negatives of changing substance use behaviors.
  - Recognizing that the strength of each reason for change is as important as the number of reasons for change.
  - Discussing the relative strength of each motivational factor and the weight that clients place on that factor when considering whether to make behavior changes.
  - Listening for statements that suggest ambivalence, exploring both sides of the ambivalence cautiously to avoid reinforcing sustain talk.
- Helping clients determine how their c**ore values may influence reasons for and against change.**
- Emphasizing that **clients have the sole responsibility to make choices for themselves.** It is up to clients to decide if and how they want to address their problematic substance use.
- **Exploring clients' understanding of the change process and managing expectations** about recovery from problematic substance use.
- **Listening for statements that imply self-efficacy when discussing behavior change.** For individuals in recovery, self-efficacy statements may be geared toward the ability to successfully recognize cues and triggers, handle high-risk situations, and manage recurrence of substance use–related problems.
- **Summarizing clients' change talk and reinforcing commitments to change.**

More information about additional MI elements, such as analyzing discrepancies between goals and behavior, flexible pacing, and maintaining contact with clients, can be seen in SAMHSA's 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).

USING THE STAGES OF CHANGE TO ENHANCE MOTIVATION FOR BEHAVIOR CHANGE IN RECOVERY

When working with individuals in recovery from substance use–related problems, counselors should be familiar with the transtheoretical model of the stages of change framework and how it can affect motivation for behavior change. The stages of change include[845]:

- Precontemplation: The person doesn't see a problem or need for changing a specific risk behavior, such as problematic substance use.
- Contemplation: The person has mixed feelings about changing a behavior and begins to think of reasons for changing the risk behavior.
- Preparation: The person wants to change a behavior and starts taking steps toward changing the risk behavior.
- Action: The person is actively working on changing a risk behavior.
- Maintenance: The person has changed a risk behavior and is working to make that a lasting change.

When counselors and their clients are in different stages of change, this can evoke resistance and expressions of ambivalence. Remember to listen for sustain talk and change talk when speaking with clients.

Addressing Ambivalence About Changing Behaviors

Individuals in recovery are likely to experience ambivalence at some point in their treatment, recovery, and journey to wellness. Although ambivalence is normal when making behavior changes, it is also frequently a roadblock.[846]

Counselors can help clients resolve ambivalence by distinguishing between sustain talk and change talk. Clients who are ambivalent will use a lot of sustain talk, but clients who are motivated and ready to change will engage in more change talk. The acronym **DARN-CAT** is used to delineate different types of change talk[847,848]:

- **D**esire to change: "I want to start attending a mutual-help group."
- **A**bility to change: "I could start going to a mutual-help group."
- **R**easons to change: "Going to a mutual-help group would teach me about recovery."
- **N**eed to change: "I need to find a way to get my alcohol and drug use under control."
- **C**ommitment: "I guarantee that I will start going to a mutual-help group by next month."
- **A**ctivation: "I'm ready to go to my first meeting."
- **T**aking steps: "I went to my first meeting."

Benefits of MI in Recovery From Substance Use–Related Issues

Using MI with individuals in recovery from problematic substance use has many benefits. **MI is effective in a wide variety of populations** (e.g., adolescents,[849] veterans,[850] people in criminal justice settings,[851,852] people who have SUDs and co-occurring mental disorders, college students, young adults) and formats (e.g., individual, group).[853,854,855] Research has consistently shown that using MI approaches can help:

- Reduce substance use, including alcohol, tobacco, and drug use.[856,857,858]
- Improve treatment attendance.[859]

MI can also be effectively combined with other treatment approaches. Using MI with CBT for clients who have problematic substance use may help increase the odds of clients maintaining long-term positive behavior changes.[860,861] Research has also evaluated using MI

strategies in combination with CM. Results from a meta-analysis indicated that although CM produces the greatest reductions in substance use within the first 3 months after treatment, MI produces the greatest reductions in substance use between 3 and 6 months after treatment.[862]

The use of MI with clients with problematic substance use can increase the likelihood of their adopting long-term behavior change. However, the effectiveness of MI, in part, depends on the counselor's ability to deliver the intervention with fidelity (i.e., the extent to which it is administered accurately and consistently for all clients and for the duration of the intervention). There are resources available to support counselors as they are learning MI to ensure they are delivering MI with fidelity. The Motivational Interviewing Network of Trainers, for example, is an organization of trainers in MI who are available to provide support to those new to MI, and can help improve the quality and effectiveness of counseling with clients about behavior change. A list of trainers and other MI-related resources can be found at https://motivationalinterviewing.org/.

Family Therapy Approaches

Overview of Family Therapy Approaches

Family and social support are vitally important to long-term recovery for people who have problematic substance use. As such, families should be included in treatment and recovery services with the client's permission. **Family therapy approaches, including those described below, can help strengthen families, leading to positive outcomes for the person in recovery and improved health and well-being for the entire family.[863]** In fact, family-based interventions are considered among the most effective approaches for treating SUD[864] and are widely used to support recovery.

Family therapy includes a series of family-based interventions that use family dynamics and strengths to address challenges. **Family therapy can increase motivation for people in recovery to continue in recovery and foster healing for family members by providing tools and the support they need to sustain hope and growth.[865]** Families should be included early and frequently in their own recovery. Counselors should also take a trauma-informed approach to supporting the family of clients.[866]

Family therapy can help family members understand[867]:

- How problematic substance use affects the person in recovery.
- How problematic substance use affects the whole family.
- How family members can adjust or change behaviors to support people in recovery on their recovery path.

Rather than focusing solely on the needs of the person in recovery, family therapy supports the needs of each individual family member.

Defining Family

Defining family is a complex task. Although many people consider the group of people with whom they share close emotional connections or kinship their "family," family has no single definition. Some consider family as those connected by birth, marriage, or adoption.

Family can also include people who share a household or emotional connections. Some families are blended or intergenerational within the household and include extended family members, such as grandparents, other relatives, and close friends. Other families arise from adoption and foster processes. Some families have members that do not share biological connections but consider themselves family.

Regardless of their makeup, all families function as complex systems working to keep equilibrium. Problematic substance use can interrupt that balance in several ways.[868] Understanding the type of family and how problematic substance use affects its members helps counselors anticipate potential issues related to the person in recovery's problematic substance use.[869]

Effects of Substance Use–Related Issues on the Family

Problematic substance use affects more than just the person who uses substances; it can affect their entire family in significant ways, depending on the severity, family type, and patterns of use, among other areas.[870] **Families experience hardships, losses, and trauma as a consequence of problematic substance use of a loved one.[871]** For example, compared to couples who don't have SUDs, couples who have SUDs exhibit worse relationship functioning, more frequent intimate partner violence, and greater risk of marital dissolution.[872] Exhibit 3.7 showcases examples of how problematic use of different substances can affect families.

EXHIBIT 3.7. Effects of Problematic Substance Use on Families

Alcohol	• Problems with communication[873] • High levels of conflict[874] • High risk of chaos and disorganization (e.g., inconsistent parenting practices)[875] • Breakdown of family rituals, rules, and boundaries[876] • Potential for emotional, physical, or sexual abuse[877] • High rates of intimate partner violence[878] • Efforts by family members to "cover up" for the family member with alcohol misuse[879] • Risk of psychological distress as well as health and behavioral problems[880] • Increased potential for AUD[881]
Opioids	• High potential for illegal activities[882] • Unstable relationships between parents and children, including negatively impacting parenting[883] • Increased risk of unsanitary or unsafe home environment[884] • Greater risk of contracting an infectious disease, such as HIV/AIDS and hepatitis, which can affect family members' roles and responsibilities[885] • Impaired ability to maintain employment, which can worsen family financial situation[886] • High potential for SUDs[887]
Cocaine	• High potential for illegal activities (e.g., buying or selling cocaine)[888] • Increased risk of stealing to purchase cocaine (which, in certain forms, can be high cost)[889] • Increased chances of legal problems[890] • High potential for SUDs[891,892]

Family Counseling Approaches That Promote Recovery

Family therapy has a robust evidence base. In fact, studies over the past 40 years indicate that **partner- and family-involved treatments produce better outcomes across several domains of functioning**, such as reduced substance use and improved marital and family functioning, compared with individual-based interventions.[893] Family therapy is designed to reduce problematic substance use by altering elements of the family dynamic that directly or indirectly support substance use, while simultaneously improving the quality of family relationships. Although many of these therapies are designed to support adolescent populations, they can also be adapted for adult populations who have problematic substance use.[894]

Integrating family counseling into problematic substance use leverages the vital role families can play in helping their family members in their recovery goals. Family therapy differs from more general family systems approaches because it shifts the primary focus from the process of family interactions to planning the content of family sessions. Family counseling approaches help clients and their family members understand substance use and recovery and their effects on family functioning.[895]

If family therapy is not available in the counselor's setting, family education groups may be offered to educate family members and dispel stigma and misconceptions about problematic substance use. This can help support both family members and the person in recovery. These groups can be offered to family members or other concerned persons and attended with the person in recovery.

RESOURCE ALERT: SUD TREATMENT AND FAMILY THERAPY

More information about family-based interventions and family counseling approaches for SUDs can be found in SAMHSA's TIP 39, *Substance Use Disorder Treatment and Family Therapy,* at https://store.samhsa.gov/product/treatment-improvement-protocol-tip-39-substance-use-disorder-treatment-and-family-therapy/PEP20-02-02-012. The TIP offers information about how to work with families, how families are affected by problematic substance use, family counseling approaches, and integrated family counseling approaches.

Counselors can work with clients and family members to initiate and sustain recovery by[896]:

- Discussing issues around safety and the cultural appropriateness of including family members and recovery supports, including boundaries around confidentiality.
- Having the client sign releases to have family members and recovery supports involved.
- Collaborating with the client to develop a plan for identifying supportive family members and recovery supports.
- Offering culturally appropriate information regarding the nature of the client's problematic substance use or mental disorders; early warning signs of returns to use; the impact of these chronic conditions on family members and recovery supports; and the importance of family and recovery support involvement in treatment.
- Improving communication skills to help the client and his or her spouse or intimate partner address conflicts and stressors in their relationship.

- Getting input from family and recovery supports on the client's early warning signs of recurrence.
- Discussing the importance of self-care with family members.
- Collaborating with the client and their family members to develop an emergency plan (in the event of a recurrence) that includes appropriate roles for family members.

Outlined below are select evidence-based family therapies that can be used to support recovery for family members. The need for families to initiate their own recovery path is critical. Too often, families are involved in the context of the client's recovery. Effective family interventions, including those described below, help families create their own recovery pathway.

Multidimensional Family Therapy

Multidimensional family therapy (MDFT) is an integrated, comprehensive family-based therapy combining individual counseling and other approaches to treat and support recovery from problematic substance use.[897] **The focus of this therapy is on strengthening family functioning to create a new, developmental, adaptive lifestyle supporting recovery.** MDFT is designed to support change that is multifaceted, with individualized interventions to foster various competencies. Primarily used with adolescents, MDFT can be adapted for adults in recovery from problematic substance use and can support reducing problem behaviors.

Traditionally, counselors work in several MDFT treatment domains[898]:

- People in recovery: Enhancing their emotional regulation, social, and coping skills; communicating more effectively; and reducing involvement with peers who use substances
- Family members: Decreasing family conflict, increasing emotional attachments, improving communication, and enhancing problem-solving skills
- Community: Enhancing family members' competence in advocating for themselves

MDFT can be delivered one-on-one, in family sessions, or in sessions with various family members, and can also occur in the home or in other settings. Therapy sessions can be modified to meet the needs of the population and family. MDFT can be offered in 16–25 sessions over 4 to 6 months, and can occur multiple times per week.[899]

Studies indicate that MDFT can be effective in improving substance use treatment outcomes.[900] MDFT is recognized as an empirically supported intervention.[901] It can also be adapted to diverse populations and is available in English, Spanish, and French. Research shows that most families in MDFT studies are from low-income, inner-city communities; adolescents in these studies range from youth in early adolescence who are at elevated risk, to older adolescents with multiple problems, juvenile justice system involvement, and co-occurring substance use and mental disorders.[902]

The outcomes associated with MDFT are also supportive of its effectiveness. Randomized controlled trials (RCTs) show clinically significant effects of MDFT on improving family functioning and reducing adolescents' substance use and related behavioral problems in controlled and community-based settings.[903]

RESOURCE ALERT: MDFT

More information about MDFT can be found at www.mdft.org. The website features information about the MDFT method, summaries of its effectiveness, and training resources.

Community Reinforcement and Family Training

Community reinforcement and family training (CRAFT) is an evidence-based, family-focused, positive reinforcement approach that **provides family members with strategies for encouraging the family member who has problematic substance use to change his or her behaviors.** It can be used to support both SUD treatment and recovery.[904,905,906] CRAFT uses community reinforcement, the goal of which is to develop community supports to create positive incentives for people who have SUDs to remain in treatment or recovery.[907]

The CRAFT intervention consists of eight components[908]:

- **Motivational strategies.** Establishing positive expectations by describing CRAFT in a way that increases the motivation of the concerned significant other (CSO)
- **Functional analyses of the client's substance-using behavior.** Outlining the triggers and consequences of the client's use and using the tool to plan the CSO's intervention strategies
- **Domestic violence precautions.** Assessing the potential for violence on the part of the client
- **Communication training.** Teaching and practicing positive communication skills to improve communication with the client
- **Positive reinforcement training.** Teaching the CSO how to use small rewards to reinforce recovery
- **Discouragement of using behavior/negative consequences.** Teaching the CSO how to allow negative consequences in using and teaching a standard problem-solving strategy
- **CSO self-reinforcement training/quality of life.** Exploring the CSO's dissatisfaction in life and evolving goals and a plan to increase the CSO's own quality of life
- **Suggesting treatment or recovery for the client.** Planning the best time for suggesting treatment or recovery and giving the CSO information about the options available

Although CRAFT is traditionally a structured approach, it can be adapted to a less structured module, focusing on psychoeducation for families and people in recovery[909]:

- Refraining from blaming and shaming
- Expressing concern about the problematic substance use behavior and its effects on the family
- Expressing hope that the family member will get help
- Offering affirmations for positive change in problematic substance use behaviors

RESOURCE ALERT: CRAFT-SP

Community Reinforcement and Family Training Support and Prevention (CRAFT-SP) provides information about CRAFT, including sample treatment sessions and the theoretical framework for the intervention (https://www.mirecc.va.gov/visn16/docs/CRAFT-SP_Final.pdf).

Mutual-Support Groups for Family Members

Mutual-support groups for families are also an effective and evidence-based approach for supporting families of people who have problematic substance use. These support groups encourage family members to reflect on challenges and solutions through group participation. They can support the development of family members' coping skills by building strong connections with other families who may be facing similar challenges. These approaches can also support a range of populations and are available in communities around the country.

Strategies for incorporating family recovery support group participation in family counseling include[910]:

- Exploring family members' understanding of and prior participation in recovery support or mutual-help groups.
- Discussing and dispelling misconceptions about family recovery support groups.
- Exploring the challenges and benefits of participation in family recovery support groups.
- Actively linking family members to community-based recovery support groups.
- Offering space in family counseling sessions to explore family concerns about recovery support group participation.

Counselors will need to be able to provide information to families about support groups. Some family support groups are listed below.

- **Adult Children of Alcoholics® & Dysfunctional Families** is a 12-Step group for adults who have a parent with an AUD (https://adultchildren.org/).
- **Co-Anon Family Groups®** offer support for family members of people with cocaine use disorder (https://co-anon.org/).
- **Al-Anon Family Groups** support families and friends of those with an AUD (https://al-anon.org/).
- **Families Anonymous** is a 12-Step group for the family and friends of those individuals who have problematic substance use or related behavioral issues (https://www.familiesanonymous.org/).
- **Nar-Anon** is a 12-Step group for family members of people who have SUDs, but not AUD (https://www.nar-anon.org/).
- **SMART Recovery® Family & Friends** is a support group for families of individuals who have substance use–related problems (https://www.smartrecovery.org/family/).

Couples Counseling To Promote Recovery

Couples-based approaches for problematic substance use work to reduce substance use and support recovery, while also working to enhance relationship quality within intimate partnerships. Clients are taught strategies to maintain recovery and engage in relationship-building practices with their partners to improve relationship quality and functioning.[911]

Studies indicate a direct relationship between problematic substance use and marital conflict, related to the often-unpredictable behavior associated with substance use as well as instability, conflict, and stress.[912] Couples counseling can be a **valuable tool to harness partner support to positively reinforce the person in recovery and change relationship dynamics to make them more conducive to ongoing recovery.**[913]

Approaches to support couples who are dealing with problematic substance use draw on techniques from behavioral couples therapy (BCT) to reduce substance use and strengthen relationships. Within these approaches, clients are given **behavioral techniques aimed at reducing substance use, maintaining recovery goals, and engaging in relationship-building practices with their partners to improve relationship quality.**[914]

RESOURCE ALERT: CONNECTING FAMILIES WITH MUTUAL SUPPORT GROUPS

Counselors should be aware of mutual support groups for families of people in recovery so that they can help connect them with these resources. Faces & Voices of Recovery offers several mutual-aid resources at this page: https://facesandvoicesofrecovery.org/?s=mutual+aid+.

BCT is a structured counseling approach for people with problematic substance use and their intimate partners. Its focus is on partner support to address or reduce substance use, and it promotes a family environment conducive to ongoing recovery. **BCT aims to lessen relationship distress and build more cohesive relationships to reduce the risk of recurrence. The goals of BCT are to support recovery from problematic substance use and improve relationship functioning.** BCT is offered in 12 to 20 weekly sessions and includes substance-focused interventions to build support for abstinence and relationship-focused interventions to enhance caring behaviors, shared activities, and communication.[915]

Through this therapy, the counselor works with the couple to develop a recovery contract that outlines specific future work as well as activities and home exercises to support the contract. **Much of the intervention takes place outside of work with the counselor.** However, each session includes three specific tasks[916]:

- Reviewing any substance use, relationship concerns, and home exercises
- Introducing new material
- Assigning home practice

BCT has a convincing evidence base for its effectiveness in both treating SUDs and supporting recovery. BCT is **associated with better substance use- and relationship-related outcomes than the use of individual therapy, and may be effective in supporting SUD treatment in lesbian and gay couples.**[917]

RESOURCE ALERT: UNDERSTANDING BCT

Counselors can learn more about BCT, including its benefits, various interventions, and adaptations of the therapy that have been found to be effective in SAMHSA's TIP 39, *Substance Use Disorder Treatment and Family Therapy,* at https://store.samhsa.gov/product/treatment-improvement-protocol-tip-39-substance-use-disorder-treatment-and-family-therapy/PEP20-02-02-012.

The TIP also includes discussion of how to support family counseling for SUDs among families of diverse racial and ethnic backgrounds as well as those families with lesbian, gay, bisexual, or transgender family members.

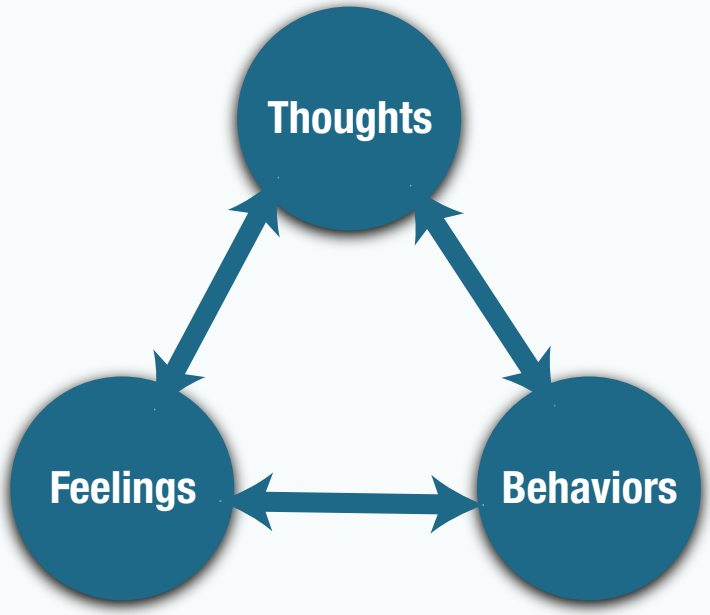
Cognitive–Behavioral Therapy

Overview of CBT

CBT is one of the most common, evidence-based treatments for individuals who have problematic substance use[918,919] and is included in multiple addiction-based practice guidelines.[920] Research shows that CBT is not only efficacious, but effective.

The cognitive–behavioral model is based on the assumption that individuals are continually interpreting and responding to information perceived from their internal and external environments. Individuals develop representations of their environments in the form of thoughts, attitudes, and beliefs. These representations can affect how individuals feel and behave. The relationship between thoughts, feelings, and behaviors in response to clients' appraisals of their environments is known as the cognitive triangle and is depicted in Exhibit 3.8.

EXHIBIT 3.8. The Cognitive Triangle



When representations of the environment are inaccurate or unhelpful, they can be examined, challenged, and modified. As clients learn to reappraise situations and develop helpful thinking patterns, they may notice that they feel better and make healthier behavior choices.

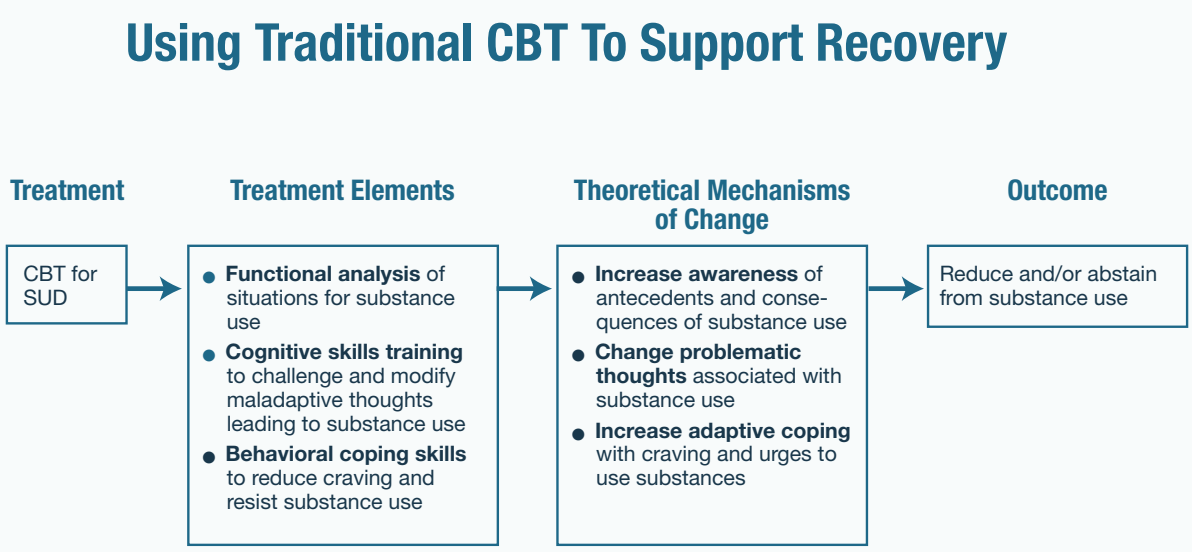
CBT for substance use–related problems is based on social learning theory, such that alcohol and drug use occurs in the context of learned behavior (i.e., modeling, classical and operant conditioning).[921] As patterns of alcohol and drug use emerge, individuals have more difficulties coping with distressing thoughts and emotions.

Multiple variations of problematic substance use interventions use components of the cognitive–behavioral framework, including the relapse prevention model, guided self-change, BCT, and the community reinforcement approach.[922] More recently, CBT is being augmented by third-wave approaches, such as behavioral activation and mindfulness and acceptance-based interventions. Although this section focuses on describing CBT components that counselors can use to support individuals in recovery, some of these specific interventions are discussed elsewhere in this chapter.

Using CBT To Support Recovery

In recovery, the cognitive–behavioral model focuses on **helping clients replace thinking patterns and risk behaviors that undermine recovery efforts with thinking and behavioral patterns that support and sustain recovery.** Cognitive changes that support recovery from problematic substance use vary according to the substance used, but generally emphasize challenging or deconstructing positive beliefs about substance use or engaging in other risk behaviors and negative beliefs about identity that decrease self-efficacy. Exhibit 3.9 demonstrates how components of CBT and theoretical mechanisms of change contribute to improvements in substance use–related problems among individuals in recovery.

EXHIBIT 3.9. Using Traditional CBT To Support Recovery



Source: Adapted with permission from Vujanovic, A. A., Meyer, T. D., Heads, A. M., Stotts, A. L., Villarreal, Y. R., & Schmitz, J. M. (2017). Cognitive–behavioral therapies for depression and substance use disorders: An overview of traditional, third-wave, and transdiagnostic approaches. American Journal of Drug and Alcohol Abuse, 43(4), 402–415.

Laying the Groundwork With a Biopsychosocial Case Conceptualization

Prior to engaging clients in CBT, counselors should complete a comprehensive biopsychosocial assessment. **The goal of a biopsychosocial assessment is to identify factors within three primary domains (i.e., genetic/biological, psychological, and social) that contribute to the client's overall physical and mental health, including the development of problematic substance use and CODs.** This type of assessment helps counselors determine the extent of difficulties in multiple life domains (e.g., medical, legal, vocational, housing, social networks) and clarify how problematic substance use and CODs interact with the problems in each domain. A biopsychosocial assessment is used to support a cognitive–behavioral case conceptualization and to select the best-matched, evidence-based model for counseling. Throughout the course of working with clients in recovery, counselors should continue to use a biopsychosocial assessment to evaluate progress and make necessary changes to their treatment plan. (The diagram in Exhibit 3.10 highlights the components of the biopsychosocial model.)

The American Society of Addiction Medicine offers a free, paper-based assessment interview guide that incorporates aspects of a biopsychosocial assessment (https://www.asam.org/asam-criteria/criteria-intake-assessment-form).[923]

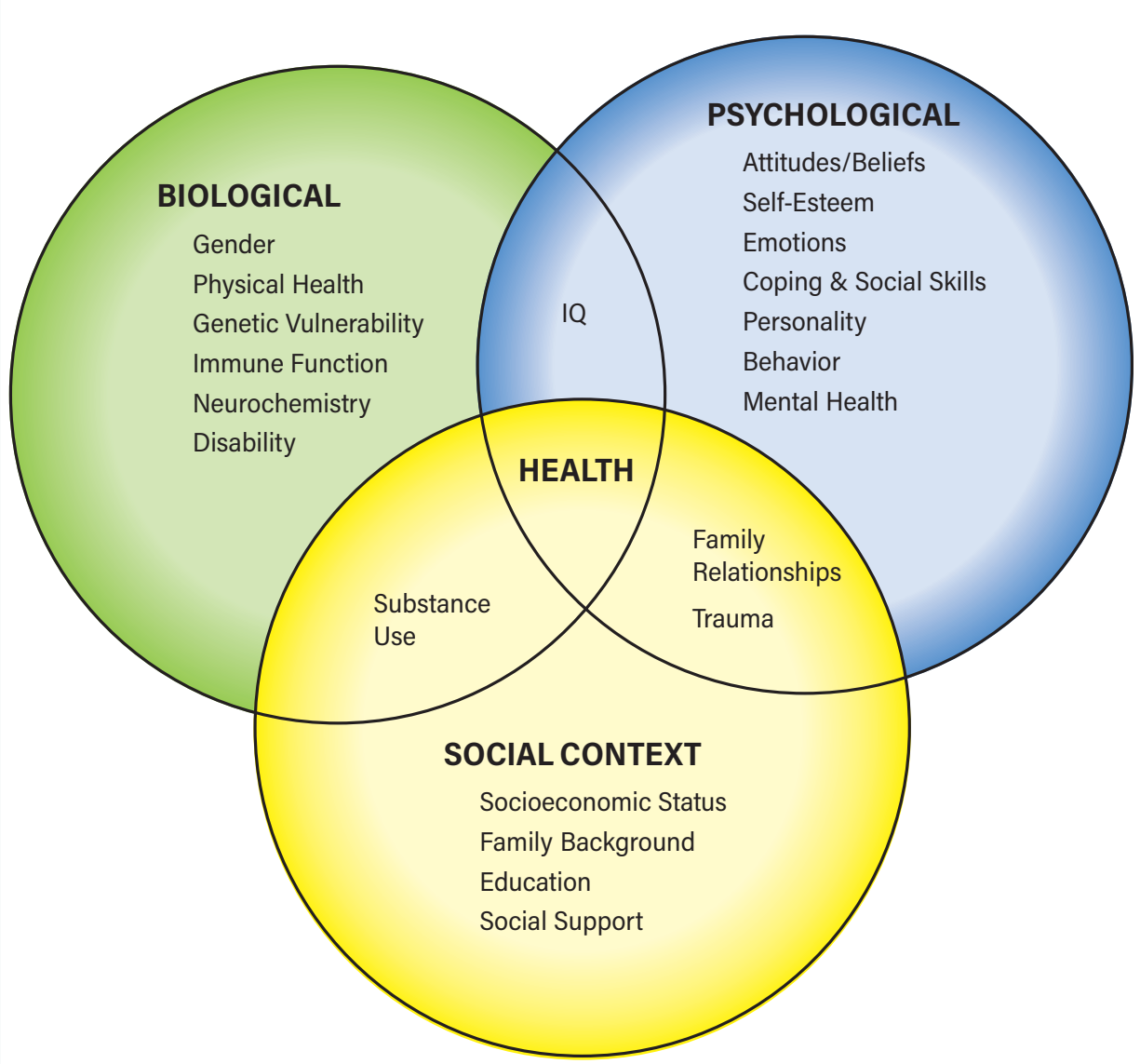
Conducting a Functional Analysis

In addition to a biopsychosocial assessment, counselors should conduct a functional analysis of situations and warning signs that place clients at high risk for recurrence of problematic substance use. **Functional analysis is a crucial step in CBT that evaluates the reasons behind why clients engage in specific behaviors and what factors contribute to maintaining**

those behaviors. Clients can use this information to engage in problem-solving in a way that reduces the probability of problematic substance use.

For example, unhelpful thinking patterns can contribute to the development and maintenance of problematic substance use. In the context of CBT, identifying and challenging unhelpful thinking patterns can lead to changes in behavior. **A functional analysis of behavior can be particularly helpful for clients who are not aware of their substance use–related behaviors.**

Exhibit 3.10. The Biopsychosocial Model



Source: Adapted from "Patient-Centered Communication," by C. A. Naughton, 2018, Pharmacy, 6*(1), 18, p. 2.* (https://doi.org/10.3390/pharmacy6010018). CC BY 4.0.

THE ICEBERG ANALOGY

The concept of an iceberg can be used to help clients understand their behaviors and the reasons behind their behaviors. Behaviors are the tip of the iceberg and are what can be observed on the surface. Underneath the surface are thoughts, feelings, and core beliefs that trigger the behaviors that are above the surface. Oftentimes, the bulk of the iceberg is underneath the surface, highlighting the large influence of thoughts, feelings, and core beliefs on behaviors. By understanding what is underneath the surface, counselors can work with clients to address the underlying thoughts, feelings, and core beliefs and elicit behavior change.[924,925]

To conduct a functional analysis, counselors should ask questions that assess the following[926]:

- Antecedent (what happened before the behavior)
  - How often does the behavior occur?
  - What is going on in the client's environment when the behavior occurs?
  - Who is involved in the behavior besides the client?
  - Did the client have thoughts about what happened?
- Behavior
  - What did the client do in response to the antecedent?
  - Was there a thought that occurred in response to the antecedent that contributed to the behavior?
- Consequence
  - What happened because of the client's behavior?
  - How does the client feel about the consequence?

After completing the functional analysis, counselors and the client can work together to determine what contributed to the behavior and how that factor can be modified.

RESOURCE ALERT: USING A FUNCTIONAL ANALYSIS IN CBT

The Boston Center for Treatment Development and Training developed a comprehensive addiction treatment therapist manual that includes a module about functional analysis. The manual includes session topics, sample dialog, and sample session materials. Counselors can access the manual online (https://www.mass.gov/doc/module-3-functional-analysis-and-treatment-planning-0/download).

Enhancing Awareness of Urges and Triggers

One of the most important skills clients can learn is how to cope with the situational cues that trigger physical cravings to use substances and impulses to engage in risk behaviors. Exhibit 3.11 outlines a structured coping skills training exercise on coping with craving that counselors can adapt for clients who experience strong physical cravings or situational cues to engage in risk behaviors. It applies several key strategies of a CBT approach to prevent recurrence of problematic substance use, including psychoeducation, assessment of risk for recurrence with a focus on craving, identification of craving cues and situational triggers, coping skills training, and a between-sessions practice exercise.

EXHIBIT 3.11. Coping With Craving: A Structured Coping Skills Training Exercise[927]

Overview

This exercise is designed for a group format but can be adapted for an individual session. It is 60 minutes long* and divided into segments of roughly 20 minutes each.

- Check-In. Elicit the clients' current concerns, general level of functioning, substance use, experiences of craving and situational triggers in the past week, and experiences with practice exercises or challenges from the previous week.
- Introduction of Coping Skills. Introduce the topic. Lead an interactive discussion of what craving is and how to cope with cravings and triggers to use or engage in risk behaviors.
- Practice Skills. Practice coping skills identified in the session, leave time for discussion of the experience and the session, and provide a between-sessions practice exercise.

**Depending on group size and type of participants (e.g., clients with a single SUD, clients with multiple SUDs, clients with CODs), this exercise may need to be divided into two sessions.*

Session Goals

Cravings and situational cues that trigger impulses to engage in risk behaviors can be disturbing and confusing to clients. Some people who have SUDs, for example, can experience cravings weeks and even months after stopping use. Impulses to engage in risk behaviors can seem like they come out of the blue. The goals of this session are to:

- Offer information about the nature of craving; describe it as a normal, time-limited event that may or may not result in a recurrence of problematic substance use.
- Understand each client's belief about and experience of craving or impulses to engage in risk behaviors.
- Work collaboratively with clients to identify craving cues and situational triggers.
- Describe and practice craving and impulse-management coping skills.

Key Interventions

Understanding the Nature of Craving

Counselors can elicit a client's understanding of craving with an open question such as, "What do you know about cravings to use alcohol or drugs and why people have them?" Offer information about how the brain adapts to having a particular substance in the body over time and how, when the substance is taken away, the body reacts with a physical craving (similar to a hunger pang) that tells the brain it "needs" the substance to quiet the discomfort. Unlike food, the body doesn't need substances to survive, but the brain is tricking the body into reacting as if it does.

Counselors should consider giving a brief description of cue conditioning by using the example of Pavlov's dog. Pavlov trained the dog to salivate when a bell rang; the dog had learned to recognize the bell as a cue that it was about to get food. Any number of cues get paired with the desire to use substances or the impulse to engage in risk behaviors, such as seeing a pipe, needle, or beer mug or hearing the ring tone of a former drug dealer. Once these situational cues are identified, the experience of craving or sudden impulses to engage in risk behaviors becomes more understandable and less of a mystery for clients. This can help them learn to tolerate the discomfort, until the craving subsides.

Continued on next page

Continued

Normalizing cravings is also important. Counselors can help clients understand that experiencing a craving is not a deficit on their part, and describe the time-limited nature of cravings and impulses. Most cravings last 7 to 20 minutes. The intensity may increase and decrease several times during that period. Eventually, the craving dissipates. Counselors can draw a series of bell curves on a flip chart or use a handout as a visual aid to demonstrate this. Also explain that cravings decrease in frequency and intensity with continued abstinence. After reviewing this information, ask clients what they make of it and how it may have changed their understanding of cravings.

Elicit Clients' Experiences of Craving

Counselors should elicit their client's experiences of cravings and how they have coped with cravings in the past. Introduce this by noting that people experience cravings in different ways, and then say, "Let's explore what cravings are like for you." Questions counselors can ask are:

- How do you experience craving? Is it mostly a physical sensation like your heart racing, a sick feeling in your stomach, or maybe a headache? Is it more like your brain tells you things, such as: "I gotta have it now"? Or do cravings show up when you feel a certain emotion, like anger or boredom?
- How long does a typical craving last for you?
- How upset are you about the craving? Does it roll off your back, or does it take over?
- What do you do to cope with craving when it shows up?

Identify Situational Cues and Triggers

Make a list of situational cues and triggers with clients. Counselors can use a flip chart or whiteboard or have a handout in which people can write down their specific triggers in each category. Introduce this exercise by stating, "Let's start a list of the specific situations and cues that trigger cravings for you. Let's focus on your most intense triggers over the past few weeks." Feelings associated with cravings can be positive or negative.

PEOPLE	PLACES/TIME OF DAY	THINGS/IMAGES	SMELLS/SOUNDS/ SENSATIONS	FEELINGS (+ or -)

Help Clients Identify and Learn Coping Skills

Introduction to clients: "The overall strategy for coping with cravings is 'recognize, avoid, and cope.' Identifying cues and triggers is the first step. The best way to deal with craving, especially early in recovery, is to avoid situations where you're likely to experience cues and triggers. For example, get rid of drug paraphernalia and materials related to substance use, break off contact with people who deal and use drugs, and avoid high-risk places. You can't avoid every trigger, so the final step is to use coping strategies you already use to manage cravings and to learn some new ones. Here are some coping strategies that have worked for others; let's discuss them and add your ideas about what has worked or might work for you."

- Look for distraction. Clients can try taking a walk, playing a game, or reading for relaxation.
- Talk through the craving with a supportive ally, such as a peer specialist or 12-Step sponsor. Counselors can suggest that clients find one or two safe people to talk to about cravings when they happen; recommend choosing people who will listen, rather than judge or criticize. Invite clients to list a few such recovery support people.
- Externalize the craving. Have clients talk about "the craving" instead of "my craving." Ask them to imagine it shrinking in size and power and moving off to the side of their awareness, so it is not so overwhelming.
- Go with the craving. Clients don't need to repress the craving. Counselors should allow them to recognize it, take a couple of deep breaths, and remember that it will pass.

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- Remember the negative consequences of substance use and the positive reasons for pursuing the chosen recovery pathway. Counselors should ask clients to brainstorm. Pass out two cards, one marked "Reasons for Staying in Recovery" and the other marked "Negative Consequences of Substance Use." Counselors should have clients write down three to five items on each card, then instruct them to keep the cards handy and read them when a craving shows up.
- Talk through cravings. Challenge automatic thoughts (e.g., "I won't die if I don't smoke crack"), and normalize the craving (e.g., "The craving is uncomfortable, but it's okay; I can ride it out without using," or "A craving is just a craving; it's not who I am.").
- Come up with client-generated strategies. Lead clients in brainstorming about specific coping strategies that are acceptable, accessible, and appropriate for each of them. Pass out blank cards and invite clients to write down five to eight specific coping strategies that they can practice at home.

Practice Coping Skills

Counselors can pick one coping skill from the list that can be practiced in session and engage clients in an experiential exercise for 5 to 8 minutes. This gives them an opportunity to practice a new coping skill and anticipate obstacles that may arise when using it in everyday life. For example, invite clients to pair up with a partner and take turns talking through a craving. Instruct the listener to refrain from giving advice, but just listen and offer an affirmation to the storyteller about his or her efforts to talk through the craving instead of using a substance. Discuss the exercise and offer clients a practice exercise to work with until the next session.

Assign Between-Session Exercises

An important element of CBT is giving clients between-session challenges to identify and monitor distorted thinking and the feelings and impulses linked to thoughts, and to evaluate the effectiveness of coping skills learned in session. The goal of this exercise is to help clients develop a deeper understanding of the links between thoughts, feelings, and the impulse to use substances or engage in risk behaviors. In addition, it provides an impetus for clients to practice coping skills learned in session and to evaluate their effectiveness.

Monitoring Temptation and Evaluating Coping Skills

Introduction to Client

"Temptation is a strong desire made up of thoughts, feelings, impulses to act, and physical sensations—like a craving to use alcohol or drugs. Looking more closely at times when the temptation to use [name the substance] is strong can help you identify the specific tricks your mind uses to try to lure you into using substances and how feelings and impulses are closely linked to your thoughts. This exercise will help you keep track of the thoughts, feelings, and impulses that you experience when you feel a temptation to use [name the substance]. It will also give you a chance to practice some coping strategies you have learned and to see how well they are working."

Instructions to Client

"During a typical day, jot down what you were feeling and thinking at times when you felt a craving and were tempted to use [name substance]. Make note of what the situation was and how you managed not to act on the impulse. Practice one or two of the coping skills you learned in this session. If you want, keep a pad with you during the day to make notes and then fill out this form at the end of the day. The form includes some questions you can ask yourself that may be helpful to you."

"Please rate the intensity of the craving, feeling, and impulse to act on a scale of 1 to 10, 1 being not very intense and 10 being extremely intense. This will help us get a sense of when the temptation is strongest. Also, please try to rate the effectiveness of your strategy for managing the impulse to act on a scale of 1 to 10. This will give us a sense of which coping strategies are working well and which ones may not be as effective. Any questions?"

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SITUATION	CRAVING	THOUGHTS	FEELINGS	IMPULSE TO ACT	COPING STRATEGY
What was the time of day? Where were you? What were you doing? Who were you with?	Describe any craving or uncomfortable sensation. How long did it last? *Rate intensity on a scale of 1–10.*	What were the specific tricks your mind was using to lure you into (name the risk behavior)?	Describe your feeling. The five basic emotions are mad, sad, glad, bad, scared. *Rate intensity on a scale of 1–10.*	Describe the impulse to act. *Rate intensity on a scale of 1–10.*	How did you cope? How well did your strategy work? *Rate effectiveness on a scale of 1–10.*
EXAMPLE: 8 p.m. Watching TV alone. Beer commercial.	EXAMPLE: Felt thirsty and could almost taste it. Lasted 5 minutes. 6 out of 10.	EXAMPLE: Just one beer isn't a big deal. No one will know.	EXAMPLE: Lonely and bored. 8 out of 10.	EXAMPLE: Wanted to jump in the car and go to the store. 5 out of 10.	EXAMPLE: I told myself this will pass and got a cold soda from the fridge. 8 out of 10.

Source: Adapted from the 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.

Recognizing and Addressing Common Cognitive Distortions

Cognitive distortions are the ways the mind works against the client's commitment to recovery and intention to refrain from problematic substance use. These distortions are early warning signs for a recurrence. They include:

- All-or-nothing thinking.
- Overgeneralization.
- Mental filtering or dwelling on the negative.
- Discounting the positive.
- Jumping to conclusions.
- Magnification or minimization.
- Emotional reasoning.
- "Should" statements.
- Labeling or identifying with mistakes.
- Personalized blaming.

Cognitive distortions bring clients closer to situations where temptation is strong and difficult to resist. **Help clients lessen the power of cognitive distortions by teaching them how to slow down their thinking process and identify steps leading up to a decision.** Counselors can also invite them to evaluate whether their choices are consistent with their recovery goals and explore alternative choices.

DEALING WITH THE ABSTINENCE VIOLATION EFFECT

Some researchers have hypothesized that people who decide to change their substance use behavior experience internal conflict when they return to use after a period of abstinence and may experience the abstinence violation effect (AVE).[928]

The emotional component of AVE includes feelings of guilt, shame, and hopelessness, which clients often express in statements, such as: "What's the point of trying? I already drank; I might as well get drunk." The cognitive component of AVE often involves believing that the cause of the recurrence was a personal quality (i.e., an internal self-attribution) likely to be present in the future (i.e., a stable self-attribution) and applicable to more than just one's substance use (i.e., global self-attribution).

For example, Joe thinks he started smoking after his third quit attempt because he lacks willpower. After telling himself over and over again that he has no willpower, this idea becomes an unwavering belief. Eventually, Joe's unwavering belief turns into the negative identity conclusion "I am a weak man and a failure." The cognitive and emotional dissonance that happens when people act in ways that do not align with their values and recovery goals can increase the likelihood of a recurrence.

AVE and its emotional and cognitive components should be explored and addressed as part of CBT. Counselors should engage clients in this exploration with compassion and understanding, while encouraging them to learn from the experience so that they can identify new coping strategies.

Improving Interpersonal Skills To Support Recovery

A current or relatively recent conflict associated with a relationship with a spouse, friend, family member, employer, or other person can result in frustration, hostility, or aggression. Other feelings related to interpersonal interactions that can trigger a recurrence of problematic substance use include guilt, shame, anxiety, fear, tension, worry, concern, apprehension, and evaluation stress (i.e., fear of being judged or criticized by another person or group).[929] Further, interpersonal relationships that involve the use of alcohol or drugs can cause stress for individuals in recovery, as they continue to learn and practice alcohol and drug refusal skills.

Counselors can use CBT techniques with clients to improve interpersonal skills and encourage the development of healthy social relationships. Clients can engage in role-playing exercises to rehearse various interpersonal interactions that have occurred or might occur in day-to-day routines and address thoughts that contribute to emotions and behaviors. Exhibit 3.12 features a sample conversation between a counselor and a client who is focused on coping skills training related to alcohol and drug refusal.

EXHIBIT 3.12. Using CBT To Build Interpersonal Skills—Alcohol and Drug Refusal

Counselor: Today we are going learn and practice alcohol and drug refusal skills. This is important because we've all been in situations where we want to stay substance free, but we had to work hard to resist the temptation when someone else offered us a drink or a drug. Sometimes people actually try to pressure you into using because they feel uncomfortable if you're not joining them, but a lot of times, people just may not know that you are trying to stop using alcohol or drugs. I want to hear from you about a recent situation when you felt pressure to drink or use drugs and how you handled it.

Tamara: Like I said before, I have a hard time saying "no" when my husband wants me to have a drink with him at dinner. I feel guilty when I say "no," like I'm not being a good spouse.

Counselor: Okay, Tamara. Sounds like guilt sometimes gets in the way of your recovery. Guilt is one of those negative emotional states that can trigger a recurrence. So, right now, on a scale of 0 to 10, how strong would you say the guilt is when you say "no" to your husband?

Tamara: I'd give it an 8.

Counselor: Okay. That's pretty high. I can appreciate how challenging this is for you. Sometimes it can help to remember that we are saying "no" to a drink or a drug, not to a person. When you say "no" to a drink or a drug, you are saying "yes" to yourself—saying "yes" to something you value or a dream or aspiration. Tamara, I'm wondering if any of these ideas are helpful.

Tamara: Yes! I really like the idea that saying "no" to a drink or drug is really saying "yes" to me.

Counselor: So Tamara, how's the guilt right now on the same scale from 0 to 10?

Tamara: It's not so bad. I'd say it's more like a 4 now.

Counselor: What helped you get from an 8 all the way down to a 4?

Tamara: I think I can handle feeling a little guilty if I disappoint my husband. That's a lot easier than the disgust I feel when I think about how awful it'll be for my kids if I get drunk again. I want them to have a better life than I had growing up with my mom, who also had alcohol-related problems.

Counselor: Tamara, we're at home at dinner. I want you to pretend to be your husband and offer me a glass of wine. I am going to pretend to be you. I'm sitting with my husband at the dinner table, but I'm thinking about my children and how much I want to be a good mom to them. I'm telling myself that it is okay to say "no" to a drink, for me and for them. You start.

Tamara: Sweetie, I got this great white wine that I'd like to try. How about having a glass with me?

Counselor: No thanks.

Tamara: One little glass of wine won't hurt you.

Counselor: I wish I could join you, but I'm committed to my recovery and now I know that for me, one drink is one drink too many.

Tamara: Come on honey, you never drink with me anymore. We just don't have any fun together.

Counselor: I would love to find other things we can do together without drinking. I hope you can help me out by not offering me any alcohol again.

Tamara: Okay, baby. I guess I didn't realize how important it is for you not to drink at all.

Counselor: Okay, that's the end of the role-play. What do you think about how the conversation went?

Tamara: This was really helpful. I think that if I speak up more directly, instead of being quiet and just accepting the wine, it might actually help my husband understand more about what I'm going through.

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I don't think I've ever really told him about how much work recovery is and that I'm doing it for the whole family.

Counselor: So saying "no" and sharing some of your feelings may actually help you and your husband get a little closer.

Tamara: Yeah! What a surprise.

[The counselor and Tamara switch roles for additional practice.]

Fidelity

Although CBT is well supported by research studies, the effectiveness of CBT depends on the counselor's ability to deliver the intervention with fidelity. In the absence of fidelity, clients may not receive the full benefits of CBT. To ensure that CBT is being delivered with fidelity, counselors can **seek supervision or consultation from colleagues who are trained in CBT, including occasional direct observation. Using treatment manuals can also be prudent**, as it helps ensure that counselors provide services to clients that research has shown to be effective. However, they will need to stay within the scope of their license, offering therapies for diagnoses that they are licensed to provide.

Educating Clients About Using CBT

To ensure that clients are committed to the work that is necessary to engage in CBT, clients need education about how CBT can support recovery and what they can expect when they engage in CBT.

Rationale for Using CBT

Clients who are in recovery from problematic substance use may not understand how CBT can help them achieve their recovery goals. **Sharing the rationale for using CBT can empower clients to commit to using CBT concepts and skills as part of their recovery journey.** Counselors should provide clients with the following key points[930]:

- **Short-term, brief approach.** CBT is typically time limited. Ultimately, with consistent practice, clients will master skills and be able to apply them in their day-to-day lives without needing their counselor's guidance.
- **Strong evidence base supporting its use.** Many well-designed studies show that CBT is an effective approach for individuals who have substance use–related problems.[931,932]
- **Structured and goal oriented.** The core components of CBT, when delivered with fidelity, can help clients meet their recovery goals by modifying thoughts, feelings, and behaviors that contribute to core beliefs underlying their problematic substance use.
- **Flexible, individualized approach.** CBT can be used with many recovery populations. Clients can access CBT in a variety of settings and formats.
- **Compatible with other therapies.** CBT can be used effectively in combination with other evidence-based approaches, including pharmacotherapy, MI/MET, CM, and mindfulness and acceptance-based approaches.
- **Generalizable to broad areas of recovery.** Clients can apply CBT skills to a variety of recovery situations to promote recovery growth and manage recurrence.

Participating in CBT

Counselors should make sure that clients understand what occurs during CBT sessions. This can help clients feel more comfortable

about what they can expect when they meet with their counselor. Counselors should talk to clients about the structure of CBT sessions, including the following:

- **Checking in and reviewing the previous sessions.** The beginning of each session will likely start with a brief check-in so that the counselor and their client can review how they have been doing and address any new questions or concerns that the client may have from the previous session. Counselors should review topics and skills discussed at the previous session and elicit feedback from the client about any independent practice that occurred in between sessions.
- **Setting the agenda by identifying session goals.** Based on feedback and review from the check-in and review of previous sessions, counselors should collaborate with their client to set the agenda for the session by identifying goals that support the client's progress. The agenda can include discussion of new or existing concepts and skills, in-session practice, and plans for independent practice.
- **Learning new skills and practicing existing skills.** After the agenda is set, counselors can work with their client to learn new CBT skills and practice existing CBT skills. Depending on the goals for the session, the client may reflect on old experiences or use recent experiences to apply and practice skills.
- **Engaging in ongoing evaluation of progress.** Together, counselors can work with their client to identify barriers to achieving stated goals and overcoming barriers by finding alternative strategies. This may occur when the client is learning and practicing CBT skills, or it may be discussed at the end of the session when the counselor summarizes what happened in the session. Clients may complete questionnaires at regular intervals so that counselors can assess progress and make adjustments, as needed.
- **Setting expectations for independent practice and real-life application.** Counselors should explain to their clients that practicing CBT skills outside of session is essential to mastery and real-life application. The more that clients use the skills they have learned, the easier it will become to apply those skills to situations that arise in their daily routines.

Benefits of CBT in Recovery From Substance Use–Related Issues

Research has shown that CBT is an effective intervention for people who have substance use–related issues, especially when combined with medication. For example, a systematic review and meta-analysis that examined the use of combined CBT and medication for adults with AUD and other SUDs found greater improvements in clinical outcomes among individuals who received a combination of CBT and medication, compared to individuals who received a combination of usual care and medication.[933] However, unique benefits of combined CBT and medication were not observed when compared to medication combined with other evidence-based interventions (e.g., CM, MET, 12-Step facilitation, interpersonal therapy) or as an add-on to usual care combined with medication.[934]

Another meta-analysis showed that CBT alone was more effective at improving clinical outcomes associated with problematic substance use (e.g., alcohol or other drug use frequency and quantity) than no treatment, minimal treatment, or a nonspecific therapy.[935]

CBT has also been effective for problematic substance use when it is combined with other evidence-based treatments, such as MI and CM.[936] These combination therapies have been used to strengthen treatment engagement and adherence, and evidence shows that using motivational enhancement strategies at the beginning of CBT can help

increase motivation and improve treatment retention.[937] Multiple studies evaluating a combination of CBT and CM have found that the combination of the two evidence-based approaches may result in greater abstinence after treatment.[938]

DIGITAL SUPPORTS FOR CBT[939]

The delivery of CBT through computer-based platforms offers several potential benefits, including:

- Increased access to treatment.
- Improved fidelity associated with implementation of standardized treatment components.
- Decreased financial costs.
- Reduced burden on counselor time.

With these benefits in mind, a research group at Yale University developed CBT4CBT, a seven-module, computer-based training version of CBT for SUDs. The curriculum is based on the National Institute on Drug Abuse's CBT manual and uses videos, graphics, audio instruction, and interactive exercises to demonstrate CBT skills for program users.

The developers completed two RCTs to look at whether the program, when used as an add-on to standard outpatient SUD treatment, led to the desired effect (i.e., improvements in substance use outcomes). Both RCTs showed improvements in substance use outcomes (e.g., submitting more drug-free urine samples, decreases in substance use, and abstinence that persisted over time). Two RCTs were also conducted to evaluate CBT4CBT as a standalone treatment. Results from those trials showed similar findings as well as greater treatment retention and engagement. Further, mechanisms of the CBT4CBT program showed promise as individuals who participated in the program reported increases in the quality of their coping skills, greater knowledge of cognitive and behavioral concepts associated with problematic substance use, and good therapeutic relationships with the program.

There have been several versions of the CBT4CBT program, including material specific to alcohol use and material for Spanish-speaking populations.

Contingency Management

Overview of CM

CM is one of the most effective behavioral interventions for problematic substance use. CM provides incentives to change behavior. Unlike MI techniques, which are based on an individual's intrinsic motivation (i.e., motivation that arises from within), CM strategies are based on extrinsic motivation (i.e., motivation derived from sources outside the individual).

CM is most often used with individuals in recovery from stimulants, such as cocaine, methamphetamine, and prescription stimulants. However, it can be used with individuals in recovery from other substances as well.[940] For people in recovery, CM can be used to identify healthy alternatives to problematic substance use and grow recovery strengths.

CM approaches aim to sustain client engagement in treatment and promote recovery by providing positive incentives to clients who engage in and sustain behavioral changes, such as abstinence from alcohol or drugs; medication adherence; attendance at continuing care groups, mutual-help groups, or 12-Step recovery meetings; or maintenance of a job or stable housing arrangement.

More information about CM can be found in SAMHSA's TIP 33, *Treatment for Stimulant Use Disorders* (https://store.samhsa.gov/product/treatment-for-stimulant-use-disorders/PEP21-02-01-004).

CM Strategies

The goal of CM is to increase desired behaviors by providing immediate reinforcing consequences when a specific behavior occurs and withholding reinforcing consequences when that behavior does not occur. Reinforcing consequences are provided in the form of tangible incentives. These incentives are often administered in two forms[941]:

- **Voucher-based reinforcement:** This type of incentive uses vouchers that have monetary value. The vouchers can be exchanged for items, such as food, movie passes, or other goods and services that align with a drug-free lifestyle. The monetary value of vouchers typically increases over time as the client successfully completes recovery tasks. Voucher-based reinforcement has been used with individuals with OUD or stimulant use disorders to reinforce providing drug-free urine samples.
- **Prize incentives:** Like voucher-based reinforcement, prize incentives offer clients an opportunity to win cash prizes in varying amounts. This type of CM traditionally uses a "fishbowl model," where clients draw a piece of paper out of a large bowl. On some pieces of paper are reaffirming phrases, such as "well done." On others, there will be small cash prizes, and on one piece of paper will be the "jumbo" prize. Clients can increase their number of chances to win each time they achieve a specific behavior. However, if a recovery task is not completed, the chance to win resets to one.

Incentives may be delivered immediately or on a delayed schedule. For example, clients may receive incentives immediately following their attendance at a recovery meeting or they may receive the opportunity to "bank" their attendances at meetings to earn a larger incentive in the future. Some research indicates that clients who have problematic substance use may respond better when immediate and delayed incentives are used together, offering clients the chance to receive an immediate incentive and the chance to win larger incentives later.[942] Regardless of the model chosen, the immediacy of incentives is important. This means that if abstinence is the intended behavior, the point-of-care urine test must be sensitive, rapid, and easy to administer. The incentive must immediately follow reading of the rapid point-of-care test. Sending a specimen to a lab for analysis creates a delay between the test being performed and the incentive. This delay between the test and incentive is not consistent with CM approach and will not help the client.

RESOURCE ALERT: IMPLEMENTING CM

More about CM and how to implement it can be found in:

SAMHSA's Addiction Technology Transfer Center (ATTC) Network online course *Contingency Management for Healthcare Settings* (https://attcnetwork.org/centers/northwest-attc/product/contingency-management-healthcare-settings-online-training); and

The ATTC Network's guidance on CM's founding principles (https://attcnetwork.org/centers/attc-network-coordinating-office/contingency-management-part-2-founding-principles).

Using CM To Support Recovery

Counselors should incorporate CM incentives into treatment and continuing care activities. Several CM approaches aim to sustain client engagement in treatment and promote recovery by providing positive incentives to clients who engage in and sustain behavioral changes, such as:

- Abstinence from or reductions in alcohol or drug use.
- Medication adherence.
- Attendance at continuing care groups, mutual-help groups, or 12-Step recovery meetings.
- Reductions in infectious disease risk behaviors.
- Maintenance of a job or stable housing arrangement.

Counselors should work with clients to identify goals for behavior change, including quantifying objective measures of specific behaviors. Once goals are agreed upon, the counselor and their client can create and employ a written CM agreement that outlines the following:

- Duration
- Mechanisms for verifying specific behaviors and task completion
- Contingencies and any changes to those contingencies over time

Some positive reinforcements include social reinforcement in the form of congratulatory letters from the counselor or family members for attending continuing care groups and certificates or medallions for various levels of completing a residential or continuing care program. Financial incentives can include cash for clients submitting substance-free urine samples and chances to win prizes after completing recovery activities, including attendance at counseling sessions, recovery group participation, and maintenance of activities that promote overall well-being.

Benefits of CM in Recovery From Substance Use–Related Issues

Using CM with individuals in recovery from problematic substance use is well supported by studies. CM has shown to be effective in improving outcomes for a variety of SUDs, including stimulant,[943,944] opioid,[945] cannabis,[946] and nicotine use disorders.[947]

A systematic review of 27 studies evaluating CM for methamphetamine use found that the majority (26 of the 27) reported reduced methamphetamine use among participants.[948] Another systematic review of 44 studies examining psychosocial interventions for methamphetamine use found that CM showed the strongest support for improved outcomes (e.g., reduced drug use, better treatment retention, fewer psychiatric symptoms, better quality of life).[949]

A systematic review and meta-analysis of 74 RCTs looking at individuals taking medication for OUD found that the effectiveness of CM was associated with abstinence from substance use (including comorbid substance use, such as stimulant use and cigarette smoking) as well as improved treatment attendance and medication adherence.[950]

CM has also been found to be effective when it is combined with other evidence-based interventions. A review of 50 RCTs examining 12 different psychosocial interventions for individuals with cocaine or amphetamine use found that CM plus community reinforcement was the only approach that showed higher rates of abstinence at the end of treatment as well as at short- and long-term follow up.[951]

CM remains effective over time, despite concerns about whether improvements in outcomes would remain after taking away reinforcers. A meta-analysis of 23 RCTs testing the effectiveness of CM after 1 year of treatment compared to other forms of psychosocial treatment for problematic substance use found that individuals who received CM interventions were 1.22 times more likely to be abstinent than individuals who did not receive CM interventions.[952] Additionally, the long-term benefit of CM in reducing problematic substance use was greater than the long-term benefits seen with other active, evidence-based treatments and community-based intensive outpatient treatments.[953]

Although CM is an evidence-based treatment for problematic substance use, counselors may face challenges in its implementation. Some commonly cited challenges include delays in offering incentives related to time to conduct drug screening, scheduling challenges with clients, and ensuring continued funding for incentives.[954] Counselors should be aware of such challenges when implementing CM to determine potential solutions prior to delivering this treatment to clients. For example, there are new technologies available that can help deliver CM easier.[955]

Digital CM, which uses virtual, Internet-, and smartphone-based treatment delivery, incorporates remote monitoring of drug status using biochemical sensing and remote delivery of incentives.[956] The use of digital CM may reduce equity issues in access to care and the number of staff needed to conduct individual monitoring.[957] Systematic reviews of digital CM, which uses remote therapeutic monitoring, found that this intervention is both clinically meaningful and consistent with the results from studies of in-person delivery of CM.[958,959,960] The studies also indicated that clients were willing to accept remote methods to monitor substance use and incentivize abstinence.[961,962]

DIGITAL SUPPORTS FOR CM[963]

To address unmet treatment needs associated with barriers to accessing care and to encourage long-term recovery, studies are evaluating digital tools that can be used to complement treatment and improve individual recovery-related outcomes.[964]

Typically, these digital therapeutics use automated remote delivery of monetary incentives for individuals who complete alcohol and drug self-tests as instructed. An RCT compared individuals who used a digital therapeutic in combination with treatment as usual to individuals who participated in treatment as usual only over 90 days. Results confirmed the feasibility of using a mobile app to deliver CM, evidenced by:

- Good compliance with using the app (66%) over 90 days, which was comparable to previous studies evaluating the use of technology-based CM interventions.
- Positive experiences with using the app (e.g., helping to avoid drugs and alcohol, recommending the app to friends and family members who have problematic substance use).

Additional research and evaluation are needed to determine if digital tools that provide automated CM are as effective as in-person CM and what supports are needed to implement and disseminate these tools on a larger scale (e.g., technical support).

Mindfulness and Acceptance-Based Approaches

Overview of Mindfulness and Stress Reduction

Helping clients develop proactive strategies and improve their emotional regulation skills is an important component of recovery. Research indicates that stress—and how an individual responds to stressors—can be significant factors both in developing problematic substance use and in recurrence.[965,966] Increasingly, researchers have identified certain aspects of the brain's response to stress that can predispose a person to substance use[967] and to the effects that continued drug use can have on executive function, decision making, and inhibition control,[968] which are factors that can lead to recurrence.

Mindfulness falls into the category of coping skill strategies. Although mindfulness has its origins in Eastern meditation and spiritual traditions,[969] Western treatment methods have widely adapted it for recovery from problematic substance use and mental issues, such as anxiety, depression, eating disorders, PTSD, and borderline personality disorder. In addition, mindfulness-based interventions are culturally sensitive and have shown promise with racial and ethnic minorities and women.[970,971]

Various approaches for treating problematic substance use and preventing recurrence feature mindfulness practices, including mindfulness-based relapse prevention (MBRP), mindfulness-based stress reduction (MBSR), acceptance and commitment therapy (ACT), and dialectical behavior therapy (DBT). (The next section, "Models of Mindfulness-Based Intervention," discusses mindfulness-based approaches specific to

substance use issues.) Different models may be appropriate for different audiences and/or behaviors, but they each work from a fundamental framework of what constitutes mindfulness.

What Is Mindfulness?

Mindfulness is a meditative coping strategy that can increase a person's ability to manage stress and enhance emotional regulation. Mindfulness can also decrease anxiety, help people manage cravings and urges, decrease the likelihood of recurrence of depression and other mental issues, and lower the desire to use substances in response to negative emotions and cognitions.[972,973]

Essentially, mindfulness is the intentional act of paying attention to an experience as it happens, whether that experience is pleasurable or painful, without judging the experience as good or bad. Qualities of mindfulness include[974,975]:

- Feeling alert but relaxed.
- Nonjudgmental awareness of the present moment.
- Kindness and compassion.
- Curiosity and acceptance about distressing or uncomfortable thoughts or sensations.

In practice, mindfulness is nonjudgmental, present-moment awareness of thoughts, mental images, feelings, physical sensations, urges, and impulses. Mindfulness can be learned in formal meditation or practiced through greater awareness of everyday activities, such as eating, walking, washing dishes, or folding clothes. **Developing the traits of mindfulness can enhance a person's ability to observe (or *witness*) thoughts, feelings, and sensations without acting on them impulsively.**[976,977,978,979]

Models of Mindfulness-Based Intervention

MBSR was the first formalized mindfulness model introduced in Western medicine in the early 1980s.[980,981,982] MBSR was designed to treat chronic pain and improve body image issues and certain mental problems. **The success of MBSR led to mindfulness-based approaches for a variety of health and life issues, from mental disorders to acceptance and commitment to childbirth and parenting.** Recent years have seen a rise in mindfulness-based approaches to recovery from problematic substance use:

- **Mindfulness-Based Addiction Treatment,** adapted from an earlier protocol that addressed depression, uses an eight-session format to help clients first learn mindfulness techniques and then apply those techniques to various types of substance use recovery, including smoking cessation.
- **MBRP** is a manualized approach to preventing recurrence of problematic substance use (more information on MBRP is provided on the following pages).
- **Mindfulness-Oriented Recovery Enhancement** is a 10-session protocol based on the core elements of mindfulness of triggers for substance use, reappraisal of stressful events from negative to more positive experiences, and savoring the constructive, growth-inducing aspects of an event.[983,984]
- **Moment-by-Moment in Women's Recovery** is designed specifically for racially and ethnically diverse women of low income actively enrolled in residential SUD treatment.[985,986]
- **Mindfulness Training for Smokers** is an eight-session protocol adapted from MBSR and MBRP but tailored specifically for tobacco use cessation.

One of the most extensively studied and manualized mindfulness approaches for problematic substance use is MBRP,[987] which incorporates mindfulness practices into preventing the recurrence of problematic substance use. Adaptations of MBRP also incorporate material on such topics as smoking cessation, CM, and ACT.[988,989] MBRP consists of training in mindfulness meditation, yogic breathing, physical exercises, other challenges specifically designed for people who have SUDs, and skill-building exercises that can help to prevent the recurrence of problematic substance use.

MBRP shows decreases in alcohol, marijuana, crack cocaine, and cigarette use; decreases in craving; increases in acceptance; reduced craving associated with depressive symptoms; and longer term benefits than nonmindfulness-based approaches.[990] This TIP references some of the components of MBRP as well as other mindfulness sources in the following discussion of implementing mindfulness-based strategies.

Implementing Mindfulness-Based Strategies in Recovery

Mindfulness may be particularly useful in helping clients resist the temptation to use substances or re-engage in risk behaviors. Feelings of craving can be among the most difficult experiences for people who have SUDs to tolerate and can trigger recurrence to problematic substance use. Mindfulness heightens awareness and acceptance of physical craving without analyzing or judging it. This attention to (or *witnessing*) of craving can reduce discomfort and enhance people's ability to cope with and manage the discomfort of craving without returning to substance use to quiet or escape from it.

Exhibit 3.13 displays the mechanisms of mindfulness training, as hypothesized by researchers,[991] that can interrupt the process of recurrence and create awareness of a risk situation. Specifically, researchers suggest that mindfulness training may prevent an occurrence of a high-risk situation, reduce phasic (immediate) risk, and prevent substance use by increasing awareness, kindness, and self-compassion.[992]

In addition to its therapeutic qualities, mindfulness techniques are cost effective, as they can be implemented into a variety of programs and can be done in group format or as a self-help intervention.[993,994] If counselors believe that mindfulness may be useful for some of their clients, the following sections describe some useful strategies to help them incorporate mindfulness practices into recovery promotion.

Introducing Mindfulness to Clients

Clients should be offered information about the relationship of stress to recurrence of problematic substance use, the benefits of mindfulness, and the ways that mindfulness could be a useful tool against the recurrence of problematic substance use (Exhibit 3.14).

EXHIBIT 3.13. Mechanisms of Mindfulness in Interrupting the Process of Recurrence to Problematic Substance Use[995]

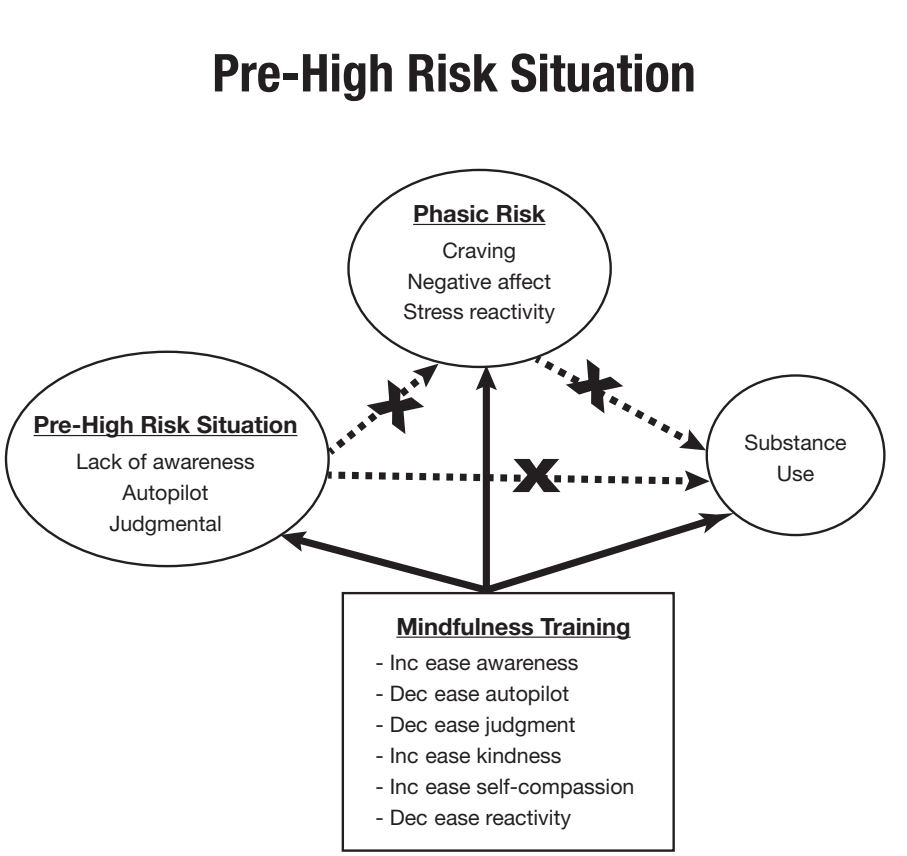

Exhibit 3.13 displays the mechanisms of mindfulness training, as hypothesized by researchers, that can interrupt the process of recurrence and create awareness of a risk situation.

→ Solid black arrows indicate direct effects of mindfulness on situational factors, phasic (i.e., immediate) risk factors, and substance use.

⇢ Dashed arrows indicate the dynamic process of recurrence from high-risk situation to problematic substance use.

✕ Indicates the connections that can be blocked by mindfulness training, potentially allowing for better decision making, rather than acting on what certain mindfulness models describe as "automatic pilot" (i.e., acting without awareness).

Source: Reprinted from 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.*

EXHIBIT 3.14. Introducing Clients to the Benefits of Mindfulness in Preventing Recurrence of Problematic Substance Use[996,997]

Stress can trigger a return to substance use or risk behaviors and can exacerbate symptoms of mental illness. Responding to stressful events in proactive ways instead of using substances can enhance a client's recovery and help them achieve their recovery goals. Mindfulness practices help people reduce overall stress and manage the stress of high-risk situations more effectively. Mindfulness can help a client:

- Be in the moment, instead of worrying about the future or getting stuck in the past.
- Become aware of, less distressed by, and less reactive to thoughts, feelings, and impulses that put them at risk for using substances or engaging in risk behaviors.
- Learn that they are not their thoughts, feelings, or impulses; thoughts, feelings, and impulses are just thoughts, feelings, and impulses.
- Learn that thoughts, feelings, and impulses come and go and that clients don't have to control them.
- Learn to put problems in perspective so they don't overwhelm the client.
- Discover the freedom to choose actions based on their values and recovery goals.
- Enhance their recovery by becoming more connected to themself, to others, to the world around them, and to something greater.
- Develop self-awareness, self-acceptance, and self-compassion.
- Free themself from shame and self-doubt.

Engaging in Mindfulness Practice

If counselors want to incorporate mindfulness practices into recovery promotion, they should receive training in the fundamentals of mindfulness, incorporate it formally or informally in their own lives, and practice any mindfulness exercises themselves before encouraging clients to try them.[998] **Practicing mindfulness enhances empathy and the ability to be present, stay grounded, and maintain a focus in sessions.** Equally important is the idea that counselors should practice what they teach so that they can anticipate the possible reactions, responses, benefits, and challenges that clients may experience. The Resource Alert titled "Mindfulness and Recovery From Problematic Substance Use" at the end of this section contains learning opportunities related to mindfulness-based practices.

Designing Mindfulness Exercises To Fit the Clients' Needs

When designing mindfulness exercises for clients, counselors should consider the same two factors that they would keep in mind with any other treatment activity they recommend to their client: **The exercises must fit the clients' needs and must be something clients will actually practice.** This requires counselors to observe and track their clients' reactions to each exercise and to determine which exercises they are committed to practicing.[999] Exhibit 3.15 lists basic exercises, along with their objectives, as outlined in MBRP and other mindfulness approaches.

EXHIBIT 3.15. Mindfulness Exercises[1000]

The following exercises are drawn from the MBRP program and other mindfulness approaches. This is not a complete list of mindfulness exercises nor in any order of importance; they're simply a selection of commonly practiced examples. The basic intention of each exercise is described, along with a link to an audio recording of either a male or female voice facilitating a typical example of the exercise.

Body Scan: A body scan can be brief or extended and is intended to create an awareness of body sensations as a way to connect with present-moment experience. Feelings of reactivity, urge, or craving can often occur physically before they translate into thought; developing a focus on present physical experience can help the client shift away from habitual behavior to more mindful decision making.

- Audio of a body scan exercise (female facilitator): https://depts.washington.edu/abrc/mbrp/recordings/mbrp-recordings-output/sess1-bodyscan.mp3
- Audio of a body scan exercise (male facilitator): https://depts.washington.edu/abrc/mbrp/recordings/1_Body_Scan.mp3

SOBER Space: SOBER Space is a brief and simple exercise that can be done almost anywhere. It is intended for high-risk or stressful situations, when the client is upset or experiencing an urge or craving. The exercise can help the client step back from "automatic pilot" responses.

- Audio of a SOBER breathing space exercise (female facilitator): https://depts.washington.edu/abrc/mbrp/recordings/SOBER%20space.mp3
- Audio of a SOBER breathing space exercise (male facilitator): https://depts.washington.edu/abrc/mbrp/recordings/3_Breathing_Space_SOBER.mp3

Urge Surfing: In this exercise, participants explore a scenario in their life that is difficult or that might trigger them, and they explore the physical sensations, urges, and thoughts that accompany the scenario to be present with them, ride them out, and potentially see the underlying causes.

- Audio of an urge surfing exercise (female facilitator): https://depts.washington.edu/abrc/mbrp/recordings/Urge%20Surfing.mp3
- Audio of an urge surfing exercise (male facilitator): https://depts.washington.edu/abrc/mbrp/recordings/urge_surf_devin.mp3

Leaves on the Stream Meditation: The leaves on the stream meditation can help an individual develop the ability to maintain a calm and meditative state and allow thoughts, feelings, urges, and physical sensations that intrude upon that state to simply "float away" (i.e., as if placed on a leaf in a flowing stream), rather than letting those sensations disrupt the ability to be thoughtful about awareness of the moment and one's response to it.[1001]

- Audio of a leaves on the stream meditation exercise (video, female facilitator): https://www.youtube.com/watch?v=YKFyceG4OB0

Mountain Meditation: In this exercise, participants visualize a mountain and the stabilizing, grounded, and rooted qualities that it represents. Participants are then encouraged to embody those qualities and understand that even in adverse "weather" conditions, they still possess those same inner resources.

- Audio of a mountain meditation exercise (female facilitator): https://depts.washington.edu/abrc/mbrp/recordings/Mountain_2013.mp3
- Audio of a mountain meditation exercise (male facilitator): https://depts.washington.edu/abrc/mbrp/recordings/mbrp-recordings-output/sess2-mountain.mp3

Breath Meditation: Breath meditation helps the participant notice the tendency of the mind to wander and thoughts to become focused on the past or the future instead of the present moment. Through

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breathing and posture, the participant is able to repeatedly return to a present-centered focus. Breath meditation may also be referred to as sitting meditation. These exercises may expand in length over time.

- Audio of a breath meditation exercise (female facilitator): https://depts.washington.edu/abrc/mbrp/recordings/Short_Sit_2013.mp3
- Audio of a breath meditation exercise (male facilitator): https://depts.washington.edu/abrc/mbrp/recordings/Short%20Sit,%20male.mp3

Sitting Meditation:

- Audio of a sitting meditation exercise (female facilitator): https://depts.washington.edu/abrc/mbrp/recordings/mbrp-recordings-output/sess5-sitting.mp3
- Audio of a sitting meditation exercise (male facilitator): https://depts.washington.edu/abrc/mbrp/recordings/5_Mindfulness_of_Breath.mp3
- Audio of a longer sitting meditation exercise (female facilitator): https://depts.washington.edu/abrc/mbrp/recordings/Longer_sit_2013.mp3
- Audio of a longer sitting meditation exercise (male facilitator): https://depts.washington.edu/abrc/mbrp/recordings/6_Mindfulness_of_Sound_Breath_Sensation_Thought.mp3

Walking Meditation: Walking meditations can be done in various ways, but their general purpose is to bring the individual's attention to the feel of their own body in motion, the physical sensations of movement, and developing an appreciation for the practice of just simply walking versus trying to "get somewhere."

- Audio of a walking meditation exercise (male facilitator): https://depts.washington.edu/abrc/mbrp/recordings/7_Mindful_Walking_Guidance.mp3

Exploring Ways for Clients To Bring Mindfulness Into Everyday Life

Counselors can help clients identify one or two simple mindfulness practices they can use daily and bring into situations where the potential for recurrence of problematic substance use is high, to step out of automatic reactivity and cope with intense emotions. Here is a simple mindfulness practice called **SOBER**[1002]:

- **S**top or slow down.
- **O**bserve what is happening right now.
- **B**reath focus—center your attention on your breath.
- **E**xpand awareness to include a sense of your whole body.
- **R**espond to the situation with full awareness and ask yourself what is needed.

Practicing Mindfulness in Session

Counselors should teach and practice mindfulness exercises in session before encouraging clients to practice them in everyday life. Counselors may want to begin with brief exercises to allow the client to become comfortable and understand the mindfulness process. Individuals taking part in mindfulness exercises can sometimes feel awkward or "silly" at first, before getting more comfortable.[1003] Then counselors can move to longer or more complex types of meditations.

In each case, before introducing the mindfulness practice, counselors should elicit their client's interest in trying it, and ask them for their ideas about ways to adapt the exercise to match their needs, abilities, and preferences. **Counselors should make sure they leave plenty of time**

at the end of the exercise to discuss the experience, explore client reactions, and invite them to evaluate the practice. Here are some questions that may help engage clients in this discussion:

- What were their general reactions to this exercise?
- What was helpful and not helpful about this mindfulness practice?
- Are there ways they would change this practice that would make it more helpful to them?
- How confident are they that they will practice this exercise at home?
- What would help make them more likely to practice this exercise at home?

Counselors should follow up with clients at their next meeting. They should also continue to elicit their reactions to the mindfulness practice and evaluate its effectiveness.

Benefits of Mindfulness in Recovery From Problematic Substance Use

Research shows that **mindfulness-based interventions can reduce craving and the frequency and severity of problematic substance use, and improve other symptoms related to problematic use**, including negative mood, emotional regulation, stress, anxiety, and symptoms of depression.[1004,1005,1006,1007] MBRP specifically has demonstrated decreases in alcohol, marijuana, crack cocaine, and cigarette use; decreases in craving; increases in acceptance; reduced craving associated with depressive symptoms; and longer term benefits than nonmindfulness-based approaches.[1008]

In addition to their therapeutic qualities, mindfulness techniques have the added advantage of being cost effective, as they can be implemented in a variety of programs and can be done in group format or as a self-help intervention.[1009,1010] In addition, mindfulness-based interventions are culturally sensitive and have shown promise with racial and ethnic minorities and women.[1011,1012]

RESOURCE ALERT: MINDFULNESS AND RECOVERY FROM PROBLEMATIC SUBSTANCE USE

- Hazelden Betty Ford Foundation, 5 Mindfulness Practices to Step Up Your Recovery—This article includes an overview of meditation and mindfulness and offers some simple practices, such as breathing, stillness, and compassion (https://www.hazeldenbettyford.org/articles/5-mindfulness-practices-to-step-up-your-recovery).
- MBRP—The site provides an overview of MBRP and its authors, and also offers the following resources:
  - For clients (https://www.mindfulrp.com/for-clients): Provides a list of mindfulness-trained therapists in the United States and around the world, along with audio tracks of mindfulness exercises and the practice MBRP web tool, which helps individuals who have been through mindfulness training or therapy to continue practicing these activities in daily life
  - For clinicians (https://www.mindfulrp.com/for-clinicians): Provides information on upcoming MBRP trainings and links to print and multimedia guides to MBRP facilitation
  - Research (https://www.mindfulrp.com/research): Spotlights published literature on the efficacy of mindfulness-based practices for recovery promotion
- University of Massachusetts Memorial Health, Mindfulness Programs—The UMass Center for Mindfulness provides a variety of training programs on mindfulness techniques (https://www.ummhealth.org/umass-memorial-medical-center/services-treatments/center-for-mindfulness/mindfulness-classes). Note that these trainings cover mindfulness and a range of health issues and are not specific to substance use recovery.

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- Virginia Commonwealth University, College Behavioral and Emotional Health Institute, Mindfulness-based Practices for Effective Prevention and Sustainable Recovery—This presentation provides an overview of the role of mindfulness in recovery promotion and the science of how it can improve stress management and decision making related to urges, cravings, and stress (https://www.youtube.com/watch?v=MhYlq4dsHrQ&t=1733s).
- General mindfulness associations and centers (these address a range of mindfulness-related topics and are not specific to recovery from problematic substance use):
  - The American Mindfulness Research Association provides links to mindfulness programs and/or trainings all over the world (https://goamra.org).
  - The University of California San Diego Center for Mindfulness provides a broad range of mindfulness practice, training, and consultation for individuals, organizations, and healthcare professionals, along with print and audiovisual mindfulness resources and practice tools (https://cih.ucsd.edu/mindfulness).
  - The University of Southern California Center for Mindfulness Science links extensively to published and active research on mindfulness-related topics (https://mindfulscience.usc.edu).

Acceptance and Commitment Therapy

ACT, which includes components of mindfulness, teaches people how to accept and live with, rather than avoid, difficult thoughts, emotions, and sensations.[1013] When used to address problematic substance use, **ACT can help people in recovery learn to live with the discomfort of cravings,[1014] rather than attempting to eliminate or avoid it.** ACT also can help people in recovery learn to live with distressing feelings, memories, and other internal experiences that can trigger cravings.[1015,1016]

The goal of ACT is to build psychological flexibility. Psychological flexibility is the ability to recognize and understand our thoughts and emotions in any given situation and then continue or change our behavior depending on what we value (or see as a positive outcome in the situation).[1017,1018] It can be reflected in how a person[1019]:

- Adapts to changing situational demands.
- Reorganizes mental resources.
- Shifts perspective.
- Balances competing desires, needs, and life domains.

When someone is psychologically *inflexible*, their patterns of behavior are overly controlled by their feelings and internal experiences, or they may take actions to avoid those feelings and experiences.[1020] Though this experiential avoidance may work in the short term, its long-term effect is to increase distress.[1021] ACT attempts to break this cycle by helping clients recognize and **accept** uncomfortable feelings and **commit** to actions that support their values.

Core Processes of ACT

To develop psychological flexibility, clients learn six interrelated core processes. Each process builds on the one before it, helping clients navigate triggering situations. Exhibit 3.16 outlines these six processes.

The first step is recognizing an uncomfortable situation is occurring, identifying the thoughts and feelings that accompany it, and consciously choosing to remain present with them. This is followed by learning to see oneself objectively and separate from those feelings and thoughts (e.g., "I'm hopeless" versus "I'm successful, but I feel hopeless today"), identifying the values and goals one has for their life, and committing to action that aligns with those values and goals. The final steps involve willingly accepting (again) any uncomfortable feelings that come from taking action and recognizing them for what they are.

EXHIBIT 3.16. Core Processes of ACT[1022]

Process	Description	Action It Replaces
Attention to the present moment	Flexibly and purposefully remaining in the present moment by being mindful of thoughts, feelings, bodily sensations, and action potentials, including during distressing experiences	Losing contact with the present
Self as context	Keeping balanced and broad perspective on thinking and feeling, such that painful or distressing thoughts and feelings do not automatically trigger maladaptive avoidance behaviors	Poor perspective-taking skills
Values	Clarifying fundamental hopes, values, and goals, such as being there for one's family, pursuing meaningful work, and so on	Being disconnected from the things and people that matter most
Committed action	Cultivating commitment to doing things in line with identified hopes, values, and goals	Failing to take needed behavioral steps in accord with core values
Acceptance	Willingly accepting unwanted feelings that result from taking difficult actions (particularly those consistent with hopes, values, and goals)	Making efforts to control or eliminate difficult internal experiences
Defusion	Stepping back from thoughts that interfere with valued actions and seeing them for what they are	Seeing thoughts as literal truths

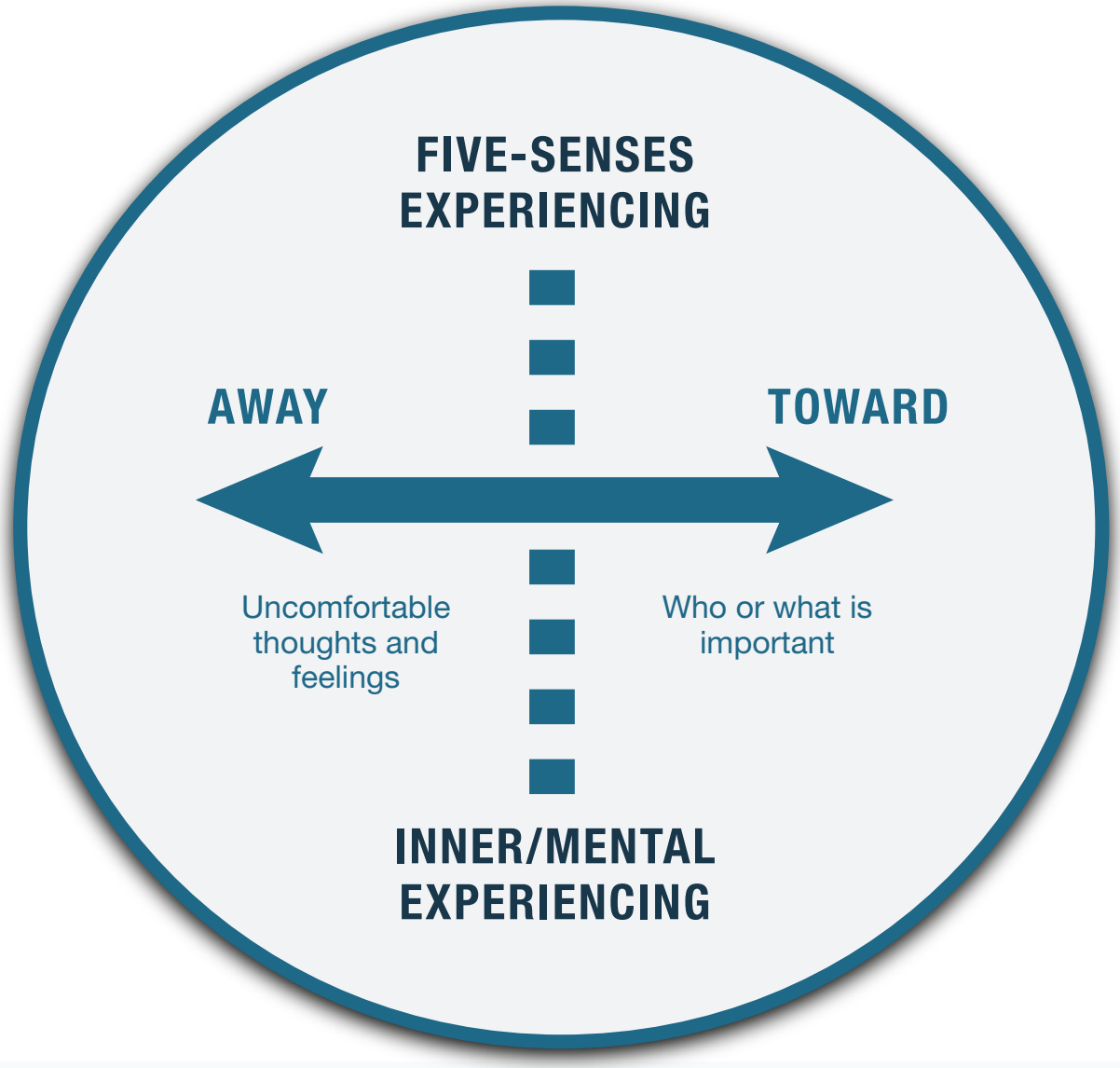
Psychological Flexibility

A key part of psychological flexibility is developing the ability to notice the difference between how individuals physically experience a given situation (i.e., through the senses of sight, sound, taste, touch, and smell) and how they mentally experience it (e.g., what people perceive as meaning, people's goals, whether the person feels "good" or "bad" about the situation). In ACT theory, this allows individuals to notice differences between feelings and actions that move them toward the outcome they value, rather than away from unwanted experiences or outcomes.[1023] Psychological flexibility is not defined as escaping or avoiding difficult or painful experiences, but rather as being able to be aware of them and work through them so that they no longer control or determine behavior.[1024]

The ACT Matrix

The ACT Matrix is a visual tool designed to help individuals better understand the toward/away concept and enhance their psychological flexibility. The diagram in Exhibit 3.17 consists of a vertical line intersecting with a horizontal line, creating four quadrants into which an individual can map their physical (i.e., sensory) experiences and their emotional/mental experiences. Sensory experiences are mapped above the horizontal line, and mental experiences are mapped below it. These experiences are mapped to the left or right of the vertical line, depending on whether they move the individual toward a desired outcome or value (on the right-hand side) or away from a goal or an unwanted experience (on the left-hand side).[1025]

EXHIBIT 3.17. The ACT Matrix[1026]



For people in recovery, using the ACT Matrix will not simply take the form of thinking about what does or doesn't motivate them to use substances. It requires that they more fully examine their lives and values to determine who or what is important to them (e.g., relationships, family, work, health, personal growth). **This process can help individuals begin to identify the thoughts, feelings, and behaviors that move them toward valued individuals and goals, and which thoughts, feelings, and behaviors act as barriers.**[1027] ("Resource Alert: Learning More About ACT" contains a link to a video of an ACT trainer and facilitator going through the Matrix exercise, specific to recovery.)

As clients use the ACT Matrix to evaluate their experiences, they may improve their awareness about their internal experiences (i.e., increased psychological flexibility), allowing them to more readily choose actions that move them toward their values or desired outcomes (e.g., to stop or reduce substance use, improve personal health, improve relationships).[1028]

Benefits of ACT for People In Recovery

ACT has proven beneficial in terms of individual wellness and outcomes related to SUD treatment (including from a cost and administration perspective). Research has shown that ACT can result in[1029,1030]:

- Relieved anxiety and guilt.
- The ability to experience negative thoughts and feelings without fixating on them or judging them.
- Increased psychological flexibility.
- Improvements in mental health and medical and behavioral health outcomes.
- Improved achievement of long-term goals.

ACT has been shown to be as effective as comparable treatment approaches (e.g., CBT, counseling, 12-Step program). Results also indicate that abstinence is better maintained at follow-up for individuals who participate in ACT, compared to other approaches.[1031,1032] From a cost and administration perspective, ACT offers advantages in that it can be used with a wide variety of audiences, age groups,[1033] and formats (e.g., individual treatment, group treatment, web-based treatment, self-guided treatment[1034]). Implementing ACT techniques using a mobile app has also shown promise.[1035]

If counselors are considering implementing the ACT model, they should **keep in mind that the fundamental goal of ACT is not simply to reduce problematic substance use, but to improve overall functioning (e.g., living a meaningful, valued life).** A reduction in substance use might lead to improved functioning for many clients, but it is not the only focus of ACT, and researchers caution against a reduction in problematic substance use being the only measure of treatment success.[1036] The ACT approach is also relatively new, with limited study of the ACT Matrix thus far[1037] and limited availability of counselors qualified to coach individuals in the ACT process.[1038]

RESOURCE ALERT: LEARNING MORE ABOUT ACT

- The Association for Contextual Behavioral Science is an international community of researchers, practitioners, and educators working in a variety of behavioral science fields. Their ACT pages contain an overview of the model, along with free video and audio links to learn more about ACT and practice sample exercises. They also have a Find an ACT Therapist search engine (https://contextualscience.org/act).
- Praxis offers evidence-based continuing education and training in ACT. Courses are available online, in person (California and Nevada), or on demand (https://www.praxiscet.com/our-courses/#courses-tabs-0). Note: These courses are not specific to substance use treatment.
- The ACT Matrix, with Sue Knight, is a three-part series that features an ACT trainer and facilitator demonstrating the use of the ACT Matrix specifically with individuals who are seeking to stop or reduce substance use, walking the viewer through each of the four quadrants and the kinds of questions to consider when using the Matrix (https://www.youtube.com/channel/UCmjutdtoTt25d0DWKudacnA).

Linkages to Peer- and Community-Based Support Services

Overview of Peer- and Community-Based Support Services

Peer support services (PSS) enhance counseling by connecting individuals in recovery to nonclinical professionals who have lived experience with problematic substance use, behavior change, and recovery. These nonclinical professionals have varied titles, including peer worker, recovery specialist, peer navigator, peer provider, peer recovery coach, peer support provider, peer specialist, recovery support navigator, recovery support specialist, wellness coach, or health navigator. Peer workers who have received certification or credentialing to provide PSS are known as certified peer specialists.

PSS help individuals with substance use–related problems initiate and sustain recovery, regardless of their chosen recovery pathways. PSS are offered in a variety of settings, including emergency departments, primary care offices, SUD treatment programs, and community-based settings. Although research supporting PSS for problematic substance use is still emerging, studies show that **peer services enhance and extend the continuum of care[1039] and improve recovery outcomes.[1040,1041,1042]** When integrated into care, peer services can offer a means to support recovery and to help clients attain other goals.[1043] Counselors can learn more about PSS, including how peers can be incorporated into clinical settings in TIP 64, *Incorporating Peer Support Into Substance Use Disorder Treatment Services*.

Community-based support services, including case management, recovery houses, social networks, and transitional living opportunities, are particularly important for promoting long-term recovery for people with problematic substance use. Peer specialists can help connect clients to community-based support services. Chapter 4 contains an indepth discussion about how community-based support services can promote recovery and overall well-being for clients who have substance use–related problems.

Counselors can facilitate linking clients to peer- and community-based support services by learning about the services available at their agency and in their community, developing collaborative working relationships with case managers and peer specialists, and inviting case managers and peer specialists to participate in transition counseling groups and continuing care planning meetings.

Types of Peer and Community Support

Recovery Support Groups

Recovery support (also known as mutual help) group participation improves long-term recovery through increased self-efficacy, social support, and quality of life for individuals in recovery.[1044] It is not simply attendance at support group meetings, but active participation (e.g., getting a sponsor, "working" the 12 Steps, becoming a sponsor or peer support volunteer, setting up and cleaning up the meeting space, speaking at meetings) that enhances long-term recovery. Specific social and cognitive changes associated with recovery support group participation include increased self-efficacy and commitment to abstinence, reductions in substance use, meeting other recovery goals, and greater use of positive coping skills. Recovery support groups also provide social support, role models for recovery, and a sense of belonging to a community as a responsible citizen.

Counselors can reinforce their clients' recovery by actively exploring and supporting their participation in these programs, while respecting individual, spiritual, and cultural diversity, needs, norms, and appropriateness. The professional literature demonstrates increased participation in recovery support groups when counselors use active techniques like Twelve-Step Facilitation (TSF) therapy to promote client involvement.

TWELVE-STEP FACILITATION THERAPY

TSF therapy is a structured approach designed to help people address their problematic substance use by linking them to and encouraging their participation in 12-Step mutual-help organizations, for example, Alcoholics Anonymous® (A.A.).[1045] TSF therapy includes counseling, use of techniques and principles of 12-Step mutual-help groups, encouraging meeting attendance, and brief interventions with the goal of providing a warm handoff to community mutual-help groups.[1046] A review of studies assessing the effectiveness of TSF and A.A. interventions indicate that these approaches enhance outcomes for those with AUD, while also performing better than other treatments in supporting continuous abstinence from substances.[1047]

More information about TSF therapy can be found at https://www.recoveryanswers.org/resource/twelve-step-facilitation-tsf/.

A NOTE TO CLINICAL SUPERVISORS: COUNSELOR ATTENDANCE AT RECOVERY SUPPORT GROUPS

Training counselors in recovery promotion. Counselors should attend several open or unrestricted groups for people in recovery and family members as part of their training. By experiencing recovery support groups from the inside out, counselors can better appreciate clients' perspectives and help people anticipate the possible benefits and challenges of participating in such groups. This practice aligns with the recovery principle of person-centered care.

Clinical supervision of counselors in recovery. Counselors in recovery who attend mutual-help groups in the same geographic area where their clients attend meetings often see clients at meetings. Clinical supervisors can support counselors in recovery by exploring the counselor's own recovery needs and how they might or might not be fully met in meetings that their clients attend. Clinical supervisors should also explore clinical issues with recovering counselors, such as how to address boundary concerns, how much personal information to disclose at meetings when clients are present, and how to discuss potential role confusion with clients. Supervisors also need to clarify the roles of counselors, sponsors, and peer specialists who may attend the same meetings as clients.

Other Peer- and Community-Based Recovery Supports

In addition to recovery support groups, other types of peer- and community-based recovery supports that counselors should be familiar with and be prepared to help their clients access include:

- Drop-in centers.
- Social clubs.
- Faith-based or church-affiliated recovery programs, such as Celebrate Recovery®.
- Wellness recovery action planning groups.
- Community-based supports, such as:
  - Drop-in centers.
  - Peer services, advocacy, training, and support groups.
  - Vocational and housing programs.
  - Recovery high schools and collegiate recovery programs.
  - Recovery-oriented employment services.
  - Recovery residences.
  - Recovery community centers.
  - Recovery cafes.
- Internet-based support services.

Exhibit 3.18 lists strategies for linking clients to peer and community support services.

EXHIBIT 3.18. Strategies for Linking Clients to Peer and Community Support Services

Counselors can use the following strategies to encourage clients to initiate and sustain mutual-help group affiliation and active participation in other peer and community-based recovery supports:

- **Exploring options and resolving ambivalence.** Counselors should:
  - If accessible, appropriate, and acceptable to clients, actively link them to a TSF therapy group.
  - Explore the client's own understanding of the mutual-help group model and dispel any myths or preconceived ideas they may have.
  - Explore the client's past experiences with participation in mutual-help groups, including what did and didn't work well.
  - Remind clients that finding a "good fit" in a mutual-help group can take time. They may need to attend several different meetings before finding the right one for them.
  - Elicit client's stories about their efforts to initiate and sustain recovery on their own, including what did and didn't work well.
  - Explore clients' ambivalence about participation in mutual-help groups and other peer- or community-based support resources.
  - Offer information to clients about the importance and potential benefits of peer- and community-based support services.
  - Demonstrate genuine enthusiasm and optimism about clients' participation in peer- and community-based supports, while maintaining respect for the clients' personal autonomy.
  - Explore clients' interest in and the pros and cons of attending diverse or specialized groups and their preferences for attending meetings within or outside of their communities.
  - Offer a menu of recovery support options available in the local community or online.
- **Identifying and removing obstacles.** Counselors should:
  - Clarify the differences in the roles of the counselor, the peer worker, and the sponsor to avoid boundary confusion and potential conflicts.
  - Collaborate with clients and peer workers to help clients overcome obstacles to participation, such as lack of child care or transportation.

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- **Pursuing active linkage.** Counselors should:
  - Identify meetings or groups in the local area and note important characteristics, such as open versus closed meetings; speaker or discussion format; specific to age, race or ethnicity, gender identity, sexual orientation, disability, religious affiliation, military or veteran status; language; smoking or nonsmoking; open to people with CODs.
  - Refrain from using passive linkage strategies (e.g., giving clients a list of meetings, a phone number, or a website to explore).
  - Orient clients about what to expect at their first meeting and connect them to a specific person (e.g., a volunteer from the community, a peer worker at the organization) who can orient and guide them to a specific meeting for their initial exposure.
  - Actively link family members to the mutual-help groups that are in alignment with the recovery support the client chooses. For example, link spouses, partners, and children to Al-Anon and Alateen when the client attends Alcoholics Anonymous®.
  - Help clients gain entrance into recovery residences by becoming familiar with local housing resources and with each house's identity (e.g., whether the house is for men or women; whether the house will accept individuals taking medications to support recovery); and explore the potential benefits of recovery residences and any concerns clients might have. Counselors should help the client complete applications for membership or residency and navigate the interview process.
  - Link clients to community-based PSS that offer housing assistance.
- **Monitoring and evaluating client feedback.** Counselors should:
  - Work collaboratively with clients to review and evaluate their initial and ongoing responses to group participation during follow-up counseling sessions.
  - Explore alternative options with clients when there is a discrepancy between their needs and reactions to a particular group.

Source: Adapted from W. White & Kurtz, 2006, p. 37.

Psychoeducation

Overview of Psychoeducation

Psychoeducation is a therapy focused on providing clients with information about aspects of their disease and/or its treatment. **The intent of psychoeducation is to provide information to motivate action through education. Psychoeducation is also used to promote client empowerment by managing varied aspects of disease, in this case, problematic substance use.** Psychoeducation can be offered as an ongoing therapy or a one-time intervention. Its effectiveness is premised on research indicating that understanding one's condition, in this case, problematic substance use, can be therapeutic.[1048] **Psychoeducation is an important component of treatment and recovery for people with SUDs who may lack insight into symptoms, the negative consequences of behaviors, and the need for treatment.**[1049]

Psychoeducation must, above all, be understandable to the client. To achieve this, counselors should use plain language and deliver information at a pace that is comfortable for the client. Psychoeducation should also occur as a structured dialog between the counselor and the individual in recovery, rather than a one-way lecture. **Ensure that the information delivered is being understood.** This can be achieved by asking clients open-ended questions about the topics being covered.[1050] Key principles of psychoeducation are outlined in Exhibit 3.19.

EXHIBIT 3.19. Principles of Psychoeducation

Psychoeducation is empowering.	Information is provided to empower clients to become central actors and collaborators in their treatment.
Psychoeducation is well informed.	When information is provided, it should be the best available (e.g., grounded in high-quality research).
Psychoeducation is understandable.	When information is provided, every effort must be made to ensure that information is understood by the client.
Psychoeducation is brief.	Brevity is important when providing information; not only for engagement, but also for retention.
Psychoeducation is interactive.	Providing information in a dialog facilitates client engagement with the material.
Psychoeducation is tailored to individual needs.	The provider must match teaching to client learning style, cultural worldview, and/or attentional capacity in the moment.
Psychoeducation may end with a goal.	Although not necessary, information may be provided with the intent of setting a goal centered on the use of that information.
Psychoeducation uses both facilitation and teaching skills.	The aims of information-giving in psychoeducation (e.g., empowerment, understanding, and often a goal) requires both facilitative counseling and didactic teaching skills.
In psychoeducation, the provider is client centered.	The psychoeducation provider must be client centered, focusing on connection.

Source: Adapted from 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.

Psychoeducation can also be offered one-on-one with clients or with their family. It can also be delivered in a group or community-based setting. Counselors in SUD treatment programs, for example, often deliver prevention-related information in psychoeducation groups.[1051] These groups offer education, peer support, and recovery-oriented therapy. During sessions, the counselor provides information or shows a short video on a topic relevant to the group, then encourages the group to discuss the issue as it relates to them. The counselor may also encourage members to share current problems, challenges, and successes.[1052]

How Psychoeducation Can Help Clients

Psychoeducation can support clients by helping to build their knowledge of recovery literacy, including providing basic information about SUDs as diseases and offering an understanding about what recovery "looks like." In this section, counselors will learn about information they can provide to people in recovery about problematic substance use through psychoeducation. This includes an overview of the substance use disease model; what clients should know about addiction, including what causes addiction, symptoms, and prevention; and other areas.

Information about medications for SUDs and resources is also discussed. Counselors can use these tools and resources to develop a psychoeducational intervention that they can use to educate their clients about problematic substance use, treatment, and recovery.

Evidence suggests that psychoeducation can effectively support treatment and recovery from problematic substance use. **Use of psychoeducation has resulted in reduced rehospitalization rates, symptom burden, and the likelihood of recurrence to substance use. It has also supported clients' compliance with treatment.**[1053] For example, in one study of a 10-session psychoeducation program for people with SUDs, the authors found that the individuals receiving the intervention had a lower recurrence rate and positive outcomes in terms of social functioning, perceived wellness, and ways of coping compared with individuals who did not receive the intervention.[1054]

Understanding Problematic Substance Use

SUD and the Brain

An understanding about SUD and its impact on the brain is important for people in recovery to help sustain them on their recovery journey. As one study notes, adding information about the impact of SUD on the brain and neuroscientific evidence to the content of psychoeducation could be helpful in communicating the impact of substance use as well as the beneficial impact of treatments and recovery on brain function, thus enhancing motivation for action.[1055]

A more recent effort to integrate neuroscientific information into psychoeducation can improve a counselor's ability to answer questions from people in recovery and their families about the impact of problematic substance use on the brain.[1056] Counselors should share this information and resources with people in recovery, including providing an overview of brain recovery following abstinence from or a reduction in use of substances.

The brain is made up of many parts with interconnected circuits that work together. These circuits coordinate specific functions. Networks of neurons, brain cells or information messengers in the brain, send signals back and forth to each other and other parts of the brain as well as to the spinal cord and nerves in the rest of the body.[1057]

To send a message, a neuron releases a *neurotransmitter (chemical) i*nto the gap (or *synapse)* between it and the next cell. The neurotransmitter then crosses the synapse and attaches to receptors on another neuron. This results in changes in the receiving neuron. Other molecules, called *transporters,* bring neurotransmitters back into the neuron that released them, thereby recycling them and limiting, or shutting off the signal between neurons.[1058] Dopamine is the neurotransmitter responsible for signaling pleasure, which occurs when it is released into the nucleus accumbens, the brain's pleasure center. There are natural rewards that lead to a release of dopamine, (e.g., food and sex). Substances can cause a greater release of dopamine than natural rewards, which can reinforce problematic use.

Substances interfere with the way neurons send, receive, and process signals via neurotransmitters. Substances, such as marijuana and heroin, can activate neurons because their chemical structure is like that of a natural neurotransmitter in the body. This allows the drugs to attach to and activate the neurons.[1059]

Other substances, such as alcohol, benzodiazepines, amphetamine, and cocaine, cause the neurons to release large amounts of natural neurotransmitters or prevent the normal recycling of these brain chemicals. This disrupts the normal communication between neurons.[1060]

When some substances are taken, they cause large surges of neurotransmitters to be released, which results in feelings of euphoria and pleasure.[1061] Long-term use of substances is associated with alterations in brain function and cognitive performance deficits (e.g., working memory and attention).[1062] Individuals with prolonged substance use may require medications to treat the changes in brain chemistry caused by SUD, including medications for OUD.[1063] Exhibit 3.20 contains information about how substances affect the brain's pleasure center.

Over time, the use of substances can become less rewarding, and the craving for the substance becomes more prominent. People who develop an SUD find that the substance does not give them as much pleasure as it used to, and they must take greater amounts of the substance more frequently to have the same effect.[1064]

Research shows that reduced use or abstinence from substances can allow the brain to recover.[1065] Although studies have not supported a specific length of time for the brain to recover, it may take several years. Counselors can communicate this information to help their clients identify that their brain is "in recovery," which may provide hope and motivation to remain in recovery.[1066] Exhibit 3.21 illustrates brain recovery following a period of abstinence.

Addiction 101

Counselors should offer an overview of addiction and key resources to support a person in recovery's understanding of SUDs and problematic substance use. Several topics and resources to help counselors as they develop this information are included below.

What Is Addiction?

The National Institute on Drug Abuse (NIDA) defines addiction as a chronic, relapsing disorder characterized by compulsive drug seeking and use despite adverse consequences. Addiction is considered a brain disorder because it changes brain circuits involved in reward, stress, and self-control. These changes may last a long time after a person has stopped taking substances.[1067]

Like other chronic illnesses, SUDs disrupt the normal, healthy functioning of an organ in the body (brain) and have serious harmful effects. Both chronic illnesses and SUDs are, in many cases, preventable and treatable. **If left untreated, SUDs can have lasting effects on a person's health and may even result in death.**[1068]

Addiction is characterized by behaviors that include[1069]:

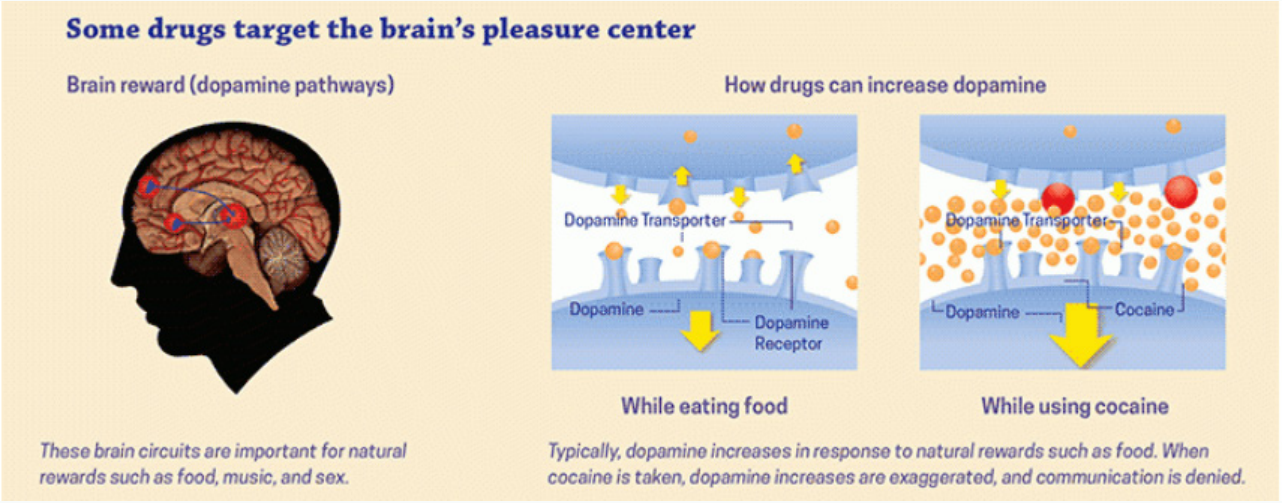
- Impaired control over substance use.
- Compulsive use of substances.
- Continued use despite harm.
- Cravings for substances.

RESOURCE ALERT: WHAT IS ADDICTION?

Additional resources about addiction, including its causes and symptoms, include the following:

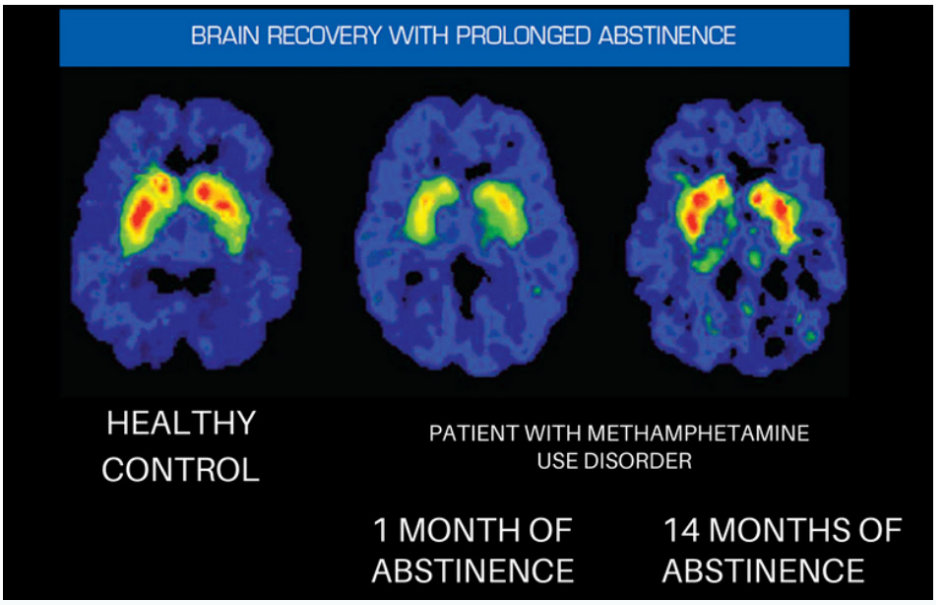
- The Recovery Research Institute's Addiction 101 resource page includes a comprehensive overview of the epidemiology, causes, experience, impact, and latest terminology on addiction (https://www.recoveryanswers.org/addiction-101/).
- The Recovery Research Institute's educational page on the brain in recovery showcases how SUDs affect brain functioning and circuitry (https://www.recoveryanswers.org/recovery-101/brain-in-recovery/).
- NIDA's Drugs, Brains, and Behavior: The Science of Addiction resource explains the scientific research behind substance use and addiction (https://nida.nih.gov/publications/drugs-brains-behavior-science-addiction/preface).
- SAMHSA's TIP on stimulant use disorders includes information about SUDs as well as about the neurobiology of addiction (https://store.samhsa.gov/product/treatment-for-stimulant-use-disorders/PEP21-02-01-004).

EXHIBIT 3.20. Impact of Substances on the Brain's Pleasure Center



Source: Adapted from material in the public domain.[1070]

EXHIBIT 3.21. Brain Recovery After Abstinence From Problematic Substance Use



Source: Adapted from Volkow, N. D., Chang, L., Wang, G. J., Fowler, J. S., Franceschi, D., Sedler, M., Gatley, S. J., Miller, E., Hitzemann, R., Ding, Y. S., & Logan, J. (2001). Loss of dopamine transporters in methamphetamine abusers recovers with protracted abstinence. Journal of Neuroscience, 21*(23), 9414–9418.*

What Causes Addiction?

Several biological and environmental factors may put people at higher risk of developing an SUD. Biological factors, including genetics, stage of development, gender, or ethnicity, can make a person more likely to develop an SUD. Genes, including the effects environmental factors have on a person's gene expression, called epigenetics, account for between 40 and 60 percent of a person's risk for developing an SUD.[1071] Other factors that may put a person at higher risk of an SUD include starting use at an earlier age, having a mental disorder, ready access to substances at home, emotional or physical abuse, and a lack of family or social support.[1072] Exhibit 3.22 provides an overview of risk factors for addiction.[1073]

Evidence also suggests that neurocognitive risk factors, such as abnormalities in brain structures and deficits in cognitive functions (e.g., decision making, learning, memory) may increase a person's vulnerability to addiction. However, **counselors should let people in recovery know that having these risk factors will not dictate whether they develop an SUD. Other factors may have even stronger influences on whether a person develops SUDs.**[1074]

What Is an SUD?

SUDs occur when the recurrent use of substances causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home.[1075] Counselors should help clients understand the basics of SUDs, including symptoms and specific criteria used to diagnose an SUD (the following Research Alert contains information about clinically diagnostic criteria for an SUD). Counselors can discuss which criteria their client may meet and use this information to inform a broader discussion about areas to focus their recovery.

RESOURCE ALERT: CLINICALLY DIAGNOSTIC CRITERIA FOR AN SUD

The American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* provides information about symptoms and diagnostic criteria for mental and substance use disorders. The criteria are published in the DSM-5-TR, updated in 2022, and includes 11 different criteria for diagnosing an SUD. The DSM-5-TR can be accessed at https://www.psychiatry.org/psychiatrists/practice/dsm.

Although there are general criteria for diagnosis of an SUD, symptoms can vary by substance and are wide ranging. Thus, it can help clients to learn details about the symptoms specific to their own substance use.

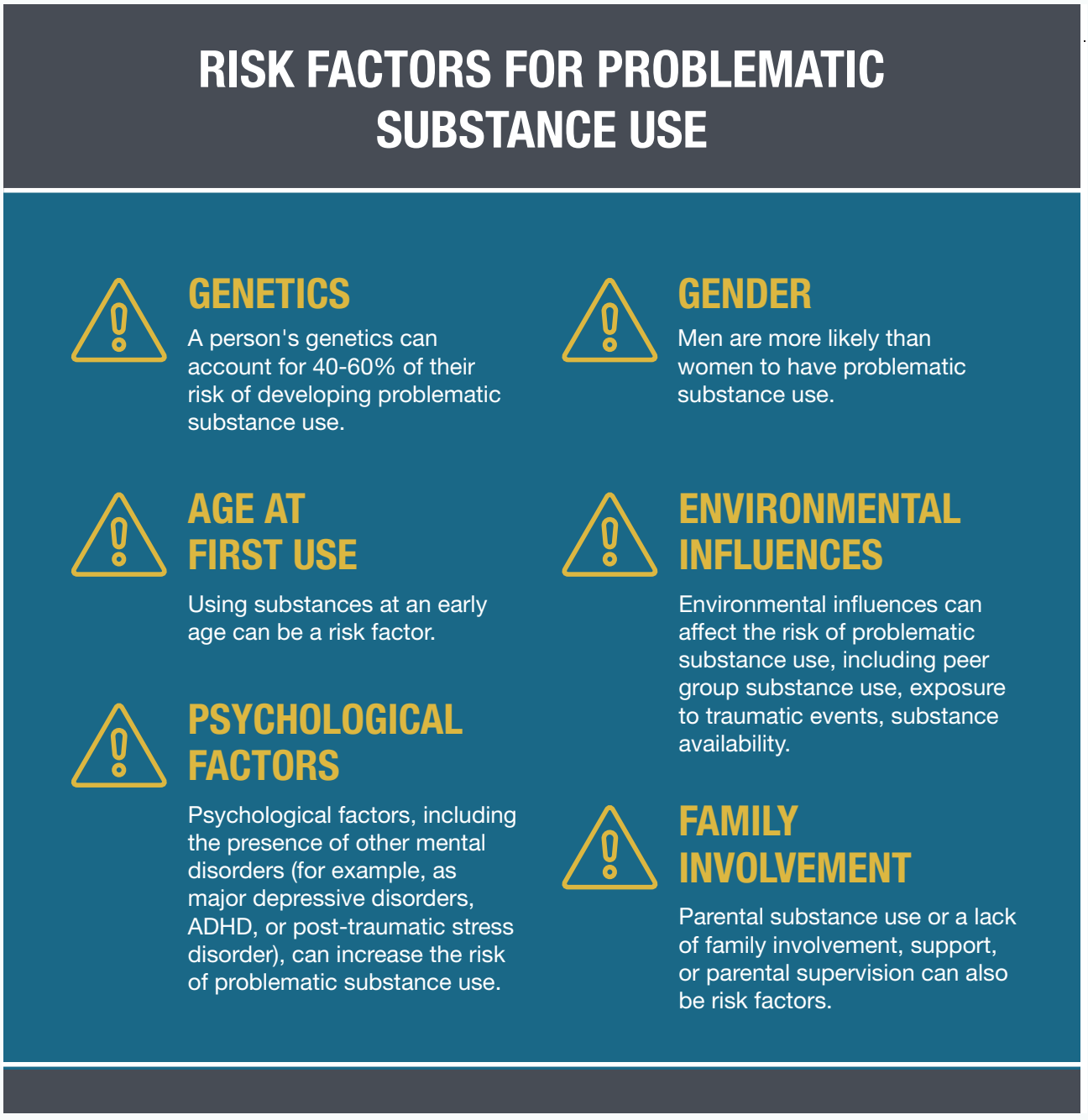
How Can I Prevent Problematic Substance Use?

Early use of drugs increases a person's chances of developing an SUD. Preventing early use of substances may help to reduce these risks. Periods of transition and stress may also trigger problematic substance use. Education about substance use, self-care, and family and social support can help to reduce the risk or prevent problematic substance use.[1076] Exhibit 3.23 reviews common myths about SUDs and provides facts to dispute these myths.

RESOURCE ALERT: PREVENTING PROBLEMATIC SUBSTANCE USE

NIDA has resources about strategies to prevent problematic substance use. More information can be found at https://nida.nih.gov/publications/drugs-brains-behavior-science-addiction/preventing-drug-misuse-addiction-best-strategy.

EXHIBIT 3.22. Risk Factors for Problematic Substance Use



Sources: 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*; Mayo Clinic. (n.d.). Drug addiction.* https://www.mayoclinic.org/diseases-conditions/drug-addiction/symptoms-causes/syc-20365112.

EXHIBIT 3.23. Myths Versus Truths About SUDs

MYTH: Willpower is all one needs to beat addiction.

TRUTH: Prolonged substance use alters the way the brain works. The brain sends signals of powerful and intense cravings, which are accompanied by a compulsion to use. These brain changes make it extremely difficult to quit, and often a treatment program is required.

MYTH: Those with an SUD must hit "rock bottom" before they can get help.

TRUTH: Recovery can begin at any time. Given the impacts on the brain and consequences of SUD, the earlier one can get treatment, the better. The longer an SUD continues, the harder it is to treat. Get help early, rather than holding out.

MYTH: Severe SUD is a disease; there's nothing you can do about it.

TRUTH: Most experts agree that SUD is brain based, but it is possible to recover from an SUD. For most substances, the brain changes related to SUD can be treated and reversed through therapy, medication, exercise, and other treatments.

MYTH: Addiction is lifelong.

TRUTH: SUD is different in every person, where some can deal with it for years and others manage to respond to treatment quickly. The goal is that each person can achieve their own recovery from SUDs, allowing them to lead a healthy and productive life. Although an active addiction may resolve, the process of recovery is lifelong.

MYTH: People can't force someone into treatment; if treatment is forced, it will fail.

TRUTH: Treatment doesn't have to be voluntary to be successful. People who are pressured into treatment by their family, employer, or the legal system are just as likely to benefit as those who enter treatment voluntarily. People are often able to think more clearly as they recover, which can help foster change.

MYTH: Medications used for SUD are just a replacement for the drug itself.

TRUTH: Medications for SUD are designed to treat withdrawal symptoms and cravings and allow a person to recover without the use of the substance. These are medications, just like any other medication designed to treat chronic illness.

Source: Adapted from material in the public domain.[1077]

What Is Harm Reduction and How Can It Help With Recovery From Problematic Substance Use?

Harm reduction is an evidence-based, proactive approach designed to reduce the negative impacts of problematic substance use.[1078] It's focused on meeting people "where they are" and on their own terms,[1079,1080] and includes compassionate and pragmatic strategies that aim to minimize harm related to problematic substance use. **The goal of harm reduction is to enhance quality of life without requiring or advising abstinence or reduction of use.**[1081] Examples of harm reduction strategies include OEND to reduce the risk of opioid overdose, and offering testing strips to check for fentanyl or xylazine in drugs and support safer use. These activities reduce the risk of injury, illness, and death associated with substance use.[1082]

RESOURCE ALERT: HARM REDUCTION

The following resources can help counselors learn more about harm reduction:

- SAMHSA's Harm Reduction webpage (https://www.samhsa.gov/find-help/harm-reduction)
- National Harm Reduction Coalition's website (https://harmreduction.org/)
- Harm reduction strategies for people who inject drugs: Considerations for pharmacists (https://www.opioidlibrary.org/wp-content/uploads/2019/06/CPNP_HarmReductPharmacists.pdf)

How To Talk About Addiction

Individuals in recovery should understand the importance of using appropriate, culturally sensitive, recovery-oriented language in talking about problematic substance use. **Use of language that stigmatizes SUDs or people with problematic substance use can create additional barriers to recovery.** For example, stigma can negatively affect people who have problematic substance use by making them less willing to seek treatment.[1083] **Stigma toward people with SUDs may include inaccurate or unfounded thoughts that they are incapable of managing treatment or at fault for their condition.**[1084] Addiction is a chronic, treatable medical condition. Recovery is possible. **How problematic substance use is discussed helps set the tone that recovery is possible.**[1085]

NIDA offers the following advice using language that avoids stigmatizing SUDs[1086]:

- When talking to or about people who have SUDs, counselors should make sure to use words that aren't stigmatizing.
- Counselors should use person-first language, which focuses on the person—not their illness. It focuses on removing words that define a person by their condition or have negative meanings. For example, "person with an SUD" has a neutral tone and separates the person from his or her disorder.
- Counselors should let people choose how they are described. If a counselor is not sure what words to use, they should just ask! Counselors should check in with friends or loved ones about how they refer to themselves and how they would like others to refer to them.

Modeling the use of language that avoids stigmatizing problematic substance use and that is trauma informed can better support individuals in recovery.[1087]

RESOURCE ALERT: RECOVERY-ORIENTED TERMINOLOGY

Counselors can share the following resources with people in recovery to help them learn more about recovery-oriented language, including terms to avoid:

- Research Recovery Institute's Addictionary® (https://www.recoveryanswers.org/addictionary/)
- Drugs, Stigma, and Policy: How Language Drives Change (https://pcssnow.org/wp-content/uploads/2020/06/Language-and-Stigma-FINAL.pdf)
- The Office of Minority Health's National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care (https://thinkculturalhealth.hhs.gov/CLAS/)

Resources about language and terminology from NIDA include:

- Words Matter—Terms to Use and Avoid When Talking About Addiction (https://nida.nih.gov/nidamed-medical-health-professionals/health-professions-education/words-matter-terms-to-use-avoid-when-talking-about-addiction).
- Your Words Matter—Language Showing Compassion and Care for Women, Infants, Families, and Communities Impacted by Substance Use Disorder (https://nida.nih.gov/nidamed-medical-health-professionals/health-professions-education/words-matter-language-showing-compassion-care-women-infants-families-communities-impacted-substance-use-disorder).

Building Skills To Support Recovery From Problematic Substance Use

Counselors should be aware of periods when clients may be more vulnerable to stopping treatment or beginning substance use again. Studies indicate that early treatment, particularly within the first 30 days, may be a challenging period for clients. For example, one study of 5,707 participants in intensive outpatient treatment for SUD found that 13.8 percent dropped out before 14 days of treatment, and 31.6 percent dropped out before 30 days of treatment.[1088] Thus, it is critical for counselors to share information about issues such as how to understand cravings and manage withdrawal, which may contribute to this increased vulnerability. Counselors providing psychoeducation to support people in recovery from problematic substance use should cover topics such as[1089]:

- **Understanding cravings.** Cravings are strong psychological desires to consume a substance or engage in an activity. They are symptoms of the abnormal brain adaptations that result from addiction. In fact, the brain becomes accustomed to the presence of a substance, which, when no longer there, produces a powerful desire to obtain and consume it.[1090] Being able to identify cravings and manage them is essential to recovery from problematic substance use.
- **Managing withdrawal.** Withdrawal includes the physical, cognitive, and affective symptoms that occur after chronic use of a substance is reduced abruptly or stopped among individuals who have developed tolerance to it.[1091] The best way to help clients manage withdrawal is to offer education about the symptoms and help them develop realistic attitudes toward recovery. Counselors should also be able to direct them to withdrawal management to support their recovery, remind them that recovery is a process that may include managing long-term symptoms, and explain to clients that it is normal to not feel fully recovered within the first weeks after reducing use or beginning abstinence. Clients should be reassured that, although symptoms may continue indefinitely, they can be managed. Counselors should advise clients about ways to reduce or cope with symptoms, encouraging them to focus on incremental improvements.[1092] Some clients may experience postacute withdrawal symptoms (PAWS), also known as postwithdrawal syndrome, prolonged withdrawal syndrome, or protracted withdrawal syndrome. This refers to withdrawal symptoms that can last for months to years after withdrawal from a substance. For clients experiencing PAWS, counselors should provide education about the symptoms to normalize that this can occur in some people in recovery. This can help decrease the potential for a recurrence.[1093]
- **Developing coping and stress-management skills.** Helping clients to develop coping and stress management skills can further support their recovery process. Counselors should interview clients to gain more information about situations or triggers that may have put them at higher risk for recurrence in the past. Once these are identified, counselors should work with clients to develop specific coping and stress management skills tailored to individual triggers and give them tools to address similar events in the future. Understanding these triggers helps clients use specific strategies for coping with these triggers.[1094]
- **Enhancing self-efficacy to deal with high-risk situations.** While working towards recovery, individuals with problematic substance use develop skills for negotiating high-risk situations for recurrence. Clients should learn about how to identify cues and triggers, develop action plans for cues and triggers, and

manage withdrawal symptoms. Developing this self-efficacy is a key part of this process.[1095] Many clients will find it difficult to believe they can maintain behavior change.[1096] Because self-efficacy is so critical to the recovery process, counselors should work with clients to ensure they develop these skills. The Confidence Ruler in Exhibit 3.24 offers an example of questions to assess a client's level of confidence in addressing these issues.[1097]

EXHIBIT 3.24. Confidence Ruler

- Tell me what a *[fill in number on scale]* means to you.
- "On a scale of 0 to 10, how confident are you that you could change *[name the target behavior, like stop drinking]* if you decided to?"
- Follow-up questions:
  - "How are you at a *[fill in the number on the scale]* instead of a *[choose a lower number on the scale]*?" Using a lower number helps clients reflect on how far they've come on the confidence scale. Using a higher number with this question may discourage clients, which can elicit sustain talk. If that should happen, use strategies discussed previously for responding to sustain talk.
  - "What would help you get from a *[fill in the number on the scale]* to a *[choose a slightly higher number on the scale]*?" This open question invites clients to reflect on strategies to build confidence. Don't jump to a much higher number, which can overwhelm clients and lower confidence.

Whatever the client's response to these scaling questions, use it as an opportunity to begin a conversation about his or her confidence or perceived ability to move forward in the change process.

Source: Adapted from material in the public domain.[1098]

- **Developing a balanced lifestyle, which includes healthy leisure and recreational activities**. Clients need to learn the value of developing a balanced lifestyle that includes recreational and leisure activities, including how to incorporate them into their recovery.[1099] Leisure activities may offer opportunities for clients to develop or practice social skills as well as improve mood and reduce cravings for substances. Counselors should provide psychoeducation that encourages clients to develop recreational or healthy leisure activities, noting that these can help them feel better during and after active participation in the activity.[1100]
- **Responding safely to recurrences of use to avoid escalation of substance use.** Recurrence of problematic substance use does happen, and clients should be made aware of this. After recurrence occurs, counselors can schedule a meeting to reassure their clients that they can get back on track. Counselors and their clients should review the events leading up to the recurrence and identify warning signs, including events of the previous weeks.[1101] They should provide psychoeducation about how to manage the negative thoughts and feelings caused by a recurrence to use.[1102]
- **Addressing health and wellness to support recovery, including through healthy nutrition, physical activity, and sleep.** Counselors can help clients develop new health and wellness goals to support them in their recovery. These can include setting goals to improve work, education, health, and nutrition; spending time with family, significant others, and friends; participating in spiritual or cultural activities; or developing new hobbies.[1103] Vigorous physical exercise has been shown to enhance self-esteem, decrease anxiety and depression, and improve sleep.[1104] Counselors can help clients learn about the value of regular exercise in their recovery process.

An Overview of Medications To Support Recovery From Problematic Substance Use

Medications to support recovery from problematic substance use can be instrumental in managing withdrawal symptoms and cravings and can help reduce the potential of a recurrence to use. For some people, medication is a time-limited adjunct to treatment, but for others it is an integral part of their long-term, chronic disease management, much like people with diabetes or hypertension. For those with OUD, the use of medications has been determined to be the only intervention associated with a significant decrease in opioid overdose risk.[1105] **Several medications are FDA approved for treating SUDs, such as OUD and AUD.** Medications to treat OUD are characterized as agonists and antagonists. Opioid receptor agonists are substances that have an affinity for and stimulate physiological activity at cell receptors in the central nervous system that are normally stimulated by opioids.[1106] Opioid receptor full agonists (e.g., methadone) bind to the mu-opioid receptor and produce actions similar to those produced by the endogenous opioid beta-endorphin.[1107]

Opioid receptor partial agonists (e.g., buprenorphine) bind to the mu-opioid receptor. Unlike with full agonists, increasing their dose may not produce additional effects once they have reached their maximal effect.[1108] An opioid receptor antagonist is another term for a substance that has affinity for opioid receptors in the central nervous system but does not produce the physiological effects of opioid agonists. Opioid receptor antagonists (e.g., naltrexone) can block the effects of externally administered opioids.[1109]

Acamprosate calcium, disulfiram, and naltrexone (oral and long-acting injectable) are the medications available to treat AUD.[1110] Exhibit 3.25 contains more information about medications that may be taken to support recovery from OUD and AUD. The exhibit includes information about the most common side effects reported for each medication. A complete list of side effects can be found in the National Library of Medicine's DailyMed database located at https://dailymed.nlm.nih.gov/dailymed/.

EXHIBIT 3.25. Medications for OUD and AUD

Medication	Use	Route of Administration	Most Common Side Effects
OUD			
Methadone	Methadone reduces opioid cravings and withdrawal and blocks the effects of opioids.[1111,1112] Methadone is provided through a licensed opioid treatment program.	Orally[1113]	Side effects may include constipation, nausea, sleepiness, vomiting, tiredness, headache, dizziness, or abdominal pain, and neonatal opioid withdrawal syndrome (NOWS).[1114]
Naltrexone	Naltrexone blocks the euphoric and sedative effects of opioids. Naltrexone can also be used to treat AUD (further discussion of naltrexone can be found under AUD medications below).[1115,1116,1117]	Orally or given by injection (intramuscularly)[1118]	Side effects may include nausea, anxiety, insomnia, precipitated opioid withdrawal, damage to liver cells, depression, suicidality, muscle cramps, dizziness or fainting, drowsiness or sedation, anorexia, decreased appetite, or other appetite disorders.[1119] Taking large doses of heroin or any other opioid to try to bypass the blockade and get high while taking naltrexone may lead to serious injury, coma, or death.[1120] Using opioids in the amounts used prior to treatment with naltrexone can lead to overdose and death.[1121] Intramuscular injection may cause pain, swelling, or induration at the site of injection.[1122]

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Continued

Medication	Use	Route of Administration	Most Common Side Effects
Buprenorphine	Buprenorphine suppresses withdrawal, reduces cravings for opioids, and blocks the effect of other opioids.[1123]	Placed under the tongue (sublingually) or between the gums and cheek (buccally), or as a subcutaneous long-acting injection[1124]	Side effects may include constipation, nausea, precipitated opioid withdrawal, excessive sweating, insomnia, pain, peripheral edema, respiratory depression, or NOWS.[1125] While not frequently administered as an injection, this form may cause itching, pain, or a bump at the site that may take several weeks to resolve, or death.[1126,1127]
Naloxone	Naloxone is not used as a treatment for OUD, but rather a medication for opioid overdose reversal. Naloxone is an opioid antagonist that can reverse and block the effects of opioids.[1128]	Given by intranasal spray (into the nose), intramuscular (into the muscle), subcutaneous (under the skin), or intravenous injection[1129]	Side effects may include symptoms of opioid withdrawal, such as feeling nervous, restless, irritable; body aches; dizziness or weakness; diarrhea, stomach, pain or nausea; fever, chills, or goose bumps; or sneezing or runny nose.[1130] Clients should seek medical assistance as soon as possible after receiving naloxone.[1131]
AUD			
Acamprosate	Acamprosate is for people in recovery who are no longer drinking alcohol and want to avoid drinking. It may reduce cravings and increase periods of abstinence based on study data, but it does not prevent withdrawal symptoms after people drink alcohol.[1132,1133]	Orally[1134]	Side effects may include diarrhea, upset stomach, appetite loss, anxiety, dizziness, and difficulty sleeping.[1135]

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Medication	Use	Route of Administration	Most Common Side Effects
Disulfiram	Disulfiram treats AUD and is most effective in people who have already gone through withdrawal or are in the initial stage of abstinence. It supports those whose recovery include abstinence. Disulfiram alters a person's metabolism so that if one were to drink alcohol while taking the medication, they would feel sick. Offered in a tablet form and taken once a day, disulfiram should never be taken while intoxicated and it should not be taken for at least 12 hours after drinking alcohol.[1136,1137]	Orally[1138]	Side effects may include metallic or garlic aftertaste, psychosis, and neuropathy. Common side effects if one drinks alcohol, even a small amount, with disulfiram includes nausea, headache, vomiting, chest pains, and difficulty breathing. These can occur as soon as 10 minutes after drinking even a small amount of alcohol and can last for an hour or more.[1139]
Naltrexone	Naltrexone blocks opioid receptors that participate in the rewarding effects of drinking and craving for alcohol.[1140,1141]	Orally or given by injection (intramuscularly)[1142]	Side effects include nausea, anxiety, insomnia, precipitated withdrawal, damage to liver cells, vulnerability to opioid overdose, depression, suicidality, muscle cramps, dizziness or fainting, drowsiness or sedation, anorexia, decreased appetite, or other appetite disorders. An intramuscular injection may cause pain, swelling, or induration at the injection site.[1143]

Counseling To Support Medication for Problematic Substance Use

Counseling combined with medication can be effective for addressing problematic substance use. In fact, medication may be the most effective treatment and standard of care for people with OUD.[1144] In some cases, clients who take medication for SUD (e.g., methadone) are required to receive counseling along with their prescription. As SAMHSA notes, **medication is more effective when counseling and other behavioral health therapies are included to provide clients with a whole-person approach.**[1145] While counseling combined with medication can be effective, some clients may not receive or decide not to engage in counseling. Counseling should not be a requirement to receive medications to support recovery. Recovery services that include medication may be offered in a three-pronged approach that includes:

- Medication offered in coordination with the clinician and support of counselors.
- CBT, which can help clients develop tools to prevent recurrence and, when combined with medication, can be a valuable tool for recovery.[1146] Individuals in CBT learn to identify and modify unhelpful thinking patterns and underlying core beliefs that contribute to problematic behaviors by applying a range of different skills that can be used to address problematic substance use.[1147]
- Recovery services, including ongoing supports for clients to ensure individuals have the tools to maintain ongoing recovery.

Although medication is a recovery pathway for many people with problematic substance use, some providers and treatment programs may put up barriers for clients interested in starting or continuing medication. Also, family members of clients may have concerns about their family member taking medications or may not understand how it can help. This can be a challenge for those who are considering medication or have had a recurrence of substance use–related problems. **Removing the stigma and barriers around taking these medications is important to ensuring clients have the support they need in treatment.**

Supporting People In Recovery Who Take Medications for Problematic Substance Use

As mentioned, stigma is associated with the use of medications for problematic substance use. This is, in part, because of **misconceptions about these medications being used as substitutes for harmful substances or the belief that abstinence is the best method for promoting recovery.** However, medications for SUDs may be the most effective treatment; clients who want to pursue this as a path toward recovery should be fully supported if they desire to pursue medication options.[1148]

Counselors can play an important role in supporting people in recovery who take medications for problematic substance use, particularly by talking about any concerns with both the client and their prescribing provider. Developing a relationship with their prescribing provider can be particularly important if clients are at risk of a recurrence while taking medication.

At some point, those who are taking medication may feel a desire to stop. People may come to this decision for several reasons; for example, they may feel they are in a good place with their recovery. Other reasons may include concerns about medication side effects or stigma they may be facing in taking the medication. Counselors should discuss any concerns about medication side effects or stigma with their clients and the prescribing provider, particularly if these are related to a client's desire to stop taking medication. Clients should also be encouraged to discuss questions about stopping medication with their prescribing provider. Counselors can also help to normalize their clients' feelings through this conversation with the client, which can help address stigma they may be facing. Whatever the reason, **clients who make the decision to discontinue medication will need ongoing support from their care team to ensure that they have the resources they need to support their recovery process.** Counselors will want to make sure they continue to communicate with their clients' providers throughout this process to ease the transition.

Also, as with other chronic diseases, some people need and continue taking medication for years to manage their disease. Remaining on medications for problematic substance use for long periods is often part of successful management of the disease.

DECIDING TO STOP MEDICATION FOR PROBLEMATIC SUBSTANCE USE

Deciding if or when to stop taking medication for problematic substance use is an individual decision that requires effective communication between people in recovery and their providers. The Tapering Readiness Inventory can help people in recovery determine whether they may be ready to reduce or stop taking medication (https://divisionsbc.ca/sites/default/files/Divisions/Victoria/Tapering%20Readiness%20Inventory.pdf).

Promising New Approaches Supporting Medication Combinations for SUDs

New medication combinations are being studied for treating SUDs. As the research evolves, medications that are easier to administer, have fewer side effects, and are more effective are emerging. For example, although not yet FDA-approved, a recent clinical trial found that the combination of two medications—injectable naltrexone and oral bupropion—may be safe and effective for treating adults with moderate or severe methamphetamine use disorder.[1149] With additional research comes more opportunities to find effective treatment options for problematic substance use. More information about new medications under study can be found by visiting NIDA's Clinical Trials Network at https://nida.nih.gov/about-nida/organization/cctn/clinical-trials-network-ctn.

RESOURCE ALERT: ADDITIONAL SUPPORT FOR PEOPLE IN RECOVERY TAKING MEDICATIONS TO SUPPORT RECOVERY FROM SUDS

Counselors and their clients can access additional information about treatment and medications to support recovery from SUDs:

Medication-Assisted Recovery Anonymous is a support group that includes online meetings for people in recovery who take medications (https://www.mara-international.org/).

Medication-Assisted Recovery Services is a peer-initiated and peer-based recovery support project of the National Alliance of Medication-Assisted Recovery that offers online peer support to people in recovery (https://marsproject.org/).

SAMHSA's Opioid Treatment Program Directory provides information about programs offering medication to treat OUD (https://dpt2.samhsa.gov/treatment/directory.aspx).

SAMHSA's Buprenorphine Practitioner Locator provides contact information of practitioners authorized to treat opioid dependency with buprenorphine, by state (https://www.samhsa.gov/medication-assisted-treatment/find-treatment/treatment-practitioner-locator).

Other Approaches

Spiritual Beliefs and Practices

A growing body of evidence indicates that religious and spiritual beliefs and practices contribute to better recovery outcomes for individuals who have problematic substance use.[1150] This includes research suggesting that participating in prayer and mindfulness meditation may help reduce harmful drinking and support the treatment of and recovery from AUD.[1151] For example, two-way prayer meditation—a "spiritual intervention that employs conversational prayer techniques"[1152]—is a promising intervention to **decrease psychological distress, increase self-esteem, and improve some components of spiritual well-being for adults who have SUDs.**

The use of the Alcoholics Anonymous® (A.A.) members' prayer has also been associated with reducing and staving off cravings.[1153,1154] In addition, **preliminary evidence links prayer with reduced alcohol consumption.**[1155] However, one study noted that such factors as religious denominations and drinking styles played a role in prayer's mitigating effects on alcohol consumption.[1156]

Yoga

In the broadest sense, yoga is a practice that encompasses breathing, movement, and meditation that seeks to cultivate mindfulness and awareness.[1157,1158] The body of evidence on the positive outcomes of yoga as a complementary treatment modality[1159,1160] is increasing and demonstrates that **yoga can be used as a safe, effective, holistic complementary approach to recovery from problematic substance use.**[1161]

More specifically, encouraging evidence supports yoga as a modality for treating substance use–related problems, preventing a return to use, and promoting recovery. Research has shown that **practicing yoga is associated with improved emotional and physical well-being, including the ability to manage depression, anxiety, pain, and stress.**[1162,1163,1164] Evidence also suggests that **yoga helps quiet cravings and has a positive impact on mood states.**[1165] Moreover, yoga interventions also are associated with significant reductions in rates of alcohol and substance use.[1166,1167]

Positive outcomes and impacts were also noted with trauma-informed and gentle yoga classes led by trained volunteers or noncertified yoga instructors.[1168,1169] In turn, reducing the training requirements for instructors may increase the accessibility of yoga as a complementary treatment modality to a wider population in a cost-effective manner.[1170,1171]

Resiliency Counseling

Resiliency counseling is an approach that can help individuals in recovery from substance use–related problems. In resiliency counseling, **individuals work with a counselor to develop and learn to apply resilience abilities and skills to real-life situations and challenges.** Several types of therapies (e.g., CBT, DBT, trauma-focused therapy, group therapy, expressive therapies) are based on the concept of resilience. Goals of resiliency counseling include gaining personal insights, developing a growth mindset, and preventing recurrences of mental issues.[1172]

Although the literature supporting the effectiveness of resiliency counseling approaches for problematic substance use is limited, **research notes that one form of resilience is recovery from problematic substance use itself.** Considerable evidence exists on the role of internal strength in avoiding future drug use. More information is needed about the role of external resources.[1173]

From the perspective of problematic substance use, resilience is commonly understood through an outcome-based lens, with positive adaptations being associated with abstinence and recovery,

and negative outcomes being associated with drug use and recurrence. However, the concept of resilience has also been noted for inconsistency in its definition and operationalization, including whether it is being understood as an outcome, trait, or process.[1174] In turn, the recent shift in trauma research to focus on and understand how resiliency is not just an innate trait or outcome, but something that can be harnessed through therapy, is particularly relevant in the context of resiliency counseling for individuals with substance use–related problems.[1175]

Healing Circles

Healing circles—also referred to as talking circles, peacemaking circles, sharing circles, or the circle process—are **rooted in the traditional practices of indigenous people**[1176] **and have been used in a variety of settings** (e.g., tribal inpatient and outpatient drug and alcohol centers, adolescent prevention and intervention programs) **to help individuals deal with stress and other life difficulties.** Within recovery, examples include Waccamaw Siouan healing and youth circles that support Native American students and individuals with drug, alcohol, and other life difficulties. Aboriginal communities also use healing circles for recovery from AUD, particularly in communities where some of the tenets of A.A. are viewed as incompatible with their traditional spirituality.[1177]

Although some variations of healing circles exist, **the practice involves participants sitting in a circle to consider or discuss issues, problems, or questions. The process is typically peer-led and involves regulating communication through a sacred object, such as a talking piece or talking stick.** Only the person who holds the object may speak while other group members remain quiet. The object is passed within the group to ensure everyone has an opportunity to speak. **Healing circles support open listening.**[1178,1179,1180]

Recent evidence suggests several potential benefits of healing circles for clients in recovery from problematic substance use. For example, **healing circles are associated with improved client outcomes when combined with primary medicine in multiple studies.**[1181] Cultural and traditional healing practices have been highlighted as successful components of SUD programs created for indigenous populations in North America.[1182] Talking or healing circles have been noted as a mechanism to receive support from others that is compatible with traditional spiritual practices for many Native Americans.[1183]

For individuals with trauma, the "circle process" creates a safe space for individuals with similar experiences to come together to support healing. Healing circles and similar peer counseling interventions are a useful, accessible, and cost-efficient complementary approach for individuals who want peer support in addition to counseling support.[1184]

Conclusion

Counselors can select from several evidence-based psychosocial interventions and frameworks to help their clients achieve and sustain recovery from problematic substance use, regardless of their chosen recovery pathway. CBT, MI, and CM can be effectively combined to improve outcomes by addressing both extrinsic and intrinsic motivation underlying behavior change. Mindfulness and acceptance-based approaches have been less rigorously studied but have been effectively used with individuals in recovery.

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Chapter 4—Counseling Approaches for Sustaining Recovery and Promoting a Healthy Life

KEY MESSAGES

- Four major domains that support a life in recovery include health, home, purpose, and community. Counselors can help clients recovering from problematic substance use to promote a healthy life by connecting them with a range of tools and resources in these domains.
- Health: To support long-term health and well-being, counselors can offer resources to clients about the benefits of a healthy diet, regular exercise, and healthy sleep habits. Clients may also need support in linking to preventive and primary care and sexual health services as well as in overcoming barriers to receiving care.
- Home: Housing supports the long-term recovery of people recovering from problematic substance use. Those with problematic substance use may face barriers to obtaining and maintaining stable housing due to discrimination, having a criminal background or poor credit history, and systemic disenfranchisement. To support clients in this area, counselors should be aware of the barriers clients may face and provide information and resources about how to maintain stable housing and help clients develop life skills, including financial literacy (for example, how to keep a budget and minimize debt), and create long-lasting relationships with family and friends. Counselors should also connect clients with a case manager or social worker to assist with additional housing needs.
- Purpose: Developing a sense of purpose is critical for long-term recovery and allows clients to both avoid substance use–related behaviors and engage in experiences that are enjoyable and rewarding. Counselors can support clients in developing a sense of purpose by offering tools so they can rewrite their personal narrative, pursue educational and employment opportunities, engage in volunteerism, and identify meaningful leisure activities.
- Community: Counselors can help clients learn about and connect to various community and social supports, such as 12-Step and mutual-help groups, recovery community organizations, and digital aids, such as online support groups, which can expand a client's network beyond the immediate community.

Although each person in recovery from problematic substance use has their own distinct recovery goals and journey, all hope to sustain their recovery over the long term and to build a healthy, rewarding, and meaningful life. To achieve this, **individuals in recovery need resources, skills, and confidence to thrive.** Counselors must assist them in developing skills and gaining access to resources related to each of these four domains. The Substance Abuse and Mental Health Services Administration

(SAMHSA) follows the four major domains needed to support a life in recovery[1185,1186]:

- **Health:** Overcoming or managing one's disease(s) as well as living in a physically and emotionally healthy way. Living a healthy lifestyle and having an overall sense of well-being is imperative for individuals in recovery to manage their lives and feel they can live to their full potential. This chapter includes resources and information to support clients with practicing healthy eating; engaging in some type of exercise; developing healthy sleeping habits; obtaining medical, dental, and vision care; and maintaining homeostasis in any chronic disease such as diabetes, hypertension, HIV, and hepatitis C. Clients may also need support in linking to these healthcare services, including preventive and primary care, mental health counseling, and family planning or sexual health services, and in addressing barriers to care.
- **Home:** A stable and safe place to live. Having a stable and safe home is of critical importance to maintaining recovery. It sets a good foundation from which an individual in recovery can thrive, but this requires addressing significant barriers to stable housing, such as those related to discrimination as well as lack of financial and other life skills. Resources below include information about finding and maintaining stable housing and developing financial capabilities, such as how to make and stick to a budget, how to get out of debt, and how to manage monthly bills. Additionally, part of having a safe and stable home is the ability to get along with family and create long-lasting relationships with family and friends.
- **Purpose:** Meaningful daily activities. Identifying meaningful daily activities helps clients to avoid problematic substance use in the future. This could include having a stable or even rewarding job, progressing in schooling, engaging in volunteerism in an area they feel is important, and becoming more involved in their choice of worship, family caretaking, leisure activities, hobbies, or creative endeavors. Clients need the independence, income, and resources to participate in society in a meaningful way.
- **Community:** Relationships and social networks that provide support, friendship, love, and hope. These are necessary so that clients can be fully engaged in the community and enjoy the rewards that come with this community connection. Counselors can help clients develop a sense of connectedness and community by offering resources to learn about and connect to various community and social supports. These could include 12-Step and other mutual-help groups, recovery community organizations (RCOs), recovery-oriented sports groups, and digital aids, such as online support groups, which can expand a client's network beyond the immediate community.

Counselors can support people in recovery by partnering with the many and varied community organizations available, or with a social worker or case manager who can offer resources to encourage skill building in these four domains. This support can help optimize autonomy and independence, allowing clients to lead, manage, and exercise choice over decisions that support their long-term recovery. Clients will also become empowered to make informed decisions, build on their strengths, and maintain control over their lives.[1187] Building skills in these four domains also increases a client's resilience, or their ability to cope with life's challenges, and be better prepared for the next stressful situation.[1188] Support around these four domains can enhance a client's quality of life and encourage ongoing health and wellness.[1189]

Chapter 4 outlines the four major domains to support a life in recovery and offers tools that counselors can use to connect clients with resources, community organizations, or

a social worker or case manager. The chapter identifies how counselors can help clients work toward:

- Achieving long-term health and wellness.
- Ensuring they have safe and stable housing and the skills to maintain that housing.
- Developing meaningful personal activities to support a purpose-driven life.
- Creating strong, healthy relationships, social networks, and a place in the community.

By believing in their clients, counselors offer them hope, support, encouragement, and strategies and resources for change that are essential to their long-term recovery.[1190] This chapter outlines how counselors can step into this role, offering individuals in recovery tools that can help them develop the life they want.

Supportive Dimensions That Help People In Recovery Stay Well

Health

Linking Clients to Healthcare Services

People experiencing problematic substance use are more likely to have comorbid health conditions, including mental and other chronic illnesses.[1191] People experiencing both problematic substance use and chronic disease may have difficulty accessing or remaining in care, which can result in additional medical complications.[1192] Chronic conditions, including diabetes, hypertension, chronic obstructive pulmonary disease, HIV, and hepatitis C, require ongoing medical care and, in some cases, medication and medication management. Even individuals who do not have chronic diseases should receive preventive screenings and care to ensure they remain healthy.

One of a counselor's roles is to connect clients with the healthcare resources they want and that meet their needs, including a primary care provider who can support them in developing a plan to manage chronic illness or receive preventive care. Outlined below are steps counselors can take to help clients receive healthcare services that meet their personal needs.

Identifying Providers and Other Resources for Clients

Identifying providers and other resources is a first step to helping clients access health care. **Counselors will want to create a list of providers that take various types of insurance and are accepting patients. The more concrete counselors are about what they are looking for, the more likely they will be able to find providers who will meet the needs of their clients.** Counselors may have to make several calls to identify providers.[1193] The following organizations, individuals, or programs can be useful resources to contact:

- Physicians or nurses, nurse practitioners, or physician assistants
- Pharmacists
- Dentists
- Department of Veterans Affairs (https://www.va.gov)
- State, county, and municipal health departments
- Hospitals
- Specialists
- Complementary and integrative care (e.g., acupuncturists, chiropractors)
- Programs that offer recorded health messages or access to trained professionals who can answer questions

To identify providers in the area, counselors can[1194]:

- Research providers online.
- Ask others in their network if they have recommendations for providers that they can include in their database.

As counselors contact providers, they will want to ask the following questions (as applicable):

- Is the provider accepting new patients or patients with specific healthcare coverage?
- Where is their office located and what are the hours?
- Can they accommodate someone with a disability?
- Are they affiliated with a specific hospital?
- Do they have experience working with people who are in recovery?

RESOURCE ALERT: FIND A LOCAL HEALTH CENTER

The Health Resources and Services Administration's "Find a Health Center" search tool can help counselors identify local health centers. If a client qualifies, these health centers will allow them to pay what they can afford, based on their income. The tool can be accessed at https://findahealthcenter.hrsa.gov/.

Developing a Database of Providers in the Area

With the information they collect, **a counselor can create a database highlighting local healthcare providers that they can share with clients.** The database can include information about each provider, including practice location, contact information, specialty, and any other notes the counselor collected during the information-gathering process. Counselors should ensure that they regularly update the database to keep it current. Exhibit 4.1 provides a sample matrix counselors can use to collect and organize information.

Helping Connect Clients to Providers

Some clients will require more support than others in connecting with healthcare providers. For some clients, counselors will only need to provide names and contact information. However, other clients will want support calling providers and making appointments. Additionally, counselors may need to connect clients who require more assistance with adult rehabilitative services or case management support.

Counselors will also want to share information with clients about what primary care providers and specialists do by using the following guides[1195]:

- A primary care provider is who clients will see first for most health problems. They will work with clients to complete their recommended preventive screenings, keep a complete record of their healthcare visits and test results, help them manage chronic medical conditions, and link them to other types of providers as needed. If the client is an adult, their primary care provider may be called a family physician or doctor, internist, general practitioner, nurse practitioner, or physician assistant. In some cases, the client's health plan may assign them to a provider. They can usually change providers if they are dissatisfied with their care. Clients should contact their health plan for how to do this.
- A specialist practices a specific type of medicine (i.e., a specialty) and will see clients for issues related to that problem. Specialists include those who work in addiction medicine, gynecologists/obstetricians, cardiologists, oncologists, psychiatrists and psychologists, neurologists, nephrologists, and orthopedists, among many other specialties.

Counselors will also want to help clients gather the following information before they call an office for the first time[1196]:

- Health insurance information
- Policy number
- Group number

EXHIBIT 4.1. Collecting and Organizing Information on Local Providers

Specialty	Organization/Provider	Contact Information	Services Offered

- Health plan phone number
- Pharmacy of choice
- Allergies
- Emergency contact
- Current medications

Developing and Maintaining Ongoing Relationships With Providers in the Area

Developing and maintaining relationships with providers in the counselor's area can help them develop strong connections in the community as well as learn about opportunities in the community to support health and wellness for individuals in recovery from substance use–related problems. Counselors should take time to reach out individually to providers to discuss their efforts. Although developing relationships can be time consuming, ultimately, it can lead to greater long-term supports for clients.

Understanding and Enrolling in Health Insurance

Clients who do not have health insurance will need information about how health insurance works and how to enroll. Exhibit 4.2 includes basic information about how health insurance works.

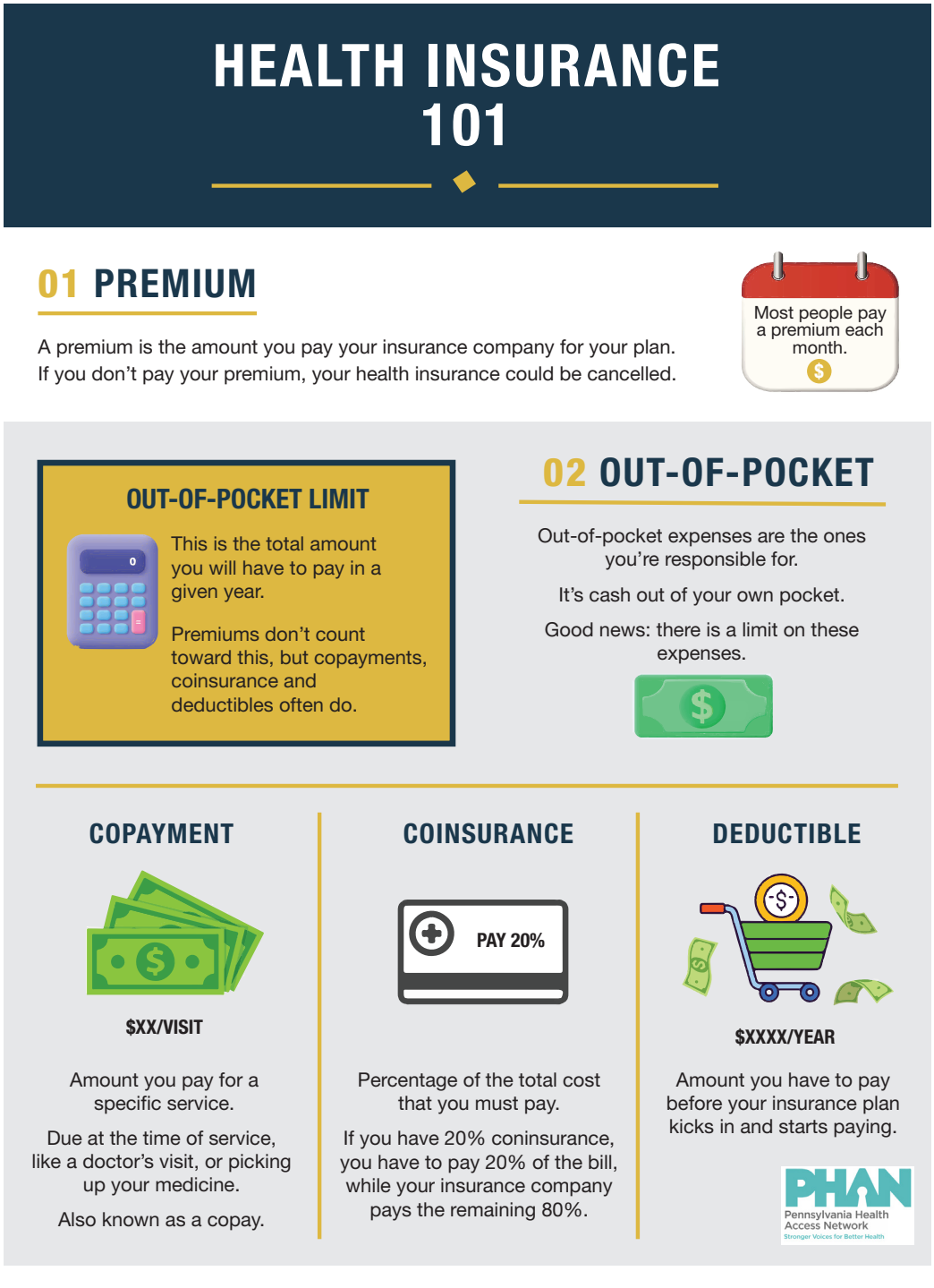
Counselors can help clients identify and contact their state marketplace, which offers information about health insurance plans, including costs and how to enroll, at https://www.healthcare.gov/get-coverage/. Clients can also find local resources about health insurance, including people who can help them apply and enroll, at https://localhelp.healthcare.gov/#intro. Counselors should familiarize themselves with local resources, such as nonprofits or organizations that can support clients in learning about and obtaining health insurance.

For clients who may qualify for Medicaid, counselors can learn more about eligibility, which differs by state, and how to enroll at https://www.usa.gov/medicaid. The Health Resources and Services Administration's "Find a Health Center" search tool can help counselors identify local health centers that allow clients to pay what they can afford, based on their income. The tool can be accessed at https://findahealthcenter.hrsa.gov/.

RESOURCE ALERT: PUBLIC LIBRARIES

The local public library is a great place for clients to learn more about free resources in the community. Libraries offer classes and advertise about health programs and may also provide opportunities to connect with others in the community. Counselors can help clients locate public libraries at https://www.careeronestop.org/LocalHelp/CommunityServices/find-libraries.aspx.

EXHIBIT 4.2. Health Insurance 101



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Connecting Pregnant People With Problematic Substance Use to Care

Use of substances during pregnancy is increasingly common. The most commonly used substances during pregnancy include alcohol, tobacco, and cannabis.[1197] Mothers with opioid-related diagnoses documented at delivery increased by 131 percent between 2010 and 2017, while the incidence of babies born with withdrawal symptoms, or neonatal abstinence syndrome, increased by 82 percent over the same period.[1198] The prevalence of cocaine use during pregnancy is also estimated at 1.1 percent during pregnancy.[1199]

The effects of alcohol use and problematic substance use on both the pregnant person and the developing fetus may be significant. For example, pregnant people with problematic substance use are more likely than pregnant people without problematic substance use to have a co-occurring psychiatric illness and postpartum depression.[1200] Inadequate treatment of substance use disorder (SUD) during pregnancy may also result in poor adherence to prenatal care and poor attention to maternal nutrition, poor oral health, and increased risk for infectious diseases, such as hepatitis and HIV, or overdose and death.[1201,1202,1203]

Adverse effects of problematic substance use on the fetus are similarly wide ranging. Infants born to mothers with problematic alcohol use can have alcohol-related birth defects, including heart, kidney, bone, or hearing problems; alcohol-related neurodevelopmental disorders; or fetal alcohol spectrum disorders.[1204] Also, infants with prenatal opioid exposure may be smaller at birth and have neonatal opioid withdrawal syndrome, a form of neonatal abstinence syndrome, requiring additional medical care.[1205] Babies born to mothers with problematic cannabis use during pregnancy are at higher risk of being born preterm, having low birth weight, or having long-term brain development issues.[1206]

The American College of Obstetricians and Gynecologists (ACOG) and the American Society of Addiction Medicine (ASAM) have outlined effective treatments for SUDs during pregnancy, including the need for early universal screening. Screening is particularly important, given that many pregnant people with problematic substance use may not discuss concerns with their providers because of stigma related to substance use during pregnancy and concerns about child welfare involvement. Additionally, ACOG and ASAM note the importance of offering brief interventions, such as engaging a patient in a short conversation, providing feedback and advice, and referring to specialized care, as needed.[1207] As ASAM notes, pregnancy is a unique opportunity to provide broad and necessary medical care for women, including treatment for SUD. Pregnant people should be given priority access to treatment and prenatal care.[1208] Screening for problematic substance use during the perinatal period is also critical to ensuring that women are connected to recovery support.

Counselors should be aware that some states have laws in place that penalize individuals who are pregnant for actions that are interpreted as harmful to their own pregnancies. These policies may punish people for substance use during pregnancy, which may affect whether pregnant people with problematic substance use seek care; some may not seek care out of fear that they may lose parental rights or face criminal penalties.[1209]

Counselors should discuss the importance of receiving ongoing perinatal care and obtaining SUD treatment with pregnant clients. Counselors will want to discuss the benefits of receiving care for both the mother and child as well as any concerns a pregnant client may have.

Simply offering education about problematic substance use can improve the health of pregnant people and their babies. In one study, pregnant women with problematic substance use who were offered prenatal

care plus education on the benefits of abstinence were compared with pregnant women who also had problematic substance use but who received standard prenatal care only. The authors found that women who received both prenatal care and education reduced their problematic use, and their infants had fewer medical problems than did infants of those women who received only standard prenatal care.[1210] The Resource Alert below contains more information about supporting pregnant people with problematic substance use.

RESOURCE ALERT: SUPPORTING PREGNANT PEOPLE WITH PROBLEMATIC SUBSTANCE USE

Counselors can use the following SAMHSA resources to discuss the importance of receiving health care and SUD treatment with pregnant clients:

- *Healthy Pregnancy, Healthy Baby* fact sheets emphasize the importance of continuing a mother's treatment for opioid use disorder (OUD) throughout pregnancy. (https://store.samhsa.gov/product/Healthy-Pregnancy-Healthy-Baby-Fact-Sheets/SMA18-5071)
- *Pregnancy Planning for Women Being Treated for Opioid Use Disorder* provides information for women with an OUD who are pregnant or of childbearing age. (https://store.samhsa.gov/product/pregnancy-planning-for-women-treated-for-opioid-use-disorder/SMA19-5094-FS)

More about pregnancy and problematic substance use can be found in the following publications:

- *Clinical Guidance for Treating Pregnant and Parenting Women With Opioid Use Disorder and Their Infants* provides comprehensive, national guidance for optimal management of pregnant and parenting women with OUD and their infants. The guidance can be accessed at https://store.samhsa.gov/product/Clinical-Guidance-for-Treating-Pregnant-and-Parenting-Women-With-Opioid-Use-Disorder-and-Their-Infants/SMA18-5054.
- *A Collaborative Approach to the Treatment of Pregnant Women With Opioid Use Disorders* offers best practices to states, tribes, and local communities on collaborative treatment approaches for pregnant women living with OUDs, and the risks and benefits associated with taking medication for OUD. The manual can be accessed at https://store.samhsa.gov/product/A-Collaborative-Approach-to-the-Treatment-of-Pregnant-Women-with-Opioid-Use-Disorders/SMA16-4978.
- *Medications To Treat Opioid Use Disorder During Pregnancy* is an information sheet for providers that explains the importance of concurrent treatment of OUD with prenatal/postpartum care and the importance of providing the materials to clients. This resource can be accessed at https://store.samhsa.gov/product/medications-to-treat-opioid-use-during-pregnancy-an-info-sheet-for-providers/SMA19-5094-IS.
- Treatment Improvement Protocol (TIP) 51, *Substance Abuse Treatment: Addressing the Specific Needs of Women*, provides information about offering treatment to women living with SUDs. The TIP can be accessed at https://store.samhsa.gov/product/TIP-51-Substance-Abuse-Treatment-Addressing-the-Specific-Needs-of-Women/SMA15-4426.

Additional guidance on problematic substance use and pregnancy can be accessed at:

- ACOG's statement on SUD in pregnancy (https://www.acog.org/advocacy/policy-priorities/substance-use-disorder-in-pregnancy).
- ASAM's *Clinical Recommendations on Opioid Use and Opioid Use Disorder in Pregnancy* (https://www.asam.org/quality-care/clinical-recommendations/OUD-in-Pregnancy).

Connecting Clients to Sexual Health Services

Sexual health services are necessary to support the health of clients, as these services can prevent the transmission of HIV and other sexually transmitted infections (STIs) and potentially reduce the number of unplanned pregnancies. As discussed in Chapter 3, studies have indicated that problematic substance use may put people at higher risk of contracting HIV, STIs, or other infections.[1211] **Clients should receive preventive services, such as screenings for HIV, STIs, and cervical cancer.** Key sexual health services include[1212]:

- Access to birth control options. Offering birth control options, such as long-acting reversible contraceptives, birth control pills, and other types of contraceptives, is effective in reducing the number of unplanned pregnancies and supporting sexual health.
- Access to condoms. Condom distribution programs have been implemented in communities across the country and have been shown to be effective for preventing the spread of HIV and other STIs as well as reducing the number of unplanned pregnancies.[1213]
- Access to HIV prevention methods, such as preexposure prophylaxis (PrEP) and postexposure prophylaxis (PEP). PrEP and PEP are effective medications for preventing HIV transmission and are part of sexual health programs nationwide. These medications can be prescribed by primary care providers, community health centers, and other service providers.

People with problematic substance use may also engage in some form of sex work. In an examination of substance use among sex workers in 86 studies from 46 countries, more than a third of sex workers reported lifetime problematic substance use.[1214] Sex workers who also have problematic substance use may be increasingly vulnerable to infectious diseases, including HIV and other STIs, violence, stigma and discrimination, and exploitation.[1215] In order to support continued sexual and reproductive health among individuals in recovery who are involved in sex work, counselors should encourage clients to engage in culturally responsive, trauma-informed health care. (Chapter 3 includes additional information related to substance use and sex work.)

People with problematic substance use may also engage in sexual behavior to avoid uncomfortable feelings, also known as sexual acting out. Problematic substance use may increase or lead to this type of sexual activity. Counselors should be aware of these issues, and ensure that they are connecting clients to sexual health services that can support their unique needs.

RESOURCE ALERT: SEXUAL HEALTH SERVICES

The Centers for Disease Control and Prevention has information about sexual health services that counselors can share with clients. These include:

- Birth Control. More information about birth control options, including the effectiveness of various options, can be found at https://www.cdc.gov/reproductivehealth/contraception/index.htm.
- HIV Prevention. More information about HIV prevention can be found at https://www.cdc.gov/hiv/default.html.
- STIs. More information about STIs can be accessed at https://www.cdc.gov/std/default.htm.
- Women's Reproductive Health. More information about women's reproductive health, including contraception, infertility, and menopause, can be found at https://www.cdc.gov/reproductivehealth/womensrh/index.htm.

RESOURCE ALERT: RESOURCES TO SUPPORT SEXUAL HEALTH

There are resources and organizations that can provide more information and support related to sexual health, including for those who have problematic substance use and who engage in sexual acting out or in sex work.

- The American Association of Sexuality Educators, Counselors and Therapists has training, resources, and links to professionals who can help support understanding of human sexuality and healthy sexual behavior. (https://www.aasect.org/)
- The Society for the Advancement of Sexual Health offers resources and connections to counselors who can help those who have problematic sexual behavior. Counselors can access their resources at https://www.sash.net/.
- The Society for the Scientific Study of Sexuality has information about sexuality research and resources. More information can be found at https://www.sexscience.org/.

Counselors can help clients obtain sexual health and reproductive health care provided by gynecologists and obstetricians (OB-GYNs). To do this, counselors can help educate their clients about how to reach out to and engage with OB-GYN providers. For example, counselors can help them call their insurance company to identify a list of OB-GYNs in their network and encourage them to call providers to make an appointment.

Addressing Barriers to Receiving Sexual Health Services

Clients may face barriers in accessing sexual health services, such as a lack of transportation, limited knowledge about sexual health, and stigma related to problematic substance use. Below is information that can help counselors learn more about these barriers.

- **Transportation barriers:** Transportation can affect clients' access to healthcare services and can result in missed appointments, increased costs, or overall poorer health outcomes.[1216] The following includes information about opportunities and organizations that can help clients address transportation barriers[1217]:
  - Some local health departments, health and social service providers, and volunteer-led organizations offer transportation subsidies for those lacking funds to travel to and from healthcare appointments. Community organizations may also have volunteers available to provide clients with rides to and from appointments.
  - Communities may offer free or reduced-cost monthly bus passes; shared van services for seniors, people with language barriers, and individuals with vulnerable legal status; and funds for gas cards for individuals with private vehicles but who are not able to afford gas to attend appointments.
  - Some mobility service providers offer programs to address transportation barriers. For example, Uber Health offers rides to women's health appointments for those with no or limited fixed-route transit service.
- **Lack of knowledge about sexual health and substance use:** Clients may have limited knowledge about the importance of sexual health, including factors that may put people with problematic substance use at higher risk for contracting HIV. Counselors can help clients build their knowledge about sexual health by:
  - Connecting them to resources that provide comprehensive sexual education, including HIV and STI prevention and birth control options.
  - Additional information and resources on sexual health can be found at https://www.cdc.gov/sexualhealth/Default.html.
- **Stigma related to problematic substance use affecting sexual health care:** Research indicates that some healthcare providers have biases related to people with a history of problematic substance use, which can affect the quality

of care they receive.[1218] These biases may create barriers for clients to receive sexual health services. Also, reluctance to get tested for HIV and fear of being stigmatized by healthcare providers may result in delays of HIV diagnoses for clients in recovery.[1219] Delays in HIV testing can have devastating long-term effects for the client. Counselors can address stigma-related barriers by doing the following:

- Talking with clients about the importance of receiving sexual health services and how they can respond if they have a negative experience with a provider during an appointment
- Helping clients to identify providers who have experience working with people in recovery
- Offering to share information about problematic substance use with providers

RESOURCE ALERT: SEXUAL HEALTH EDUCATION

MedLinePlus offers various resources on sexual health, including the "Basics," a Reference Desk, current research, and information tailored for men, women, and older adults. These resources can be accessed at https://medlineplus.gov/sexualhealth.html.

Nutrition

Problematic substance use can compromise an individual's nutritional state and affect their dietary habits.[1220] **Proper diet and nutrition education have been shown to be beneficial for individuals in recovery. As counselors assess a client's nutritional status and eating habits, they should understand the unique ways that various drugs and alcohol can affect an individual's nutritional health, and how these factors can affect the delivery of care.**[1221,1222]

Guidelines for providing nutrition services in SUD treatment settings have not been standardized.[1223] Further, only a small percentage of treatment programs have a registered dietitian nutritionist as part of the treatment team.[1224] Nonetheless, recommended guidelines are emerging, and this section will summarize the components of assessing a client's nutritional status, the potential impact of specific drugs on nutritional health, and strategies to help clients improve dietary well-being.

Assessing Nutritional Status

Assessing a client's nutritional status will generally take the form of collecting information in the following areas[1225,1226,1227]:

- **Anthropometric measurements** (e.g., body mass index, waist circumference, height, weight, blood pressure, heart rate)
- **Biochemical data** (i.e., lab testing to determine nutrient levels in the client's blood, urine, or stool)
- **The client's history** (e.g., overall health, substance(s) of abuse, any reports from previous substance use treatment involvement or primary/mental health providers)
- **Food/nutrition-related history** (e.g., frequency of intake, types of food consumed, quantities)
- **Physical findings related to nutrition** (i.e., physical examination of the client to determine deficiencies or signs of malnutrition, such as poor oral health, obesity or being significantly underweight, constipation, dehydration, and any eating-related disorders, such as binge eating disorder)

People diagnosed with eating disorders often have a co-occurring SUD.[1228] Additionally, body dysmorphic disorder is also highly prevalent among those with SUDs.[1229] Thus, counselors should be aware that some of their clients may have a suspected or diagnosed eating disorder or body dysmorphic disorder. Additionally, research indicates that clients who have had bariatric surgery are more likely to develop an alcohol use disorder, particularly following their second postoperative year.[1230] As a

result, clients with an eating disorder, body dysmorphic disorder, or those who are undergoing or have recently undergone bariatric surgery need a nutritional screening.

Given how few SUD treatment settings employ a registered dietitian nutritionist, gathering biochemical data or anything other than basic anthropometric information may be outside a program's scope and the scope of a counselor's professional practice. Therefore, the assessment may need to be made based largely on a physical examination and the client's responses and available treatment records. As a starting point, counselors can ask their client about their eating habits, including if they would like to change these habits or if they are comfortable with their weight. If they indicate an interest in changing these habits or if the counselor has concerns, they should refer clients to a primary care provider or a dietitian nutritionist for further evaluation and management.

Multiple instruments are available for nutritional screening, including the Malnutrition Universal Screening Tool and the Mini Nutritional Assessment-Short Form, which are available for free download.[1231] The "Resource Alert: Additional Information on Nutritional Assessment" contains links to more information.

Information gathered in the nutritional assessment should be combined with the counselor's understanding of the effects of specific drugs on overall and nutritional health (while also taking into consideration that some clients may exhibit problematic use of more than one substance). For example, chronic use of the substances below may reduce release of the neurotransmitter dopamine, which is linked to seeking repeat instances of pleasure (i.e., chronic use can effectively "hard wire" dopamine release to occur only in pursuit of the substance itself). Although the literature related to the role of nutrition in recovery is limited,[1232] researchers have identified the following trends related to specific substances:

- **Alcohol**[1233,1234,1235,1236]: Studies have established a range of health issues related to problematic use of alcohol, including weight gain; cravings for sweets and other unhealthy foods; oral health problems; damage to the liver and pancreas that can lead to imbalances in proteins and fluids; poor absorption of nutrients; deficiencies in vitamins B1 and B6; and neuroinflammation of the amygdala portion of the brain, leading potentially to withdrawal behaviors (e.g., anxiety, depression, hyperventilation, hypertension, or hypothermia, among others).
- **Stimulants:**
  - **Cocaine**[1237,1238]: Problematic use of cocaine has been associated with reductions in desire to eat, thiamine deficiency, elevated blood pressure, changes in metabolism that impair proper processing and storage of fats, increased craving for sweets, weight gain upon cessation, and oral health problems.
  - **Methamphetamine**[1239,1240]: Methamphetamine usage has been associated with reduced appetite, increased craving for sweets, poor oral health, tooth loss, mood disorders, malnutrition, heart and liver damage, and eating disorders. (The "Resource Alert: Additional Information on Nutritional Assessment" contains a link to an article that describes common signs and symptoms of eating disorders, such as anorexia nervosa, bulimia nervosa, and binge eating.)
  - **Caffeine and nicotine**[1241]: Caffeine and nicotine dependence have been associated with appetite suppression, poor interactions with medications for co-occurring conditions, and higher risk to use (specific to nicotine). In addition, some studies have shown that the use of "vape" devices is linked to

weight gain and poor impulse control. Counselors can refer clients who want to quit smoking to https://smokefree.gov/ for free resources and support.

- **Opioids**[1242]: Chronic use of opioids has been linked to malnutrition, poor eating patterns, poor oral health, food insecurity issues, poor absorption of nutrients by the body, bowel dysfunction and constipation, and higher rates of infectious diseases, such as HIV or viral hepatitis.

Setting Nutritional Goals

With any client, a set of general nutritional goals can help to support treatment planning, including encouraging good hydration and appropriate physical exercise, regulating blood sugar levels, normalizing eating habits and times, and promoting sufficient intake of vitamins and proteins.[1243,1244]

Researchers have recently suggested additional strategies that can help clients improve nutritional health. Offering nutrition education to clients has shown positive results in a variety of settings.[1245] A weekly education session with a group of clients has been recommended as a cost-effective alternative to one-on-one discussions, if a registered dietitian nutritionist can be identified to lead the session.[1246,1247] (The "Resource Alert: Additional Information on Nutritional Assessment" contains a link to a free dietary expert search engine.) Counselors can also advocate for healthier food options within their treatment programs, rather than more popular (but less healthy) options, such as burgers, pizza, sodas, or coffee.[1248,1249]

Counselors can encourage clients to alter food and beverage intake patterns if poor nutrition is identified, switching to healthier sources of dietary staples, such as[1250,1251]:

- **Complex carbohydrates,** including whole-grain breads and cereal, whole fruit, potatoes, vegetables, beans, and nuts.
- **Healthy fats,** including fish, low-fat dairy products, seeds, nuts, and omega fatty-acid supplements.
- **Fiber,** including oatmeal, nuts, beans, whole wheat bread, brown rice, apples, carrots, and tomatoes.
- **Food containing vitamins and minerals,** including whole-grain breads and cereal, beans, peas, peanuts, seeds, dairy, fruits, and vegetables.
- **Hydration,** including water, watermelon, strawberries, cucumbers, soup, low-fat milk, unsweetened plant-based milks, and low-sugar sports drinks.
- **Proteins,** including fish, chicken, eggs, low-fat dairy products, beans, tofu, lentils, and nuts.

Some clients will not have the resources to readily access healthy foods. These clients may need help accessing programs designed to help them purchase or access nutritious foods. Such programs may include the following:

- Local food banks can offer support to people in need of healthy foods. Counselors can research local food banks through the Feeding America® database at https://www.feedingamerica.org/find-your-local-foodbank.
- The Supplemental Nutrition Assistance Program provides support to families to purchase healthy food. More information can be found at https://www.fns.usda.gov/snap/supplemental-nutrition-assistance-program.
- The Special Supplemental Nutrition Program for Women, Infants, and Children provides supplemental foods, healthcare referrals, and nutrition education to low-income pregnant, breastfeeding, and nonbreastfeeding postpartum people, and to infants and children up to age 5. The program is operated through local providers. More information can be found at https://www.fns.usda.gov/wic.

Researchers have also offered recommendations for approaches to clients undergoing specific types of dietary issues.[1252]

- **For clients experiencing loss of appetite,** counselors should help them to connect with a provider who can assess for co-occurring nutritional disorders, and encourage clients to focus on healthy snacks and whole-food options.
- **If the client is experiencing weight loss or weight gain,** counselors should encourage them to attend educational classes to learn about proper meal preparation and eating habits, consider monitoring their dietary intake and their cravings with a food diary, have healthy food and drink options available when they are in the treatment setting, and if possible, refer them to a dietitian or nutritionist to develop a plan for healthier eating. Clients should also follow up with a medical provider to determine underlying causes of weight change.
- **In cases of constipation,** counselors should encourage clients to increase water intake, along with foods rich in fiber (unprocessed plant-based foods); regular exercise can also help, including walking.
- Sufficient water intake can also help **to address dehydration** often seen with substance use, as can fluids that contain electrolytes and reducing intake of caffeine.
- **For clients with poor oral health issues,** fluids are again important for hydration, along with encouraging proper oral hygiene, and possibly considering softer foods. Regular dental care, such as visiting the dentist every 6 months, is important to supporting oral health.
- **For clients experiencing cravings,** nutritious snacks that contain protein, fruits, vegetables, and complex carbohydrates (whole wheat or whole grain) may be helpful.

RESOURCE ALERT: ADDITIONAL INFORMATION ON NUTRITIONAL ASSESSMENT

Academy of Nutrition and Dietetics – Find a Nutrition Expert™ (https://www.eatright.org/find-a-nutrition-expert): This search engine allows counselors to search by ZIP Code, city, or state to find a registered dietary expert in their area.

American Addiction Centers – Nutrition for Addiction Recovery (https://recovery.org/treatment-therapy/nutrition/): This article provides a concise overview of how different drugs and alcohol affect nutrition health, the value of nutrition in the recovery process, and ways to make nutrition education part of a treatment plan.

Malnutrition Universal Screening Tool (MUST) – Free Toolkit (https://www.bapen.org.uk/screening-and-must/must/must-toolkit/the-must-itself): This webpage contains free links to the MUST nutritional assessment instrument as well as guides on how to use it, and alternative measurements that can be gathered if a counselor's treatment program doesn't have certain assessment capabilities (e.g., lab testing).

Mini Nutritional Assessment – Short Form (MNA®-SF) – Free Toolkit (https://www.mna-elderly.com/sites/default/files/2021-10/mna-guide-english-sf.pdf): This PDF contains the MNA-SF instrument, along with instructions for its use, processes for conducting measurements, and how to assess results.

National Institute of Mental Health – Eating Disorders (https://www.nimh.nih.gov/health/topics/eating-disorders): This article provides signs and symptoms to recognize common eating disorders, such as anorexia nervosa, bulimia nervosa, binge eating, and food avoidance. The article also discusses risk factors and suggests possible treatments and therapies.

Exercise

Research supports the many benefits of even modest exercise, such as walking, for physical and mental health, and physical activity has also been linked to recovery from problematic substance use. Even brief amounts of physical activity (i.e., 10 minutes) can decrease substance use cravings[1253] and symptoms of withdrawal.[1254] **Participation in meaningful and structured activities, such as regular exercise, should be a key part of any long-term recovery plan.**

Key Benefits of Exercise

Clients should learn about the health benefits associated with physical activity. Exercise can:

- **Improve mental health.** Exercise can improve mental health by reducing stress, anxiety, and depression as well as improve mood.[1255,1256,1257]
- **Improve physical health.** Physical activity is linked to many positive health outcomes, including cardiorespiratory and cognitive fitness.[1258] Weight-bearing exercise can strengthen and protect bones, joints, and muscles.[1259]
- **Improve sleep.** Physical activity is linked to improved sleep quality.[1260]
- **Improve recovery outcomes.** Studies indicate that people recovering from substance use–related problems who exercise are more likely to remain abstinent[1261] and less likely to have a recurrence of problematic substance use.[1262]
- **Reduce cravings and ease withdrawal symptoms.** Exercise can reduce symptoms of withdrawal as well as reduce cravings for substances.[1263,1264]
- **Improve social connections and support.** Many kinds of exercise, such as group exercise programs, have a social component that can increase engagement and support, also preventing loneliness and isolation.[1265]

Getting Clients Motivated

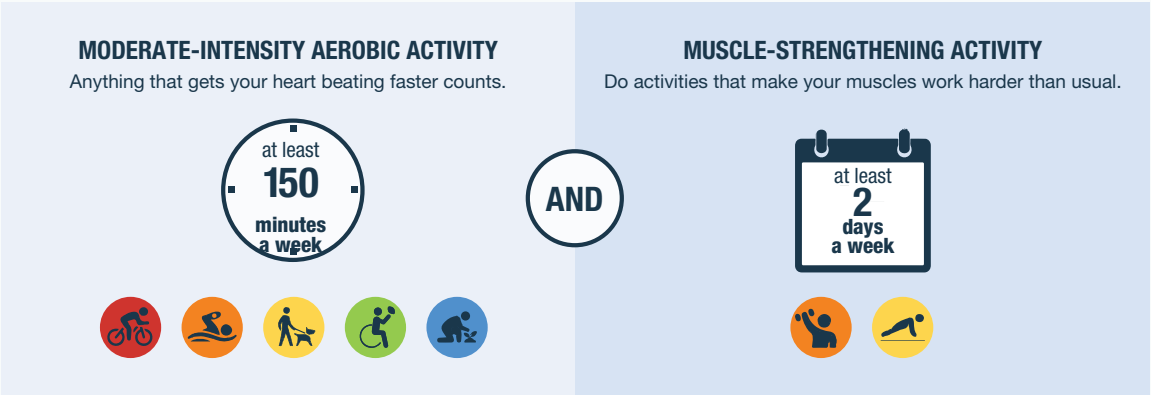
The first step to encouraging clients to get more exercise is to talk with them about their own physical activity levels and how regular exercise can support their long-term recovery. To start the conversation, counselors can ask clients the following questions[1266]:

- How much physical activity do clients get in an average week? Once counselors have an idea of their clients' current activity level, they can suggest small changes to help them become more active.
- What are some things the client's family or friends like to do together? Counselors can offer tips for getting the whole family more active, like turning commercials into family fitness breaks.
- Are there activities clients would like to be able to do? For example, maybe the client has always wanted to join a pool and learn to swim. Knowing the client's motivations can help counselors work with them to set achievable goals.

Next, let clients know how much exercise they should get each week to remain healthy (Exhibit 4.3).

Offer resources that clients can use to inform them about the benefits of exercise and how to get started.

EXHIBIT 4.3. How Much Exercise Is Enough?



Source: Department of Health and Human Services' Office of Disease Prevention and Health Promotion. Adapted from material in the public domain.[1267]

RESOURCE ALERT: GETTING STARTED WITH AN EXERCISE PLAN

There are many resources available that counselors can share with clients about the importance of exercise and how to get started with an exercise plan. These include:

- SAMHSA's *Creating a Healthier Life: A Step-by-Step Guide to Wellness* (https://store.samhsa.gov/sites/default/files/d7/priv/sma16-4958.pdf?msclkid=daf046fba6e611ecbca8c52e-6eb4f405).
- Department of Health and Human Services' Move Your Way® resource page (https://health.gov/moveyourway#adults).

Motivational Strategies

Motivation for exercise has been found to be a common barrier to increasing physical activity among individuals who have substance use–related problems.[1268] Clients may describe barriers that they face in starting and continuing an exercise plan. There are several strategies that can increase a client's motivation to exercise. These include:

- Encouraging clients to increase their physical activity through exercise sessions. By connecting clients to opportunities for structured exercise sessions, counselors can encourage clients to exercise regularly, while they receive social support in the process. These activities can also create a measure of accountability, which may increase motivation for clients to exercise. Strategies may include offering counselor-driven, skill-based groups (groups where counselors help clients learn new skills) along with these exercise sessions.[1269] Some communities have "recovery gyms," which offer physical and social support, including customized exercise programs for those in recovery from problematic substance use. Counselors can research whether there are recovery gyms in their community that can help support clients.
- Providing motivational enhancement therapy (MET). MET can be used to increase client motivation around exercising.[1270] Through this approach, clients mobilize their own internal and external resources to facilitate change. MET uses such approaches as motivational interviewing, open-ended questions, and other common counseling techniques to support clients.[1271,1272]

RESOURCE ALERT: RECOVERY GYMS AS A RESOURCE FOR RECOVERY

Recovery gyms, which promote recovery and wellness through physical activity, are now in communities around the country. More information about recovery gyms can be found at https://www.therecoverygym.org/about/background/.

RESOURCE ALERT: TOOLS FOR TALKING ABOUT PHYSICAL ACTIVITY

The Department of Health and Human Services has resources to help professionals understand and promote information about the importance of exercise for their clients. Its website includes fact sheets and infographics that can be accessed at https://health.gov/our-work/nutrition-physical-activity/move-your-way-community-resources/campaign-materials/materials-professionals#fact-sheet-providers.

Healthy Sleep Habits

Sleep disturbances are common among individuals who have problematic substance use. In addition to sleep disturbances that result from the effects of substances on arousal levels or as part of withdrawal, substance use–related problems can cause psychological distress that negatively affects sleep.[1273] For some individuals, sleep disturbances can persist into early recovery.[1274] **When working with individuals in recovery, counselors should assess for sleep-related issues and make recommendations about behavioral strategies that clients can implement immediately to address sleep disturbances. They should also refer clients to their primary care doctor to assess for any related medical issues that may be affecting the quality of their sleep, such as sleep apnea.**

Evaluating Sleep Disturbances

General psychosocial assessment often overlooks sleep issues or only notes them briefly. A thorough assessment of sleep routines should include questions about:

- Typical bedtime.
- Time to fall asleep.
- Frequency and length of nighttime awakenings.
- Typical time of waking.
- Average number of hours of sleep.
- Use of caffeine, nicotine, alcohol, and other substances, and their effects on sleep.
- Effects of psychotropic medications on sleep patterns.
- Changes in sleep patterns over time and their relationship to substance use.
- History of nightmares.
- Location and sleep environment.

Educating Clients About Healthy Sleep Habits

Counselors should discuss healthy sleep habits, also known as sleep hygiene, with clients. This can help clients reduce their sleep-related disturbances and improve their sleep efficiency and quality. Exhibit 4.4 provides recommendations for nonpharmacological strategies to enhance sleep that can be given to clients as an educational handout and then explored within the context of a conversation about lifestyle changes that support ongoing recovery. If sleep disturbances are severe, counselors should coordinate a referral with their clients' primary care physician to a sleep medicine specialist. Medical providers who specialize in sleep can evaluate clients for sleep apnea and restless legs syndrome. A counselor trained in cognitive–behavioral therapy for insomnia can help address thoughts, feelings, and behaviors that contribute to sleep difficulties.

EXHIBIT 4.4. Healthy Sleep Habits[1275,1276]

Counselors can share the following tips with clients to help them develop healthy sleep habits:

- **Keep a regular sleep schedule.** Try to go to bed and get up around the same time every day, including on weekends, holidays, and days off.
- **Go to bed only when you feel sleepy.** Tossing and turning while trying to fall asleep can be frustrating, and your body will begin to associate going to bed with feeling frustrated. Only get in bed and try to fall asleep when you are feeling tired or sleepy. If you haven't fallen asleep within 20 to 30 minutes, get up and go to another room. Engage in an activity that is unproductive or boring, such as reading the dictionary. Avoid bright lights, including light from electronic devices, as they simulate the sun and tell your brain it is time to wake up. Only go back to bed when you feel tired or sleepy again. Repeat this process until you fall asleep. With practice, your mind and your body will learn that your bed is for sleeping.
- **Don't check your clock.** Although it can be tempting to check your clock to see how long you have been trying to fall asleep, this can lead to negative thoughts about sleep (e.g., "I'll never fall sleep – I've been trying forever!") as well as feelings of anxiety and stress. Unfortunately, this can further interrupt your attempts to fall asleep. If you are engaged in the process of getting up after 20 minutes, try to estimate how many minutes have passed, rather than checking the clock.
- **Only use your bed for sleeping and sex.** The more time you spend awake in bed, the harder it can be for your body to wind down and relax. Using your bed for other activities (e.g., working, watching television, worrying, reading, scrolling social media on your cellphone) makes it harder to associate being in bed with sleeping.
- **Avoid taking naps, if possible.** Taking naps during the day can make it harder to fall asleep at night. If you must take a nap, limit it to 30 minutes or less. Don't take naps in the evening. If your employment involves shiftwork, naps may be used to reset your sleep schedule.
- **Make sure your bedroom environment promotes sleep.** Your bedroom should be quiet and comfortable. Make sure you turn off the TV and any other electronics at least 30 minutes before bed. Be aware of the temperature and lighting. A cooler room (around 65 degrees Fahrenheit) may also improve your sleep. Adjust your environment as necessary to help you relax.
- **Develop a nighttime ritual.** Some people find it relaxing to take a hot shower or bath before going to bed. Changes in your body temperature can make you feel sleepy. Other people like to enjoy a cup of herbal caffeine-free tea. Yoga, light stretching, and meditation can also be effective nighttime rituals.
- **Avoid alcohol, caffeine, and nicotine before bed, if possible.** These substances can make it difficult to fall asleep and can interrupt your sleep, reducing sleep quality. If you are able, try not to consume products with caffeine after noon. If you are actively working on reducing alcohol, caffeine, or tobacco use, this habit may be more difficult to address. As you continue to make changes in your substance use, consider implementing this strategy when you feel ready.
- **Eat healthy and exercise regularly.** Regular exercise and a healthy diet can promote good sleep quality. However, there are some exceptions. Avoid high-intensity exercise within 2 to 4 hours of your bedtime. You can enjoy a light snack before bedtime to avoid discomfort from an empty stomach, but don't eat large or heavy meals within 2 hours of bedtime, as digestion can interfere with sleep.
- **Avoid having pets on the bed or in the room.** If your pet keeps you awake, relocate your pet to another room in the house at nighttime.
- **Keep a diary to evaluate your progress.** If you are having trouble implementing good sleep habits, keep a sleep diary to evaluate your progress. A sleep diary can include dates, times you fell asleep and woke up in the morning, how many times you woke up during the night, what strategies you tried, and a self-rating of your sleep quality. You can share this diary with your counselor, who can help problem solve difficulties and make adjustments.

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- **See a doctor.** If your sleep problem continues, seek advice from a doctor.

More information about good sleep habits can be found at the Sleep Foundation website at https://www.sleepfoundation.org/sleep-hygiene. Additionally, the American Academy of Sleep Medicine™ offers practice guidelines, consensus statements and papers, provider fact sheets, and patient information specific to healthy sleep (https://aasm.org/).

RESOURCE ALERT: SLEEP AND SUDS

SAMHSA's resource guide *In Brief:* Treating Sleep Problems of People in Recovery From Substance Use Disorders (https://store.samhsa.gov/product/Treating-Sleep-Problems-of-People-in-Recovery-From-Substance-Use-Disorders/SMA14-4859) contains more information about the relationship between sleep disturbances and SUDs among people in recovery, guidance on assessing and treating sleep issues, and reviews of nonpharmacological treatments and over-the-counter and prescription drugs. Apps have also been developed to support treatment of insomnia (digital treatment platforms, including apps, are discussed in a separate section of this chapter).

Home

Safe and stable housing supports long-term recovery. Evidence suggests that individuals who lack safe and stable housing engage in higher levels of problematic substance use.[1277,1278] Maintaining a stable home also requires financial and other life skills; for example, knowledge about budgeting and managing debt. These and other skills, such as knowing how to obtain health insurance or grocery shop on a budget, can help clients maintain stability over the long term. Finally, helping clients develop strong relationships with family and social connections will assist them as they navigate challenges related to problematic substance use. **Counselors should have the information and resources available to inform and educate clients about how they can maintain stable housing, develop essential life skills, including financial literacy, and create long-lasting relationships with family and friends. Counselors should also connect clients with a case manager or social worker to assist with additional housing needs.**

Role of Safe and Stable Housing

Access to safe and stable housing supports a person's recovery from problematic substance use. Housing instability, or the inability to pay for housing and the threat of losing housing, results in significant stress that can trigger recurrence of substance use. Additionally, problematic substance use can increase a person's risk of homelessness or housing instability. Studies indicate that SUD is a leading cause of homelessness in the United States.[1279] Those with problematic substance use may have more difficulty obtaining and maintaining stable housing due to discrimination, having a criminal background or poor credit history, and systemic disenfranchisement.[1280,1281] To support clients in this area, counselors should be aware of the barriers clients may face in obtaining stable housing.

RESOURCE ALERT: ADDRESSING HOUSING BARRIERS FOR CLIENTS WITH A CRIMINAL HISTORY

The Department of Housing and Urban Development (HUD) has resources available to help improve access to HUD programs for people with criminal records. Counselors can learn more at https://www.hud.gov/reentry.

For individuals experiencing both homelessness and problematic substance use, it can be difficult to sustain recovery.[1282,1283] Research indicates that those facing housing instability or homelessness may be less likely to continue medications for SUDs[1284] and for psychiatric disorders.[1285] This can include those considered "marginally housed," or people temporarily staying with relatives, sleeping in their car, or with no current place to stay, though they may not consider themselves homeless. Additionally, people experiencing homelessness who are taking medications for SUDs still experience barriers to housing because of misconceptions about these medications.[1286,1287]

Several types of housing models and programs exist that may address the needs of those recovering from problematic substance use. These models, described below, may focus on people recovering from substance use–related problems or address other needs, such as homelessness or income barriers. Each program has a different philosophical approach and eligibility requirements.

Housing Types Designed for Individuals In Recovery

Recovery housing, transitional housing, and permanent supportive housing programs are designed specifically to meet the needs of those in treatment or recovering from problematic substance use.

Counselors should be aware that some of these models, such as recovery housing, focus on abstinence as the primary pathway to recovery from problematic substance use, and thus, may not be appropriate for all clients.

Recovery Housing

A recovery residence or recovery housing is a safe and healthy, substance-free living environment that supports those in recovery from problematic substance use.[1288] **The recovery housing approach is based on the belief that individuals who have a history of problematic substance use may benefit from an environment of peer support that emphasizes abstinence.[1289]**

Recovery housing or residences, regardless of their structure, are centered on peer support and a connection to services that promote long-term recovery. Recovery housing benefits individuals in recovery by reinforcing a substance-free lifestyle and providing direct connections to other peers in recovery, mutual support groups, and recovery support services. Those in recovery residences may take prescribed medications, including medications for SUD, while in the program.[1290]

The recovery residence model is based strongly in fostering peer support. In fact, the residences are often peer-led and offer recovery support networks and a strong sense of community.[1291] Additionally, some recovery residences that offer higher levels of support also provide life skills development and, in some cases, integrated clinical services. Recovery residences are divided into levels of support based on the type, intensity, and duration of support that they offer.[1292] Exhibit 4.5 contains more information about recovery housing levels of support.

RESOURCE ALERT: OXFORD HOUSE™

Established in 1975, Oxford House™ is another recovery housing model that is "democratically run" and self-supporting. There are more than 2,000 houses around the United States that are designed to support recovery for men, women, and families. The primary goal of Oxford House™ is the "provision of housing and rehabilitative support" for the individual with problematic substance use "who wants to stop drinking or using drugs and stay stopped." Each house has defined governance and abides by only one key rule that members do not use substances. More information about Oxford House™ can be found at https://www.oxfordhouse.org/doc/BasicManual2019.pdf.

EXHIBIT 4.5. Recovery Housing Levels of Support

NARR Level	Typical Resident	Onsite-Staffing	Governance	On-site Supports
Level 1 (e.g., Oxford Houses)	Self-identifies as in recovery, some long-term, with peer-community accountability	No on-site paid staff, peer to peer support	Democratically run	On-site peer support and off-site mutual support groups and, as needed, outside clinical services
Level 2 (e.g., sober living homes)	Stable recovery but wish to have a more structured, peer-accountable and supportive living environment	Resident house manager(s) often compensated by free or reduced fees	Residents participate in governance in concert with staff/recovery residence operator	Community/house meetings, peer recovery supports including "buddy systems", outside mutual support groups and clinical services are available and encouraged
Level 3	Those who wish to have a moderately structured daily schedule and life skills supports	Paid house manager, administrative support, certified peer recovery support service provider	Resident participation varies; senior residents participate in residence management decisions; depending on the state, may be licensed; peer recovery support staff are supervised	Community/house meetings, peer recovery supports including "buddy systems." Linked with mutual support groups and clinical services in the community, peer or professional life skills training on-site, peer recovery support services
Level 4 (e.g., therapeutic community)	Require clinical oversight or monitoring, stays in these settings are typically briefer than in other levels	Paid, licensed/credentialed staff and administrative support	Resident participation varies, organization authority hierarchy, clinical supervision	On-site clinical services, mutual support group meetings, life skills training, peer recovery support services

Source: Reprinted with permission from National Association of Recovery Residences.

In general, recovery housing is regulated by the Fair Housing Law and the Americans with Disabilities Act, which require states to make "reasonable accommodations" for people with disabilities, including people in recovery from problematic substance use.[1293] The National Alliance for Recovery Residences (NARR) has also developed a national standard that is endorsed by nearly 40 states. NARR also certifies over 3,000 recovery residences according to this national standard.[1294] Also, in 2018, SAMHSA developed best practices for the operation of recovery housing (Exhibit 4.6).

EXHIBIT 4.6. Best Practices for Recovery Housing

Best practices include:

- Having a clear operational definition that delineates the types and intensity of the services provided.
- Recognizing that SUDs are chronic conditions that require a range of recovery and supports.
- Recognizing that co-occurring disorders often accompany SUDs.
- Assessing applicant (potential resident) needs and the appropriateness of the residence to meet these needs.
- Using evidence-based practices to best support recovery.
- Developing written policies, procedures, and resident expectations in a resident handbook to ease transition and ensure compliance.
- Ensuring quality, integrity, and resident safety in all recovery houses.
- Learning and practicing cultural responsiveness so staff can work with individuals on a personal basis and respect differing beliefs and backgrounds.
- Maintaining ongoing communication with interested parties and care specialists, including the resident's family, vocational programs, and criminal justice professionals.
- Evaluating program effectiveness and resident success to assess how each house is performing in delivering quality care to residents.

More information can be found in SAMHSA's *Recovery Housing: Best Practices and Suggested Guidelines* at https://www.samhsa.gov/sites/default/files/housing-best-practices-100819.pdf.

Source: Adapted from material in the public domain.[1295]

For more information about how to identify recovery housing in their community, counselors can search for "recovery housing" in their city or state.

Additional sources include local professional organizations, faith communities, social service agencies, and resource manuals.[1296]

RESOURCE ALERT: NARR

NARR offers resources and publications about recovery housing. Two resources that may be of particular interest include:

- National Alliance for Recovery Residences. (2018). MAT-Capable Recovery Residences: How State Policymakers Can Enhance and Expand Capacity To Adequately Support Medication Assisted Recovery (https://narronline.org/wp-content/uploads/2018/09/NARR_MAT_guide_for_state_agencies.pdf).
- 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).

Transitional Housing

Though designed to provide services to people experiencing homelessness, transitional housing also provides support to people who have problematic substance use. **The model is intended to offer interim stability and support to allow the person to successfully move to and maintain permanent housing.** Unlike permanent supportive housing where residents dictate how long they want to stay in the program, the length of stay for an individual in transitional housing is determined by the program. Although the length of stay in transitional housing programs may vary, residents can stay in these programs for up to 24 months. In transitional housing, residents receive supportive services, including around problematic substance use.[1297] Transitional housing typically offers structure, supervision, life skills information, and in some cases, education and training.[1298]

In the past, transitional housing programs have existed within a dedicated, building-specific environment. However, there are new approaches that incorporate scattered-site housing.[1299]

Note that transitional housing programs often require abstinence from substance use to remain in housing. For more information about how to locate transitional housing programs in their area, counselors can use the Department of Housing and Urban Development (HUD) Resource Locator at https://resources.hud.gov/.

Permanent Supportive Housing

Permanent supportive housing is a model used for individuals or families experiencing homelessness who also have a disability or other co-occurring condition, which can include SUDs. This type of housing offers a combination of housing and services designed for clients experiencing chronic homelessness.[1300] Permanent supportive housing is guided by the principles of Housing First, a philosophy and approach differing from that of recovery housing and transitional housing. The Housing First model emphasizes immediate access to housing with supports and case management, but without the preconditions of abstinence or mandatory participation in supportive services (the box below contains more information about Housing First).

Permanent supportive housing models offer housing choices, work to prevent recurrence of use, and reduce discrimination and stigma of individuals experiencing mental illness and SUDs. SAMHSA's Permanent Supportive Housing Evidence-Based Practices (EBP) KIT lists 12 elements of permanent supportive housing programs that form the guiding principles of these programs (the box below also lists the 12 elements).[1301]

WHAT IS HOUSING FIRST?[1302]

The National Alliance to End Homelessness has defined Housing First as "an approach that prioritizes providing permanent housing to people experiencing homelessness, thus ending their homelessness and serving as a platform from which they can pursue personal goals and improve their quality of life. This approach is guided by the belief that people need necessities like food and a place to live before attending to anything less critical, such as getting a job, budgeting properly, or attending to substance use issues. Additionally, Housing First is based on the theory that client choice is valuable in housing selection and supportive service participation; exercising that choice is likely to make a client more successful in remaining housed and improving their life. Housing First programs remove barriers faced by households trying to attain permanent housing, and do not require prerequisites to access housing support beyond what is required in a tenant's lease.

"Housing First does not require people experiencing homelessness to address their problems before they can access housing, including behavioral health problems, or graduating through a series of service programs. Housing First does not mandate participation in services either before obtaining housing or to retain housing. Supportive services are offered to assist with housing stability and individual well-being, but participation is not required. Services have been found to be more effective when a person chooses to engage. Other approaches do make such requirements for a person to obtain and retain housing. Many Housing First models also use a harm reduction approach to help reduce barriers to obtaining or maintaining permanent housing."

More information can be found in the National Alliance to End Homelessness' *Housing First Fact Sheet* at https://endhomelessness.org/wp-content/uploads/2022/02/Housing-First-Fact-Sheet_Feb-2022.pdf.

ELEMENTS OF PERMANENT SUPPORTIVE HOUSING PROGRAMS[1303]

SAMHSA has outlined 12 elements of permanent supportive housing programs:

- Leases are in the tenants' names and provide full rights, including protection from eviction.
- Leases have the same provisions held by people who do not have psychiatric disabilities.
- Participation in services is voluntary, and refusal does not result in eviction.
- If there are house rules, they are similar to those for people who do not have psychiatric disabilities.
- There is no time limit on housing with a renewable lease.
- Tenants are offered a range of housing choices that would be available to others at the same income level.
- Housing is affordable—no more than 30 percent of the tenant's income.
- Housing is integrated, allowing the opportunity for tenants to interact with neighbors.
- Tenants are given choices in the support services they are provided.
- Support services are dynamic and can change as needs change over time.
- Support services are focused on recovery to help tenants choose, obtain, and keep housing.
- Housing and support services are delivered separately.

SAMHSA's *Advisory* on behavioral health services for people who are homeless provides information about permanent supportive housing and other housing services. The *Advisory* can be accessed at https://store.samhsa.gov/product/advisory-behavioral-health-services-people-who-are-homeless/pep20-06-04-003.

People served through the Housing First model are less likely to have a recurrence to use, as compared with clients who engage in programs that require SUD treatment as a condition of housing.[1304]

Housing Programs To Prevent or Address Homelessness

Several programs exist to support people who are currently homeless or at risk of becoming homeless, such as homelessness prevention programs, emergency shelters, and rapid re-housing programs. Domestic violence shelters are designed to support clients who are experiencing intimate partner violence. Eligibility requirements differ by program. Counselors should be aware of these programs, including how to identify related resources in their community.

Homelessness Prevention

Homelessness prevention programs exist in every community and are designed to prevent an individual or family from moving into an emergency shelter or living in a public or private place not meant for human habitation.[1305]

Homelessness prevention programs typically offer[1306]:

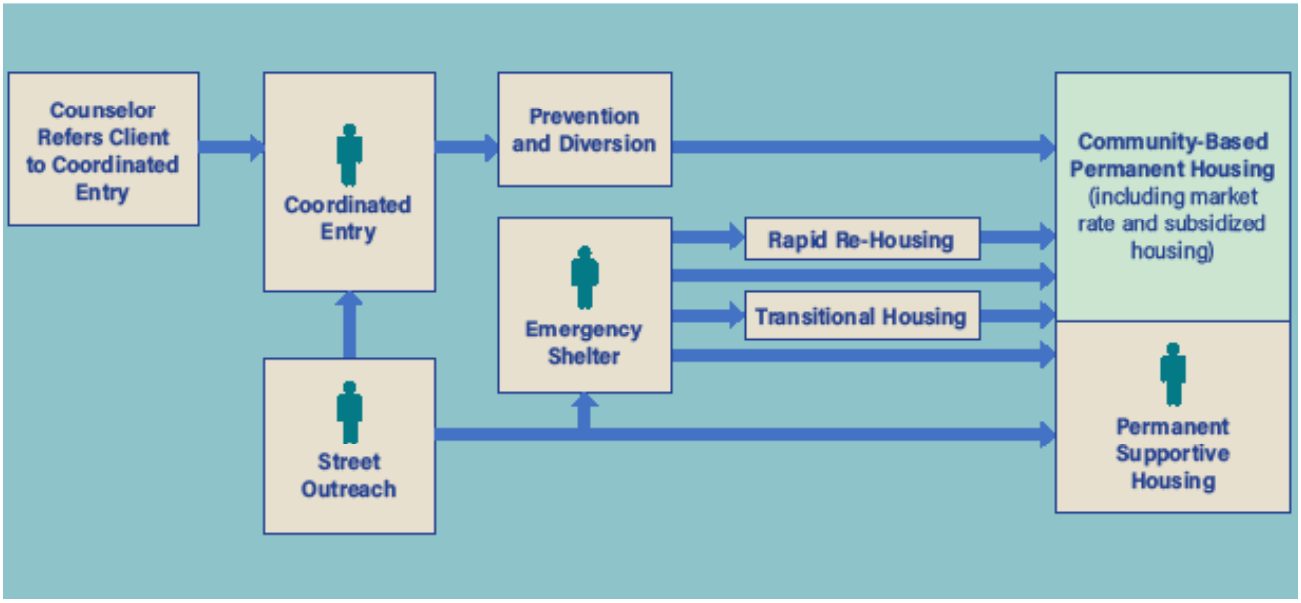
- Financial assistance in the form of rental housing subsidies to help individuals and families cover housing costs.
- Eviction prevention programs that are designed to prevent displacement from rental units. These programs may include financial assistance, legal representation, or mediation services.
- Community-based services that aim to help individuals maintain stable housing by linking them to supportive services, such as eviction prevention and short-term financial assistance, education and job placement assistance, benefits enrollment, and childcare assistance.
- Critical time intervention, which uses comprehensive case management to connect individuals who have severe mental illness and who are being discharged from a psychiatric facility with community-based services to support recovery.

- Proactive screening of populations at heightened risk of homelessness. Individuals and their families are offered follow-up services and tailored support to help them maintain stable housing.

Research supports the use of homelessness prevention programs as an effective means of reducing homelessness.[1307]

UNDERSTANDING COORDINATED ENTRY

HUD requires local Continuums of Care (CoCs) that coordinate homeless services to create coordinated entry processes and help communities prioritize people most in need of homelessness assistance. With coordinated entry, communities must use a standardized assessment approach to household vulnerability and eligibility for housing resources, to organize a waitlist, and to provide access to shelter and housing slots. Through coordinated entry, those with higher needs can receive prioritized referrals to supportive housing and other resources first as they become available.[1308] Each community has a different process for accessing the coordinated entry system, often through an intake line that community members or counselors can call directly. Counselors should be familiar with how to access the coordinated entry system in their community. As a first step, they can contact their local CoC to learn more about how to make a referral to coordinated entry. Counselors can identify their local CoC through the HUD webpage at https://www.hudexchange.info/grantees/contacts/.



More information about coordinated entry can be found in the Corporation for Supportive Housing's *Health Centers and Coordinated Entry* brief at https://www.csh.org/wp-content/uploads/2017/05/Coordinated-Entry-and-Health-Centers-1.pdf.

Source: Adapted from material in the public domain.[1309]

MASSACHUSETTS HOUSING STABILITY PROGRAMS[1310]

The state of Massachusetts offers homelessness prevention funds through its Tenancy Preservation Program (TPP). TPP is a collaborative effort among several state agencies and advocates to prevent homelessness among individuals and families who are facing eviction related to mental illness, developmental disability, substance use, or other disabilities.

TPP acts as a neutral party between landlord, tenant, and the Housing Court. Through this program, clinicians evaluate reasons for eviction, identify needed services, and create a treatment plan designed to continue the tenancy. If it is determined the person cannot remain in the home, the program works to find housing options that are more appropriate. The program has a 90-percent success rate for preventing homelessness.

Emergency Shelter

Emergency shelters offer housing and services for those currently homeless or at risk of homelessness. Most shelters offer temporary housing, along with some services and connections to additional housing programs. Emergency shelters do not, however, offer personalized programs to support people who have problematic substance use, but may be able to connect people to these services. Counselors can use HUD's Find Shelter search tool to identify local service shelters in their area at https://www.hud.gov/findshelter.

Intimate Partner Violence

There is a significant need for shelters or housing to support clients who are experiencing domestic violence and intimate partner violence and/or homelessness. Between 47 and 90 percent of women of reproductive age (15–44 years) with an SUD have experienced intimate partner violence, compared to 1–20 percent in non-SUD populations.[1311]

RESOURCE ALERT: HUD'S FIND SHELTER TOOL

The HUD Find Shelter tool allows community members to search by state or ZIP Code to access a list of current homelessness service providers. Counselors can use this tool to identify homelessness service providers in their area: https://www.hud.gov/findshelter. This resource can also help counselors identify food resources, health clinics, and clothing.

HUD's "Need Housing Assistance?" page (https://www.hudexchange.info/housing-and-homeless-assistance/) also has numerous resources that can help counselors identify housing services in their community.

Shelters and transitional housing are available for those experiencing domestic violence. Common transitional housing models include[1312]:

- Scattered site, where survivors live in an apartment in the community.
- Clustered site, where the program owns a building with units for survivors to live in.
- Communal living, where survivors may have their own room but share a common space.

RESOURCE ALERT: NATIONAL NETWORK TO END DOMESTIC VIOLENCE

The National Network To End Domestic Violence offers resources to support survivors of domestic violence, including information about programs and a transitional housing toolkit (https://nnedv.org/).

Rapid Re-Housing

Rapid re-housing is an intervention, informed by the Housing First approach, that offers people or families experiencing homelessness with time-limited financial assistance and personalized housing support. It can help people who are living on the streets or in emergency shelters solve an

immediate challenge to obtaining permanent housing, while reducing the amount of time they are homeless. Rapid re-housing also works to link people to community resources that enable them to achieve long-term housing stability.[1313]

The National Alliance to End Homelessness' Rapid Re-Housing Works page contains more information about rapid re-housing (https://endhomelessness.org/rapid-re-housing-works/?gclid=EAIaIQobChMIs_7msKie-AIVaP_jBx3PnwHgEAAYASAAEgI4mPD_BwE).

RESOURCE ALERT: FEDERAL HOMELESSNESS RESOURCES

Several federal resources are available to answer questions or provide information about homelessness programs, including:

- HUD:
  - HUD's Definition of Homelessness: Resources and Guidance: https://www.hudexchange.info/news/huds-definition-of-homelessness-resources-and-guidance/
- SAMHSA:
  - Homelessness Programs and Resources: https://www.samhsa.gov/homelessness-programs-resources
  - Behavioral Health Services for People Who are Homeless. Advisory. https://store.samhsa.gov/sites/default/files/pep20-06-04-003.pdf
  - Recovery Housing: Best Practices and Suggested Guidelines: https://www.samhsa.gov/sites/default/files/housing-best-practices-100819.pdf
- Department of Veterans Affairs:
  - VA Homeless Programs: https://www.va.gov/HOMELESS/about_homeless_programs.asp
  - Housing Navigator Toolkit: https://www.va.gov/HOMELESS/nchav/docs/Housing_Navigator_Toolkit_PDF.pdf

Affordable Housing Programs

Counselors should work with clients to provide resources or connect them to a case manager or social worker to help them access affordable housing. This can be a challenging task given the lack of affordable housing, particularly for low-income renters. The National Low Income Housing Coalition found that no state has an adequate supply of affordable and available homes for extremely low-income renters.[1314] Extremely low-income renters face a shortage of nearly 7 million affordable and available rental homes; only 36 affordable and available homes exist for every 100 extremely low-income renter households.[1315] Resources are available for counselors to help them learn more about housing programs and support clients who may be in need of rental support or public housing (the "Resource Alert: Public and Affordable Housing Resources" contains links to affordable housing).

Public Housing

Public housing is designed to provide decent and safe rental housing for eligible low-income families, the elderly, and persons with disabilities. Public housing can range from scattered single-family houses to apartments. Local housing agencies manage this housing for low-income residents.[1316]

To be eligible, housing agencies review an individual's or family's annual gross income; whether they qualify as elderly, a person with a disability, or as a family; and whether they are a U.S. citizen or have eligible immigration status.

RESOURCE ALERT: PUBLIC AND AFFORDABLE HOUSING RESOURCES

To learn more about public housing for clients in the community, counselors should contact their local housing authority using this HUD resource: https://www.hud.gov/program_offices/public_indian_housing/pha/contacts.

For more information about how to find affordable rental housing in the community, counselors should visit this USA.gov webpage: https://www.usa.gov/finding-home.

Counselors should visit this webpage for a HUD Housing Counselor (map or by ZIP Code): https://www.hud.gov/program_offices/housing/sfh/hcc, or call HUD's interactive voice system at 1-800-569-4287.

Housing Choice Voucher Program

Through the Housing Choice Voucher program, very low-income families, the elderly, and the disabled are provided a voucher allowing them to afford decent and safe housing. Once eligible, the participant can choose any housing that meets the requirements of the program and is not limited to units located in subsidized housing projects. These vouchers are administered locally by public housing agencies.[1317]

Eligibility for a housing voucher is determined by the public housing agency based on the total annual gross income and family size and is limited to U.S. citizens and certain categories of noncitizens. Income may not exceed 50 percent of the median income for the county or metropolitan area in which the family chooses to live.[1318]

RESOURCE ALERT: HOUSING CHOICE VOUCHERS

HUD's website contains information about how to put clients in contact with their local public housing authority (https://www.hud.gov/program_offices/public_indian_housing/pha/contacts).

More information about rental assistance, including clients who can apply for a Housing Choice Voucher, can be found at https://www.hud.gov/topics/rental_assistance.

Developing Life Skills To Maintain Recovery

Clients may need assistance with independently conducting certain life activities that will help them maintain their recovery. For example, clients may need to learn how to manage a checking account or how to get a state ID. Such activities are sometimes referred to as instrumental activities of daily living (IADLs). The IADLs include:[1319]

- **Transportation and shopping:** Obtaining groceries and personal care items, shopping for clothing and other items required for daily life, and attending events
- **Managing transportation:** Driving or arranging other forms of transport
- **Managing finances:** Paying bills and managing financial assets
- **Meal preparation:** Ensuring that steps required to cook a meal are completed
- **Housecleaning and home maintenance:** Cleaning kitchens after eating, maintaining living areas so that they are reasonably clean and tidy, knowing how to do laundry, and keeping up with home maintenance
- **Managing communication with others:** Handling communication through various platforms, including electronic communication, telephone, and mail
- **Managing medications:** Obtaining medications, taking them as directed, and refilling them in a timely manner

RESOURCE ALERT: LAWTON-BRODY INSTRUMENTAL ACTIVITIES OF DAILY LIVING SCALE

One resource counselors can use to assess how comfortable clients are feeling in conducting the IADLs is the Lawton-Brody Instrumental Activities of Daily Living Scale. The scale can be used to identify how a person is functioning and areas for improvement or deterioration over time. There are eight domains of function measured with the scale, and clients are scored according to their highest level of functioning in that category. A summary score ranges from 0 (low function, dependent) to 8 (high function, independent) for women, and 0 through 5 for men.

The scale can be accessed at https://www.alz.org/careplanning/downloads/lawton-iadl.pdf.

Below are resources that can help counselors as they support clients in learning some of these skills.

Financial Literacy

Counselors can help provide resources to clients so that they can learn how to independently perform certain financial tasks, including how to create and maintain a budget, open a bank account, save money, use credit cards, manage debt, and open a retirement account. Exhibit 4.7 reviews various domains of financial wellness and resources to help support clients as they work toward managing finances independently.

EXHIBIT 4.7. Reflecting on Financial Wellness

SAMHSA's *Creating a Healthier Life: A Step-by-Step Guide to Wellness* offers a financial wellness tool and activities to support clients. The guide and accompanying financial wellness worksheet can be accessed at https://store.samhsa.gov/sites/default/files/d7/priv/sma16-4958.pdf?msclkid=daf046fba6e611ecbca8c52e-6eb4f405.

AREA	THINK ABOUT...	RESOURCES
Work and Education	• How does the domain of financial wellness impact your life? How is it related to your wellness? • Does your current job allow you to meet your obligations and have resources to do things you enjoy? • Are you interested in pursuing a GED or additional education to support your work goals?	• Check out the classified ads—particularly on Sunday. Search them online any day of the week. • Explore sites like Indeed (https://www.indeed.com/) and ZipRecruiter (https://www.ziprecruiter.com), and consider establishing a profile on LinkedIn (https://www.linkedin.com/). • Visit the unemployment office in your state or county to find classes that could train you for a job. • Have your résumé updated so you can promptly submit it when you see an opportunity. • If you receive disability benefits, explore your work options without losing Supplemental Security Income (SSI)/Social Security Disability Insurance benefits until you can support yourself. For a guide to working without affecting your benefits, go to https://www.ssa.gov/pubs/EN-05-10069.pdf.

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Continued

Work and Education	• Are you working in a field that you are passionate about or do well? Or are you looking at doing something different, perhaps more personally gratifying? • Are you looking for paid or volunteer work?	• The GED testing service (https://ged.com/) has information about how to obtain a GED, including financial resources to help. • For more information about institutes of higher education, including community colleges, and financial resources, see https://collegescorecard.ed.gov/.
Checking/ Savings Accounts	• Do you balance your checkbook often enough, ensuring that you don't overextend yourself? • Are your savings in line with your life goals, such as taking a vacation, home ownership, or retirement? • Do you have a weekly or monthly budget so you can plan for expenses such as rent and groceries and have a little left over to enjoy?	• Ask the bank about the types of accounts available—such as checking and savings accounts—so you are using them to your advantage and gaining interest where available. • Find out if the bank offers tools you can use to keep track of your money. • If you're receiving disability benefits, there's a limit on how much you can save without affecting your benefits. Read more about allowable savings at https://www.ssa.gov/ssi/text-resources-ussi.htm.
Debt	• Would it be helpful to figure out your total debt and make a plan to pay it down in a manageable way? • Have you thought about getting help from a person who specializes in money management or personal finances?	• Look in your classifieds or search online for organizations that can help you pay down debt. • Make sure you use a company that is credible. • Consider asking your bank to help you with financial planning and other areas where you may want assistance.
Retirement/ Other Accounts	• Have you opened a savings account or another kind of account that works for you? • If you're receiving disability benefits, there's a limit on how much you can save without affecting your benefits. SSI requires that your resources are under $2,000 for an individual or $3,000 for a couple. This includes bank accounts, cash, stocks, bonds. However, your home, household furnishings, car, burial plots, and insurance under $1,500 are not included.	• There are free or low-cost services that can help you plan for the future. The local library can often direct you to affordable financial planning resources. • If you are receiving disability benefits, read more about allowable savings at https://www.ssa.gov/ssi/spotlights/spot-resources.htm. • The Social Security Administration has a toll-free number that can answer your questions Monday through Friday: 1-800-772-1213.

RESOURCE ALERT: FINANCIAL LITERACY INFORMATION

The following resources can be shared with clients to help them learn more about budgeting, managing debt, retirement, and how to open a bank account.

Budgeting, Saving, and Managing Debt:

- The Association for Financial Counseling & Planning Education® (https://www.afcpe.org/career-and-resource-center/financial-tools/) Financial Tools resource center includes:
  - Save With a Plan Toolkit.
  - Financial preparedness for a disaster or emergency.
  - Jump$tart Clearinghouse, an online database of personal finance education resources.
  - PowerPay, which helps clients develop a personalized, debt elimination plan.
- The National Foundation for Credit Counseling (NFCC; https://www.nfcc.org/) offers basic information about saving as well as online tools, including a:
  - Credit card payment calculator.
  - Budget calculator.
  - Savings calculator.

Opening a Bank Account:

- The Balance offers information about how to open a bank account:
  - How to Open a Bank Account: https://www.thebalance.com/how-can-i-easily-open-bank-accounts-315723
  - What is a Savings Account? (including how to open a savings account): https://www.thebalance.com/savings-accounts-4073268

Retirement:

- The Social Security Administration has retirement-related tools, including a retirement estimator and information about how to start saving for retirement, at https://www.ssa.gov/benefits/retirement/.
- The NFCC offers retirement planning calculators and other resources including:
  - How to Plan Your Retirement On the Go (https://www.nfcc.org/blog/how-to-plan-your-retirement-on-the-go/).
  - How Will My Savings Grow? (https://www.nfcc.org/resources/savings-calculator).

Obtaining State Identification

Clients may need help in obtaining state identification and a Social Security card, including specific steps, materials that they need to bring, and the location where they may obtain the identification card. If necessary, clients may also need help making an appointment. **Clients can visit their local motor vehicle department or Social Security office to get information about the steps necessary to obtain an identification card or Social Security card.** Clients can also search the Internet for where to get a state ID or driver's license, identify resources, and find their local motor vehicle department.

Shopping for Healthy and Nutritious Foods

Some clients will need support and guidance about meal planning and grocery shopping, including how to select nutritious foods and manage shopping on a budget. The Department of Agriculture offers resources on shopping and meal planning that can support clients in this process.

RESOURCE ALERT: TIPS FOR HEALTHY EATING AND SHOPPING ON A BUDGET

Multiple government agencies and organizations offer resources to support clients in developing healthy eating behaviors and shopping on a budget, including:

- **Food Shopping Tips.** Valuable tips and resources for buying healthy foods can be found at https://www.nhlbi.nih.gov/health/educational/wecan/eat-right/smart-food-shopping.htm.
- **Heart-Healthy Foods: Shopping List.** Tips for heart-healthy eating can be found at https://health.gov/myhealthfinder/health-conditions/heart-health/heart-healthy-foods-shopping-list.
- **Local Food Directories: National Farmers Market Directory.** Counselors can use this directory (https://www.ams.usda.gov/local-food-directories/farmersmarkets) to find a farmers' market in their state.
- **MyPlate Tip Sheets.** MyPlate tip sheets for smart shopping and meal planning. Topics include:
  - Eat Healthy on a Budget (https://www.myplate.gov/tip-sheet/eat-healthy-budget).
  - Meal Planning (https://www.myplate.gov/tip-sheet/meal-planning).
  - Grocery Shopping (https://www.myplate.gov/tip-sheet/grocery-shopping).
- **Nutrition on a Budget.** Tips for eating healthy on a budget and saving money when food shopping can be accessed at https://www.nutrition.gov/topics/food-security-and-access/nutrition-budget.
- **Sample 7-Day Meal Plan.** This website (https://www.hprc-online.org/nutritional-fitness/fighting-weight-strategies/sample-7-day-meal-plan) contains a sample one-week healthy meal plan.
- **Weekly Meal Planner.** This webpage (https://www.nutrition.va.gov/docs/EducationMaterials/WeeklyMealPlannerGroceryListandRecipes.pdf) contains a sample weekly dinner plan, recipes, and a grocery list.

Other Life Activities

Clients may also benefit from assistance in other key areas of living, including housecleaning and home maintenance. They might need support learning about the importance of cleaning kitchens after eating, maintaining clean and tidy living areas, keeping up with home maintenance, and regularly doing their laundry. Developing a plan ahead of time can help clients take on these tasks.

Supporting Healthy Relationships

Family and/or social support are vitally important to long-term recovery. Counselors should **encourage clients to develop and maintain healthy relationships with the people they consider to be family or friends.** (Chapter 2 contains a discussion on allowing the client to define "family" and "friends.") The information in the "Resource Alert: Supports for Healthy Family Relationships" can help counselors support clients as they work to grow or strengthen relationships with their children, spouses or partners, other family members, or friends.

RESOURCE ALERT: SUPPORTS FOR HEALTHY FAMILY RELATIONSHIPS

The resources below can be utilized to support clients in developing and maintaining long-term relationships:

- **Parenting resources**
  - Parenting Resources to Promote Family Well-Being (https://www.childwelfare.gov/topics/preventing/promoting/parenting/)
  - National Responsible Fatherhood Clearinghouse (https://www.fatherhood.gov/?gclid=CjwKCAjwxZqS-BhAHEiwASr9n9B9L9420LdIRZ6vePvYn2DzERPsv3IHaXahlH—Qte4xFl9-RQYzvBoCBWcQAvD_BwE)
  - American Psychological Association: Parenting Resources (https://www.apa.org/topics/parenting)
- **Resources to support relationships with family members**
  - Resources for Families Coping with Mental and Substance Use Disorders (https://www.samhsa.gov/families)
  - Wellness Recovery Action Plan: WRAP® and Families (https://www.wellnessrecoveryactionplan.com/wrap-can-help/wrap-and-families/)
  - National Center on Substance Abuse and Child Welfare: Family-Centered Approach (https://ncsacw.acf.hhs.gov/topics/family-centered-approach.aspx)
  - ASAM's Opioid Addiction Treatment: A Guide for Patients, Families and Friends (http://eguideline.guidelinecentral.com/i/1275542-asam-opioid-patient-guide-2020/0?)
  - Children and Family Futures (https://www.cffutures.org/)
  - Sunshine Behavioral Health: Addiction Resources for Family and Friends (https://www.sunshinebehavioralhealth.com/family-friends/)
  - Learn to Cope (https://learn2cope.org/)
- **Resources to support relationships with spouses and partners**
  - Resources for Families Coping with Mental and Substance Use Disorders (https://www.samhsa.gov/families)
  - Recovery Research Institute, Guide for Family Members (https://www.recoveryanswers.org/resource/guide-family-members/)
  - The Association of Addiction Professionals: Family and Relationship Support (https://www.naadac.org/knowledge-center)
  - Recovering Couples Anonymous (https://recovering-couples.org/)
- **Resources to support relationships with friends**
  - National Alliance on Mental Illness: Reaching Out to a Loved One with Substance Use Disorder (https://www.nami.org/Blogs/NAMI-Blog/February-2021/Reaching-Out-to-a-Loved-One-with-Substance-Use-Disorder)
  - University of Rochester Medical Center: Helping a Friend with an Addiction (https://www.urmc.rochester.edu/encyclopedia/content.aspx?contenttypeid=1&contentid=2255)
  - ASAM's Opioid Addiction Treatment: A Guide for Patients, Families and Friends (http://eguideline.guidelinecentral.com/i/1275542-asam-opioid-patient-guide-2020/0?)
  - Sunshine Behavioral Health: Addiction Resources for Family and Friends (https://www.sunshinebehavioralhealth.com/family-friends/)

Purpose

"Purpose" can mean very different things to different people, but **SAMHSA offers an overview of the concept when it describes *purpose* as "conducting meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income, and resources to participate in society."**[1320] Researchers have described a potential role of the provider in this process as offering *reinforcement*; focusing treatment not just on discouraging substance use–related behaviors, but also offering the individual in recovery access to experiences that will be enjoyable and rewarding, reinforcing the recovery process and, potentially, the individual's sense of identity and purpose.[1321]

This section looks at five areas in which counselors can work with clients to help support them as they identify or enhance their sense of purpose in their transition away from engaging in problematic substance use and into working to maintain recovery: personal narrative, educational attainment, vocational counseling and rehabilitation, volunteerism, and meaningful leisure activities.

Transforming Identity by Rewriting the Narrative

Seeking and maintaining recovery from problematic substance use not only gives individuals the opportunity to improve their physical well-being, but also provides them with a chance to positively establish (or reestablish) their identity, or personal narrative.

An individual's life story exerts significant influence over their memories, choices, and future possibilities.[1322] **Being able to tell one's story of substance use in redemptive terms—that is, a story in which a negative experience led to positive change—is associated with improved psychological well-being and adjustment to a "new normal," and with the likelihood of sustained recovery.**[1323,1324]

Research suggests that clients see a discrepancy between their "real" self and who they feel they became because of their substance use, and they may feel a strong sense of purpose to restore or create a new, healthier identity as part of the recovery process.[1325] Many clients never had a positive identity or never learned this from their family of origin. **Counselors have an opportunity to help clients reframe how they see themselves and how they feel they are seen by others.**

In terms of self-perception, a key challenge can be helping clients avoid feeling that because they are in recovery from problematic substance use that their substance use defines them; that their identity and narrative is that they are a "substance user."[1326] Research indicates that clients may see this in either a positive or negative light. That is, people using substances in a problematic way may:

- Develop a negative identity association with substance use because it replaced or compromised positive functions and/or relationships in their life; or
- Develop a positive identity association with substance use because it may have provided a social framework that reduced their feelings of isolation.[1327]

Even in the case of a positive identity association, research suggests that the sense of positivity declines over time, as substance use increases and/or creates more wellness and personal difficulties.[1328]

A positive way to reframe this substance-related identity can be to **work with clients to develop a *recovery identity* by**

defining recovery as more than simply managing substance use behaviors. Research suggests that other elements include[1329]:

- Engaging in activities that clients value.
- Being able to look forward (i.e., have hope).
- Gaining control or mastery over their substance use.
- Feeling a sense of connection and belonging.

Each of these factors has been shown to be positively associated with increased self-efficacy and self-esteem[1330,1331] as well as recovery progress and reduced risk of recurrence.[1332]

Addressing a sense of belonging and connectedness can include fostering the individual's recovery identity with fellow clients, where possible. These relationships can take several forms, from fellow clients in residential treatment to other members of mutual-support groups (i.e., Alcoholics Anonymous® [A.A.], Narcotics Anonymous [NA®]). An increased identity with recovery-oriented social connections and reduced identity with social connections related to substance use have been positively associated with longer stay in treatment[1333,1334] and improved well-being at follow-up visits.[1335,1336]

In terms of community, positively "rewriting" the way the client feels they are viewed by that community can be difficult. **Issues such as stigma, lack of social supports, poverty, and self-exclusion make it challenging for socially marginalized or excluded groups—including those in recovery from problematic substance use—to effectively engage with community resources.[1337,1338]** However, research increasingly identifies recovery as a social process, rather than just an individual process,[1339] spotlighting the importance of connecting individuals in recovery to positive assets in their community.

Asset mapping can be an effective way to link clients to resources they need and can enjoy in their community.[1340] In addition to linking clients to community assets, counselors can also help to reframe the way the community views or treats individuals in recovery through informed treatment and advocacy. Although these steps were originally identified for psychologists, they can also have meaning for SUD treatment providers. **Counselors can help the community see the individual in recovery differently, which can potentially reinforce the ways in which the individual rewrites their own narrative and finds a sense of purpose on their recovery journey.** Counselors can[1341]:

- Use acceptance and mindfulness practices to identify and potentially mitigate internalized stigma or bias in themselves or in individuals in recovery. (Chapter 3 covers more details on effective strategies.)
- Provide careful support for the individual's disclosure decisions and processes, not only with family and friends, but also in the community (e.g., healthcare providers, employers), and support the individual in the aftermath of these processes.
- Advocate for policy change in the community (e.g., against policies that criminalize substance use or deny services to these individuals) through appropriate public channels (e.g., face-to-face conversation, social media, op-eds).
- Advocate against the intentional use of stigma to deter substance use (e.g., public health campaigns that associate substance use with criminality, violence, or unethical behavior).
- Educate individuals in the community whenever possible about recovery to correct misconceptions and build the knowledge that can break down stereotypes.

- Discourage stigmatizing language (i.e., counselors should speak up when they hear words like "addict," "druggie," "user," etc.).

Educational Attainment

Another avenue for clients to develop a new or renewed sense of purpose is education. **Research has linked educational and vocational attainment to longer periods of abstinence and a more positive life trajectory for individuals in recovery.**[1342]

At the same time, the individual in recovery must be able to safely pursue education without creating risks for recurrence. There are several points they should keep in mind if they are going to commit to spending significant time on campus and pursuing further education, such as[1343]:

- **Knowing their limits.** Many social events on campus will involve substance use. These may be events to avoid if clients feel that they will be tempted or uncomfortable around substance use.
- **Understanding their triggers.** Clients should have a plan for alternative activities if they experience something that they feel is a trigger, such as isolation, stress, or seeing others using substances.
- **Finding like-minded friends.** Clients should be encouraged to socialize with people who enjoy activities that do not involve substance use.
- **Filling their schedule.** Clients should find positive, substance-free activities to fill free time if they tend to feel tempted to use when they are bored or have nothing to do.
- **Creating a plan for well-rounded health.** Clients should not forget about mental and physical well-being, and should make time in each day for therapy, self-care, and/or exercise.

Despite the perception of colleges and universities as party environments, many safe and sober initiatives exist on campuses throughout the country. These can be invaluable for individuals in recovery who are returning to education. Collegiate recovery programs (CRPs) include counseling and mutual-help groups and increase the availability of sober living options for those who want to live on or near campus. Sober living programs on campus often offer additional recovery services, such as academic support, 24/7 recurrence assistance, and sober entertainment options.

Exhibit 4.8 identifies components of a CRP.

The "Resource Alert: Sober Resources for College" contains links to organizations and websites that can guide individuals in recovery to on-campus resources that can help them safely pursue an education while maintaining their own recovery.

RESOURCE ALERT: SOBER RESOURCES FOR COLLEGE

Association of Recovery in Higher Education (ARHE) (https://collegiaterecovery.org): ARHE represents CRPs across the country and provides resources for faculty and staff as well as students. The website includes a search engine to find member colleges in the area.

Campus Drug Prevention (https://www.campusdrugprevention.gov): The Drug Enforcement Administration provides this website containing substance use prevention resources for college professionals, providers, and students.

"How to Stay Sober in College: Tips and Resources" (https://www.addictionresource.net/tips-on-college-sobriety/): This article, posted on AddictionResource.net, provides suggestions for maintaining recovery on campus and provides links to organizations, resources, and podcasts that can be helpful.

EXHIBIT 4.8. Characteristics of a CRP

The following characteristics of a CRP are based on select Association of Recovery in Higher Education (ARHE) standards and recommendations. A full description of these standards and recommendations can be found at https://collegiaterecovery.org/standards-recommendations/.

Note that these standards and recommendations are what ARHE recommends CRPs strive for; however, some colleges may not have the size, resources, or experience with a CRP to implement everything outlined below.

- CRPs embrace "abstinence-based recovery," but welcome students taking medication for problematic substance use as long as the medication is prescribed and supervised by a healthcare professional.
- CRPs offer a dedicated space, allowing students in recovery to gather, meet, and support each another.
- CRPs include a collegiate recovery community with students who offer peer support to one another.
- CRPs provide recovery support focused on maintaining and protecting recovery, including:
  - Seminars on recurrence.
  - Life skills training (e.g., budgeting, time management).
  - Mutual-help meetings (on or off campus).
  - Clinical and/or case management support.
  - Academic support.
  - Team and community-building activities.
  - Admissions support and assistance.
  - Financial assistance.
- CRPs have paid, qualified professionals available to support students in recovery.
- CRPs are nonprofit organizations.
- CRPs are located within college campuses that award degrees at all levels (associates, bachelors, graduate).
- CRPs identify and collaborate with on- and off-campus partners and stakeholders.

Source: Adapted with permission.[1344]

Vocational Counseling and Rehabilitation

Gainful employment is strongly linked to better recovery outcomes,[1345] **including lower rates of recurrence of substance use and higher rates of abstinence, compared with individuals in recovery who are unemployed.**[1346] Obtaining and maintaining a regular job helps clients develop a reliable source of income, structure their time, and improve self-esteem.

Re-establishing employment in recovery can be challenging, however. Compared with the general U.S. population, individuals in recovery are less likely to be employed or retired and more likely to be unemployed and disabled.[1347] Individuals also report perceived employment-related discrimination, including losing a job, being unable to get a job, and being employed but unable to get a promotion.[1348] **Additionally, individuals may encounter barriers to hiring such as**[1349]**:**

- Lack of job skills or lower educational attainment.
- Poor work history.
- Poor interpersonal skills or motivation to work.
- Lack of transportation and/or childcare.
- Lack of identification, such as a birth certificate or driver's license.

- Continued substance use or recurrence.
- Criminal history.
- Employer's lack of understanding about SUD.
- Scheduling conflicts with probation and treatment requirements.

This section discusses strategies and resources for supporting clients as they reestablish themselves in the workforce.

Navigating the Employment Landscape

Before starting a job search, clients should understand recovery-friendly and recovery-supportive workplaces and workplace-supportive recovery programs.

Recovery-friendly workplaces are committed to creating a healthy, safe, and stigma-free work environment for employees in recovery, and to creating internal supports and relationships with local recovery organizations. Recovery-friendly workplace programs are associated with less absenteeism, higher productivity, lower turnover and replacement costs, and lower healthcare costs.[1350]

A recovery-supportive workplace "… aims to prevent exposure to workplace factors that could cause or perpetuate an SUD while lowering barriers to seeking care, receiving care, and maintaining recovery. A recovery-supportive workplace educates its management team and workers on issues surrounding SUDs to reduce the all-too-common stigma around this challenge."[1351]

Exhibit 4.9 lists specific elements of a workplace-supported recovery program.

Counselors can help clients identify recovery-friendly workplaces by reaching out to the local recovery community for guidance on employers in their community. Other useful resources include:

- **CareerOneStop,** a Department of Labor (DOL) website dedicated to employment recovery (https://www.careeronestop.org/).
- **National H.I.R.E. (Helping Individuals with arrest and conviction records Reenter through Employment) Network,** a resource developed by the nonprofit Legal Action Center to help individuals with criminal records enter the workforce (https://www.lac.org/major-project/national-hire-network).
- **Rehabilitation Services Administration, State Vocational Rehabilitation Agencies,** including contact information for the department of rehabilitation services in each state (https://rsa.ed.gov/about/states).

EXHIBIT 4.9. Elements of a Workplace-Supported Recovery Program

- Prevents work-related injuries and illnesses that could lead to the initiation of problematic substance use
- Decreases difficult working conditions or work demands that might lead to daily or recurrent pain
- Supports the use of alternatives to opioids for pain management associated with a workplace injury or illness
- Provides information and access to care for an SUD when it is needed, including access to medication-based or medication-assisted treatment, together with individual counseling
- Supports second-chance employment
- Provides workplace accommodations and other return-to-work assistance
- Provides peer support and peer coaching to bolster the social supports available to workers in recovery
- Endorses a work culture and climate that is supportive of workers in recovery (e.g., awareness building, stigma reduction, and alcohol-free and health-focused work social events)

Source: Centers for Disease Control and Prevention, The National Institute for Occupational Safety and Health. https://www.cdc.gov/niosh/topics/opioids/wsrp/default.html

RESOURCE ALERT: BECOMING A RECOVERY-FRIENDLY WORKPLACE

Several resources are available to help employers become recovery-friendly workplaces. They include:

- New Hampshire Recovery Friendly Workplace Initiative (https://nhcenterforexcellence.org/resource/new-hampshire-recovery-friendly-workplace/).
- Recovery Friendly Workplace Toolkit, created by the Peer Recovery Center of Excellence at the University of Missouri-Kansas City (https://peerrecoverynow.org/product/recovery-friendly-workplace-toolkit/).
- Recovery Works: The Recovery Friendly Workplace Toolkit, created by the Connecticut Departments of Labor, Public Health, and Mental Health and Addiction Services (https://www.drugfreect.org/Customer-Content/www/CMS/files/DHMAS001_RFW-Toolkit-Full_Update_121021.pdf).
- SAMHSA's Drug-Free Workplace Toolkit (https://www.samhsa.gov/workplace/toolkit).

Clients may also have questions about their legal rights, specifically with regard to the Americans with Disabilities Act (ADA). Because SUD affects significant life skills, including the ability to work, having a history of SUD may be considered a disability. ADA protections are determined on a case-by-case basis. If clients express concern about specific actions taken by an employer, counselors should refer the client to an attorney.

Realistic View of Knowledge, Skills, and Abilities

When clients are ready to begin their job search, their first step should be to assess their skills. These include both "hard skills,"[1352] which are job specific (e.g., computer and technology literacy), and "soft skills," which are not job specific but are perceived as significant by employers (e.g., interpersonal skills, personal appearance, punctuality, coping with difficulties, acting professionally). The assessment process can also help clients identify new fields to explore if their former occupation is no longer an option.

Resources for self-assessment include:

- **California's Employment Development Department Self-Assessment for Career Exploration.** This webpage includes links to assessments to help job seekers explore jobs that match their interests and skills and identify elements of a workplace that are meaningful to them (https://www.labormarketinfo.edd.ca.gov/LMID/Self_Assessment_for_Career_Exploration.html).
- **DOL's CareerOneStop Self-Assessments.** This webpage includes links to assessments measuring interests, skills, and values (https://www.careeronestop.org/ExploreCareers/Assessments/self-assessments.aspx).

Though opportunities will vary greatly depending on a client's skills and experience, individuals in recovery who are reentering the job market after an absence may find that service jobs and gig work (e.g., driving for a ride-sharing service, shopping for a grocery delivery service, working in an e-commerce fulfillment warehouse) are the easiest pathways into the workforce. A client's vocational plan should include goals and strategies for moving up the job ladder, should clients wish to do that.

Obtaining advanced education, certification, or licensure to qualify for employment above entry level can support clients while they re-establish (or establish) themselves.[1353] For clients who are employed, being able to improve their employment prospects improves long-term SUD recovery.[1354]

Steps to Finding Employment

Clients may need help with any, or all, of the following activities related to finding employment. Counselors can provide the following resources to help them with:

- **Resume writing:** A professional-looking resume is a prerequisite for applying for certain types of jobs. The website ResumeBuilder.com has a page on resume development, specifically for people in recovery (https://www.resumebuilder.com/employment-guide-for-people-in-substance-abuse-recovery/).
- **Searching:** Career and employment advertising is almost entirely online. DOL's CareerOneStop has a webpage with links to every state job bank as well as a Job Finder tool for searching four major general-purpose job listing sites: the National Labor Exchange, America's Job Exchange, CareerBuilder, and Indeed.com (https://www.careeronestop.org/Toolkit/Jobs/find-jobs.aspx).
- **Applying:** The application process has also moved online. Large employers often accept applications exclusively through their websites, and many smaller employers ask for applications via email, a form on their website, or even a Facebook page. Filling out an application and/or uploading a resume can generally be executed with any device—computer, tablet, or smartphone. Once they have applied, jobseekers must be alert for any communications from the employer asking for additional information or offering an interview, and they must be prepared to receive and respond to communications via email, phone, text, or the employer's portal.
- **Interviewing:** DOL's CareerOneStop site includes a section on interviewing and negotiating at https://www.careeronestop.org/JobSearch/Interview/interview-and-negotiate.aspx. Clients may need specific interview practice regarding how to address their SUD as it relates to their work history. Under the ADA, it's illegal for employers to ask about disabilities during an interview, including SUD and SUD treatment history. However, if asked, the client should answer honestly; lying creates a legitimate reason for an employer to disqualify the client from consideration. (The applicant's recourse is to file a complaint about the employer's violation.) If offered a job, the applicant is required to disclose any disabilities, if asked.[1355]

RESOURCE ALERT: EVIDENCE OF REHABILITATION

How to Gather Evidence of Rehabilitation, a checklist from the Legal Action Center, is intended for those who have a criminal record. It outlines how to compile convincing documentation, such as letters of recommendation and certificates of completion for rehabilitation or training programs (https://www.ct.gov/connect-ability/lib/connect-ability/serviceresources/sect3_how_to_gather_evidence_of_rehab.pdf).

On-the-Job Training

Some types of employment offer on-the-job training programs, where clients can get paid to acquire new skills. Some are employer specific, whereas others (e.g., union-sponsored apprenticeship programs) lead to formal certification in an occupation. Strategies for locating these opportunities will vary by location, but one place to start is DOL's Apprenticeship Job Finder (https://www.apprenticeship.gov/apprenticeship-job-finder).

Volunteerism

Volunteering occupies free time with satisfying activities that turn the volunteer's attention outward. Regular volunteering builds self-respect as the volunteer makes a positive contribution and becomes valued by the organization and fellow volunteers. Volunteering can help develop new skills, structure time, expand social networks, broaden horizons, and give a sense of purpose.

For someone in recovery, one natural way to volunteer is to help others who are also in recovery, or to fulfill other volunteer roles in a treatment center or recovery-related organization. However,

when the client is ready, volunteering can also present the opportunity to move beyond a recovery-oriented environment, pursue interests, and explore new areas. Possibilities include:

- Homeless shelters.
- Food pantries and meal programs.
- Community farms or gardens.
- Animal shelters.
- Home construction programs (such as Habitat for Humanity®; https://www.habitat.org/).
- Political campaigns or activist organizations.
- National, state, or local parks.
- Arts organizations, such as museums or theaters.

Opportunities will vary by location. One place to find them is VolunteerMatch (https://www.volunteermatch.org/), where many organizations nationwide list their volunteer needs. It allows searches by location and category.

It is best to be transparent about a history of substance use and recovery when offering one's services as a volunteer. Some volunteer opportunities will require a background check, particularly if they involve working with children or teenagers, animals, the elderly, or other vulnerable populations. Prior criminal justice involvement may significantly limit volunteer opportunities.

Meaningful Leisure Activities

As with volunteering, **finding creative outlets for leisure time can help replace activities and time spent in settings that encouraged problematic substance use.** Some studies suggest that creative activities can affect the brain in ways similar to substance use. For example, some types of interactions with music can reduce craving.[1356,1357]

Clients may have been exposed during their treatment program to therapies based on art, writing, music, or drama. If they found particular satisfaction in any of these, they may benefit from developing it as a lifelong interest. For example, there are a number of knitting and sewing programs available that offer a creative outlet while supporting recovery.

One word of warning: some creative pursuits have the potential to lead a client into situations that jeopardize their recovery. Though music can heal, a client may associate a certain song or type of music with past substance use, and hearing it may trigger powerful cravings.[1358] Playing in a band may put them in bars and clubs where they encounter substances they are trying to avoid. In developing creative leisure activities, clients should prioritize their recovery.

RESOURCE ALERT: EMPLOYMENT AND VOCATIONAL SERVICES

The following resources may be helpful in structuring vocational counseling and rehabilitation services:

The Department of Health and Human Services' *Building Evidence-Based Strategies to Improve Employment Outcomes for Individuals With Substance Use Disorders* (https://www.acf.hhs.gov/sites/default/files/documents/opre/BEES_SUD_Paper_508.pdf)

SAMHSA's *Evidence-Based Resource Guide Series: Substance Use Disorders Recovery with a Focus on Employment* (https://store.samhsa.gov/product/Substance-Use-Disorders-Recovery-with-a-Focus-on-Employment/PEP21-PL-Guide-6)

SAMHSA's Treatment Improvement Protocol 38 *Advisory,* Integrating Vocational Services Into Substance Use Disorder Treatment (https://store.samhsa.gov/product/integrating-vocational-services-substance-use-disorder-treatment/pep20-02-01-019)

Journaling and Writing

The therapeutic value of writing is well established[1359] and may be effectively used to support recovery. A study of women in recovery who were immersed in a 1-year literacy workshop focused on poetry, prose, and free writing found that writing helped the women[1360]:

- Find their voice.
- Improve their self-perception.
- Share their traumatic events in a safe environment.
- Talk about their addiction.

Another study, where journaling was taught over an 8-week period to women in residential treatment for substance use, suggested the journaling intervention helped participants recognize[1361]:

- Positive aspects about recovery.
- The value of short-term goals.
- Pride and optimism.

One way to begin is by responding to prompts such as "Write a letter to your future self" or "Describe your happiest moment." Writing prompts that are specific to the recovery process are easy to find online, though the writer may branch out into other topics as recovery progresses. They may eventually find it easier to write spontaneously without prompting, and explore formats such as poetry, fiction, or essay. Participating in writing workshops with others in recovery may help them develop their work. The availability of these will vary by location.

Visual Arts

Pursuing any of the visual arts requires only time, space, and materials, though clients may be able to find formal instruction through community centers, community colleges, or arts centers. Many smartphone cameras can take high-quality photos and videos. Clients with access to a computer can find basic video editing software online.

Music

Many aspects of music have been studied for their healing power. For example, evidence shows that group music therapy can reduce pain in people with OUD, and cravings in SUD.[1362] **Performing music can be a rewarding leisure activity, both for the act of making music and for the opportunity to share music with others.** Group singing, for example, has been shown to have specific beneficial effects on neurotransmitters like oxytocin.[1363]

If clients have experience playing an instrument, taking it up again can connect them with past pleasures and accomplishments. If they are new to music performance, choral singing is an accessible way to start. Many church choirs and community choruses require no more than the ability to carry a tune and will welcome new members.

One option to explore, if available, is a "recovery choir"—a singing group established specifically for people in recovery. Examples include:

- Harmony, Hope, & Healing, Chicago (https://www.harmonyhopeandhealing.org/).
- The Straight and Narrow Choir, Paterson, New Jersey (https://www.ccpaterson.org/choir).
- Minnesota Adult & Teen Challenge Choir (https://www.mntc.org/choir-page/).

Starting a recovery choir requires willing singers, a director (who might be recruited from a church, an elementary or high school, or a college or university with a music department), and a place to rehearse.

RESOURCE ALERT: HOW THE ARTS IMPROVE HEALTH

The World Health Organization reviewed more than 900 papers in its 2019 report *What Is the Evidence on the Role of the Arts in Improving Health and Well-Being?* Research found moderate to strong evidence supporting the role of various types of artistic expression—written, visual, and performing—in both maintaining and promoting health and managing and treating disease.[1364] For treatment of SUD and mental health–related conditions specifically, evidence supports a role for a broad array of artistic activity, including drama, art creation and appreciation, choral singing, group drumming, dance, and creative writing. The report can be found at https://www.ncbi.nlm.nih.gov/books/NBK553773/.

Community

Community and social support are vital to long-term recovery from problematic substance use.[1365] **Counselors can help clients learn about and connect to various community and social supports.** Examples of community resources to support recovery include 12-Step and mutual-help groups, RCOs, and digital aids (e.g., apps and online support groups).

As a first step, counselors can identify what kinds of resources and supports are available. To do this, **they can develop a community-based asset map, or a strengths assessment of a community, which includes its services and resources as well as gaps.**[1366] This map can help inform their work with clients by allowing them to gather information about which resources may help them in the community. Understanding the four types of social support (emotional, instrumental, informational, and affiliational) can help counselors as they identify community resources through this mapping process (the text box below outlines the four types).

FOUR TYPES OF SOCIAL SUPPORT[1367]

A key function of relationships, social support, helps clients as they navigate challenges related to problematic substance use. Four types of social support include:

- **Emotional:** Expressions of empathy, love, trust, and caring
- **Instrumental:** Offering concrete assistance, aid, and service
- **Informational:** Providing knowledge, resources, information, and life skills
- **Affiliational:** Facilitating interpersonal connection with others

Linking Clients to Mutual-Help Groups

Mutual-help groups provide peer-based, nonclinical, nonprofessional support gatherings to people seeking help for substance use problems. They focus on socially supportive communication and the exchange of skills through shared experience. Mutual-help groups based on the 12 Steps, such as A.A. and NA®, are some of the most widely available community supports for people seeking recovery from problematic substance use.

12-Step programs focus on three key ideas[1368]:

- Acceptance or the realization that SUD is a chronic, progressive disease over which one has no control, that willpower alone is insufficient to overcome the problem, and that abstinence is the goal
- Surrendering or giving oneself over to a higher power, accepting the fellowship and support structure of other individuals in recovery, and following the recovery activities laid out by the 12-Step program
- Active involvement in 12-Step meetings and related activities

Research has shown the benefits of 12-Step mutual-help meeting attendance.[1369] For example, data indicate sustained abstinence as a positive outcome of regular engagement with peer groups.[1370,1371]

Using Mutual-Help Groups To Support Recovery

Mutual-help group meetings support recovery by focusing on strengthening coping skills and preventing or managing a recurrence to use. Research indicates that some mutual-help groups focusing on the 12 Steps facilitate continuous abstinence and remission and are as effective as other SUD treatment programs in reducing intensity of drinking, alcohol-related consequences, and severity of alcohol addiction.[1372] Mutual-help group programs contribute to these recovery outcomes by focusing on developing and enhancing an individual's self-efficacy and recovery motivation, and in reducing craving—all associated with long-term recovery. These programs are also designed to facilitate positive changes in social networks.[1373]

Counselors can provide information to clients about local mutual-help groups and encourage them to visit a meeting before committing to the program.[1374] These programs may also encourage close mentoring through a "sponsorship" or a recovery coach/mentor who serves as a primary contact, particularly during early recovery.[1375] Counselors can help clients by informing them about the importance of a sponsor and encouraging them to request a sponsor as part of participation. By examining a client's recovery goals, counselors can help to identify a mutual-help group that is a strong fit with their client's needs and values.

Numerous alternatives to 12-Step meetings have emerged over the years based on individual and cultural needs. Most mutual-help groups tend to fall within the following categories: 12 Step, religious, secular, harm reduction, family, and supportive of medications for OUD (MOUD), among others. Select examples of these groups are described below.

12-Step Mutual-Help Groups

Founded in 1935, the first 12-Step mutual-help group, A.A., aided its membership in overcoming alcohol use disorder. Since that time, dozens of organizations have been formed from the A.A. program and use a version of A.A.'s suggested 12 Steps, first published in 1939. *Alcoholics Anonymous*, commonly known as the "Big Book," provides information about the program and contains stories from the cofounders and other members of A.A. who have achieved and sustained recovery. Steps are put forth as suggestions, and the only requirement for membership is a desire to seek abstinence or an end to harmful behaviors. Clients can locate information about problematic substance use and the 12 Steps as well as links to local meetings on the websites for various mutual-help groups.

Examples of 12-Step groups include:

- **A.A.** A.A. is a fellowship of individuals who are focused primarily on supporting people who identify as having difficulties resolving problematic alcohol use and achieving sobriety. (https://www.aa.org/)
- **Anorexics and Bulimics Anonymous (ABA).** ABA is a fellowship of individuals whose primary purpose is to find and maintain recovery in their eating practices, and to help others gain recovery. (http://aba12steps.org/about/)
- **Co-Dependents Anonymous (CoDA).** The CoDA program encourages members to follow the 12 Steps and 12 Traditions for developing honest and fulfilling relationships with themselves and others. (https://coda.org/)

- **NA®.** NA® is a global, community-based organization focused on supporting people who identify as having difficulties resolving problematic drug use—including alcohol. NA® members use a 12-Step program that includes regular attendance at meetings to help individuals achieve and sustain recovery. (https://na.org/)
- **Cocaine Anonymous® World Services, Inc. (CA).** CA emerged to provide affiliational support to individuals who have experienced problematic cocaine use. Although the name implies a drug-specific focus, today's CA is for anyone wishing to resolve cocaine and all other problematic drug and alcohol use; however, individuals who had problematic cocaine use may identify more strongly with the culture of CA. (https://ca.org/)
- **Crystal Meth Anonymous® (CMA).** CMA is a fellowship of individuals who strive to achieve and sustain recovery from crystal meth. Group members share the process they used to achieve recovery and the ways that they have applied a new outlook to their lives. The 12 Steps of CMA were adapted from A.A. and were founded on the belief that people who use crystal meth relate best to others seeking recovery from crystal meth because they understand the darkness, paranoia, and compulsions of this addiction. (https://www.crystalmeth.org/)
- **Drug Addicts Anonymous® (DAA).** DAA is a fellowship of individuals who have resolved problematic drug use using the 12 Steps outlined in A.A. It provides support for individuals experiencing problematic drug use who may have greater affiliation with A.A. than with NA®. (https://daausa.org/)
- **Eating Disorders Anonymous (EDA).** EDA is a 12-Step fellowship of individuals who share their experiences, strengths, and hopes with each other that they may solve their common problems and help others to recover from their eating disorders. (https://eatingdisordersanonymous.org)
- **Emotions Anonymous® (EA).** The EA membership is composed of people who come together in weekly meetings for the purpose of working toward recovery from emotional difficulties. (https://emotionsanonymous.org)
- **Gamblers Anonymous®.** Gamblers Anonymous® is a fellowship of men and women who share their experiences, strengths, and hopes with each other that they may solve their common problem and help others to recover from a gambling problem. (https://gamblersanonymous.org/ga/content/about-us)
- **Marijuana Anonymous (MA).** MA is a fellowship of people who share their experiences, strengths, and hopes with each other as part of their recovery from problematic marijuana use. It is based on the 12 Steps of A.A. (https://marijuana-anonymous.org/)
- **Nicotine Anonymous® (NicA).** NicA is a nonprofit 12-Step fellowship of people helping each other live nicotine-free lives. (https://www.nicotine-anonymous.org/)
- **Overeaters Anonymous® (OA).** OA is a community of people who support each other to recover from compulsive eating and food behaviors. (https://oa.org/)
- **Sex Addicts Anonymous (SAA).** SAA is a fellowship of individuals who share their experiences, strengths, and hopes with each other so they may overcome their sexual addiction and help others recover from sexual addiction or dependency. (https://saa-recovery.org/our-program/)
- **Sexaholics Anonymous (SA).** SA is a 12-Step recovery peer support program based on the same model as A.A. but with sexual addiction in mind. (https://www.sa.org)
- **Sex and Love Addicts Anonymous (S.L.A.A.).** S.L.A.A. is a 12-Step, 12-Tradition-oriented fellowship based on the model pioneered by A.A. Services are supported entirely through the contributions of its membership and are free to all who need them. (https://slaafws.org/)

- **Sexual Compulsives Anonymous (SCA).** SCA has adapted the 12 Steps of A.A. to recovery from sexual compulsion to create a safe space for members to discuss their compulsive sexual behaviors without shame, and to work toward recovery. (https://sca-recovery.org/WP/)
- **Wellbriety.** These mutual-support circles follow the Red Road, Medicine Wheel Journey to Wellbriety to become sober and well in a Native American cultural way. The indigenous experience adds a dimension of acknowledging sociopolitical causes of addiction, without removing an individual's need to do the hard work it takes to heal. (https://www.wellbriety.com/map.html)

Religious Mutual-Help Groups

These mutual-help meetings often focus broadly on individual concerns or problems using a spiritual or religious framework. Some may be structured more formally (e.g., format, readings, step work), or they may be less formal. Some are aligned with a specific religion, whereas others may be more holistic or nondenominational. Examples of religious mutual-help groups include:

- **Celebrate Recovery®.** Celebrate Recovery® is a Christ-centered, 12-Step program focused on supporting people experiencing SUDs to process addictions, anger, codependency, and more. General meetings involve worship, testimonies, and lessons connected to the 12 Steps, and often feature co-ed fellowship meals and gender- and issue-specific groups. Meetings are offered both in person and online. (https://www.celebraterecovery.com/)
- **Recovery Dharma.** Recovery Dharma uses the Buddhist practices of meditation, self-inquiry, wisdom, compassion, and community as tools for recovery and healing. The program is based on Buddhist teachings and practices, with the belief that anyone can benefit from this wisdom, regardless of whether one identifies as a Buddhist. Meetings include readings, guided meditation, and discussion. Both online and in-person meetings are available. (https://recoverydharma.org/)
- **Refuge Recovery.** The main inspiration for the Refuge Recovery program is the guiding principles of Buddhism. Buddhism recognizes a nontheistic approach to spiritual practice. The program of recovery consists of the Four Noble Truths and the Eightfold Path. Refuge Recovery groups provide help from others in recovery and offer an ongoing support network. Meetings are structured to include readings of guiding principles, 20-minute guided meditation, and open shares. Meetings are available in person and online. (https://www.refugerecovery.org/)
- **Millati Islami.** Millati Islami is a fellowship of men and women, joined together on the "Path of Peace." They share experiences with one another and look to Allah on this pathway of recovery to become rightly guided Muslims. Meetings are available in person and online. (https://www.millatiislami.org/)

Secular Mutual-Help Groups

Secular mutual-help meetings embrace a clear separation from any religious or spiritual framework; however, these programs do not discourage engagement in religious or spiritual activities. They are largely based on self-awareness and modification of thoughts, actions, and behaviors.

Examples of secular mutual-help groups include:

- **LifeRing® Secular Recovery.** LifeRing® Secular Recovery is an organization of people who share practical experiences and sobriety support. Many LifeRing® members attend other kinds of meetings or recovery programs, and members honor those decisions. LifeRing® respectfully embraces what works for each individual. (https://lifering.org/)

- **Self-Management and Recovery Training (SMART).** SMART Recovery® is a global community of mutual-support groups. At meetings, participants help one another resolve problems with any addiction (to drugs or alcohol or to activities such as gambling or overeating). Its meetings are free and open to anyone seeking science-based, self-empowered addiction recovery. (https://www.smartrecovery.org/)

Harm Reduction, Moderation, and MOUD-Supportive Mutual-Help Groups

People who use drugs, practice moderation in their recovery, or take MOUD (e.g., methadone, buprenorphine) benefit from the community aspect of mutual-help meetings but may not always feel welcome. Though not always widely available, there are many opportunities—some in person, but mainly digital.

Examples of harm reduction, moderation, and MOUD-supportive mutual-help groups include:

- **HAMS: Harm Reduction for Alcohol.** HAMS is a peer-led and free-of-charge support and informational group for anyone who wants to change their drinking habits for the better. HAMS harm reduction strategies are defined in the 17 elements of HAMS. HAMS offers support via an online forum, a chat room, an email group, a Facebook group, and live meetings. Participants choose their own goal—safe drinking, reduced drinking, or quitting alcohol altogether. (https://hams.cc/)
- **Moderation Management™ (MM).** MM is a lay-led nonprofit dedicated to reducing the harm caused by alcohol use. MM provides support through face-to-face meetings, video and phone meetings, chats, and its private online support communities, the MM forum, the MM listserv, and the MM private Facebook group. (https://moderation.org/)
- **Harm Reduction Works.** Everyone is welcome in these meetings, especially people who aren't sure what harm reduction is or whether it can help them. People who embrace abstinence, choose moderation, take MOUD, or are just beginning to wonder if alcohol and drugs are a problem are welcome. Friends, families, and allies are also encouraged to attend. (https://linktr.ee/hrw)
- **Medication-Assisted Recovery Anonymous (MARA®).** Many people who take prescribed MOUD, (e.g., methadone, buprenorphine) sometimes feel unwelcome at traditional recovery meetings. MARA® believes in recovery from an unsafe lifestyle, and it believes in the value of medications as a means to recovery. (https://www.mara-international.org/)

Family Mutual-Help Groups

Families, friends, and allies are impacted by their loved ones' problematic substance use, whether their person seeks recovery or not. Family mutual-help group meetings provide free psychosocial supports in many communities, in person and digitally.

Examples of family mutual-help groups include:

- **Al-Anon and Alateen.** Al-Anon is a mutual-support program for people whose lives have been affected by someone else's drinking. By sharing common experiences and applying the Al-Anon principles (based on the 12 Steps of A.A.), families and friends of people experiencing problematic alcohol use can bring positive changes to their individual situations, whether or not the person admits the existence of a drinking problem or seeks help. (https://al-anon.org/; https://al-anon.org/for-members/group-resources/alateen/)
- **Grief Recovery After a Substance Passing (GRASP).** GRASP was created to offer understanding, compassion, and support for those who have lost someone

they love from problematic substance use and overdose. GRASP provides a directory of free, in-person support meetings and tools for coping with loss. (http://grasphelp.org/)

- **Nar-Anon and Narateen.** Nar-Anon is a mutual-support program for people whose lives have been affected by someone else's drug use. By sharing common experiences and applying the Al-Anon principles (based on the 12 Steps of NA®), families and friends of people who have experienced problematic narcotic use can bring positive changes to their individual situations, whether or not the person admits the existence of a drug problem or seeks help. (https://www.nar-anon.org/; https://www.nar-anon.org/what-is-narateen?rq=narateen)

Other Community-Based Mutual-Help Groups

The numbers and types of mutual-help meetings and the platforms on which they can be accessed continues to grow. Additional community-based meetings include:

- **All Recovery Meetings.** All Recovery Meetings are discussion groups based on universal recovery topics. They are open to anyone who is challenged by addiction or affected by someone else's addiction, and to supporters of recovery in general. All Recovery Meetings embrace all pathways of recovery. These inclusive mutual-support meetings often are available in person at a counselor's local RCO (https://facesandvoicesofrecovery.org/arco-members-on-the-map/). A full calendar of digital meetings is also available through Unity Recovery (https://unityrecovery.org/digital-recovery-meetings).
- **Gay & Sober®.** Gay & Sober's mission is simple—to provide a safe, fun, and enriching experience to the sober LGBTQI+ community. The primary purpose is to encourage unity and enhance sobriety. The website includes online and in-person meetings, events in all U.S. states, and international meetings and events. (https://www.gayandsober.org/)
- **In the Rooms® (ITR).** ITR is a free, membership-based platform designed to give people in recovery access to a diverse menu of live, digital, mutual-support meetings. (https://www.intherooms.com/home/)
- **The Phoenix.** The Phoenix takes an innovative approach to recovery by fostering healing through fitness and personal connection. Phoenix offerings include activities for everyone—from weightlifting and boxing to running, hiking, and yoga. The mission of The Phoenix is to help people grow stronger together, overcome the stigma of addiction, and rise to their full potential. The program is free, and the only requirement for membership is 48 hours of sobriety. (https://thephoenix.org/)
- **Seek Healing.** Seek Healing provides social health programs to rebuild disconnected communities—healing loneliness, systemic shame, trauma, and addiction. It follows the belief that connection is medicine. Along with in-person mutual-support based in western North Carolina, Seek Healing also offers a full calendar of digital meetings focused on active listening and free from advice. (https://www.seekhealing.org/)

RESOURCE ALERT: VIRTUAL RECOVERY RESOURCES

Virtual recovery resources, including virtual recovery programs and online mutual-help groups, offer people in recovery an opportunity to receive virtual recovery support. Many of the mutual-support groups described above also have an online component. The number of virtual recovery resources has expanded greatly and continues to grow. A current list of virtual recovery resources can be found at https://www.samhsa.gov/sites/default/files/virtual-recovery-resources.pdf.

RCOs and Centers

An RCO is an independent, nonprofit organization led and governed by representatives of local communities of recovery. **RCOs provide personal, social, environmental, and cultural resources to sustain remission and recovery over the long term.[1376] These organizations engage in recovery-focused education and advocacy through organizing and mobilizing people in recovery and impacted family members and allies (i.e., the recovery community).** RCOs may choose to become members of the Association of Recovery Community Organizations, a branch of Faces & Voices of Recovery. They may operate direct, peer-based recovery supports via outreach and/or services through recovery community centers (RCCs) or recovery cafés.

RESOURCE ALERT: RCO TOOLS AND RESOURCES

- National Standards of Best Practices for Recovery Community Organizations (https://facesandvoicesofrecovery.org/resource/national-standards-for-recovery-community-organizations)
- Recovery Community Organization Toolkit (https://facesandvoicesofrecovery.org/wp-content/uploads/2019/06/RCO-Toolkit.pdf)

RCCs and recovery cafés are relatively new additions to recovery models.[1377] They offer a **holistic approach to recovery, including individual, community, and other resources.**[1378] RCCs are not allied with any specific recovery philosophy or model and thus are more inclusive in terms of their approaches to recovery.[1379] Services offered at RCCs can include support group meetings, assistance with basic needs and social services (e.g., employment assistance, family support services, housing assistance, education assistance), and substance-free recreational services.[1380] Exhibit 4.10 provides two examples of RCCs, including their hallmark characteristics and features.

EXHIBIT 4.10. Examples of RCCs

Rebel Recovery – West Palm Beach, FL

- Overview: Rebel Recovery offers a safe and supportive environment for people with problematic substance use, regardless of their identified recovery status and pathway.
- Features:
  - Staffed full time by recovery support specialists who provide connection and services to the community
  - Offers free support and activities for people in recovery, including those currently using drugs
  - Activities created and led by members of the local recovery community
  - A range of peer services, including early childhood court peer advocate and support services, case-management, advocacy, and peer support related to medication-assisted treatment

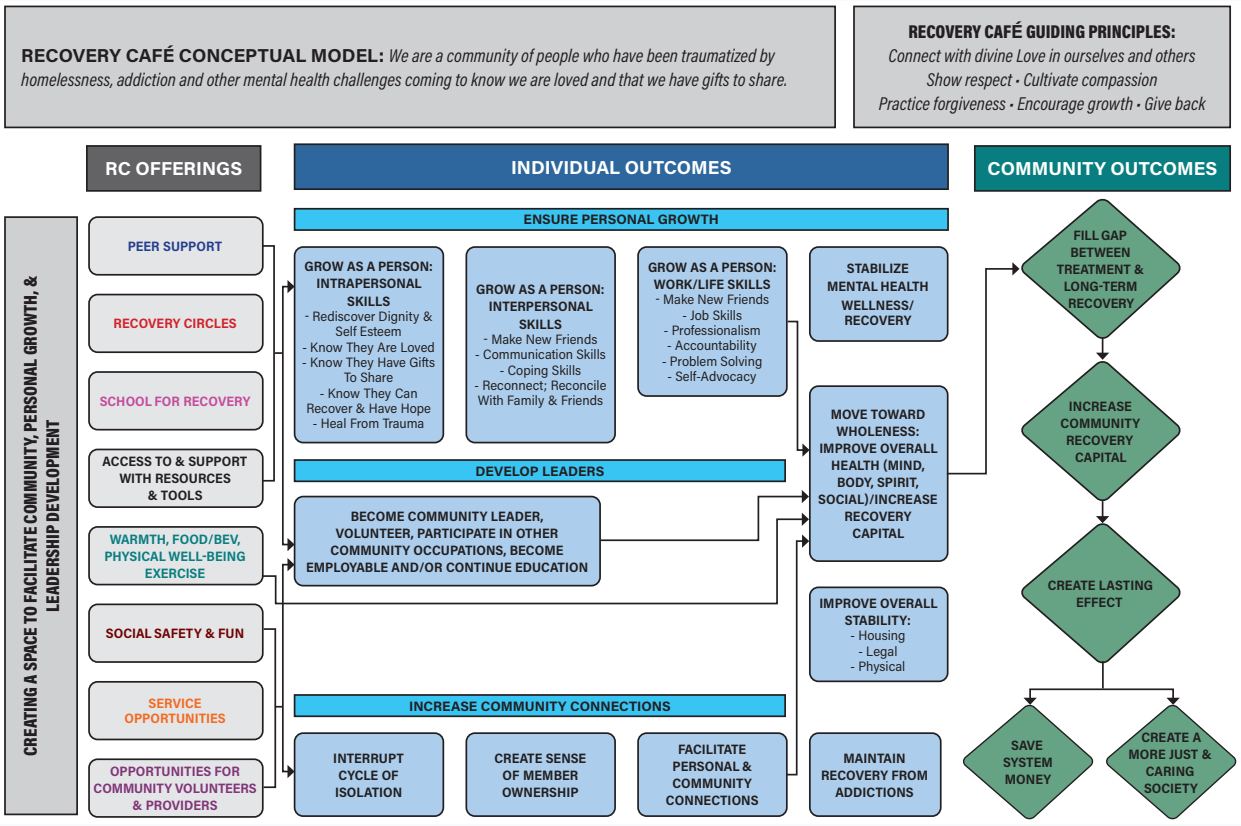
Unity Recovery – Philadelphia, PA

- Overview: Unity Recovery offers peer-based recovery support services, including digital recovery supports, recovery meetings, and recovery coaching.
- Features:
  - Staff-certified recovery specialists who facilitate individual, group, and family recovery supports at the drop-in center, via video chat, and in the community
  - Drop-in RCC offering recovery meetings and activities for all pathways and programs of recovery
  - Individual recovery support services offered via video chat and telephone for those who cannot make it to the center
  - Recovery support services focused on education, housing, employment, health, and advocacy
  - Community organization partners that provide training and education services
  - Services scheduled via phone or at the center during business hours

Data show that attending an RCC regularly over time is associated with greater recovery capital (i.e., the internal and external resources that are available to people that can help them enter and stay in long-term recovery), which is associated with improved quality of life.[1381,1382] Additionally, the longer individuals participate in RCC activities, the more their recovery capital continues to grow. Higher recovery capital relates to greater quality of life and lower psychological distress. These recovery supports are community driven and community run.

Recovery cafés offer peer recovery support through a membership model. Members have access to a range of recovery supports in a healing social environment that includes weekly accountability groups called recovery circles as well as community meals, creative arts, yoga, skills-building classes, leadership development, and volunteer opportunities. The recovery café embodies its own philosophical framework that must be followed to become officially affiliated as a recovery café organization. (Exhibit 4.11 illustrates the Recovery Café Conceptual Model.)

EXHIBIT 4.11. Recovery Café Conceptual Model[1383]



Source: 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 café in Seattle, Washington. Alcoholism Treatment Quarterly, 1–14.

The core commitments of a recovery café model are to[1384]:

- Create a community space that is drug and alcohol free, embracing, and healing.
- Nurture structures of loving accountability (recovery circles).
- Empower every member to be a contributor.
- Raise up member leaders.
- Ensure responsible stewardship.
- Work to end systemic racism and socioeconomic inequality so every person can thrive.

Currently, there are recovery cafés located in 10 states and the District of Columbia. (The following Resource Alert contains a link to information about the Recovery Café Network and recovery café locations around the country.)[1385]

RESOURCE ALERT: RECOVERY CAFÉ NETWORK

The Recovery Café Network offers information and resources about the model, including its history as well as links to ongoing programs and success stories (https://recoverycafenetwork.org/about/).

Recovery cafés provide individuals in recovery with access to peers with lived experience in recovery and promote belonging within the community. They have also been shown to provide connectedness and social support for recovery that lead to increases in self-worth and self-esteem and opportunities for strengthening personal growth and recovery capital.[1386]

Using RCOs To Support Recovery

RCOs, along with the services they provide through RCCs and recovery cafés, provide opportunities for long-term support for people in recovery. These organizations encourage ongoing abstinence, for those who choose it, or support to maintain a reduction in substance use, depending on the person's individual needs.[1387] **RCCs have been shown to benefit individuals facing significant challenges in recovery with their support for improving quality of life and providing recovery-specific support structures and resources.** RCCs have also been successful in supporting increased abstinence, lowering substance-related harms, and improving the well-being of individuals in recovery.[1388]

Digital Supports

Rural and isolated residents in recovery rely on various types of remote recovery support, which give participants choices and access beyond in-person support.[1389] These services ensure that people overcoming problematic substance use receive sustained support. In the absence of rigorous studies, a brief review of relevant literature indicates that digital mutual-help meetings likely mobilize the same supports as in-person meetings.

In response to the COVID-19 pandemic, there has been a surge in free digital resources for people in recovery. Many existing services are expanding, and new ones are coming online. **The ongoing provision of recovery support services by digital means helps connect individuals to their communities and is crucial to sustained recovery and reductions in overdose deaths.** However, limited access to the Internet, particularly in rural communities, has limited the potential of this resource.

There are many mobile apps available to support recovery from problematic substance use. Some provide general information about addiction or specific types of substances; others connect clients to treatment or community supports. Mobile medication apps are now available to support treatment along with recovery tracking apps, among others. Many of these apps offer inspirational readings and videos of relaxation techniques and meditation. The Resource Alert below contains examples of select apps to support recovery.

RESOURCE ALERT: EXAMPLES OF DIGITAL RESOURCES TO SUPPORT RECOVERY

BHMEDS-R3 Behavioral Health Medications: The BHMEDS-R3 app offers information to nonprescriber behavioral health professionals and clients who need general knowledge about medications for behavioral health conditions. The app includes easy-to-understand information about these medications, including dose and frequency, side effects, emergency conditions, and cautions. The app also offers tools and other free medication resources.[1390] More information can be downloaded at https://attcnetwork.org/centers/mid-america-attc/product/bhmeds-r3-behavioral-health-medications.

NOMO Sobriety Clocks: NOMO is a recovery app that allows clients to enter information about their recovery journey, including about substance use or substance-free activities. The app also includes an encouragement wall, accountability partner searching, and exercises.[1391] More information can be downloaded at https://saynomo.com/.

Sober Grid: Sober Grid is an evidence-based app that combines peer support coaching, an online community, digital therapeutics, and a library of mental health resources to support long-term recovery.[1392] More information can be downloaded at https://www.sobergrid.com/.

Suicide Safe Mobile App: Suicide Safe is a free mobile app that helps providers integrate suicide prevention strategies into their practice and address suicide risk among their patients. The app also offers information about crisis lines, fact sheets, educational opportunities, and treatment resources.[1393] More information can be downloaded at https://store.samhsa.gov/product/suicide-safe.

988 Suicide & Crisis Lifeline: (samhsa.gov/find-help/988) This dialing and texting number connects people anywhere in the United States to the 988 Suicide & Crisis Lifeline (formerly known as the National Suicide Prevention Lifeline). The Lifeline is staffed by trained crisis counselors who respond to calls and texts about substance use–related crises as well as suicide and mental health crises. The 988 number connects to the network of centers that comprise the National Suicide Prevention Lifeline. The Lifeline also accepts online chats via 988lifeline.org/chat/.

Pros and Cons of Digital Recovery Support

The main advantage of digital recovery support is that it offers social and emotional support for people in recovery that would otherwise not be possible. Digital recovery support offers alternatives for people who cannot or prefer not to use in-person resources, such as rural residents without Internet access, people who do not have transportation, people who need gender- or sexual orientation-specific settings, high-profile community members, and people who cannot leave their homes due to physical limitations or social anxiety.

One disadvantage of digital platforms is the limitation it necessarily places on reading body language and picking up other nonverbal cues. Another disadvantage is difficulty accessing these resources in communities with no or poor technology and broadband access.[1394] Clients also may not have access to devices, such as smartphones, necessary to support these apps. Currently, there is limited clinically validated evidence that many of these apps are effective in supporting treatment or recovery.[1395]

Although some digital apps are free, others may be free initially but may have a cost associated with accessing expanded content or with ongoing use. **Counselors should research costs associated with digital apps prior to recommending them to clients.**

Ethics, Privacy, and Confidentiality Issues

When referring to or recommending digital recovery supports, counselors should address ethical issues as well as those related to client privacy and anonymity. This includes:

- **Lack of a "one-size fits all" approach.** Referring clients to peer recovery supports requires ethical considerations. Digital support groups are not "one size fits all." Rather, they cater to people who have different needs, and not every group is appropriate or best for every person in recovery. For example, some groups follow a 12-Step approach, but others do not. Some groups cater to specific groups of individuals based on gender, age, sexual orientation, race, ethnicity, or disability.
- **Adherence to ethical principles and guidelines.** Professional providers, regardless of the mode of recovery support, must adhere to standard ethical requirements (i.e., do no harm, respect participants' rights to privacy and confidentiality, be culturally sensitive).
- **Adherence to privacy regulations.** Professionally led digital recovery support services are subject to privacy regulations as outlined in the Health Insurance Portability and Accountability Act of 1996 and 42 CFR Part 2. However, some apps may collect and sell personal information. Counselors should caution their clients about this possibility when using these apps.[1396]
- **Ability to remain anonymous.** Some online platforms allow a degree of anonymity during peer recovery mutual-help meetings (e.g., one can join a meeting using only audio or an alias)—but implementing an anonymous persona is up to the individual.

Using Digital Resources To Support Recovery

When combined with other recovery supports, digital resources can help clients by offering convenient and accessible mechanisms for them to connect with their providers. For example, digital apps can be used by clients who cannot easily access care in their local communities, such as those in rural or remote settings, or those with mobility or transportation issues. These tools may also allow clients to meet with a specific provider or service that is not located in their local area. Digital resources broaden access, make visits with clients more efficient for providers, and can be standardized in format. Digital support can also be cost-effective opportunities for both providers and clients.[1397]

Conclusion

Counselors can support people in recovery by offering them resources and connecting them with community organizations that can help them achieve long-term health; ensuring they have safe and stable housing and the skills to maintain that housing; helping them develop meaningful personal activities to support a purpose-driven life; and teaching them to create strong, healthy relationships and a place in the community. By encouraging clients to improve their overall health and well-being and offering strategies and resources for change, counselors can ensure that clients not only maintain recovery, but also develop the skills they need to achieve the life they want.

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